

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): TX-601 - Fort Worth/Arlington/Tarrant County CoC

CoC Lead Organization Name: Tarrant County Homeless Coalition

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Tarrant County Homeless Coalition

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 78%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

*** Indicate the selection process of group members:**
(select all that apply)

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The Tarrant County Homeless Coalition (TCHC) has one class of members who are responsible for election of the Board of Directors at the annual meeting held in the first quarter of the year (January). The number of directors is determined annually by a majority vote of the board. Each director shall hold office for three years with a limit of serving two consecutive terms of six consecutive years total within the two terms of service. The membership shall elect at least one director who is homeless or had been formerly homeless in accordance with the HUD definition of homelessness. The Board of Directors elects a President, Vice President, Secretary, and Treasurer from among its members. This process allows for an equal vote for each TCHC member and corporate officer election by the board of directors.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

TCHC currently has a full-time Executive Director who is the lead contact for CoC TX601 and is coordinating the 2008 CoC application process. TCHC has the capacity, experience and training necessary to provide year-round oversight and monitoring of grantees and sponsors if additional administrative resources were made available.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Planning Council	Monthly or more
Consumer Council	Quarterly
Performance Measu...	Bi-monthly
HMIS Work Group	Monthly or more
Discharge Plannin...	Bi-monthly
Fort Worth Mayors...	Monthly or more
City of Arlington...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Planning Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Planning Council and its co-chairs are appointed by the TCHC Board of Directors. The Planning Council serves as the primary oversight committee in the CoC application, monitoring and performance evaluation process. They provide input on monthly membership meetings, service provider professional development and networking needs, and Service Provider Roundtable planning. The Planning Council will provide direction to the Executive Director and work groups involved in the CoC process including Performance Measurement, HMIS and Discharge Planning as well as advising on any other needed planning activities for the CoC competitive programs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Consumer Council

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Consumer Council will provide a forum for the homeless and formerly homeless, family members and guardians of the homeless. The Consumer Council will organize and conduct public forums and consumer satisfaction surveys to elicit consumer input into planning and needs assessment and may serve as a grievance committee for eviction/termination disputes at the request of member agencies.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Performance Measures Work Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

The Performance Measures work group chair is appointed by the TCHC Board of Directors. The work group establishes and reviews performance metrics to evaluate CoC program progress and achievements and produces an annual scorecard for review by the Community Project Review Committee in the annual CoC project selection and ranking process. The work group will also review CoC funded project compliance with administrative standards and assist in the compilation of data necessary to monitor CoC-wide progress in meeting the goals and objectives within the 10-year Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Work Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The HMIS work group chair is appointed by the TCHC Board of Directors. The HMIS work group is responsible for the oversight of the Homeless Management Information System service provider and participating service providers. The work group will develop and monitor performance of the HMIS contractor and insure compliance with the HMIS Memorandums of Agreement between TCHC, the HMIS provider, and user agencies to assure effective HMIS usage, data quality and security.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Work Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

The chair of the Discharge Planning work group is appointed by the TCHC board of directors. The Discharge Planning Work Group will work throughout the Continuum of Care to advise and assist in the development and implementation of policies and protocols that address the needs of homeless persons discharged from correctional, health care, mental health care, substance abuse and foster care facilities. The work group is comprised of representatives from foster care, the county hospital, law enforcement, and the mental health profession.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Fort Worth Mayors Advisory Commission on Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Fort Worth Mayor's Advisory Commission is appointed by the Fort Worth City Council and is charged with drafting and implementation of the Fort Worth 10-year Plan to End Chronic Homelessness. The MACH works collaboratively with TCHC in implementation of Action Items contained within the 10-year Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: City of Arlington 10-year Homelessness Plan Taskforce

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The City of Arlington and the Arlington Housing Authority appointed the 10-year Plan Task Force to draft and implement the City of Arlington 10-year Plan to End Chronic Homelessness, passed in August 2008. The task force collaborates with TCHC in the planning and execution of action steps defined in the plan and engaging the City of Arlington in addressing the homelessness issues identified.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Tarrant County Homeless Coalition	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Trudy Davis	Individual	Hom eles..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Richard Fletcher	Individual	Hom eles..	Attend Consolidated Plan planning meetings during past 12...	NONE
Fort Worth Mayor's Advisory Commission on Homel...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Tarrant County Community Development Division	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Tarrant County Public Health	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Monte Woods	Individual	Hom eles..	Attend 10-year planning meetings during past 12 months, A...	NONE
The Women's Center of Tarrant County	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
AIDS Outreach Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AID S, Youth
A Place to Sleep	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
All Church Home for Children	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Arlington Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Arlington I.S.D. Families in Transition	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months, A...	Youth
Arlington Life Shelter	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Arlington Salvation Army	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substan ce Abuse

Fort Worth/Arlington/Tarrant County CoC			COC_REG_v10_000514	
Azle I.S.D.	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Beautiful Feet Ministries	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Broadway Baptist Church	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Buckner Children & Family	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Catholic Charities, Diocese of Fort Worth, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Cenikor Foundation Inc	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Center of Hope	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Central Dallas Ministries -TRAC Program	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Arlington	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Fort Worth Community Action Partners	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Fort Worth Planning	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Cleburne I.S.D.	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Enrichment Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Cornerstone Assistance Network	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Covenant House	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Day Resource Center for the Homeless	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Raymond Atkins	Individual	Homeless..	Attend Consolidated Plan planning meetings during past 12...	NONE
Dental Health for Arlington, Inc.	Private Sector	Hospital..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
U.S. Department of Veterans Affairs	Public Sector	Other	None	Veterans
Family Pathfinders	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Feed by Grace	Private Sector	Hospital..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

Fort Worth/Arlington/Tarrant County CoC			COC_REG_v10_000514	
First Street Methodist Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
First United Methodist Church	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Foreman, Lewis, & Hutchison	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Fort Worth I.S.D.	Public Sector	School...	Attend Consolidated Plan planning meetings during past 12...	Youth
Grapevine Relief and Community Exchange	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Green Light Ministries	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Guardianship Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Guinn Healthcare Technologies, LLC	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Haven of Rest Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, A...	NONE
HEB I.S.D.	Public Sector	School...	Attend Consolidated Plan planning meetings during past 12...	NONE
High Point Church	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Hot Dogs & Hope	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
House of Redemption	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Lake Worth I.S.D.	Public Sector	School...	Attend Consolidated Plan planning meetings during past 12...	NONE
JPS Health Network	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	NONE
Lake Worth Nursing Home	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	NONE
League of Neighborhoods	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Aid of North Texas	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Life Transitional Centers	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Lighthouse Community Church	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE

Fort Worth/Arlington/Tarrant County CoC			COC_REG_v10_000514	
Mental Health Association of Tarrant County	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mental Health Connection	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Mercy Heart	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
METRO Empowerment	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Mental Health Law Enforcement Liaison	Private Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mental Health Mental Retardation of Tarrant Cou...	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mental Health Mental Retardation Homeless Services	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mental Health Mental Retardation of Tarrant Cou...	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Near East Side Neighborhood Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
New Day Ministries	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Northside Inter-Church Agency	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Parents and Children Together	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Pennsylvania Avenue Clinic	Private Sector	Hos pita..	Attend Consolidated Plan planning meetings during past 12...	NONE
Presbyterian Night Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Recovery Resource Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Residential Reentry Association	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
SafeHaven of Tarrant County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Samaritan House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Senator Kim Brimer	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Social Security Administration	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
Southeast Fort Worth	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE

Fort Worth/Arlington/Tarrant County CoC			COC_REG_v10_000514	
Southside Living Hope Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant Area Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Tarrant County Access	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Tarrant County Human Services	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County Youth Collaboration	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Texas Christian University	Public Sector	Sch ool ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Texas House District 95	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
Texas ReEntry Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Ladder Alliance	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
The Family, Mother, Child Foundation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
The Salvation Army	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Travelers Aid DFW	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
TXU Energy	Private Sector	Busi ness es	Attend Consolidated Plan planning meetings during past 12...	NONE
Union Gospel Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
United Way of Tarrant County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
University of Texas at Arlington School of Soci...	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Veteran's Services of Tarrant County	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	Veteran s
Volunteers of America	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Workforce Solutions for Tarrant County	Public Sector	Loca l w...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
YWCA	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE

Fort Worth/Arlington/Tarrant County CoC			COC_REG_v10_000514	
Healthy Marriage-Healthy Families Coalition of ...	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
The Parenting Center	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Cook Children's Health Care System	Private Sector	Hos-pita..	Attend 10-year planning meetings during past 12 months	Youth
The T	Public Sector	Loca-l g...	Attend Consolidated Plan focus groups/public forums durin...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

1. Presbyterian Night Shelter reduction of 37 ES beds and reduction of 100 seasonal overflow ES beds due to reduction in the maximum capacity of the facility per City of Fort Worth fire code.
2. Presbyterian Night Shelter Lowden-Schutts Women and Children's building increase in 29 ES beds by reconfiguring facility bed layout.
3. The Salvation Army of Arlington Family Center reduction of 52 ES beds due to change in program to family transitional housing program.
4. Union Gospel Mission Men's Building increase of 20 beds under development.
5. Union Gospel Mission Family Center moving 52 beds to seasonal beds consistent with usage and allowing for more space for year-round family clients.
6. The Salvation Army of Fort Worth increasing 12 ES beds under development with new Fort Worth START Stabilization unit program.

Safe Haven Bed: Yes

Briefly describe the reasons for the change:

1. PNS Safe Haven Housing formerly categorized as 20 SH-TH beds, reclassified in 2008, per HUD instructions, to 20 Safe Haven Beds.

Transitional Housing: Yes

Briefly describe the reasons for the change:

1. All Church Home Group Home decrease of 12 TH beds due to this program serving only child protective services cases and not homeless youth.
2. Arlington Housing Authority SHP program increase of 5 TH family beds.
3. Arlington Life Shelter reduction of 121 TH beds as correction to housing inventory in 2007. Inventory had represented TH clients provided supportive services that were actually a part of the Arlington Housing Authority TH program bed inventory resulting in a duplication of the bed count.
4. Community Enrichment Center Adopt A Family increase of 30 TH beds through expansion of program.
5. Community Enrichment Center Open Arms increase of 24 TH beds through expansion of program.
6. Presbyterian Night Shelter Safe Haven program decrease of 20 SH-TH beds reclassified as Safe Haven beds per HUD instructions.
7. Presbyterian Night Shelter Salt and Light program reduction of 8 TH beds due to program changes.
8. Presbyterian Night Shelter Patriot House VET program increase of 32 TH beds under development.
9. SafeHaven Parkdale increase of 1 TH bed due to converting one unit to service.
10. The Salvation Army Arlington Family Center increase of 49 TH beds by converting ES program to TH.
11. The Salvation Army Fort Worth Family Center reduction of 27 TH beds due to program converted to ES Fort Worth START Stabilization program.
12. YWCA Supportive Living Program increase of 6 TH beds.
13. SafeHaven of Tarrant County TH Programs increase inventory 116 TH beds from state tax credit programs.
14. Tarrant County TBLA 114 decrease of 4 TH beds.
15. Tarrant County TBLA 10 Cornerstone decrease of 7 TH beds due to program reduction in response to increased costs of rent and utilities.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

1. Arlington Housing Authority converts 1 PH bed to dedicated Chronic PH bed.
2. Cornerstone Assistance Network New Life Center reduction of 7 PH beds to correct overstated number in 2007 (total served in year rather than bed inventory was reported).
3. Fort Worth Housing Authority Shelter Plus Care increase 29 PH beds under development due to program efficiencies to expand program.
4. Fort Worth Housing Authority Shelter Plus Care converting additional 76 PH beds to chronic homeless.
5. Fort Worth Housing Authority Shelter Plus Care increase of 5 chronic PH beds and 29 PH beds for families and individuals under development.
6. Presbyterian Night Shelter Housing Solutions increase 34 PH beds for chronic homeless.
7. Day Resource Center for the Homeless Project New Start I increase of 27 PH beds for chronic homeless.
8. City of Fort Worth Directions Home 210 PH beds under development.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC Worksheet	10/18/2008

Attachment Details

Document Description: eHIC Worksheet

Housing Inventory Chart: Emergency Shelters

Total Year-Round Beds - Individuals	
1. Current Year-Round Individual Emergency Shelter (ES) Beds	874
1A. Number of DV Year-Round Individual ES Beds	24
1B. Subtotal, non-DV Year-Round Individual ES Beds	850
2. New Year-Round Individual ES beds	0
3. Under Development Year-Round Individual Beds	20
3. Total Year Round Individual ES Beds in HMIS	685
4. HMIS Bed Coverage: Individual ES Beds	81%

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Total Year-Round Beds - Families	
5. Current Year-Round Family Emergency Shelter (ES) Beds:	386
5A. Number of DV Year-Round Family ES Beds:	150
5B. Subtotal, non-DV Year-Round Family ES Beds	236
6. New Year-Round Family ES Beds	0
6. Under Development Year-Round Family ES Beds	12
7. Total Year-Round Family ES Beds in HMIS	182
8. HMIS Bed Coverage: Family ES Beds	77%

KEY: Target Population A and B	
SM: single males	YF: youth females
SF: single females	YMF: youth males and females
SMF: single males and females	SMF + HC: Single male and female plus households with children
CO: couples only, no children	households with children
SMHC: single males and households with	
SFHC: single females and households wit DV - Domestic Violence victims only	
HC: households with children	VET - Veterans only
YM: youth males	HIV - HIV/AIDS populations only

Error Messages	
ERROR MSG: PROGRAM DETAILS	None
ERROR MSG: FAMILY BEDS/UNITS	None
ERROR MSG: DV HMIS COVERAGE	None

Program Information					Target Population		HUD Funding Information	All Year-Round Beds/Units				Year-Round Beds covered in HMIS				Seasonal Beds				O/V Beds	PIT Counts	Utilization Rates
#	Provider	Facility Name	Geo Code	Inventory type	A	B	Does this facility receive HUD McKinney-Vento funding?	Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Year-Round Family beds covered in HMIS	Year-Round Individual Beds covered in HMIS	Percentage family beds covered in HMIS	Percentage individual beds covered in HMIS	Total Seasonal Beds	Number Available in HMIS	Availability Start Date	Availability End Date	O/V Beds	Point-in-Time Homeless Count	Program Utilization Rate
ES1	All Church Home	All Church Home	481896	C	YMF		Yes	0	0	16	16	0	16		100%	0	0			0	8	50%
ES2	Arlington Life Shelter	Arlington Life Shelter	480222	C	SMF+HC		Yes	44	4	45	89	42	45	95%	100%	0	0			0	102	115%
ES3	Presbyterian Night Shelter	Presbyterian Night Shelter	481896	C	SMF		Yes	0	0	493	493	0	328		67%	0	0			0	560	114%
ES4	Presbyterian Night Shelter	PNS Lowdon-Schutts	481896	C	HC		Yes	114	13	0	114	70	0	61%		0	0			0	77	68%
ES5	SafeHaven of Tarrant County	SafeHaven of Tarrant County	489439	C	SFHC	DV	Yes	150	39	24	174	0	0	0%	0%	0	0			0	128	74%
ES6	The Salvation Army Fort Worth	The Salvation Army Fort Worth Mabee Center	481896	C	SMF		Yes	0	0	80	80	0	80		100%	0	0			20	124	155%
ES7	Union Gospel Mission	UGM Men's Center	481896	U	SM		No	0	0	20	20	0	0		0%	0	0			0	0	0%
ES8	Union Gospel Mission	UGM Men's Center	481896	C	SM		No	0	0	180	180	0	180		100%	0	0			0	138	77%
ES9	Union Gospel Mission	UGM Women's Center	481896	C	SF		No	0	0	32	32	0	32		100%	0	0			0	31	97%
ES10	Union Gospel Mission	Family Center	481896	C	HC		No	78	26	0	78	70	0	90%						52	73	94%
ES11	YWCA	YWCA Emergency Assessment Center	481896	C	SF		Yes	0	0	4	4	0	4		100%	0	0			0	4	100%
ES12	The Salvation Army Fort Worth	Fort Worth START Stabilization Unit Sal Army FW Mabee Center	481896	U	SMF+HC		Yes	12	3	0	12	0	0	0%		0	0			0	0	0%

Housing Inventory Chart: Transitional Housing

Total Year-Round Beds - Individuals	
1. Current Year-Round Individual Transitional Housing (TH) Beds	199
1A. Number of DV Year-Round Individual TH Beds	2
1B. Subtotal, non-DV Year-Round Individual TH Beds	197
2. New Year-Round Individual TH beds	0
3. Under Development Year-Round Individual Beds	32
4. Total Year Round Individual TH Beds in HMIS	161
5. HMISBed Coverage: Individual TH Beds	82%

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Total Year-Round Beds - Families	
6. Current Year-Round Family Transitional Housing (TH) Beds:	742
6A. Number of DV Year-Round Family TH Beds:	240
6B. Subtotal, non-DV Year-Round Family TH Beds	502
7. New Year-Round Family TH Beds	0
8. Under Development Year-Round Family TH Beds	0
9. Total Year-Round Family TH Beds in HMIS	501
10. HMIS Bed Coverage: Family TH Beds	100%

KEY: Target Population A and B	
SM: single males	YF: youth females
SF: single females	YMF: youth males and females
SMF: single males and females	SMF + HC: Single male and female plus households with children
CO: couples only, no children	households with children
SMHC: single males and households with cl	
SFHC: single females and households with	DV - Domestic Violence victims only
HC: households with children	VET - Veterans only
YM: youth males	HIV - HIV/AIDS populations only

Error Messages	
ERROR MSG: PROGRAM DETAILS	None
ERROR MSG: FAMILY BEDS/UNITS	None
ERROR MSG: DV HMIS COVERAGE	None

Program Information				Target Population		HUD Funding Information	All Year-Round Beds/Units				Year-Round Beds covered in HMIS				PIT Counts	Utilization Rates	
#	Provider	Facility Name	Geo Code	Inventory type	A	B	Does this facility receive HUD McKinney-Vento funding?	Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Year-Round Family beds covered in HMIS	Year-Round Individual Beds covered in HMIS	Percentage family beds covered in HMIS	Percentage individual beds covered in HMIS	Point-in-Time Homeless Count	Program Utilization Rate
TH1	All Church Home	Families Together	481896	C	HC		Yes	22	6	0	22	22	0	100%		15	68%
TH2	Arlington Housing Authority	SHP Program	480222	C	SMF+HC		Yes	41	16	12	53	41	12	100%	100%	65	123%
TH3	Cenikor	Cenikor Center	481896	C	SMF		No	0	0	36	36	0	0	0%	0%	36	100%
TH4	Center of Hope	Center of Hope	489367	C	SMF+HC		Yes	10	8	1	11	10	1	100%	100%	8	73%
TH5	Community Enrichment Center	Adopt A Family	489439	C	HC		Yes	130	44	0	130	130	0	100%		218	168%
TH6	Presbyterian Night Shelter	Veteran's Program	481896	C	SMF	VET	Yes	0	0	36	36	0	36		100%	33	92%
TH7	SafeHaven of Tarrant County	Parkdale	481896	C	HC	DV	Yes	20	12	0	20	0	0	0%		26	130%
TH8	The Salvation Army	Arlington Family Center	480222	C	HC		Yes	65	15	0	65	64	0	98%		34	52%
TH9	Presbyterian Night Shelter	Patriot House	481896	U	SMF	VET	Yes	0	0	32	32	0	0		0%	0	0%
TH10	The Salvation Army	SIMON	481896	C	SMF		Yes	0	0	40	40	0	40		100%	42	105%
TH11	SafeHaven of Tarrant County	TH Tax Credit	481896	C	HC	DV	No	24	15	0	24	0	0	0%		24	100%
TH12	Tarrant County	GRACE Nash	489439	C	HC		Yes	12	9	0	12	12	0	100%		12	100%
TH13	Texas ReEntry Services	Texas ReEntry Services	481896	C	SMF+HC		Yes	6	4	6	12	6	6	100%	100%	19	158%
TH14	Community Enrichment Center	CEC Open Arms	489439	C	SFHC	DV	Yes	36	14	0	36	0	0	0%		49	136%
TH15	The Salvation Army	First Choice	481896	C	SFHC		Yes	32	13	0	32	32	0	100%		24	75%
TH16	SafeHaven of Tarrant County	TH Program	481896	C	SMF+HC	DV	Yes	90	30	2	92	0	0	0%	0%	82	89%
TH17	Tarrant County	TBLA 114 - SafeHaven	489439	C	HC	DV	Yes	60	18	0	60	0	0	0%		54	90%
TH18	Tarrant County	TBLA 114 - Cornerstone	489439	C	SMF+HC		Yes	34	13	3	37	34	3	100%	100%	49	132%
TH19	Tarrant County	TBLA 114 - CEC	489439	C	HC		Yes	48	18	0	48	48	0	100%		40	83%
TH20	Tarrant County	TBLA 114 - DRC	481896	C	SMF+HC		Yes	4	2	2	6	4	2	100%	100%	8	133%
TH21	Tarrant County	TBLA 114 - GRACE	489439	C	HC		Yes	22	9	0	22	22	0	100%		12	55%
TH22	Tarrant County	TBLA 114 - MHMR	481896	C	SMF+HC		Yes	5	2	2	7	5	2	100%	100%	2	29%
TH23	Tarrant County	TBLA 114 - CEC Open Arms	489439	C	HC	DV	Yes	10	4	0	10	0	0	0%		11	110%
TH24	Tarrant County	TBLA 114 - Recovery Resource Center	481896	C	SMF+HC		Yes	4	2	4	8	4	4	100%	100%	6	75%
TH25	Tarrant County	TBLA 114 - TCCD	481896	C	SMF+HC		Yes	21	8	7	28	21	7	100%	100%	20	71%
TH26	Tarrant County	TBLA 114 - VOA	481896	C	SMF+HC		Yes	2	1	1	3	2	1	100%	100%	0	0%
TH27	Tarrant County	TBLA 114 - YWCA MOP	481896	C	SF		Yes	0	0	19	19	0	19		100%	19	100%
TH28	Tarrant County	TBLA 10 - Cornerstone	489439	C	HC		Yes	26	10	0	26	26	0	100%		26	100%
TH29	YWCA	YWCA Supportive Living	481896	C	SF		Yes	0	0	19	19	0	19		100%	19	100%
TH30	Tarrant County	VOA Light	481896	C	SMF+HC		Yes	18	8	9	27	18	9	100%	100%	20	74%
	<i>Insert provider name</i>										0						

Housing Inventory Chart: Safe Haven Housing

Total Year-Round Beds - Individuals	
1. Current Year-Round Individual Safe Haven (SH) Beds	20
1A. Number of DV Year-Round Individual SH Beds	0
1B. Subtotal, non-DV Year-Round Individual SH Beds	20
2. New Year-Round Individual SH beds	0
3. Under Development Year-Round Individual Beds	0
4. Total Year Round Individual SH Beds in HMIS	20
5. HMIS Bed Coverage: Individual SH Beds	100%

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Total Year-Round Beds - Families	
6. Current Year-Round Family Safe Haven (SH) Beds:	0
6A. Number of DV Year-Round Family SH Beds:	0
6B. Subtotal, non-DV Year-Round Family SH Beds	0
7. New Year-Round Family SH Beds	0
8. Under Development Year-Round Family SH Beds	0
9. Total Year-Round Family SH Beds in HMIS	0
10. HMIS Bed Coverage: Family SH Beds	

KEY: Target Population A and B	
SM: single males	YF: youth females
SF: single females	YMF: youth males and females
SMF: single males and females	SMF + HC: Single male and female plus
CO: couples only, no children	households with children
SMHC: single males and households with cl	
SFHC: single females and households with DV - Domestic Violence victims only	
HC: households with children	VET - Veterans only
YM: youth males	HIV - HIV/AIDS populations only

Error Messages	
ERROR MSG: PROGRAM DETAILS	None
ERROR MSG: FAMILY BEDS/UNITS	None
ERROR MSG: DV HMIS COVERAGE	None

Program Information					Target Population		HUD Funding Information	All Year-Round Beds/Units				Year-Round Beds covered in HMIS				PIT Counts	Utilization Rates
#	Provider	Facility Name	Geo Code	Inventory type	A	B	Does this facility receive HUD McKinney-Vento funding?	Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Year-Round Family beds covered in HMIS	Year-Round Individual Beds covered in HMIS	Percentage family beds covered in HMIS	Percentage individual beds covered in HMIS	Point-in-Time Homeless Count	Program Utilization Rate
SH1	Presbyterian Night Shelter	Saf haven	481896	C	SMF		Yes	0	0	20	20	0	20		100%	19	95%

Housing Inventory Chart: Permanent Supportive Housing

Total Year-Round Beds - Individuals	
1. Current Year-Round Individual Permanent Housing (PH) Beds	587
1A. Number of DV Year-Round Individual PH Beds	0
1B. Subtotal, non-DV Year-Round Individual PH Beds	587
2. New Year-Round Individual PH beds	138
3. Under Development Year-Round Individual Beds	209
4. Total Year Round Individual PH Beds in HMIS	554
5. HMIS Bed Coverage: Individual PH Beds	94%

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Total Year-Round Beds - Families	
6. Current Year-Round Family Permanent Housing (PH) Beds:	512
6A. Number of DV Year-Round Family PH Beds:	0
6B. Subtotal, non-DV Year-Round Family PH Beds	512
7. New Year-Round Family PH Beds	0
8. Under Development Year-Round Family PH Beds	35
9. Total Year-Round Family PH Beds in HMIS	493
10. HMIS Bed Coverage: Family PH Beds	96%

KEY: Target Population A and B	
SM: single males	YF: youth females
SF: single females	YMF: youth males and females
SMF: single males and females	SMF + HC: Single male and female plus households with children
CO: couples only, no children	
SMHC: single males and households with children	
SFHC: single females and households with children	DV - Domestic Violence victims only
HC: households with children	VET - Veterans only
YM: youth males	HIV - HIV/AIDS populations only

Error Messages
ERROR MSG: PROGRAM DETAILS None
ERROR MSG: FAMILY BEDS/UNITS None
ERROR MSG: DV HMIS COVERAGE None

Program Information					Target Population		HUD Funding Information	All Year-Round Beds/Units					Year-Round Beds covered in HMIS				PIT Counts	Utilization Rates
#	Provider	Facility Name	Geo Code	Inventory type	A	B	Does this facility receive HUD McKinney-Vento funding?	Family Beds	Family Units	Individual Beds	CH Beds	Total Year-Round Beds	Year-Round Family beds covered in HMIS	Year-Round Individual Beds covered in HMIS	Percentage family beds covered in HMIS	Percentage individual beds covered in HMIS	Point-in-Time Homeless Count	Program Utilization Rate
PH1	Arlington Housing Authority	AHA S+C	480222	N	SMF		Yes	0	0	1	1	1	0	1		100%	1	100%
PH2	Arlington Housing Authority	AHA S+C	480222	C	SMF+HC		Yes	16	8	12	0	28	16	12	100%	100%	34	121%
PH3	Cornerstone Assistance Network	New Life Center	481896	C	SM		Yes	0	0	18	5	18	0	18		100%	18	100%
PH4	Fort Worth Housing Authority	FWHA S+C	481896	N	SMF		Yes	0	0	76	76	76	0	57		75%	57	75%
PH5	Fort Worth Housing Authority	FWHA S+C	481896	C	SMF+HC		Yes	413	151	274	118	687	394	274	95%	100%	668	97%
PH6	Fort Worth Housing Authority	FWHA S+C Housing First	481896	U	SMF		Yes	0	0	5	5	5	0	0		0%	0	0%
PH7	Fort Worth Housing Authority	FWHA S+C	481896	U	SMF+HC		Yes	5	5	24	19	29	0	0	0%	0%	0	0%
PH8	MHMR of Tarrant County	Gateway to Housing	481896	C	SMF+HC		Yes	14	6	25	22	39	14	25	100%	100%	16	41%
PH9	Presbyterian Night Shelter	Housing Solutions	481896	N	SMF		Yes	0	0	34	34	34	0	34		100%	42	124%
PH10	Samaritan Housing of Tarrant County	SRO	481896	C	SMF	HIV	Yes	0	0	60	7	60	0	60		100%	60	100%
PH11	Samaritan Housing of Tarrant County	Genesis	481896	C	SMF	HIV	Yes	0	0	23	3	23	0	23		100%	23	100%
PH12	Tarrant County	Samaritan House - TBLA 15	481896	C	SMF+HC	HIV	Yes	17	7	12	3	29	17	12	100%	100%	35	121%
PH13	Tarrant County	MHMR - TBLA 13	481896	C	SMF+HC		Yes	14	6	9	5	23	14	0	100%	0%	5	22%
PH14	Tarrant County	Volunteers of America - TBLA 17	481896	C	HC		Yes	38	17	0	0	38	38	0	100%		20	53%
PH15	Union Gospel Mission	McFadden Hall	481896	C	SF		No	0	0	16	0	16	0	16		100%	16	100%
PH16	Day Resource Center for the Homeless	Project New Start	481896	N	SMF		Yes	0	0	27	27	27	0	22		81%	21	78%
PH17	City of Fort Worth	FWHA Directions Home	481896	U	SMF+HC		No	30	20	180	160	210	0	0	0%	0%	0	0%

Housing Inventory Chart: Unmet Need Totals

All Year-Round Beds/Units				Seasonal Beds	Overflow Beds
Family Beds	Family Units	Individual Beds	Total Year-Round Beds	Total Seasonal Beds	Overflow Beds
Emergency Shelters					
0	0	0		0	0
Transitional Housing					
0	0	379	379		
Permanent Supportive Housing					
156	88	356	512		
Safe Havens					
0	0	0			0

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TH Tax Credit	0		92%	8%		0	0
GRACE Nash	6		100%	0%		6	0
Texas ReEntry Services	5		75%	25%		4	1
CEC Open Arms	2		67%	32%		1	1
First Choice	1		75%	25%		1	0
TH Program	2		92%	8%		2	0
TBLA 114 - SafeHaven			92%	8%		0	0
TBLA 114 - Cornerstone	3		40%	60%		1	2
TBLA 114 - CEC			67%	32%		0	0
TBLA 114 - DRC	4		50%	50%		2	2
TBLA 114 - GRACE			100%	0%		0	0
TBLA 114 - MHMR			35%	65%		0	0
TBLA 114 - CEC Open Arms			67%	32%		0	0
TBLA 114 - Recovery Resource Center			55%	45%		0	0
TBLA 114 - TCCD	65		75%	25%		49	16
TBLA 114 - VOA			0%	0%		0	0
TBLA 114 - YWCA MOP	0		95%	5%		0	0
TBLA 10 - Cornerstone			40%	60%		0	0
YWCA Supportive Living	20		100%	0%		20	0
VOA Light	0		67%	32%		0	0
						0	0
Subtotal	231					151	80
Unsheltered							
Unsheltered Count	203	12%	36%	51%		24	73
Subtotal	203					24	104

Section B	
Unmet Need for Emergency Shelters (ES)	
# of Individuals Currently in ES who need ES	123
# of Individuals Currently Unsheltered who need ES	24
Subtotal	147
# of ES beds for individuals	894
# of ES beds for individuals that are under development	20
Subtotal	914
Total unmet need for ES	-767
Unmet Need for Transitional Housing (TH)	
# of Individuals Currently in ES who need TH	385
# of Individuals Currently in TH who need TH	151
# of Individuals Currently Unsheltered who need TH	73
Subtotal	610
# of TH beds for individuals	199
# of TH beds for individuals that are under development	32
Subtotal	231
Total unmet need for TH	379
Unmet Need for Permanent Supportive Housing (PSH)	
# of Individuals Currently in ES who need PSH	414
# of Individuals Currently in TH who need PSH	80
# of Individuals Currently Unsheltered who need PSH	104
Subtotal	597
# of VACANT PSH beds for individuals	32
# of PSH beds for individuals that are under development	209
Subtotal	241
Total unmet need for PSH	356

Calculating Unmet Need for Homeless Persons in Families

2008 Unmet Need using 2007 PIT Count Unsheltered, 2008 Sheltered Count and 2008 eHIC

Section A							
Name of Project	Number of homeless Persons in Families at point-in-time	Percent of Persons in Families in need of ES (provider estimate)	Percent of Persons in Families in need of TH (provider estimate)	Percent of Persons in Families in need of PSH (provider estimate)	Number of Persons in Families in need of ES	Number of Persons in Families in need of TH	Number of Persons in Families in need of PSH
Emergency Shelter							
2008 Shelter Count					0	0	0
All Church Home	0	100%	0%	0%	0	0	0
Arlington Life Shelter	50	30%	30%	40%	15	15	20
Presbyterian Night Shelter	0	3%	42%	55%	0	0	0
PNS Lowdon-Schutts	77	0%	25%	75%	0	19	58
SafeHaven of Tarrant County	103	90%	10%	0%	93	10	0
The Salvation Army Fort Worth Mabee Center	21	15%	60%	25%	3	13	5
UGM Men's Center	0				0	0	0
UGM Men's Center	0	25%	40%	35%	0	0	0
UGM Women's Center	0	10%	55%	35%	0	0	0
Family Center	73	25%	40%	35%	18	29	26
YWCA Emergency Assessment Center	0	50%	50%	0%	0	0	0
Fort Worth START Stabilization Unit							
Sal Army FW Mabee Center	0				0	0	0
					0	0	0
					0	0	0
Subtotal	324				129	86	109
Transitional Housing							
2008 Shelter Count			65%	35%		0	0
Families Together	15		85%	15%			
SHP Program	54		40%	60%			
Cenikor Center	0		95%	5%			
Center of Hope	8		95%	5%			
Adopt A Family	218		67%	32%			
Veteran's Program	0		100%	0%			
Parkdale	0		100%	0%			
Arlington Family Center	33		80%	20%			
Patriot House	0		0%	100%			
SIMON	0		20%	80%			
TH Tax Credit	106		92%	8%			
GRACE Nash	6		100%	0%			
Texas ReEntry Services	14		75%	25%			
CEC Open Arms	47		67%	32%			
First Choice	23		75%	25%		17	6
TH Program	0		92%	8%		0	0
TBLA 114 - SafeHaven			92%	8%		0	0
TBLA 114 - Cornerstone	46		40%	60%		18	28
TBLA 114 - CEC			67%	32%		0	0
TBLA 114 - DRC			50%	50%		0	0
TBLA 114 - GRACE			100%	0%		0	0

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TBLA 114 - MHMR			35%	65%		0	0
TBLA 114 - CEC Open Arms			67%	32%		0	0
TBLA 114 - Recovery Resource Center			55%	45%		0	0
TBLA 114 - TCCD	193		78%	22%		151	42
TBLA 114 - VOA			0%	0%		0	0
TBLA 10 - Cornerstone							
YWCA Supportive Living	0		100%	0%			
VOA Light	0		67%	32%			
						0	0
						0	0
Subtotal	802					219	82
Unsheltered							
Unsheltered Count	0					0	0
Subtotal	0					0	0

Section B	
Unmet Need for Emergency Shelters (ES)	
# of Persons in Families Currently in ES who need ES	129
# of Persons in Families Currently Unsheltered who need ES	0
Subtotal	129
# of ES beds for Persons in Families	386
# of ES beds for Persons in Families that are under development	12
Subtotal	398
Total unmet need for ES	-269
Unmet Need for Transitional Housing (TH)	
# of Persons in Families Currently in ES who need TH	86
# of Persons in Families Currently in TH who need TH	219
# of Persons in Families Currently Unsheltered who need TH	0
Subtotal	305
# of TH beds for Persons in Families	742
# of TH beds for Persons in Families that are under development	0
Subtotal	742
Total unmet need for TH	-437
Unmet Need for Permanent Supportive Housing (PSH)	
# of Persons in Families Currently in ES who need PSH	109
# of Persons in Families Currently in TH who need PSH	82
# of Persons in Families Currently Unsheltered who need PSH	0
Subtotal	191
# of VACANT PSH beds for Persons in Families	0
# of PSH beds for Persons in Families that are under development	35
Subtotal	35
Total unmet need for PSH	156

Calculating Unmet Need for Homeless Family Units

2008 Unmet Need using 2007 PIT Count Unsheltered, 2008 Sheltered Count and 2008 eHIC

Section A							
Name of Project	Number of homeless Family Units at point-in-time count/survey	Percent of Family Units in need of ES (provider estimate)	Percent of Family Units in need of TH (provider estimate)	Percent of Family Units in need of PSH (provider estimate)	Number of Family Units in need of ES	Number of Family Units in need of TH	Number of Family Units in need of PSH
Emergency Shelter							
All Church Home	0	100%	0%	0%	0	0	0
Arlington Life Shelter	18	30%	30%	40%	5	5	7
Presbyterian Night Shelter	0	3%	42%	55%	0	0	0
PNS Lowdon-Schutts	25	0%	25%	75%	0	6	19
SafeHaven of Tarrant County	33	90%	10%	0%	30	3	0
The Salvation Army Fort Worth Mabee Center	7	15%	60%	25%	1	4	2
UGM Men's Center	0				0	0	0
UGM Men's Center	0	25%	40%	35%	0	0	0
UGM Women's Center	0	10%	55%	35%	0	0	0
Family Center	26	25%	40%	35%	7	10	9
YWCA Emergency Assessment Center	0	50%	50%	0%	0	0	0
Fort Worth START Stabilization Unit	0				0	0	0
Sal Army FW Mabee Center	0				0	0	0
					0	0	0
					0	0	0
Subtotal	109				43	30	37
Transitional Housing							
Families Together	6		85%	15%		5	1
SHP Program	17		40%	60%		7	10
Cenikor Center	0		95%	5%		0	0
Center of Hope	3		95%	5%		3	0
Adopt A Family	67		67%	32%		45	21
Veteran's Program	0		100%	0%		0	0
Parkdale	0		100%	0%		0	0
Arlington Family Center	13		80%	20%		10	3
Patriot House	0		0%	100%		0	0
SIMON	0		20%	80%		0	0
TH Tax Credit	32		92%	8%		29	3
GRACE Nash	2		100%	0%		2	0
Texas ReEntry Services	5		75%	25%		4	1
CEC Open Arms	16		67%	32%		11	5
First Choice	8		75%	25%		6	2
TH Program	0		92%	8%		0	0
TBLA 114 - SafeHaven			92%	8%		0	0
TBLA 114 - Cornerstone	23		40%	60%		9	14
TBLA 114 - CEC			67%	32%		0	0
TBLA 114 - DRC			50%	50%		0	0
TBLA 114 - GRACE			100%	0%		0	0
TBLA 114 - MHMR			35%	65%		0	0
TBLA 114 - CEC Open Arms			67%	32%		0	0

Section B	
Unmet Need for Emergency Shelters (ES)	
# of Family Units Currently in ES who need ES	43
# of Family Units Currently Unsheltered who need ES	0
Subtotal	43
# of ES Family Units	85
# of ES Family Units that are under development	3
Subtotal	88
Total unmet need for ES	-45
Unmet Need for Transitional Housing (TH)	
# of Family Units Currently in ES who need TH	30
# of Family Units Currently in TH who need TH	187
# of Family Units Currently Unsheltered who need TH	0
Subtotal	217
# of TH Family Units	281
# of TH Family Units that are under development	0
Subtotal	281
Total unmet need for TH	-64
Unmet Need for Permanent Supportive Housing (PSH)	
# of Family Units Currently in ES who need PSH	37
# of Family Units Currently in TH who need PSH	76
# of Family Units Currently Unsheltered who need PSH	0
Subtotal	113
# of VACANT PSH Family Units	0
# of PSH Family Units that are under development	25
Subtotal	25
Total unmet need for PSH	88

Program Type	Average Bed Utilization Rates
Emergency Shelters	78%
Transitional Housing	91%
Permanent Supportive Housing	72%
Safe Havens	95%

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/24/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

The Continuum of Care: Worksheets for Calculating Unmet Need provided by HUD was used to calculate unmet need. The data includes the January 2008 PIT Shelter Count and Housing Inventory and the 2007 PIT Unsheltered Count. The CoC conducts a PIT count of unsheltered every two years and sheltered every year. Each provider was asked to estimate the percentages of individuals and families in need of ES, TH and PSH and the percentages were entered into the Unmet Need Worksheet to calculate the unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: TX-601 - Fort Worth/Arlington/Tarrant County
(select all that apply) CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ClientTrack

What is the name of the HMIS software company? DSI

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 06/01/2003
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by non-HUD funded providers, Inadequate bed coverage for AHAR participation
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The HMIS lead agency is working daily with the largest emergency shelter to develop new daily protocols for intake of clients recorded in the HMIS. This effort will address the need of bed utilization and coverage over the entire year in order to meet short falls identified by AHAR data evaluators in 2007. The HMIS Work Group will establish and track monthly bed utilization reports to demonstrate agency compliance with the CoC MOA requiring regular and accurate data entry into the HMIS year-round.

HMIS participation has been made a primary performance measure for CoC funding and ranking locally. The CoC has established HMIS provider performance measures to conduct the sheltered PIT in 2009, apply for AHAR 4 and meet data quality standards for acceptance in AHAR 5. The CoC will begin on January 2009 to publically publish on a weekly basis through its website the CoC unduplicated count of sheltered homeless generated by the HMIS.

Only one non-HUD funded provider has not entered data into the HMIS. This agency, CENIKOR, has begun training, and TC ACCESS is working with the agency to assist in establishing data protocols.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS CoC MOA	10/15/2008

Attachment Details

Document Description: HMIS CoC MOA



**MEMORANDUM OF AGREEMENT
TARRANT COUNTY HOMELESS COALITION
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

This agreement for services is entered into between Tarrant County ACCESS for the Homeless, Inc., a Texas Non-Profit Corporation, hereinafter referred to as ACCESS; Tarrant County, hereinafter referred to as ORGANIZATION, for the purpose of receiving HMIS services from ACCESS; and the Tarrant County Homeless Coalition, hereinafter referred to as COC.

**I.
SCOPE OF SERVICES**

ACCESS shall provide HMIS services to ORGANIZATION.

ACCESS' duties include:

1. Empower/enable end-users to succeed in use of the HMIS:
 - a. Initial installation of HMIS software and equipment
(See Attachment A: Inventory List);
 - b. Maintenance of HMIS system and client data stored therein;
 - c. Training staff and management of ORGANIZATION in the use of the HMIS;
 - d. Assistance in the use of Management Reports that are built into the HMIS software (custom report generation services are also available on a fee basis);
 - e. Responsive and effective Help Desk support for HMIS related issues;
 - f. User Group Meetings – at least three (3) per year;
2. Safeguard data in the HMIS;
3. Produce useful reporting outputs in a timely manner;
4. Provide software training for updates, fixes and new features as they occur; and
5. Assess and report to COC HMIS user satisfaction annual through survey and/or other customer evaluation methods.

ORGANIZATION'S duties include:

1. Enter and update accurate data in a timely, consistent manner sufficient to enable regular standard performance reporting.
2. Safeguard client data in the HMIS;
3. Report problems and anomalies promptly to ACCESS;
4. Abide by ACCESS rules and procedures for HMIS operations; and
5. Respond to ACCESS communication in a timely manner;
6. Adoption of a privacy policy in compliance with 69 Federal Register 45888 (July 30, 2004);
7. Post in viewable location the Consumer Privacy Notice on use of personal information in the HMIS (Attachment B); and
8. Maintain a signed client consent form for use of personal information in the HMIS.

COC duties include:

1. Provide CoC performance measure requirements to ACCESS and ORGANIZATION in a clear and timely manner; and
2. Provide Continuum of Care Grant application requirements related to HMIS services or reporting to ACCESS and ORGANIZATION in a clear and timely matter.

**II.
TERM**

This agreement will be for a period beginning **June 1, 2008**, and concluding no later than **May 31, 2009**, a period of twelve (12) months. This agreement will automatically renew on an annual basis.

**III.
ASSIGNMENT**

All parties agree to implement actions under their control to meet the COC HMIS Performance Measures standards as they apply to their organization. Neither party may assign, in whole nor in part, any interest that it may have in this agreement without the prior written consent of the other party.

**IV.
THIRD PARTY BENEFICIARY EXCLUDED**

No person not a party to this agreement may bring a cause of action pursuant to this agreement as a third party beneficiary. This agreement may not be interpreted to waive the sovereign immunity of any party to this agreement to the extent such party may have immunity under Texas law.

**V.
ENTIRE AGREEMENT**

This agreement represents the entire understanding of and between the parties and superseded all prior representations. This agreement may not be varied orally, but must be amended by written document of subsequent date duly executed by these parties. This agreement shall be governed by the laws of the State of Texas and venue for any action under this agreement shall be in the district courts of Tarrant County, Texas.

**VI.
TERMINATION**

This agreement may be terminated by either party by providing written notice to the other party at least thirty (30) days prior to the intended date of termination. Termination of this agreement by an ORGANIZATION currently receiving federal Continuum of Care funds may impact the grant agreement involving these funds as participation in the HMIS is required to receive these

funds.

Any notice or other writing required by this agreement shall be deemed given when personally delivered or mailed by certified or registered United States mail, postage prepaid, addressed as follows:

ACCESS

Tarrant County ACCESS for the Homeless
1316B East Lancaster Ave
PO Box 1461
Fort Worth, Texas 76101-1461

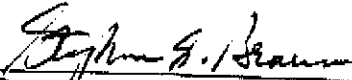
ORGANIZATION

Tarrant County
1509B South University Drive, Ste: 276
Fort Worth, Texas 76107

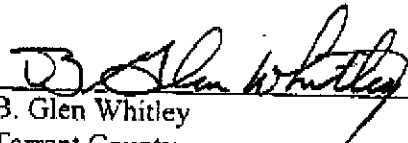
COC

Tarrant County Homeless Coalition
Fort Worth/Arlington/Tarrant County Continuum of Care
PO Box 9458
Fort Worth, TX 76147-2458


Approved on this date: 8/26/08



Stephen S. Braun
HMIS
Executive Director
Tarrant County ACCESS



B. Glen Whitley
Tarrant County
County Judge



Cindy J. Crain
COC
Executive Director
Tarrant County Homeless Coalition

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Tarrant County ACCESS for the Homeless
Street Address 1 1316B East Lancaster Ave
Street Address 2
City Fort worth
State Texas
Zip Code 76102
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

2C. Homeless Management Information System (HMIS)

Contact Person

Prefix: Mr
First Name Steve
Middle Name/Initial S.
Last Name Braun
Suffix
Telephone Number: 817-872-2377
(Format: 123-456-7890)
Extension 0#
Fax Number: 817-872-2381
(Format: 123-456-7890)
E-mail Address: ssbraun@tcaccess.org
Confirm E-mail Address: ssbraun@tcaccess.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	5%	2%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	18%	18%
* Residence Prior to Program Entry	18%	18%
* Zip Code of Last Permanent Address	61%	61%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

TC ACCESS, the HMIS provider, will monitor data integrity of the HMIS and ensure its accuracy by Running Data Integrity Reports on the HMIS at least quarterly, will provide the results to the appropriate agencies for corrections, and will monitor to ensure those corrections are completed within a reasonable period, typically two weeks. TC ACCESS will train each HMIS site to run and use reports in the HMIS software to monitor their data to ensure its entry and accuracy

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

TC ACCESS will track and report each month: bed utilization; HMIS participation, and Service Summary reports. These reports are organized by program type (ES, TH, PH, SSO, ESG) and by organization within each type. The reports are reviewed by TC ACCESS and the HMIS workgroup and compared to the housing inventory and PIT to isolate incidents of under or over utilization rates indicative of not properly entering and exiting clients. Agencies receive reports of the utilization rates. These reports are also used to measure agency compliance with the HMIS MOA and their performance review scorecard used in program evaluation by the CoC.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Monthly
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

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

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

If 'Yes' indicate date of last review or update by CoC: 07/24/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/25/2007

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	98	296	0	394
Number of Persons (adults and children)	303	931	0	1,234
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	923	316	201	1,440
Number of Persons (adults and unaccompanied youth)	923	316	203	1,442
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	1,021	612	201	1,834

Fort Worth/Arlington/Tarrant County CoC			COC_REG_v10_000514	
Total Persons	1,226	1,247	203	2,676

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	426	93	519
* Severely Mentally Ill	271	68	339
* Chronic Substance Abuse	402	49	451
* Veterans	192	36	228
* Persons with HIV/AIDS	38	2	40
* Victims of Domestic Violence	285	12	297
* Unaccompanied Youth (under 18)	12	0	12

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/29/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The PIT count was conducted using a standardized count form. Shelter staff provided the number of single individuals, gender, adults in families, gender, and dependent children in families. The PIT count results since 2006 indicated a 8.75% decrease, consistent with moving individuals to PH. Subpopulation data was calculated from a random sample of homeless persons at each facility and program. Prior year estimations of chronic homeless included all housing categories (unsheltered, ES, TH, PH). Using the tools provided by HUD for the 2008 application, only ES and unsheltered data were used in the calculations. This reduction of qualifying data resulted in a reduction of chronic homeless to 519 from 990 as reported in the 2007. This is a consistent number of chronic homeless for unsheltered and ES clients as previously reported. It does not demonstrate a drastic reduction in chronic homeless, rather, reflects a change in the data included in the calculation.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input checked="" type="checkbox"/>
Sample Strategy:	Random Sample
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Subpopulation data was gathered through the use of a survey instrument. All emergency sheltered homeless were asked to complete the survey. Only those that declined to take the survey were not included. If they chose not to take the survey, basic visual demographics were recorded. A random sample of transitionally housed clients were surveyed. Surveys were entered into a central database. The raw data was converted into SAS by a consultant to conduct statistical analysis including cross tabulations by gender and housing, and to determine chronic homeless and annualized count. Chronic homelessness calculation was determined by cross tabulations of the HUD defined variables from all valid survey data collected. The comprehensive process of surveying improved the accuracy of chronic homelessness showing much higher proportions within the largest emergency shelter.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

Transitionally housed clients were randomly selected for interview to assure no duplication occurred. For emergency sheltered homeless, clients were asked if they had been surveyed that night to assure no duplication. In addition, each survey detailed the initials, age, and gender of the client. Upon input of the data into a database, a simple query of records with 100% duplication of identifying data, would flag the record as a duplicate. No duplications were found in the sheltered count.

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

The entire geography of the CoC was distinctly divided and mapped. The count was conducted beginning at 10 pm and after the closure of emergency shelters. A sufficient number of volunteers, over 500 volunteers and 100 police patrol officers, deployed over a three hour period in teams to comprehensively cover the CoC area. Known locations were identified in advance and notations made on maps. All homeless were asked if they had been surveyed that night before a count or survey conducted. Each survey also detailed the address where the interview was conducted, the initials, age, and gender. If any count instrument had 100% duplication, one of the instruments would not be counted. No duplications were found in the unsheltered count.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

There were no unsheltered households with dependent children found during the PIT count. Households with children are immediately referred to a shelter facility by outreach staff, social workers, and day shelter staff. Tarrant County Homeless Coalition contracted with a new Children's Case Manager specifically assigned to ES families to address children's needs and respond to new homeless with children that present themselves at day shelters, mealtimes and meal distribution points.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Several engagement strategies are employed within the CoC. The MHMR P.A.T.H. Street Outreach team visit campsites, parks, bridge underpasses and other areas where homeless individuals or families are known to be in order to actively engage them in resources including psychiatric services, case management services and/or referrals to permanent housing. Active outreach and engagement is conducted several times a week and upon request from the community, local police departments, or other service providers. The PATH team also provides a more passive outreach component by being available weekly at local area shelters and drop in centers to engage the homeless who seek refuge at these sites. The Day Resource Center provides a response team to downtown Fort Worth businesses. Individuals residing on the street who obtain meals from Union Gospel Mission and The Salvation Army are encouraged to meet with a case worker to learn about services in an attempt to engage them into coming into the program. Announcements are made during guest chapel services regarding openings in the facilities. In 2006, 350 unsheltered homeless were identified. However, it was later learned that 82 of these persons were in a bunk house for day workers and did not meet the definition of homeless. Adjusted, the number in 2006, 268, compared to 203 unsheltered homeless in 2007, indicates a decrease. The was likely low due to pre-count visits to campsites where persons were notified in advance that survey takers would be returning on count night. Individuals that may have been undocumented or with warrants, may have spent the night in more remote locations to avoid confrontation. Many empty campsites were found on count night. There were no unsheltered families with children.

Attachment Details

Document Description: Subpopulation Worksheet

PIT Attachment

Document Type	Required?	Document Description	Date Attached
PIT Sample Attachment Worksheet	Yes	Random Extrapolat...	10/20/2008

Attachment Details

Document Description: Random Extrapolation TX601

Tab 2: PIT Counts and Sampled Subpopulation Survey Data by Project

Project Information					Subpopulation Results from Sample						
					Number of Clients Sampled at the Project who are in the Subpopulation						
Provider	Facility Name	Program Type	PIT Client Population at the Project (Adults and Unaccompanied Youth)	Number of Surveys Completed at the Project	Chronically Homeless (ES only)	Severely Mentally Ill	Chronic Substance Abusers	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	Unaccompanied Youth (under 18)
Provider A	HUD Example 1	ES	34	16	2	0	10	4	1	1	2
Provider B	HUD Example 2	TH	14	10	0	4	4	1	1	0	0
Provider C	HUD Example 3	TH	6	6	0	0	3	0	0	1	0
All Church Home For Children	All Church Home	ES	12	11						2	11
Arlington Life Shelter	Arlington Life Shelter	ES	73	48	5	6	13	5		4	
Presbyterian Night Shelter	Presbyterian Night Shelter	ES	550	395	180	62	60	57	8	40	
SafeHaven of Tarrant County	SafeHaven of Tarrant County	ES	53	45	2	5		1		48	
The Salvation Army of Fort Worth	Mabee Center	ES	111	83	35	23	20	12		10	
Union Gospel Mission	Union Gospel Mission	ES	224	142	75	27	35	19	4	17	
YWCA	Emergency Assessment Center	ES	3	3						2	
Community Enrichment Center	Open Arms	TH	20	19			6			19	
Community Enrichment Center	Community Enrichment Center	TH	59	43	5	1		2		7	
The Salvation Army of Arlington	The Salvation Army of Arlington	TH	9	9		1		1		3	
The Salvation Army of Fort Worth	The Salvation Army of FW	TH	27	21		5	5			5	
YWCA	SLP and MOP	TH	24	13						1	
GRACE	GRACE	TH	15	8			1			2	
Texas Inmate Services	Texas Inmate Services	TH	7	6		2	2				
Presbyterian Night Shelter	VET Program	TH	38	24		10	2	18		2	
Arlington Housing Authority	Arlington Housing Authority	TH	55	44				1		5	
The Salvation Army of Fort Worth	SIMON	TH	38	28		28	16			6	
Center of Hope	Center of Hope	TH	9	3						3	
SafeHaven of Tarrant County	SafeHaven of Tarrant County	TH	23	19		1				19	
Cornerstone Assistance Network	Cornerstone Assistance Network	TH	34	21			2	6		5	
Volunteers of America	VOA LIGHT	TH	12	12		3	12		1	5	
The Salvation Army of Fort Worth	First Choice	TH	11	11		2	11			2	
Day Resource Center	Day Resource Center	TH	6	6		1	6				
All Church Home for Children	Families Together	TH	6	5							
CENIKOR	Cenikor	TH	81	33			29				
Tarrant County	TBLA 114	TH	124	76		15	44	9	12	8	

Project Information					Extrapolated Subpopulation Estimates						
					Extrapolated Number of Clients at the Project by Subpopulation						
Provider	Facility Name	Program Type	Total PIT Client Population at the Project (Adults and Unaccompanied Youth)	Number of Surveys Completed at the Project	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abusers	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	Unaccompanied Youth (under 18)
All Church Home For Children	All Church Home	ES	12	11						2	12
Arlington Life Shelter	Arlington Life Shelter	ES	73	48	8	9	20	8		6	
Presbyterian Night Shelter	Presbyterian Night Shelter	ES	550	395	251	86	84	79	11	56	
SafeHaven of Tarrant County	SafeHaven of Tarrant County	ES	53	45	2	6		1		57	
The Salvation Army of Fort Worth	Mabee Center	ES	111	83	47	31	27	16		13	
Union Gospel Mission	Union Gospel Mission	ES	224	142	118	43	55	30	6	27	
YWCA	Emergency Assessment Center	ES	3	3						2	
Community Enrichment Center	Open Arms	TH	20	19			6			20	
Community Enrichment Center	Community Enrichment Center	TH	59	43	7	1		3		10	
The Salvation Army of Arlington	The Salvation Army of Arlington	TH	9	9		1		1		3	
The Salvation Army of Fort Worth	The Salvation Army of FW	TH	27	21		6	6			6	
YWCA	SLP and MOP	TH	24	13						2	
GRACE	GRACE	TH	15	8			2			4	
Texas Inmate Services	Texas Inmate Services	TH	7	6		2	2				
Presbyterian Night Shelter	VET Program	TH		24		16	3	29		3	
Arlington Housing Authority	Arlington Housing Authority	TH	55	44				1		6	
The Salvation Army of Fort Worth	SIMON	TH	38	28		38	22			8	
Center of Hope	Center of Hope	TH	9	3						9	
SafeHaven of Tarrant County	SafeHaven of Tarrant County	TH	23	19		1				23	
Cornerstone Assistance Network	Cornerstone Assistance Network	TH	34	21			3	10		8	
Volunteers of America	VOA LIGHT	TH	12	12		3	12		1	5	
The Salvation Army of Fort Worth	First Choice	TH	11	11		2	11			2	
Day Resource Center	Day Resource Center	TH	6	6		1	6				
All Church Home for Children	Families Together	TH	6	5							
CENIKOR	Cenikor	TH	81	33			71				
Tarrant County	TBLA 114	TH	124	76		24	72	15	20	13	

Tab 4: 2007 SuperNOFA Exhibit 1 Application Chart K

Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered
a. Chronically Homeless (<i>ES only</i>)	426
b. Severely Mentally Ill	271
c. Chronic Substance Abuse	402
d. Veterans	192
e. Persons with HIV/AIDS	38
f. Victims of Domestic Violence	285
g. Unaccompanied Youth (under 18)	12

Extrapolated Subpopulation Counts by Program Type

Program Type	Extrapolated Number of Clients in you CoC by Subpopulation by Program Type						
	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abusers	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence	Unaccompanied Youth (under 18)
<i>ALL EMERGENCY SHELTERS</i>	426	175	185	134	17	163	12
<i>ALL TRANSITIONAL HOUSING</i>		97	217	58	21	122	0
<i>TOTAL IN CoC</i>	426	271	402	192	38	285	12

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide 60 case managers with 9 CEUs each over 12 months through trainings and seminars on innovations in effective case management, stages of change, motivational interviewing, practical living and useful skills workshop, increase access to SSI/SSDI disability benefits, and engaging homeless clients into treatment, housing, and employment.	Executive Director, Tarrant County Homeless Coalition
Action Step 2	Develop a centralized database of affordable, assisted, S+C, and public housing inventory, availability, eligibility and application to expedite housing opportunities and minimize vacancies. The result of this database and its ongoing management will be to maximize use of all federal housing funding made available within the CoC to reduce the unspent balance at the close of grants to less than 4% of the total award.	S+C Manager, Fort Worth Housing Authority
Action Step 3	Develop a Uniform Intake Assessment process and implement at 90% of Continuum of Care emergency, transitional, safe haven and permanent housing providers. The uniform assessment includes three tiers that will streamline barriers to PH, with the third tier to include communication processes to enhance agency to agency collaboration and follow-up process to increase completion of client targeted objectives within case management plans.	Supportive Housing Manager, Tarrant County Community Development

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	61
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create 160 new permanent supportive housing beds for the chronic homeless through the City of Fort Worth Directions Home program.	Homelessness Coordinator, City of Fort Worth
Action Step 2	Reallocate reprogrammed SHP funds to create 17 new permanent supportive housing beds for the chronically homeless to the Presbyterian Night Shelter Housing Solutions II program.	Chief Executive Officer, Presbyterian Night Shelter
Action Step 3	Apply for new project funding through the Samaritan Bonus Initiative for 2 new SHP leasing projects for the Arlington Housing Authority S+C (4 units) and Day Resource Center for the Homeless New Start II (16 units). Award of this project will create 20 new permanent housing beds for the chronically homeless.	Chief Operations Officer, Recovery Resource Center

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	301
Numeric Achievement in 12 months	361
Numeric Achievement in 5 years	586
Numeric Achievement in 10 years	650

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Train 50 case managers on effective strategies and best practices (e.g. Stages of Change, Life Skills, SOAR, Money Management) through 3 specialized training seminars and 12 monthly roundtables. Sessions will include effective engagement, stages of change, motivational interviewing, and budgeting assistance.	Executive Director, Tarrant County Homeless Coalition
Action Step 2	Conduct 4 landlord briefings to educate on S+C and SHP PSH programs to develop strategies for effective tenant relationships through development of behavioral and accountability contracts to improve longevity and stability of higher needs chronic homeless in scattered site housing.	Vice President of Assisted Housing, Fort Worth Housing Authority
Action Step 3	Conduct 800 Vulnerability Assessments of unsheltered and emergency sheltered homeless to define and prioritize highly specific housing and supportive service needs of the chronically homeless. Information will be used to develop RFPs seeking the highest and best qualified partnering agencies to implement the City of Fort Worth funded "Directions Home" PSH program of 200 new beds.	Homelessness Coordinator, City of Fort Worth

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	78
Numeric Achievement in 12 months	78
Numeric Achievement in 5 years	79
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Train 500 emergency sheltered homeless and 200 transitional housing clients in the Workforce Solutions Project WISH employment readiness course. 32% of graduates will be placed in employment.	Training Specialist, Southeast Workforce Solutions
Action Step 2	Provide 40 homeless households receiving TANF benefits with intensive case management to address barriers to employment, such as: lack of job search knowledge and skills, child care, transportation, history of domestic violence or sexual assault, substance abuse, and/or mental health problems.	Program Director, The Women's Center
Action Step 3	Prepare 50 homeless individuals for enrollment and participation in 2 background-friendly job fairs produced by the Tarrant County Reentry Council. Individuals will receive pre-event specialized training on re-integration into the workplace.	Tarrant County Reentry Coordinator, Tarrant County Administrators Office

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	38
Numeric Achievement in 12 months	38
Numeric Achievement in 5 years	45
Numeric Achievement in 10 years	50

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create 10 family units of new permanent supportive housing for long-term homeless families in emergency shelter through the City of Fort Worth Directions Home program	Homelessness Coordinator, City of Fort Worth
Action Step 2	Provide intensive case management to 100 homeless households with children at Presbyterian Night Shelter, Arlington Life Shelter, and The Salvation Army Mabee Center with each household receiving no less than three sessions per household and achieving 75% of their targeted objectives.	Children's Case Manager, The Women's Center
Action Step 3	Create 27 family units of transitional housing and achieving 75% success in moving from transitional to permanent housing.	Executive Director, Community Enrichment Center

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	422
Numeric Achievement in 12 months	385
Numeric Achievement in 5 years	345
Numeric Achievement in 10 years	245

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol:	Formal Protocol Implemented
Health Care Discharge Protocol:	Protocol in Development
Mental Health Discharge Protocol:	Formal Protocol Finalized
Corrections Discharge Protocol:	Protocol in Development

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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

Health Care Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

TCHC, in collaboration with Healthy Tarrant County Collaboration (HTCC), has agreed to lead in the development of formal discharge planning procedure for the county hospital charged with indigent care, John Peter Smith Health Network (JPS). Collaborating agencies are: Arlington Memorial Hospital, Baylor All Saints Medical Center, City of Fort Worth Public Health Department, Cook Children's Health Care System, Harris Methodist Hospital, JPS, Tarrant County Public Health, Texas Health Resources, University of Texas at Arlington School of Nursing, and the University of North Texas Health Science Center School of Public Health. Final adoption of a formal protocol at JPS is projected by July 1, 2009 and implementation of the protocol by January 1, 2010. Subsequent protocols with non-publically funded health care institutions are projected to be implemented by October 1, 2010. Meetings are held at least on a quarterly basis. The Presbyterian Night Shelter has developed their protocol for medical bed assignment and will take this document to JPS Health Network staff to establish protocols for discharge in first quarter 2009.

Mental Health Discharge

For Formal Protocol Finalized, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon and provide a date for implementation.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

TCHC participates in the Mental Health Association (MHA) of Tarrant County's Jail Diversion Coalition to address an array of issues surrounding the needs of persons with mental illness that pass through the county jail and court system. The draft Mental Health Diversion Protocol was adopted in June 2008. The next stage will involve development of detailed protocol at each level of client engagement. Collaborating agencies/offices include: MHMR, MHA, Mental Health Connection, Texas ReEntry Services, John Peter Smith Health Network, District Attorney, TCHC, Fort Worth Police Department, Judge Brent Carr, Tarrant County Criminal Courts, Tarrant County Jail, The Salvation Army and other related agencies. The coalition meets quarterly. MHMR has well established procedures for discharge, follow-up and treatment. The interface of mental health workers and persons in local corrections facilities is the next stage of final protocol development. The mental health jail diversion coalition will finalize protocol in 2009 including recommendation to expand mental health services within the Tarrant County Jail.

Correction Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

A corrections discharge planning protocol is in development as part of the goals and activities of the Tarrant County Reentry Council adopted on March 10, 2006 and revised on November 11, 2007. The Council is led by Tarrant County Commissioner Roy Brooks and directed by the Tarrant County Reentry Program Coordinator, Dr. Angel Ibarra. Discharge planning protocol development is being conducted by the following collaborating agencies/offices: Texas ReEntry Services, District Attorney, Judge Sharen Wilson, Tarrant County Administrator, TCHC, Tarrant County Commissioners Court, the Fort Worth Police Department and the Tarrant County Sheriff.

Additionally, the Fort Worth 10-year Plan includes proposed funding for the creation of a jail transition coordinator within the 2008-2009 county fiscal year to conduct discharge planning and address special supportive service needs of persons with mental illness at risk for being discharged into homelessness from the county jail. Upon staffing of this position, it is anticipated that a formal protocol will be developed and implemented by September 30, 2009.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	ACH Discharge Pla...	08/26/2008
Mental Health Discharge Protocol	No	MHMR Procedures o...	10/19/2008
Corrections Discharge Protocol	No	Mental Health Jai...	08/25/2008
Health Care Discharge Protocol	No	Emergency Shelter...	10/19/2008

Attachment Details

Document Description: ACH Discharge Plan Procedures

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: MHMR Procedures on Discharge

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Jail Diversion Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Emergency Shelter Med Bed Stay in Policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

All Church Home for Children Policy and Procedure Manual

Number: 9-9

Title: Discharge Planning

Procedures:

1. Discharge planning begins at intake and is reflected in the assessment and plans of service.
2. Discharge occurs when clients:
 - a. achieve their goals;
 - b. reach their optimal level of living;
 - c. no longer want or need ACH services;
 - d. no longer meet eligibility criteria;
 - e. refuses to meet program standards or requirements; or
 - f. is court ordered for placement outside ACH.
3. Discharge plans are developed jointly by ACH and the client throughout the service delivery process and are finalized prior to discharge.
4. Aftercare plans are developed as the client nears discharge and are finalized prior to discharge.
5. All foster children are referred to PAL/TRAC for aftercare planning beginning at age 16 and possibly younger (PAL/TRAC does not provide services for privately placed foster children).
6. If a client is involuntarily discharged by ACH, ACH will work with the client to find adequate resources to meet the client's needs and the client is given a written explanation for the termination of services within five days of discharge.
7. In addition, a facility initiated discharge of a shelter youth will be submitted to TDFPS according to contract specifications that reflects the current situation of the youth.
8. One of the child's caregivers and one Professional Level Service Provider must be involved in a child's non-emergency discharge. The child and the child's parents must be invited to participate in the planning of a child's non-emergency discharge.
9. For emergency discharges, it must be documented in the child's record the reason why.
10. If a child is not receiving treatment services, the child must be informed of the non-emergency discharge at least four days prior to the date of the discharge. If the child is not informed four days prior to the date of discharge, the Licensed Child Care Administrator or a Professional Level Service Provider must document in the child's record the justification for not informing the child.
11. If a child is receiving treatment services, the child must be informed of the non-emergency discharge at least four days prior to the date of the discharge. If the child is not informed four days prior to the date of discharge, the Treatment Director, three members of the child's service planning team, or the child's

psychiatrist or psychologist must document in the child's record the justification for not informing the child.

12. A Discharge Summary is completed within 72 hours of discharge or sooner according to program contract. In the case of a foster child in the custody of TDFPS, a Discharge Summary is completed on the day of discharge and submitted to CPS. A copy of the discharge summary must be sent to the client's parent/legal guardian within 30 days of discharge.
13. An emergency discharge occurs when: the parent/legal guardian withdraws a client unexpectedly from care; there is a medical emergency requiring inpatient care; the client is absent from ACH and cannot be located; or, there is an immediate danger to the client or others and it is determined that ACH cannot serve the child.
14. Discharge plans for unaccompanied youth accommodate differences in service needs including the differences presented by:
 - a. Youth who have temporarily run away from their families
 - b. Youth for whom the return home is not the appropriate plan
 - c. Youth meeting legal requirements for emancipation
 - d. Homeless youth who are without family or community supports
15. Collaborating agencies that have shared management of the case are informed of discharges.
16. All discharge summaries are filed in the resident's record and kept on file according to TDFPS timeframes.

Attachment (s): Discharge Summary

Approved By: _____

Date: _____

Origination Date: 8/6/02

Review/Revision Dates: 11/19/02; 6/21/06, 8/9/06, 1/12/07

All Church Home for Children Policy and Procedure Manual

Number: 9-9a

Title: Additional Discharge Planning for Foster Children

Procedures:

1. In addition to the reasons for discharge listed on Discharge Planning 9-9, a foster child may be discharged from the ACH Foster Care Program because of a breakdown in the foster care placement or a planned move of a foster child to a new foster home where siblings are placed.
2. All Church Home for Children supports team decision making regarding all unplanned discharges. Foster parents are required to meet with their Foster Care Specialist and the Foster Care Director to discuss any placement concerns prior to requesting that a child be discharged from their home; except in cases where the child is a danger to self or others, or exhibits volatile or self-injurious behaviors that are inappropriate for the program of service and requires placement in another setting.
3. With documentation from a physician that a foster child is a danger to self or others, to facilitate admission to a hospital, the foster child shall be removed from the foster home within twenty-four (24) hours notice.
4. Upon placement of a foster child in jail or a juvenile facility, foster parents must immediately notify All Church Home for Children Foster Care Staff as to whether or not they are willing to accept placement of the foster child upon the foster child's release from jail or juvenile detention.
 - a. ACH staff will notify the TDFPS caseworker within twenty-four (24) hours of the foster child's placement in jail or a juvenile detention facility and shall state whether the foster family is willing to accept placement of the foster child upon the foster child's release from jail or the juvenile detention facility.
 - b. If the ACH foster parent is not willing to accept placement of the foster child upon the foster child's release, TDFPS shall, within twenty-four (24) hours of receipt of notification from ACH, remove the foster child placed by TDFPS.
5. If the foster home is not willing to accept placement of the foster child upon the foster child's release, All Church Home for Children must provide twenty-four (24) hours notice of discharge from the foster home.
6. If a foster child or family is involuntarily discharged by the ACH Foster Care Program, attempts are made to work with the parent/legal guardian to find adequate resources to meet the foster child's needs. The Foster child's legal guardian is given a written explanation for the termination of services within five days of discharge.
7. When a foster child is discharged to another facility a consent form from the legal guardian must be obtained prior to sharing information with the new facility.

When a consent form has been signed, the following information must be shared within 30 days:

- a. Copies of information pertaining to the foster child's background information, including progress notes for the past 60 days;
- b. Any unresolved incidents or investigations involving the foster child;
- c. Assessment and/or evaluations that have been performed including admission assessment, diagnostic assessment, educational assessment, neurological assessment, and psychiatric or psychological evaluation;
- d. Plan of service reviews for the past 12 months;
- e. A list of medications the foster child is taking including dosage, frequency, and reason the medication was prescribed; and
- f. Any treatment for a physical condition that is in progress and requires continuing or follow-up medical care.

Attachment (s): none

Approved By: _____

Date: _____

Origination Date: 8/13/06

Review/Revision Dates: 9/18/06; 4/16/07

Mental Health Diversion Task Force
Resource Identification & Planning Exercise
Final Report
April 25, 2008

Introduction

This document represents the efforts of many organizations and individuals concerned with the mentally ill or the mentally retarded (hereafter collectively referred to as “mentally impaired”) who enter the Tarrant County Criminal Justice System. The goal of this exercise is to identify resources for dealing with the mentally impaired which currently exist in the local justice system and those which may be sought in the future. The exercise was accomplished by first dividing the local justice system into sequential steps and then identifying the resources both currently available and desired at each step. The mission of the exercise is (1) to enhance public safety through identification and effective treatment of those who may harm themselves, others, or property as a result of a mental impairment and (2) ensure the fair and humane treatment of the mentally impaired who enter the criminal justice system. This planning document additionally outlines processes and procedures that will, upon implementation or improvement of service delivery, protect the indigent and homeless mentally impaired from being discharged from mental health or criminal justice facilities without connections to appropriate services and safe shelter.

The inclusion of a particular resource in this document does not necessarily mean there is universal agreement that this item should be pursued instituted. Rather this exercise attempts to capture possibilities with the understanding that the need for a particular resource will be addressed in the future.

Finally, it is not suggested that every mentally impaired person who enters the criminal justice system is in need of programs or treatment. Scarce mental health resources will be reserved for those with actual need and in some cases for those who show a willingness to participate in a particular program.

Throughout this document some common abbreviations and their meanings are as follows:

JPS: John Peter Smith Health Network

MHMR: Mental Health and Mental Retardation of Tarrant County

MHA: Mental Health Association of Tarrant County

CSCD: Tarrant County Community Supervision and Corrections Department

Sequential Steps of the Tarrant County Justice System, Current and Proposed Services and Procedures.

I. Mental Health Crisis: an event involving a mentally impaired person that causes another person to be substantially concerned for the health or safety of himself, the mentally impaired person or property.

A. Current Procedures:

- 1. Emergency 911.** The appropriate response when there is a substantial imminent threat to the safety of a person or property.
- 2. JPS Emergency Psychiatric Center.** This emergency facility functions as does any other emergency room. A person arriving at this facility for psychiatric services will be seen by

medical staff. Depending on the evaluation of the patient options include treatment and discharge, voluntary admission, or involuntary emergency commitment.

- 3. MHMR Hotline.** This resource is available 24 hours a day, 365 days a year. It provides referral services to mental health resources, phone mental health screening, welfare checks (on conclusion of a call police may be notified to check on individual if call taker has a substantial concern for caller's safety).
- 4. Mobile Crises Team.** This program operates in conjunction with crisis hotlines and provides emergency care, urgent care, and crisis follow-up in the child, adolescent or adult's natural environment. Mobile services allow immediate access to assessment and crisis resolution, regardless of the time and place of the precipitating event or the individual's transportation resources. A team may also provide temporary services in the community to individuals who need psychiatric treatment but will not use the tradition system to access care. Often these individuals have urgent needs but do not meet criteria for involuntary detention. Mobile Crisis teams work closely with law enforcement and other local crisis responders
- 5. Magistrate's Order for Emergency Detention.** Assistance and information on obtaining a magistrate's order for emergency detention and apprehension. (817-335-3022).
- 6. MHA – Information / Referral Service.** This service is available by phone during business hours 9:00 a.m. to 5:00 p.m. and may also be accessed 24 hours a day online. It offers a comprehensive listing of services and resources for mental health treatment, support groups and related concerns with extensive system navigation as needed. The website also offers a link to a nationwide data base.
- 7. United Way of Tarrant County 211 Service.** This service provides community information and referral for health (including mental health) and human services in Tarrant County and Texas. It is manned 24 hours a day and 365 days a year.
- 8. Involuntary Civil Commitment System.** Three step process
 - a) Emergency Detention by one of the following methods:**
 - i. Warrantless Apprehension. A peace officer may make a warrantless apprehension of a mentally ill person if there is a substantial risk of serious harm to the person or others unless the person is immediately restrained and the officer believes there is not sufficient time to obtain a warrant before taking the person into custody,
 - ii. Magistrate's Warrant. An adult may file an application for emergency detention of another person [similar standard]. There is no fee for this process. MHMR offers assistance in this process by phone at (817) 546-7815. This assistance is available from 8:00a.m. – 12:00noon, on business days at the
 - iii. A Guardian of a Person may make a warrantless detention of his or her Ward [similar standard].
 - b) Order of Protective Custody,** issued by the Probate Court within 48 hours of emergency detention. This permits a person to be held up to 14 days (30 with continuance order) for additional observation and treatment. A probable cause hearing must be held within 72 hours after the person is ordered into protective custody to determine if an adequate factual basis exists to warrant detention in a mental facility pending the commitment hearing.
 - c) Civil Commitment.** If treatment and / or medication have not resolved the crisis, the patient may be committed to the local or state hospital for a period not to exceed 90 days.

B. Proposed Procedures:

1. **After-Hours Magistrate's Warrants.** Magistrate's Warrants are currently available only during normal business hours. There are other Magistrates or Judges available after-hours that could sign these warrants if there was a process in place.

II. Initial Contact with Police: Officers who first respond to the scene of an event that may result in the arrest or detention of a mentally impaired person.

A. Current Procedures:

1. **MHMR Law Enforcement Liaison.** This program provides police in the field with 24/365 access to mental health professionals who may offer technical assistance, support and information to assist the officer in successfully resolving a law enforcement contact with a mentally impaired person. The personnel of this program attempt to follow up with 100% of persons referred by law enforcement either face to face or by telephone. Persons contacted are provided with referrals for mental health services and intervention strategies to reduce problematic behavior.
2. **Mobile Crisis Team.** See I.A.4., above.
3. **Peace Officer Training.** Training for peace officers on mental health issues is currently available and given to police officers as part of the now required CIT (Crisis Intervention Training).

B. Proposed Procedures:

1. **Certified Mental Health Officers.** Require all police officers to be certified mental health peace officers through an additional 24 hours training.
2. **Expanded Police Officer Training.** The current training should be expanded to more police officers. Training should include non arrest alternatives, the use of less-than-lethal apprehension devices (pepper spray, taser, etc.).
3. **Gain Support of Senior Police Staff.** Seek the commitment of senior police staff for implementation and use of policy and procedures for dealing with the mentally impaired.
4. **Identification System for the Mentally Impaired Who Frequently Encounter the Police.** There are a number of mentally impaired individuals who frequently are involved with the police. The criminal data base should provide officers with knowledge that a given person is mentally impaired and link the officer to resources available for dealing with the individual when appropriate.
5. **Data Collection.** The police should record contact data with all person suspected of being mentally ill.
6. **Less-than-lethal apprehension devices.** Police departments should be encouraged to acquire non lethal apprehension devices and training in their proper use. Assistance in obtaining the devices (grant writing, etc.) should be made available especially to smaller departments.

7. **On Call Mental Health Peace Officer.** Police departments should be encouraged or required to train a certain number of their officers in procedures for dealing with the mentally impaired. Department size permitting, each department should always have on duty or on call an officer trained in and certified in mental health.
8. **Mental Health Cross Training for Victim Assistance Personnel.** As many victims of crime are also mentally impaired, victim assistance personnel should also have mental health training.
9. **Non-custodial Transfer.** A law enforcement contact with a mentally impaired person that does not require an arrest or detention by the officer but the situation indicates some form of mental health intervention should occur. A resource should be developed that will provide transportation for a mentally impaired person who voluntarily agrees to seek immediate assistance. This allows the officer to remain on duty.
10. **Expand Law Liaison Staff.** Additional staff is needed to adequately provide training and technical assistance to law enforcement agencies throughout Tarrant County.

II. Arrest / Custody: Placing a Mentally Impaired person under arrest for an offense in which a mental impairment played a significant role.

A. Current Procedures:

1. **Transport Prisoner to JPS Psychiatric Emergency Center.** See I.A.2., above.
2. **Transport Prisoner to Jail**
3. **Transport Prisoner to Private Psychiatric Hospital**
4. **Transport Prisoner to Residence**

B. Proposed Procedures

1. **Mental Health Stabilization Facility.** This is a non hospital based facility that would offer residential short term stabilization (up to 10 days) and local competency restoration (up to 90 days) in a therapeutic environment.
2. **Mental Health Assessments at City Jails.** A resource should be developed that allows mental health assessments at city jails.
3. **Transfer to JPS Custody.** JPS Police should take custody of mentally impaired persons taken to JPS who are ultimately intended for Psych ER, but who must first be medically cleared.
4. **Treatment and discharge planning at city jails.**
5. **Salvation Army Simon Center.** Investigate usage of the Simon Center as alternative to jail for appropriate cases. The Center currently has a number of residential beds for persons with dual diagnosis and is available for any one with a need. Sex offenders are excluded.
6. Develop and implement procedure for discharge of homeless persons coordinated with law enforcement, city jails, JPS and emergency shelters to assure persons are not discharged to the street.

III. Booking into the County Jail: transferring a Mentally Impaired person to the county jail when the decision has been made to file a charge of the grade of class B or higher.

A. Current Procedures:

- 1. Mental Health Screening.** Currently all persons booked into the Tarrant County Jail are screened for mental health history and needs.
- 2. MHMR Referrals.** Any prisoner found in need of mental health services while in the Tarrant County Jail is referred to the MHMR unit located in the jail for follow-up evaluation and indicated services.
- 3. Medication Management.** Prisoners determined in need of psychotropic medication are prescribed appropriate medication by order of a psychiatrist after an evaluation.

B. Proposed Procedures:

- 1. Discharge Referral for a Defendant Released on Bail.** Mentally impaired persons released on bail should be referred to services if appropriate. Homeless persons should not be discharged until contact has been made with an emergency shelter facility for arrangement of shelter and transportation.
- 2. Arresting Agency Notification.** A police department transferring a prisoner to county custody should indicate whether defendant appeared to be suffering from a mental impairment at the time of arrest or while in the custody of the police department.
- 3. Create Attorney Appointment System for Mentally Impaired Defendants.** An indigent defendant actively suffering from a mental impairment should be appointed an attorney trained to represent mentally impaired defendants. (State Task Force on Indigent Defense or TCOOMI may be able to assist with resources).

IV. Filing of Charges: formally charging a mentally impaired person with a crime committed while a person was substantially affected by a mental impairment.

A. Current Procedures:

None discussed

B. Proposed Procedures:

- 1. Notification of District Attorney.** Develop a procedure to notify the district attorney that a defendant is mentally impaired for whatever value that may have in the charge filing decision.
- 2. Court Notification Program.** Develop a procedure to notify a court that a defendant booked into the Tarrant County Jail was determined to be mentally impaired.
- 3. Diversion Criteria.** There should be established criteria especially for low level offenses that may warrant the referral of a mentally impaired defendant to a diversion

program that may result in no charges filed, dismissed charges or reduced offer, if the defendant meets program requirements.

V. Pending Court Case: the period of time a case is pending in court before a final disposition.

A. Current Procedures:

- 1. Tarrant County Mental Health Court Diversion Program.** This program was established in 2003. Defendants who meet set criteria are offered the opportunity to participate in this program. The program features case management, particularized mental health counseling and treatment, and compliance supervision. If the defendant successfully completes the program charges against the defendant are dismissed.
- 2. MHMR Tarrant County Assertive Treatment Program (TCAT).** This program was established in 2007 with funds from the Texas Office on Offenders with Mental Impairments (TCOOMI). The program offers case management services to defendants with a pending felony charge. In addition to accepting defendants not associated with any other program, it works in conjunction with CSCD Bond Caseload and the Mental Health Diversion Program.

B. Proposed Procedures:

- 1. CSCD Mental Health Bond Caseload.** CSCD should establish a specialized pretrial bond supervision caseload for defendants with mental impairment.
- 2. Jail Run Notification.** A "jail run" refers to the situation where at periodic intervals (usually weekly), defendants assigned to a court and who were unable to post bail are taken to court where they meet with their attorney (usually appointed) and are usually presented with a plea bargain offer. This event usually occurs within a few days of a defendant's entry into the Tarrant County Jail and is often the first place a defendant encounters his attorney. This procedure creates a risk that a mentally impaired defendant may improperly be induced to enter a plea of guilty even though no party to the case intended for this result to occur. A notification system should be developed to insure that the attorneys and the court is aware that a defendant is mentally impaired to avoid an unjust result.
- 3. Mental Health Attorney Training Program.** Attorneys seeking to represent defendants with a significant mental impairment should receive training in dealing with the mentally impaired. The representation of defendants with acute mental impairment symptoms should be restricted to these attorneys.
- 4. Mental Health Stabilization Facility.** See the description under item 3 above. This facility could also be used to treat defendants who have a mental health crisis, or whose competency becomes questionable while a case is pending against him.
- 5. Provide Pretrial Case Management Services to Offenders Charged with only Misdemeanor Offenses.**
- 6. Criminal Justice System Mental Health Facilitator.** This is an ombudsman type position that would act as a facilitator for mentally impaired defendants entering the justice system. This person would be a resource for the courts, work with the jail, defense attorneys, prosecutors, local mental health agencies, the state hospital system,

etc. The facilitator will also have knowledge of emergency shelters, case management staff and other resources for homeless defendants.

7. **Guardianship.** Explore the guardianship system and determine the appropriateness of establishing a guardianship for certain mentally impaired offenders that frequently enter the local justice system.
8. **Develop Unlicensed Housing Provider Standards.** A number of mentally impaired offenders are homeless or can no longer live with other relatives because of their mental impairment. There are concerns over the suitability and safety of some of the providers that offer a residential service as there are no current regulations or licensing requirements. Standards should be developed that establish the minimum requirements for these facilities before they will be considered as acceptable as a placement for a defendant being served by a local criminal justice system mental health program. Current code and law provisions should also be examined to determine if there are current legal requirements.
9. Incorporate the Tarrant County Homeless Coalition to address discharge, housing, and case management challenges of indigent mentally impaired to prevent persons to fall into homelessness and to provide safe transitions for the homeless mentally impaired.
10. **Directory of Mental Health Services.** Develop directory of services for use by local criminal justice agencies/officials.

VII. Mental Health Competency Restoration and Commitments; Civil and Criminal; Texas Code of Criminal Procedure and Health and Safety Code Procedures

A. Current Procedures:

1. **Criminal Commitments.** Although most defendants found incompetent are ultimately committed to a state hospital, the procedure does not always function efficiently which sometime results in an unnecessary delay in treatment. This is primarily the result of a lack of dedicated resources to monitor the progress of defendants who are suspected to be incompetent. Document current criminal commitment procedures, short and long term.
2. **Civil Commitments.** The local civil commitment process operates very smoothly as there are dedicated professional assets that handle these proceedings.

B. Proposed Procedures:

1. **Document Current Process.** The current commitment process should be evaluated in view of legal requirements.
2. **Develop Standard Forms and Procedures.** Develop standard form and procedures for both short and long term commitments under Art. 46B, CCP.
3. **Develop Out Patient Competency Restoration Program.** Develop admission criteria, case management resources and identify appropriate service providers.

4. **Mental Health Stabilization Facility.** This is a non hospital based facility that would offer residential short term local competency restoration (up to 90 days) in a therapeutic environment.
5. **Civil Commitment Procedures.** Standardize process and publish forms for turning a criminal defendant over to the civil system for civil commitment.
6. **Process Overview.** Create and publish an overview of the combined criminal and civil commitment process.

VIII. CSCD (Probation).

A. Current Procedures:

1. **Mental Health Caseloads.** CSCD has a specialized caseload for defendants with a mental impairment. The target population for this caseload is 35 to 45 defendants per officer. These programs include various levels of supervision and programming intensity depending on the needs of the offender. Other community programs that work closely with the mental health caseloads include:
 - a) Project Rapp (Rehabilitative Alternatives for Probation & Parole). This MHMR program is limited to priority population offenders.
 - b) TCAT. MHMR Tarrant County Assertive Treatment Program.
 - c) Separate programming is offered for sex offenders.
 - d) Mental Health Initiative Program. Intense mental health supervision program.
 - e) Transportation

B. Proposed Procedures:

1. **Diagnostic Procedures.** Diagnostic procedures would be established in CSCD which would among other duties determine which probationers are suitable for a specialized mental health caseload. This could also be part of a general diagnostic unit.
2. **Mental Health Training.** Training for CSCD staff to recognize signs of mental illness and when to make referrals for specialized mental health supervision.
3. **Mental Health Court Officers.** The creation of a unit of CSCD Officers that would handle the court proceedings involving the mentally impaired.
4. **Transition Program.** Establish a program that prepares a mentally impaired probationer for success after CSCD supervision is completed.
5. **Fee Waiver in Appropriate Cases.**
6. **Social Services Coordination.** CSCD should develop procedures to link appropriate probationers to social service and benefit providers.
7. **Success Oriented Training.** Although compliance monitoring is important, CSCD Officers should be trained in the philosophy that the goal of supervision should be the successful completion of supervision as opposed to compliance monitoring.

IX. Sentence to Jail

A. Current Procedures:

- 1. MHMR Forensic Jail Services.** Intake, referral, diagnostic, psychiatric, medicine.
- 2. MHMR Continuity of Care Coordinator.** This position is charged with arranging referrals and medications for persons whose release from jail is imminent. However these efforts have been somewhat frustrated as the coordinator is frequently not notified that a given prisoner is about to be released.
- 3. Notification of the Need for Civil Commitment.** In appropriate cases the court or a representative should be notified of any situation where a defendant has deteriorated to the point that justice requires that the need to resolve the mental health problems outweigh the present need for prosecution.
- 4. Common Psychotropic Medications Maintained in Jail.** Mentally impaired prisoners are most committed to jail without their medication. To lessen the chance of mental health crisis, once a prescription has been verified in many cases a mentally impaired prisoner would have quick access to necessary medications.
- 5. Medication Verification System.** Upon receipt of a prescription for medication prescribed for a mentally impaired prisoner, the jail MHMR staff will verify the prescription and have it filled by the JPS pharmacy.

B. Proposed Procedures:

- 1. Waiver of Fees for Certain Defendants Sentenced to Labor Detail.** Some defendants are sentenced to serve their sentence through off hour's confinement in the Labor Detail Program. Of these some are without the ability to manage employment and live on public assistance. When verified, fee and fine waiver or concurrent sentencing should be considered.
- 2. Mental Health Program to work off Fine/Court Costs.** Some mentally impaired defendants who are unemployable will nevertheless benefit from performing some appropriate form of community service as part of a diversion from the criminal justice system strategy. A program meeting this need should be developed.
- 3. Continuity of Care Coordinator Position should be Supported and Strengthened.** Notification of release to coordinator and setting release times would greatly assist.
- 4. Waiver of Confidentiality.** The law should not impose confidentiality restrictions when a confinement facility is attempting to verify the validity of a prescription.
- 5. Re-entry Council.** Work in conjunction and in consultation with the Tarrant County Re-entry council.

X. Sentence to Prison

A. Current Procedures:

None discussed.

B. Proposed Procedures:

- 1. Submission of Current Mental Health Status Information.** The information that accompanies a mentally impaired defendant sentenced to prison should include the

mental health status of the offender, diagnosed mental health conditions, and notice of any prescribed psychotropic medications.

XI. Parole

A. Current Procedures:

- 1. Texas Commission on Offenders with Mental Illness (TCOOMI).** TCOOMI sends list of persons with upcoming release date who are mentally ill to local parole officials and MHMR Project RAPP. Project RAPP attempts to meet with each of these individuals within one week of their release.
 - RAPP program has limited number of spaces. Currently there is a waiting list
 - Parolees who have served all time are not eligible to participate in RAPP.
- 2. Medication.** Parolees receive a ten day supply of medication upon release from prison.
- 3. Reentry Council.** Tarrant County is in the process of creating resources to deal with the approximate 5000 parolees that are annually released to Tarrant County. It is estimated that approximately one-third or 1700 of these individuals suffer from a mental illness. The strategy is to create a comprehensive plan to deal with these individuals including planning and resources for the mentally ill.
- 4. Texas Reentry Services.** This is a nonprofit organization that provides referral services and programming for individuals released from jail or prison.
- 5. Texas Work Force Commission, Project RIO (Re-entry Initiative for Offenders).** This program with job placement for persons released from prison or state jail.

B. Proposed Procedures:

- 1. Reentry Court.** A local judicial authority would be established that would hold parolees accountable for complying with release conditions including maintenance of mental health by taking prescribed medications and submitting to designated counseling and treatment programs. Texas law does not currently appear to authorize this approach. Special mental health training may be necessary for court officers involved here.
- 2. Programs for Individuals Discharged from the Justice System.** Some individuals are completely discharged from prison. Information and referral resources should be developed to target this population.
- 3. United Way Program.**
- 4. Establish Discharge Planning Case Manager position within a Central Resource Facility** to coordinate possible rapid-rehousing of parolees within supportive housing programs; facilitate reentry for homeless persons and connecting them immediately with case management to assist with the securing of transitional or emergency housing and establishing needed connections to services.

XII. Post Disposition Resources: includes any other resource relevant to rehabilitation of a mentally ill person who has been in the justice system

A. Proposed Procedures:

1. Emphasize and develop discharge planning from jail, prison and CSCD.

XIII. Legislative and Policy Initiatives

A. Proposed Procedures:

1. Required Mental Health Training for Peace Officers
2. Regulation or the Establishment for Boarding Houses Used by Local Criminal Justice Programs

Respectfully Submitted
Judge Brent A. Carr, Secretary

MENTAL HEALTH MENTAL RETARDATION OF TARRANT COUNTY

**STATE HOSPITAL DISCHARGE OUT OF COUNTY AND/OR
TO A PRIVATE SERVICE SYSTEM**

I. PURPOSE:

To provide a system for ensuring continuity of services for Tarrant County clients discharged outside of Tarrant County and/or to a private service system.

II. SCOPE:

This procedure applies to Mental Health Aftercare Department.

III. OVERVIEW:

- A. Client on Absence for Trial Placement (ATP) / Discharged to a Private Service System Who Do Not Require Additional Services from MHMRTC Page 1
- B. Client on ATP / Discharged to a Private Service System Who Has Identified, Unmet Aftercare Needs Page 2
- C. Client on ATP / Discharged to Non-private Service System Outside Tarrant County Page 3

IV. PROCEDURE:

- A. Client on ATP / Discharged to a Private Service System Who Does Not Require Additional Services from MHMRTC**

Step

Action

- 01 When a client is on ATP or discharged to a private service system, an Aftercare staff completes the Non-Clinical Support Needs Assessment and an Assessment for Service Coordination, and assists the State Mental Health Facility (SMHF) Social Work staff, if needed, in developing a **Joint Community Support Plan** (consisting of Transition Phase Individual Treatment Plan [MHRS 4-6 form] and Referral Instructions [MHRS 4-7 form] prior to the client's entry into the private treatment program.
 - The Community Support Plan is developed with the private provider whenever practical.

Step	Action
02	<p>If it is determined that all services will be provided by the private service system, the Aftercare staff documents in the client's chart that no services are required from the local Mental Health Authority (MHA), and obtains Consent for Release of Information from the client for the private provider.</p> <ul style="list-style-type: none">• The Aftercare Specialist makes the 7-day contact with the client upon release at the state hospital.• The client is dropped off at his/her home.
	<p>B. Client on ATP / Discharged to a Private Service System Who Has Identified, Unmet Aftercare Needs</p>

Step	Action
01	<p>For clients on ATP / discharged to Tarrant County, if additional services are identified in the Non-Clinical Support Needs Assessment or the Assessment for Service Coordination which will not be met by the private provider, the Aftercare staff coordinates with the private provider to arrange for services MHMRTC offers..</p>
02	<p>For clients on ATP / discharged outside Tarrant County, if additional Aftercare needs exist which will not be met by the private service system, the Aftercare staff:</p> <ul style="list-style-type: none">• Ensures that the client receives an appointment with the receiving local MHA.• Transmits a letter to the receiving MHA with a copy of the Non-Clinical Support Needs Assessment and the Assessment for Service Coordination.
03	<p>Aftercare staff initiates a request to change county of residence.</p>
	<p>C. Client on ATP / Discharged to Non-private Service System Outside Tarrant County</p>

Step	Action
01	<p>The Aftercare staff assists the Social Worker at the State Mental Health Facility (SMHF) to:</p> <ul style="list-style-type: none">• Obtain an appointment with the receiving MHA.• Contact the local MHA prior to the discharge to:<ul style="list-style-type: none">• Coordinate Aftercare needs and

- Request that a continuity of services staff person be designated.

V. OUTCOME:

A. Client

1. Joint Community Support Plan
2. If client seeks services outside of Tarrant County:
 - Assessment of receiving MHA's ability to meet the client's needs
 - Appointment with receiving MRA
 - Assistance changing county of residence

B. Documentation

1. Joint Community Support Plan
2. Non-Clinical Support Needs Assessment
3. Assessment for Service Coordination

VI. GLOSSARY:

Definitions for the following words used in this operating procedure may be found in the Glossary section of the Operating Procedure Manual:

- Absence for Trial Placement (ATP)
- Aftercare Staff Person
- Private Service System
- Mental Health Authority (MHA)

VII. REFERENCES:

- A. DSHS MH Community Service Standards
- B. Texas Administrative Code: Continuity of Care - Mental Health 402 B
- C. Operating Procedure MH-044, Aftercare Coordination of Services
- D. Operating Procedure MH-050, Joint Discharge Planning

VIII. ATTACHMENTS:

- A. Non-Clinical Support Needs Assessment form
- B. Transition Phase: ITP Review Form (MHRS 4-6)
- C. Referral Instructions (JHRS 4-)
- D. Assessment for Service Coordination

Deputy Chief Executive Officer

Date

Chief of Mental Health

MENTAL HEALTH MENTAL RETARDATION OF TARRANT COUNTY

Operating Procedure **MH-044**
Mental Health Services
Page 1

Effective: **January 1983**
Revised: **March 2008**

AFTERCARE COORDINATION OF SERVICES/DISCHARGE FOLLOW-UP

I. PURPOSE:

- To provide an organizational overview of the appropriate **coordination of services for clients before, during, and after hospitalization in a State Mental Health Facility (SMHF).**
- To provide organization and direction to the all Aftercare staff and all Court Services staff that facilitate continuity of care services for Tarrant County residents admitted and discharged from SMHF's.

II. SCOPE:

This procedure applies to all Mental Health Services programs.

III. OVERVIEW:

- A. Coordination of Services – Admissions Page 1
- B. Coordination of Services – During Hospital Stays Page 2
- C. Coordination of Services –Absences for Trial Placement, Page 3

Discharges, & Continuing Care

D. Communication and Coordination

Page 4

IV. PROCEDURE:

A. **Coordination of Services - Admissions**

Step	Action
01	The Court and Aftercare Department is responsible for preadmission screening for SMHF admissions (see Operating Procedure MH 036 – Pre-Screening)
02	Court/Aftercare staff who complete the Pre-Screening form: <ul style="list-style-type: none">• Fax the form to SMHF, and provide a copy to Court/Aftercare support staff
03	Upon receipt of the Pre-Screening form, for existing clients, Aftercare support staff: <ul style="list-style-type: none">• Request the client’s medical record to be routed to the Aftercare Department from the client’s service provider. The medical record is maintained in the Aftercare Department until the client is discharged and resumes services with service provider.
04	Upon receipt of the Pre-Screening form, for new clients, Mental Health Services (MHS) support staff initiates a medical record for the client. The medical record is maintained in the Aftercare Department until the client is discharged and begins services with service provider.
05	For existing clients, MHS support staff changes the CPC to Aftercare staff. For MR clients, the MR Continuity of Care staff person follows them. For new clients, MHS support staff enters the name of the Aftercare staff person as CPC for MH clients. The MR Continuity of Care staff is the Aftercare staff person for MR clients.
06	The Pre-Screening form is filed in the client’s medical record.

B. **Coordination of Services – During Hospital Stays**

Step	Action
01	MH or MR Aftercare staff advocates for the client while in the state hospital and participate in Joint Discharge Planning (see OP MH-050 Joint Discharge Planning). <ul style="list-style-type: none">• For persons with mental retardation admitted to the North Texas State Hospital – Wichita Falls Campus (NTSH-WC), MHMRTC Mental Retardation staff assumes Aftercare responsibilities.

- 02 MH or MR Aftercare staff facilitates sharing information on clients between SMHF's and MHMRTC.
- 03 **Joint planning/linking coordination** occurs at each major junction in client services for clients hospitalized in state facilities.
 - Admission
 - Joint discharge planning
 - Furlough/discharge and
 - Reentry into community services
- 04 Aftercare staff assesses the **appropriateness of service delivery** via the **Treatment Plan Review** for each client monthly, for the first three months of hospitalization, and quarterly thereafter throughout the hospital stay.
- 05 Aftercare staff submits the Treatment Plan Review to MHS or MRS support staff.
- 06 The MHS or MRS support staff files Progress Notes, Treatment Plan Reviews, and all other related documents in the client's medical record.
- 07 The **Utilization Management Department** maintains a computerized tracking system to monitor adherence to the **State Performance Contract** (see Operating Procedure MH-052 – Tracking, Documenting, & Reporting Continuity of Care).
- 08 MH or MR Aftercare staff:
 - **Coordinate with the Tarrant County judicial system**, as needed, to facilitate court proceedings on clients currently in:
 - NTSH – WFC
 - NTSH – VC (we've also been doing some Vernon recommitments as of late)
 - Complete the **Alternate Treatment Recommendation** - for re-commitment to NTSH-WFC or VC

C. Coordination of Services –Absences for Trial Placement (ATP), Discharges, & Continuing Care

Step	Action
01	MH or MR Aftercare staff facilitates the client's discharge and re-entry into community services.
02	MH or MR Aftercare staff seeks to obtain and documents client's participation in discharge planning.
03	MH or MR Aftercare staffs demonstrate a good faith effort to make available and accessible those services specified in the Joint Community Support Plans for clients on Absence for Trial Placement (ATP) / discharged from SMHF's.

- 04 **Until clients who are on ATP / discharged from SMHF's have successfully entered other services, the MH or MR Aftercare staff serves as CPC:**
- Provides individualized follow-up services as identified on the Joint Community Support Plan.
 - Initiates all referrals and coordinates services, including services of an emergency nature.
 - Coordinates services with the client's CPC / Service Coordinator, if applicable.
 - Keeps other MHMRTC staff informed of significant changes and adjustments in the client's life.
 - Documents activities in the **Progress Notes** section of the client's record.
- 05 The Aftercare staff sets an appointment (face-to-face contact) for the client with appropriate MHMRTC clinic.
- 06 **Does the client meet the initial appointment?**
- **If yes**, the Aftercare staff:
 - Transfers CPC status to Service Coordinator or provider CPC, as indicated.
 - Relinquishes CPC responsibility for client.
 - Documents the transfer of continuity of care in the **Progress Notes** section of the client record and on the **Client Program Coordinator (CPC) Case Status** form.
 - **If no**, the clinic staff will follow up with the client
 - Attempts to meet with the client within the seven (7) day time period.
- 07 **Prior to the client's first outpatient clinic appointment, the Aftercare staff:**
- Reviews the client record to ensure that all Aftercare service documentation, including hospital discharge packet information (Joint Community Support Plan and Referral Instructions), is current;
 - Requests MHS support staff to transfer the client record to the appointment site as soon as possible, but prior to the appointment.

D. Communication and Coordination

- | Step | Action |
|-------------|---|
| 01 | The Continuity of Care Manager: <ul style="list-style-type: none">• Meets with key SMHF staff, other MHMRTC staff, Probate Judges, and other stakeholders to facilitate problem solving and fulfillment of the working agreements via the quarterly Judges' Meeting.• Visits North Texas State Hospital – Wichita Falls Campus (NTSH-WC) at least annually. |

- 02 MH Aftercare staff visit other community service providers to update resource information needed for client referrals, and keeps abreast of developments in MHMRTC programs.
- Information obtained in this manner is shared with Aftercare staff through training sessions and memorandums.

V. OUTCOME:

A. Client

1. Preadmission screening for voluntary and involuntary admissions to state hospital
2. Participation in Treatment Planning during hospital stay
3. Participation in coordinated discharge planning
4. Contact with MHMRTC staff within 7 days of arrival in Tarrant County
5. Appointment with psychiatrist within 14 days of arrival in Tarrant County
6. Communication and coordination with stakeholders

B. Documentation

1. Prescreening for State Hospital Admission A-003
2. Joint Community Support Plan MHRS 4-6
3. Alternate Treatment Recommendation C-003
4. Referral Instructions MHRS 4-7
5. Non-Clinical Support Needs Assessment E-005
6. CPC Case Status F-000-2
7. Assessment for Service Coordination

VI. GLOSSARY:

Definitions for the following words used in this operating procedure may be found in the Glossary section of the Operating Procedure Manual:

- Joint Community Support Plan

VII. REFERENCES:

- A. Texas Administrative Code 412G Mental Health Community Standards
- B. Texas Administrative Code: Continuity of Care - Mental Health
- C. Operating Procedure 20.20, Client Services/Transfer Request
- D. Operating Procedure MH-036, Preadmission Screening
- E. Operating Procedure MH-050, Joint Discharge Planning
- F. Texas Administrative Code: MR Continuity of CARE – State Mental Retardation Facilities – Chapter 2, Subchapter F

Deputy Chief Executive Officer Date

Chief of Mental Health

MENTAL HEALTH MENTAL RETARDATION SERVICES of TARRANT COUNTY

Operating Procedure **MH-049**
Mental Health Services
Page 1

Effective: **June 1992**
Revised: **April 2008**

**AFTERCARE SERVICES FOR PERSONS RESIDING
IN SKILLED NURSING FACILITIES**

I. PURPOSE:

To provide a system for ensuring the initial phase of continuity of services for all persons discharged from State Mental Health Facilities (SMHF) to nursing facilities in Tarrant County.

II. SCOPE:

This procedure applies to Mental Health Aftercare Services

III. OVERVIEW:

- | | | |
|----|---------------------------------------|--------|
| A. | Aftercare Staff Person | Page 1 |
| B. | Community Support Planning Activities | Page 2 |
| C. | Alternative Placement | Page 3 |
| D. | Aftercare Services | Page 4 |

IV. PROCEDURE:

A. Continuity of Services Staff Person

Step

Action

- 01 Aftercare staff provides continuity of care services.
- 02 The Aftercare staff:
- Describes the specific responsibilities of that role to the client.
 - Provides the SMHF with updated information regarding community resources availability.

- Participates in the client's plan of service and any planning/linking activities.
- Communicates with the client and/or SMHF staff to ascertain the status and progress of the client.
- Shares the information with appropriate Mental Health Authority (MHA) staff.
- Documents the client's status and progress in the client record.

B. Community Support Planning Activities

Step	Action
01	Staff assists SMHF Social Work staff in the development of a Joint Community Support Plan for each client when engaging in joint discharge planning, (see OP MH-050, Joint Discharge Planning).
02	The SMHF staff, Aftercare staff and client and/or guardian (as appropriate) participate in community support planning . During this process the client: <ul style="list-style-type: none">• Is informed that alternate placement into a nursing home is being considered.• Is allowed sufficient time to comprehend information regarding the proposed placement.• Participates in determining the type and the location of the alternative placement, unless clinically contraindicated.• Is given as many options for alternative placement as are possible and appropriate.
03	To ensure an appropriate placement, the Aftercare staff evaluates any medical or psychological conditions , which might be a factor in the client's rejection for alternative placement in a nursing home.
04	If it is determined that the client could be more appropriately served in an environment other than the SMHF, the Aftercare staff, in conjunction with the SMHF staff, actively attempts to locate an appropriate alternative placement for the client. In determining the appropriateness of an alternative placement, the Aftercare staff: <ul style="list-style-type: none">• Evaluates the alternative placement's ability to provide a normalizing environment.• Visits the alternative placement prior to client placement to evaluate appropriateness and quality, when possible.
05	The MHA is not required to make a visit immediately prior to the alternative placement of each client if: <ul style="list-style-type: none">• There is an ongoing agreement or contract with the alternative placement and• The current quality and appropriateness of the placement has been established through previous visits to the alternative placement within the past 60 days.
06	The SMHF staff, assisted by the Aftercare Staff, assesses a client in the following areas when considering the appropriateness of a specific placement: <ul style="list-style-type: none">• Ability to function

- Age
- Ambulation skills
- Social functioning
- Mental and physical status
- Behavioral problems
- Physical disabilities

07 The SMHF staff, with assistance from Aftercare staff, accomplishes pre-placement activities within an appropriate time frame to facilitate the client's adjustment.

Step	Action
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08	The client makes a pre-placement visit the alternative placement if:
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- The client consents
- There are no clinical contraindications to the visit
- The Aftercare staff documents any contraindications and/or failure to consent in the client's record.

09	The Aftercare staff, upon admission to the skilled nursing facility:
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- Informs the client of the roles and responsibilities of:
 - The MHA
 - SMHF
 - Alternative placement facility
- Provides alternative placement staff pertinent client information forwarded from the SMHF including identification of the problem areas and special needs of the client.
- Recommends to the alternative placement that it consult with MHMRTC or the state facility regarding the client, as necessary.

C. Alternative Placement

Step	Action
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01	To maximize the client's adjustment to a nursing home facility, the Aftercare Staff ensures that the client receives:
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- An orientation to the role and responsibilities of MHMRTC concerning the client residing in nursing home facilities.

D. Aftercare Services

Step	Action
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01 Staff engaging a client in aftercare services following discharge from a state facility follow the guidelines outlined in OP MH-044, Aftercare Coordination of Services / Discharge Follow-Up.

02	The Aftercare Staff:
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- Makes **face-to-face contact** with the client **within the first 72 hours** following discharge from a SMHF.
- Documents this service in the client's record.
- Completes a **Nursing Facility Community Support Assessment Form**.
- Forwards completed form to the UM support staff who immediately forwards the coordinating **CARE Action Forms** to Client Billing Resources for processing, and forwards the form to Service Coordination for inclusion in the client's medical record.

03 During follow-up contact, the Aftercare Staff notes any **unmet needs** in the treatment of the client in the areas of:

- Medication,
- Physical status,
- Independent functioning, and
- Adherence to community support and/or aftercare plans, and communicates these unmet needs to Aging Service Coordinator.

V. OUTCOME:

A. Client

1. Participation in development of Joint Community Support Plan
2. Pre-placement visit, if applicable
3. Placement in a nursing home facility and orientation to services received from facility and MHMRTC
4. Face-to-face contact with Aftercare Staff within 72 hours following discharge from state facility

B. Documentation

1. Joint Community Support Plan MHRS 4-6
2. Nursing Facility Community Support Assessment form
3. CARE Action Form A-011

VI. GLOSSARY:

Definitions for the following words used in this operating procedure may be found in the Glossary section of the Operating Procedure Manual:

- Alternative Placement
- Client Assignment and Registration System (CARE)
- Nursing Home

VII. REFERENCES:

- A. Texas Administrative Code: Continuity of Services - MH
- B. DSHS MH Community Service Standards

C. Operating Procedure MH-050, Joint Discharge Planning

Deputy Chief Executive Officer

Date

Chief of Mental Health

MENTAL HEALTH MENTAL RETARDATION SERVICES OF TARRANT COUNTY

Operating Procedure **MH-050**
Mental Health Essential Services
Page 1

Effective: **January 1983**

JOINT DISCHARGE PLANNING

I. PURPOSE:

- To develop, coordinate, and implement joint discharge plans for Tarrant County clients residing in State Mental Health Facility (SMHF); and for non-MHA clients who are accepted for service by MHMRTC upon discharge.
- To establish goals, objectives, and plans for the hospitalized client, focusing on short-term interventions to assist successful reentry into outpatient services and adjustment in the community.

II. SCOPE:

This procedure applies to all Mental Health Aftercare Services.

III. OVERVIEW:

- A. Interface with North Texas State Hospital - Wichita Falls Campus (WFSH) Page 1
- B. Interface with Vernon State Hospital (VSH) Page 4
- C. Interface with Other State Facilities Page 5
- D. Joint Community Support Plan Page 7

NOTE: In instances when the client leaves the facility against medical advice or as a runaway, the Aftercare staff, upon notification by the hospital, makes a reasonable effort to locate and offer services to the client within the MHMRTC catchment area. In these instances, Joint Community Support Plan and Referral Instructions forms may be accepted as evidence of joint discharge planning having occurred if the Aftercare staff's name is listed on them.

IV. PROCEDURE:

A. Interface with North Texas State Hospital - Wichita Falls Campus (NTSH-WC)

Step	Action
01	For persons with mental retardation , aftercare process is assumed by MHMRTC MR Continuity of Care Services to ensure the following activities are performed.
02	The Pre-Screening form, the hospital, or the TXMHMR Admissions and Discharge Report serves as notification that a Tarrant County resident has been admitted to a SMHF.
03	Aftercare staff: <ul style="list-style-type: none">• Participate in the joint discharge planning at NTSH-WC.• Are responsible for joint discharge planning for other SMHF's.
Step	Action
04	MHMRTC Aftercare staff located in Wichita Falls (site-based Aftercare staff): <ul style="list-style-type: none">• Is on the NTSH-WC campus Monday through Friday to participate in:<ul style="list-style-type: none">• Joint discharge planning,• Monitoring of clients' status and treatment progress, and• Other duties, as indicated.
05	The site-based Aftercare staff meets with the client within the first 14 days of admission , if possible, and completes Aftercare Needs Assessment and Consent to Treatment if client is mentally capable.
06	If the client is not mentally capable, the site-based Aftercare staff completes the assessment with the assigned NTSH-WC Social Worker and at a later time, offers Consent to Treatment to the client again.
07	The site-based Aftercare staff: <ul style="list-style-type: none">• Receives the Alternative Treatment Recommendation (ATR) from Court staff if the client was court committed from Tarrant County.• Reviews the NTSH-WC medical record if the client was a voluntary admission, or if the ATR is not available.• Ascertains events precipitating admission.• Reviews the client's CMHC information to obtain clinical information/history.• Obtains the previous caregiver's input, when available, into key aspects of joint discharge planning.• Passes all pertinent information on to hospital staff immediately.
08	The site-based Aftercare staff's initial service documentation on the Progress Notes consists of a brief entry including: <ul style="list-style-type: none">• Date the client was admitted to the hospital• Reasons for admission• Psychiatric diagnosis• Current medication(s)

- Previous hospitalizations and
 - Pertinent information obtained from contact with the client and the unit social worker, including a review of the client's past community treatment, if applicable.
- 09 Site-based Aftercare staff continues:
- Personal contact with the client and NTSW-WC Social Worker.

Step	Action
10	Joint discharge planning, including a Joint Community Support Plan , occurs between the client and/or legal representative, state hospital staff, the site-based Aftercare staff, and family members (when appropriate). The Joint Community Support Plan: <ul style="list-style-type: none">• Is developed prior to the client's leaving the facility• At a minimum, must contain the following:<ul style="list-style-type: none">• A discharge eligibility staffing• Referral instructions• Discharge summary• Copies of all pertinent current assessments• Timelines for medication review and refill responsibilities for clients discharged with medication(s).• Identifies a safe and appropriate living situation available to the client.
11	The site-based Aftercare staff documents discussion with the client about the placement and his/her reactions to the proposed placement.
12	After the joint discharge plan is made, the site-based Aftercare staff sees the client at least quarterly to review progress and to update the plan, if needed; and: <ul style="list-style-type: none">• Assists NTSW-WC staff in the implementation of client's Joint Community Support Plan, which serves as the treatment plan during hospitalization and re-entry into community service.• Documents the rationale for any changes or any recommendations not followed in the Progress Note section of the client's record.
13	As early as is practical in the client's hospitalization, the site-based Aftercare staff completes an Aftercare Needs Assessment . Prior to discharge/Absence for Trial Placement (ATP), the site-based Aftercare staff: <ul style="list-style-type: none">• Lists on the Aftercare Needs Assessment the goals denoted on the Joint Community Support Plan that were developed in conjunction with the hospital treatment team and the client.• Provides a copy of the Aftercare Needs Assessment to hospital service staff and

submits the original to UM support staff to be filed in the client's record.

- 14 Upon official **notice** of the hospital's plan to **discharge or ATP** a client, Aftercare staff:
- Assists NTSW-WC Social Worker in setting an **outpatient Service Coordination follow-up appointment** scheduled **within seven (7) days of the client's projected discharge date if the individual is an existing client, and a psychiatrist appointment within fourteen (14) days of the client's projected discharge date.**
 - **If the individual is a new client, the 7- day contact appointment is scheduled with MHMRTC Information/Assessment/Referral (IAR) Unit, who then schedules the clinic appointment within 14 days of discharge.**
 - Specifies in a **Progress Note** in the client record with whom the appointments are set, the appointment sites, dates, and times.

Continued:

- Completes the **Services/Transfer Request** and forwards it to the appropriate clinic.

B. Interface With North Texas State Hospital – Vernon Campus (NTSH-VC)

Step	Action
01	The Forensic Aftercare staff participates in joint discharge planning through telephone contact with NTSH-VC Social Workers regarding potential discharges.
02	The Forensic Aftercare staff follows the same procedure outlined in Section A, Interface with NTSH-WC, with the following exceptions: <ul style="list-style-type: none">• Actual site visits are made monthly; telephone contact is maintained.• Upon notification of transfer from the Tarrant County Jail to VSH, the Aftercare Worker faxes to VSH for review all necessary clinical information, including recent diagnosis, medication information, and clinical progress/deterioration.
03	The Aftercare Needs Assessment is developed by information obtained on site or transmitted by fax or telephone.
04	Within 30 days of the Initial Treatment Plan , the Aftercare Worker completes a Treatment Plan review monthly for the first three months and quarterly thereafter throughout the client's hospitalization.
05	The Forensic Aftercare staff obtains information regarding medication administration through contact with the MHMRTC Forensic Unit staff.
06	Initial monitoring occurs at the follow-up contact within the first 7 days, and then monthly thereafter.
07	The Forensic Aftercare staff documents monitoring contacts in a Progress Note in the client record.

- 08 Clients are discharged to the **Tarrant County Jail**; to ensure solid aftercare services, the Forensic Aftercare staff:
- **Notifies the MHMRTC Forensic Unit** via telephone contact of client's reentry into the jail within 24 hours of reentry.
- 09 The **first follow-up contact** is made **within seven (7) working days** at the Tarrant County Jail. At that time, the Forensic Aftercare staff:
- Completes a **Treatment Plan** with the client to satisfy the requirement within 14 days.
 - Completes the **Non-Clinical Support Needs Assessment**.
 - Advises the client of the need to access outpatient services immediately upon release, and provides client with contact information.

Step	Action
10	If a client is released directly to the community and unexpectedly bypasses the jail, the Forensic Aftercare staff provides aggressive follow-up services to offer outpatient services, linkage to residential, financial, vocational, and other sources, as appropriate.
11	Because incarceration at Tarrant County Jail is of an undetermined amount of time, the Forensic Aftercare staff maintains updated information regarding court dates by: <ul style="list-style-type: none">• Accessing the MHMRTC Forensic Unit staff and jail computer for court information weekly, or more often if indicated.
12	The Forensic Aftercare staff documents all such research activities in the Progress Notes section of client's MHMRTC medical record.
13	As soon as a court date is established , the Aftercare Worker: <ul style="list-style-type: none">• Documents it in the client record and begins more aggressive aftercare follow-up services.• Makes any appropriate referrals.• Contacts family (with consent).• Notifies the MHMRTC clinic that is most likely to receive CPC duties that a court date has been set.
14	For persons incarcerated for misdemeanors , the Aftercare Worker makes a clinic appointment once the court date is known.
15	If the court date is postponed, the Forensic Aftercare staff cancels and reschedules the appointment for two weeks later, repeating the process until the client's release.
 C. Interface with Other SMHF's	

Step	Action
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- 01 Staff from **SMHF's other than NTSH develops joint discharge plans by phoning** Aftercare staff for specific planning and appointment scheduling.
- 02 Aftercare staff and staff from the referring SMHF develop the Joint Community Support Plan and negotiate the first service appointment.
- 03 The receiving Aftercare staff sets the **seven (7) day contact appointments** and the **fourteen (14) day clinic** appointment.
- 04 Aftercare staff endeavors to keep the SMHF staffs informed of current **community resources** on an ongoing basis.

D. Joint Community Support Plan (JCSP)

Step	Action
01	Aftercare staff reviews the Treatment Plan early in the client's hospitalization and elicits input from the client, family members, and/or significant others, when appropriate.
02	The treatment team uses the Treatment Plan to ascertain the best plan for treatment after discharge.
03	The JCSP and Referral Instructions are developed by SMHF staff, with input from Aftercare staff, before the client's discharge, and consist of: <ul style="list-style-type: none">• JCSP (form MHRS 4-6)-• Problems defined at discharge / ATP• Goals• Interventions and objectives• Comments / additional information• Final diagnosis (Axes I, II, & III)• Referral Instructions (form MHRS 4-7) –• Facility contact person• Aftercare staff name, and documentation of Aftercare participation in discharge planning• Date & time of referral appointment• Living arrangements, including address and telephone numbers• Instructions to family / guardian(s)• Medication regimen• Patient, SMHF staff, and (if applicable) family / guardian signatures
04	The Aftercare staff documents action taken to procure the JCSP and information explaining why it could not be obtained in the following situations: <ul style="list-style-type: none">• In instances where a client refuses to participate in the development of a JCSP.

- If the client leaves against medical advice.
 - If the client is on AWOL status prior to the completion of a JCSP.
- 05 If services will be provided by another community-based service (CBS) or another social service agency, the **Aftercare staff ensures the CBS or agency are involved in the development of the JCSP**, if possible.
- 06 The Aftercare staff **reviews the JCSP with the client** prior to his/her discharge, when possible.
- 07 The SMHF distributes copies of the above documents as follows:
- One copy goes into the hospital chart.
 - One copy is sent to the client.
 - One copy is sent to the MHMRTC Aftercare Unit.

V. OUTCOME:

A. Client

1. Regular visits by MHMRTC Aftercare staff
2. Participation in developing Joint Community Support Plan
3. Screening for Case Management
4. MHMRTC Service Coordination or Information/Assessment/Referral Unit within 7 days, and outpatient clinic appointment within 14 days of discharge

B. Documentation

1. Aftercare Needs Assessment S-011
2. Screening for MH Case Management Report E-201
3. Services/Transfer Request A-001
4. Consent to Treatment L-001
5. Referral Instructions MHRS 4-7
6. Discharge Summary MHRS 4-8
7. Joint Community Support Plan MHRS 4-6
8. Treatment Plan S-004-2-I
9. Non-Clinical Support Needs Assessment E-005

VI. GLOSSARY:

Definitions for the following words used in this operating procedure may be found in the Glossary section of the Operating Procedure Manual:

- Client Program Coordinator (CPC)
- Compliance Specialist
- Facility Treatment Coordinator
- Joint Community Support Plan
- Mental Health Recording System (MHRS)

VII. REFERENCES:

- A. Texas Administrative Code: Continuity of Services - Mental Health
- B. Texas Administrative Code: Admissions, Transfers, Absences and Discharges - MH Facilities
- C. TXMHMR MH Community Standards

Chief Operating Officer

Date

Chief of Mental Health Essential Services

MENTAL HEALTH MENTAL RETARDATION of TARRANT COUNTY

Operating Procedure **MH-052**
Mental Health Services
Page 1

Effective: **February 1983**
Revised: **April 2008**

TRACKING, DOCUMENTING, AND REPORTING CONTINUITY OF CARE FOR STATE HOSPITAL DISCHARGES

I. PURPOSE:

To identify and outline the documentation of continuity of care services performed for all Tarrant County persons served at DSHS State Hospitals including persons with Mental Illness and Dual Diagnosis of Mental retardation and Substance Abuse.

To provide computerized tracking of services as indicated by performance measures.

II. SCOPE:

This procedure applies to the Mental Health Utilization Management (UM) and Aftercare Departments.

III. OVERVIEW:

- A. Admission, Discharge, and Absence for Trial Placement (ATP) Page 1
- B. Preadmission Screening Page 2
- C. Joint Community Support Plans Page 2
- D. Referral to MHMRTC from State Facilities Page 2
- E. Service within 7 days after discharge Page 3
- F. Reporting Page 3

IV. PROCEDURE:

A. Admission, Discharge, and Absence for Trial Placement (ATP)

Step	Action
01	The Notification of Registration/Assignment is computer generated from the CARE System on a daily basis.
02	The original Notification of Registration/Assignment is kept on file in the Aftercare unit.
03	MHS support staff: <ul style="list-style-type: none">• Enters admission, discharge, and ATP information into CMHC.• Reconciles the daily report with the weekly report for discrepancies.• Informs the assigned Aftercare staff of admissions, discharges, and ATP's via the posting of the Notification of Registration/Assignment.

B. Preadmission Screening

Step	Action
01	Court/Aftercare staff completes the Prescreening for State Hospital Admission . The form must be dated prior to admission, if known or within 3 days of notification if not known .
02	Court/Aftercare support staff: <ul style="list-style-type: none">• Enters the date the preadmission screening occurred and other preadmission screening data into the CMHC for transmission to CARE.
03	Court/Aftercare support staff: <ul style="list-style-type: none">• Compares and reconciles unit data of preadmission screening activity with the CARE-generated report titled, Notice of Registration/Assignment.• Ensures the original prescreening form is filed in the client's record and a copy kept in an aggregate file in MH Aftercare records.

C. Joint Community Support Plans

Step	Action
01	Aftercare staff participates with state hospital social work staff to complete the Joint Community Support Plan (form 4-6), which is forwarded to the service provider for insertion into the client medical record.

D. Referral to MHMRTC from State Facilities

<i>Step</i>	<i>Action</i>
01	Court/Aftercare support staff obtains information regarding Admissions, Discharges, and Absences for Trial Placement (ATP) from the Notification of Registration/Assignment , and enters data into CMHC.
02	State hospital staff completes the Referral Instructions (form 4-7) and forwards it to the service provider for insertion into the client's medical record.
E.	Service within 7 days after discharge

<i>Step</i>	<i>Action</i>
01	Aftercare staff sets the 7-Day Contact appointment with appropriate MHMRTC staff.
02	If the 7-Day Contact appointment is missed, Aftercare staff attempts to meet with the client to complete the 7-Day Contact appointment.
03	Court/Aftercare support staff enters 7-Day Contacts into CMHC for transmission to CARE.
04	For clients released to the Tarrant County Jail, Forensic staff will make and document the 7-Day Contact.
05	For persons dually diagnosed with Mental Retardation, the MR Continuity of Care completes the 7-Day Contact.
06	MHS Continuity of CARE support staff: <ul style="list-style-type: none">• Researches any discrepancies.• Reconciles unit data with the CARE-generated report titled, Follow-up Service Report on Clients Discharged.
F.	Reporting

<i>Step</i>	<i>Action</i>
01	Mental Health Services (MHS) support staff generates a monthly 7-Day Contact Report , which contains: <ul style="list-style-type: none">• Pre-Screen compliance• 7-day compliance for state hospital discharges

02 Staff distributes the report to the UM Director, MH Chief, , MH Directors, and other stakeholders.

03 The MHS staff:

- **Reconciles** Aftercare statistics with the **CARE Monthly Report**
- **Reports** errors to the Medical Records Department of state facilities and
- **Follows up** to ensure accuracy.

V. **OUTCOME:**

A. Staff

1. Monthly Aftercare statistical report
2. Quarterly Aftercare statistical report

B. Documentation

1. CARE Action Form A-011
2. Prescreening for State Hospital Admission A-003
3. Joint Community Support Plan MHRS 4-6
4. Screening for MH Case Management Report E-201
5. Referral Instructions MHRS 4-7

III. **REFERENCES:**

- A. Texas Administrative Code: Continuity of Care - Mental Health
- B. DSHS Continuity of Care Performance Measures Contract
- C. DSHS MH Community Service Standards
- D. Operating Procedure MH-036, Preadmission Screening

Deputy Chief Executive Officer

Date

Chief of Mental Health

MENTAL HEALTH MENTAL RETARDATION SERVICES OF TARRANT COUNTY

COURT-ORDERED OUTPATIENT SERVICES

I. PURPOSE:

- * To provide coordinated, consistent outpatient mental health services to **persons court-ordered to Mental Health Mental Retardation Tarrant County (MHMRTC)**.
- * To provide a method of **monitoring client's compliance with his/her Treatment Plans** and of informing the court of any substantial changes in the Treatment Plan which occur prior to the expiration of the order.

II. SCOPE:

This procedure applies to all Mental Health Services programs.

III. PROCEDURE:

Step

Action

-
- | | |
|----|---|
| 01 | The Utilization Management (UM) Department is advised of the court ordered outpatient services by official notice sent to MHMRTC CEO, and forwarded to the UM Department. |
| 02 | The UM Director appoints Aftercare staff to set up an initial appointment for outpatient services with the most appropriate clinic location and includes this information on the Initial Treatment Plan Agreement (ITPA) which: <ul style="list-style-type: none">* Includes the date, time and location for the clinic appointment.* Covers the period from entry of the court order until the client attends the first appointment at MHMRTC.* Is not to exceed two (2) weeks after entry of the court order.* Aftercare or Court staff forwards to the appropriate Treatment Team for review and inclusion in the client's medical record.* The Treatment Plan must be completed before the end of two (2) weeks from the date of entry of the court order.* Terms of the Treatment Plan include the requirement for the client to telephone the assigned Aftercare or Court staff once weekly to report progress/lack of progress. |

Step	Action
03	The treatment team reviews the Treatment Plan every 90 days for clients court-ordered for Extended Mental Health Services. <ul style="list-style-type: none">* For the time period of the court order, the Monitor to the Court of Entry must submit any changes resulting from this review within one (1) week of the review.
04	The assigned Aftercare or Court staff files a modification order under the following conditions: <ul style="list-style-type: none">* Deterioration of the client's condition* Occurrences of significant events, especially those that -may indicate an increased risk of dangerousness to client or others.
05	Any individual responsible or any other interested individual may file for modification or order for outpatient mental health services.
06	If a hearing for modification is set, the court may issue an Order for Temporary Detention for not longer than 72 hours pending the Probable Cause Hearing. <ul style="list-style-type: none">* The client is detained at John Peter Smith Health Network (JPSHN) Trinity Springs Pavilion (TSP) until the time of the hearing.
07	At any time prior to the expiration of an Order of Outpatient Mental Health Services, the treatment team may request that the Order be terminated. <ul style="list-style-type: none">* The treatment team transmits a Certificate of Discharge to the Court of Entry.
08	Upon expiration of the Order, the assigned Aftercare or Court staff: <ul style="list-style-type: none">* Completes the Certificate of Discharge.* Files the certificate with the appropriate court.* Ceases to act as CPC. The clinic CPC assumes responsibility as CPC if the client continues with outpatient services.

IV. OUTCOME:

A. Client

1. Order for outpatient mental health services
2. Appointment at MH Outpatient Clinic
3. Initial Treatment Plan Agreement
4. Treatment Plan
5. Assignment of CPC
6. Modified Order for outpatient mental health services, if applicable.
7. Discharge from court-ordered outpatient mental health services, if applicable.

8. Continuation of outpatient mental health services, if applicable

B. Documentation

- | | |
|-------------------------------------|-----------|
| 1. Initial Treatment Plan Agreement | L-017 |
| 2. Treatment Plan | S-004-2-I |
| 3. Certificate of Discharge | |

V. GLOSSARY:

Definitions for the following words used in this operating procedure may be found in the Glossary section of the Operating Procedure Manual:

- * Temporary Court Order
- * Extended Court Order
- * Modification
- * Termination
- * MHMRTC Aftercare and Court staff
- * Treatment Team
- * Change of Venue

VI. REFERENCES:

- A. Texas Mental Health Code, Sections 52-55 and 72
- B. Texas Administrative Code: Persons Court-Ordered to Outpatient Mental Health Services
- C. Operating Procedure 20.03, Planning/Linking Conference
- D. Operating Procedure 20.10, Individual Service Plan and Individual Service Plan Review

Chief Operating Officer

Date

Chief of Mental Health Essential Services

Policy Subject: Medical Bed and Medical Stay In

Policy: Individuals may receive respite care at the main shelter to include a dedicated bed, 24-hour access to the facility and access to available bus passes to facilitate transportation to medical appointments. Individuals seeking medical bed residency status must present documentation from a physician verifying the necessity of respite care.

Definitions:

Disabling medical condition is defined as a condition that hinders normal functioning ability and requires continuous bed rest.

Document is defined as the ability to provide a statement from an approved medical professional.

Procedures:

The Lead Case Manager receives a call from a medical provider or individual seeking shelter for medical reasons. The case managers review each request for medical bed and medical stay in using the following procedures:

Medical Bed

Eligibility:

1. Medical provider or homeless individual must complete "Request for a Medical bed".
2. Forms are faxed to the shelter case management office or are brought with the individual when they arrive.
3. Documentation from a medical professional must show the condition warrants a medical bed.
4. Medical condition must hinder ability to work.
5. Medical condition must require the individual to be in a bed to recover.
6. Individuals requiring more intensive level of care such as assistance with catheter bags, tracheotomies or who are unable to administer their own medications may be denied access due to the lack of medical services available at the shelter.

Length of Stay:

Individuals needing a medical bed will be provided a bed assignment on a week-to-week basis. Each week documentation must be provided showing continued need.

Medical Stay In

Short Term:

1. Review client's need for medical stay in and documentation of that need for short term stay. Short Term stay of up to 3 days may be given based on Case Manager discretion after reviewing statements from a medical professional or discharge paperwork. A client **MUST** show documentation of medical need from a medical professional **BEFORE** being granted

- a medical stay in.
2. Extension to the short term stay can be provided with additional verification from a medical professional stating continued need.

Long Term:

Long Term Stay in is only provided for individuals that have chronic long term disabilities and only until suitable housing can be located for the client. Individuals with a long term stay in must adhere to the following:

1. Residents will be required to participate in the search for permanent housing.
2. Once permanent housing is located, resident is expected to relocate. If the resident refuses housing he/she will lose their medical bed and stay in privileges.

All residents granted a Stay In will receive a Stay In pass. The pass will document the resident's name and dates of eligibility. Pass must be taken if resident becomes ineligible for Stay In.

Loss of Medical Bed and Stay In:

Residents will lose eligibility for a Medical bed and Stay In if any of the following apply:

1. Behavior not consistent with needs stated by Doctor (ex. Doctor recommends complete bed rest, but resident leaves building several times a day and is seen hanging around shelter and patio).
2. Refusal to adhere to case management requirements.
3. Refusal to show further documentation as required.
4. Failure to comply with shelter rules.
5. Disruptive behavior.

Date of policy: 8/10/07

Date of Board Approval: Presbyterian Night Shelter 2008

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

There are three Consolidated Plans within TX 601: Tarrant County, Fort Worth and Arlington. All three jurisdictions collaborate with the CoC for citizen participation with Consolidated Planning for homeless needs. Shared goals include: 1) Increase the number of quality rental units affordable to extremely low- and low-income families by supporting funding applications for permanent supportive rental housing for homeless; 2) Fund direct homelessness prevention services; 3) Participate with the Tarrant County Homeless Coalition in the development of Discharge Policies and increasing usage of Mainstream Benefits by homeless clients; 3) Maintain existing emergency shelter and supportive services; 4) Support grant applications for homeless housing and services; 5) Collaborate with service providers, neighborhoods and businesses in developing and implementing the Tarrant County-wide Continuum of Care and the Fort Worth 10-year Plan to End Chronic Homelessness.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

There are two 10-year plans in the CoC for the cities of Fort Worth and Arlington. The CoC is a primary source in both plans. Some goals include: Increase the supply of permanent supportive housing; Develop and operate a central resource facility to expand access to mainstream benefits, employment, substance abuse, mental health and supportive services and provide central staging for interdisciplinary Homeless Crisis Response and Assertive Street Engagement teams; Creation of a Funder's Council to increase local resources to leverage federal funds; Establish a Homeless Court to assist homeless in removing barriers to employment and housing; Hire a CoC-wide homeless services coordinator to support the operations of the Tarrant County Homeless Coalition to organize trainings, increase knowledge of mainstream benefits, and build inter-agency coordination of homeless service providers and make homelessness a rare, short-term and non-recurring experience in Fort Worth and Tarrant County.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? Yes

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

3G. Hold Harmless Need (HHN) Reallocation - Summary of Grant(s) Eliminated

Indicate whether or not any SHP grant(s) will be eliminated during the 2008 reallocation process. If no grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu. Click on the icon to enter the grant(s) that will be eliminated during the 2008 reallocation process.

Total Amount of Eliminated SHP Grants (available for funding new grants)			
			\$171,131
Expiring Grant Name	Expiring Grant Number	Component Type	Annual Renewal Amount
Dental Health Fo...	TX01B701023	SSO	\$26,433
SafeHaven of Tarr...	TX01B701032	SSO	\$27,981
Volunteers of Ame...	TX01B701019	TH	\$116,717

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Dental Health For Arlington Clinic
Expiring Grant Number: TX01B701023
Component Type: SSO
Annual Renewal Amount: \$26,433

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: SafeHaven of Tarrant County Bilingual Childcare
Expiring Grant Number: TX01B701032
Component Type: SSO
Annual Renewal Amount: \$27,981

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Volunteers of America LIGHT TH Program
Expiring Grant Number: TX01B701019
Component Type: TH
Annual Renewal Amount: \$116,717

3H. Hold Harmless Need (HHN) Reallocation - Summary of SHP Grant(s) Reduced

Indicate whether or not any SHP grant(s) will be reduced during the 2008 reallocation process. If no grants are being reduced enter "0" in all fields. Click on the icon to enter the grant(s) that will be reduced during the 2008 reallocation process.

Amount Available for New Grant (from all listed grants)						
						\$81,767
Priority Number	Expiring Grant Name	Expiring Grant Number	Project Name	Annual Renewal Amount	Amount Remaining	Amount available for new grant
15	Texas ReEntry Ser...	TX01B701017	---	\$109468	\$101849	\$7619
16	MHMR Safehaven Su...	TX01B701009	---	\$93536	\$87176	\$6360
22	Cornerstone 3 CP	TX01B701028	---	\$175162	\$166404	\$8758
23	Arlington Life Sh...	TX01B701029	---	\$88091	\$83686	\$4405
24	Supportive Housin...	TX01B701025	---	\$223856	\$212663	\$11193
25	MHMR Supporting t...	TX01B701024	---	\$70984	\$67435	\$3549
27	SafeHaven LIFT Ca...	TX01B701030	---	\$22963	\$21815	\$1148
28	Day Resource Cent...	TX01B701033	---	\$108889	\$103445	\$5444
29	SafeHaven Needs A...	TX01B701031	---	\$53347	\$50680	\$2667
8	TBLA 17 Volunteer...	TX01B701006	---	\$165601	\$140098	\$25503
26	YWCA Childcare fo...	TX01B701026	---	\$102414	\$97293	\$5121

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 15

Expiring Grant Name: Texas ReEntry Services Supportive Housing Program

Expiring Grant Number: TX01B701017

Annual Renewal Amount: \$109468

Retained Amount for Expiring Grant: \$101849

Amount available for new grant: \$7619
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 16

Expiring Grant Name: MHMR Safehaven Supportive Services

Expiring Grant Number: TX01B701009**Annual Renewal Amount:** \$93536**Retained Amount for Expiring Grant:** \$87176**Amount available for new grant:** \$6360
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 22**Expiring Grant Name:** Cornerstone 3 CP**Expiring Grant Number:** TX01B701028**Annual Renewal Amount:** \$175162**Retained Amount for Expiring Grant:** \$166404**Amount available for new grant:** \$8758
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 23

Expiring Grant Name: Arlington Life Shelter Employment and Job Readiness

Expiring Grant Number: TX01B701029

Annual Renewal Amount: \$88091

Retained Amount for Expiring Grant: \$83686

Amount available for new grant: \$4405
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 24

Expiring Grant Name: Supportive Housing - Samaritan Housing

Expiring Grant Number: TX01B701025

Annual Renewal Amount: \$223856

Retained Amount for Expiring Grant: \$212663

Amount available for new grant: \$11193
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 25

Expiring Grant Name: MHMR Supporting the Homeless Addiction Services

Expiring Grant Number: TX01B701024

Annual Renewal Amount: \$70984

Retained Amount for Expiring Grant: \$67435

Amount available for new grant: \$3549
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 27

Expiring Grant Name: SafeHaven LIFT Case Management

Expiring Grant Number: TX01B701030

Annual Renewal Amount: \$22963

Retained Amount for Expiring Grant: \$21815

Amount available for new grant: \$1148
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 28

Expiring Grant Name: Day Resource Center Employment Program

Expiring Grant Number: TX01B701033

Annual Renewal Amount: \$108889

Retained Amount for Expiring Grant: \$103445

Amount available for new grant: \$5444
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 29**Expiring Grant Name:** SafeHaven Needs Assessment/Childcare**Expiring Grant Number:** TX01B701031**Annual Renewal Amount:** \$53347**Retained Amount for Expiring Grant:** \$50680**Amount available for new grant:** \$2667
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 8**Expiring Grant Name:** TBLA 17 Volunteers of America**Expiring Grant Number:** TX01B701006**Annual Renewal Amount:** \$165601**Retained Amount for Expiring Grant:** \$140098**Amount available for new grant:** \$25503
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 26

Expiring Grant Name: YWCA Childcare for Children of Homeless Families

Expiring Grant Number: TX01B701026

Annual Renewal Amount: \$102414

Retained Amount for Expiring Grant: \$97293

Amount available for new grant: \$5121
(select "Save" to auto-calculate this total)

3I. Hold Harmless Need (HHN) Reallocation - Summary of Proposed New Project(s)

Click on the icon to enter the new grant(s) being created through the 2008 reallocation process.

Total Amount of New Projects
(total transferred to new projects)

					\$252,898
Current Priority #	Project Name	Program Type	Component Type	Transferred Amount	
3	P...	SHP	PH	\$252,898	

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 3

Project Name: Presbyterian Night Shelter HOSO II

Program Type: SHP

Component Type:

Request Transfer Amount: \$252,898

3J. Hold Harmless Need (HHN) Reallocation - Reallocation Balance

Instructions:

To ensure that the CoC has completed this process correctly, the values contained in these fields are auto-calculated. A zero value in the "Remaining Reallocation Balance" indicates that all available funds have been used. If funds are remaining, excess can not be retained for future use.

Reallocated funds available for new project(s)	\$252,898
Amount requested for new project(s)	\$252,898
Remaining Reallocation Balance	\$0

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	224	Beds	301	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	75	%	78	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	61	%
Increase percentage of homeless persons employed at exit to at least 18%	35	%	43	%
Ensure that the CoC has a functional HMIS system	85	%	88	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	841	141
2007	990	156
2008	519	301

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 138

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$1,378,633				
Total	\$1,378,633	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	287
b. Number of participants who did not leave the project(s)	585
c. Number of participants who exited after staying 6 months or longer	241
d. Number of participants who did not exit after staying 6 months or longer	435
e. Number of participants who did not leave and were enrolled for 5 months or less	150
TOTAL PH (%)	78
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	318
b. Number of participants who moved to PH	193
TOTAL TH (%)	61

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 2,507

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	252	10 %
SSDI	182	7 %
Social Security	69	3 %
General Public Assistance	66	3 %
TANF	140	6 %
SCHIP	26	1 %
Veterans Benefits	58	2 %
Employment Income	1,083	43 %
Unemployment Benefits	62	2 %
Veterans Health Care	44	2 %
Medicaid	339	14 %
Food Stamps	792	32 %
Other (Please specify below)	130	5 %
Pension, Contributions, Child Support		
No Financial Resources	932	37 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The CoC through its Performance Measures Review Committee compiled all latest completed APRs for evaluation. All APR data was entered into an Access database and generated reports in the form of performance scorecards. These baseline Performance Review Scorecards were distributed to all grantees and sponsors through a CoC-wide training and performance briefing. These scores served as the baseline performance record for the 2008 CoC project prioritization. This will be an annual process with a mid-year trial APR produced through the HMIS to examine progress in meeting HUD national objectives.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The Planning Council met in 2008 on: February 8, March 26, May 27, June 18, July 16, August 20, September 17, October 15.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

March 25-26, 2008

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	94%
<p>Case Managers meet clients for initial intake assessments, then on a monthly basis, and weekly, if needed. Clients are assessed for mainstream benefits and are referred to mainstream resources if they are not already receiving benefits. The HMIS workflow walks the Case Manager through queries to determine financial barriers. Case Managers have resource guides, sample applications, bus passes, and other tools available to quickly guide clients to public resources. Benefits personnel (e.g. Social Security, VA, JPS Health Network) maintain standard office hours at the Day Resource Center for the Homeless to assist with enrolling unsheltered and emergency sheltered homeless. Additionally, case managers have been trained on United Way 2-1-1 internet database that offers an array of assistance and program resources, their eligibility requirements and other information for those clients ineligible for Texas public assistance due to past felony convictions.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	89%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	94%
<p>TANF, Food Stamps, Medicaid/SCHIP, Medicare Savings Program, Medical Assistance, Community Care using the Texas Health and Human Services Commission integrated Application for Assistance</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	58%
4a. Describe the follow-up process:	
<p>The follow-up process consists of Case Managers meeting with clients on a routine basis and ensuring applications to mainstream resources are submitted. During their shelter, TH, or PH stay, clients notify their Case Manager once they have enrolled for benefits and the applications are approved. This is demonstrated on various forms of a Mainstream Resource Report maintained in client files and/or HMIS client case notes.</p>	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	Yes
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	Yes

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	Yes
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
SafeHaven Needs A...	2008-10-13 11:14:...	1 Year	Tarrant County	50,680	Renewal Project	SHP	SSO	F29
Safety Network - ...	2008-10-16 11:12:...	1 Year	Tarrant County AC...	149,805	Renewal Project	SHP	HMIS	F21
Supporting the Ho...	2008-10-20 11:22:...	1 Year	MHMR of Tarrant C...	67,435	Renewal Project	SHP	SSO	F25
The Mimi Hunter F...	2008-10-20 18:00:...	1 Year	Presbyteri an Nigh...	181,077	Renewal Project	SHP	SH	F10
Shelter Plus Care 27	2008-09-15 23:35:...	1 Year	Housing Authority...	1,931,064	Renewal Project	S+C	TRA	U31
New Start II	2008-10-17 13:55:...	3 Years	Day Resouce Center	508,214	New Project	SHP	PH	S1
CEC Transitiona I ...	2008-10-20 18:38:...	1 Year	Communit y Enrichm...	222,846	Renewal Project	SHP	TH	F12
Shelter Plus Care 25	2008-09-15 17:05:...	1 Year	Housing Authority...	280,992	Renewal Project	S+C	TRA	U33
Texas ReEntry Ser...	2008-10-17 10:23:...	1 Year	Texas ReEntry Ser...	101,849	Renewal Project	SHP	TH	F15
TBLA 15 Samaritan..	2008-10-02 12:36:...	1 Year	Tarrant County	85,617	Renewal Project	SHP	PH	F5
Samaritan House S...	2008-10-13 11:24:...	1 Year	Tarrant County	212,663	Renewal Project	SHP	SSO	F24
Families Together...	2008-09-12 17:17:...	1 Year	All Church Home f...	113,922	Renewal Project	SHP	TH	F17
TBLA 13 MHMR	2008-10-20 12:33:...	1 Year	Tarrant County	120,090	Renewal Project	SHP	PH	F7

Fort Worth/Arlington/Tarrant County CoC							COC_REG_v10_000514	
Salvation Army SIMON	2008-10-02 11:39:...	1 Year	Tarrant County	322,293	Renewal Project	SHP	TH	F11
Arlington Housing...	2008-09-05 08:49:...	1 Year	Housing Authority...	110,916	Renewal Project	S+C	TRA	U30
MHMR Safehaven	2008-10-20 12:31:...	1 Year	Tarrant County	87,176	Renewal Project	SHP	SSO	F16
YWCA Childcare	2008-10-02 12:14:...	1 Year	Tarrant County	97,293	Renewal Project	SHP	SSO	F26
SafeHaven LIFT	2008-10-13 11:34:...	1 Year	Tarrant County	21,815	Renewal Project	SHP	SSO	F27
Arlington Housing...	2008-09-05 11:09:...	5 Years	Housing Authority...	167,760	New Project	S+C	TRA	S2
Cornerstone 3CP	2008-10-16 11:11:...	1 Year	Tarrant County	166,404	Renewal Project	SHP	SSO	F22
Day Resource Cent...	2008-10-13 11:40:...	1 Year	Tarrant County	103,445	Renewal Project	SHP	SSO	F28
Gateway to Housing	2008-10-20 12:23:...	1 Year	Mental Health and...	286,291	Renewal Project	SHP	PH	F6
Housing Solutions	2008-10-16 15:50:...	1 Year	Presbyteri an Nigh...	449,236	Renewal Project	SHP	PH	F4
Arlington Housing...	2008-09-04 09:40:...	1 Year	Housing Authority...	253,783	Renewal Project	SHP	TH	F20
GRACE NASH Transi...	2008-10-13 11:45:...	1 Year	Tarrant County	24,237	Renewal Project	SHP	TH	F13
TBLA 10 Cornersto..	2008-10-16 10:57:...	1 Year	Tarrant County	102,942	Renewal Project	SHP	TH	F9
SafeHaven Parkdale	2008-10-13 12:02:...	1 Year	Tarrant County	108,491	Renewal Project	SHP	TH	F18
Shelter Plus Care 26	2008-09-15 17:04:...	1 Year	Housing Authority...	1,598,064	Renewal Project	S+C	TRA	U32
SHP TH	2008-10-20 13:28:...	1 Year	Arlington Life Sh...	63,471	Renewal Project	SHP	TH	F19
TBLA 114 Tarrant ...	2008-10-13 12:20:...	1 Year	Tarrant County	1,067,602	Renewal Project	SHP	TH	F14
TBLA 17 VOA	2008-10-13 12:33:...	1 Year	Tarrant County	140,098	Renewal Project	SHP	PH	F8

Fort Worth/Arlington/Tarrant County CoC							COC_REG_v10_000514	
Housing Solutions II	2008-09-09 14:40:...	1 Year	Presbyteri an Nigh...	252,898	New Project	SHP	PH	F3
SHP Employment an...	2008-10-20 13:25:...	1 Year	Arlington Life Sh...	83,686	Renewal Project	SHP	SSO	F23

Budget Summary

FPRN	\$4,937,145
Rapid Re-Housing	\$0
Samaritan Housing	\$675,974
SPC Renewal	\$3,921,036
Rejected	\$0