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. If the information on this screen is not correct, contact the e-snaps help desk.

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 are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- 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
If less than bi-monthly, please explain (limit 500 characters):	
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: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	78%

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Board member nominations are recruited to bring the needed representation of homeless service providers, educators, housing experts, government, homeless, business and community leaders with needed experience and resources critical to leading the Continuum of Care. Nominations are submitted to the Nominating Committee for review, interviews, and preparing recommendation to the Board. Approved nominees are elected by the general TCHC membership. TCHC officers are recruited by the Nominating Committee annually from existing board members and elected by the Board of Directors at the December meeting and serve beginning with the first Executive Committee meeting in January.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available 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 a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

TCHC has a full time Executive Director who serves as lead contact for CoC and is the author and coordinator of the CoC application and planning process serving the Board of Directors and the Planning Council. TCHC has the capacity and experience necessary to provide year-round monitoring of grantees, sub-grantees and sponsors of HUD Homeless Assistance Programs and management and direct oversight of the HMIS. CoC administrative funds would allow for the further integration of the HMIS as a core function of CoC planning process, allow the ability to conduct year-round monitoring and review of CoC program performance, and further the overall TCHC strategic plan and implementation strategies for the Fort Worth and Arlington 10 year plans.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Tarrant County Homeless Coalition Board Of Directors	TCHC is the lead agency and the lead decision making body for the Fort Worth/Arlington/Tarrant County CoC TX 601	Monthly or more
Planning Council	The Planning Council will advise TCHC staff on topics to be addressed at general meetings and Service Provider roundtables and professional development trainings. The Planning Council is responsible for the coordination of the Performance Measurement, HMIS and Discharge Planning Workgroups and the Community Projects Review Committee. The Planning Council monitors the year-round continuum of care planning process including identifying emerging needs, service gaps and opportunities for improvement in overall service coordination. The Planning Council recommends to the board workgroup and committee chairs for the Homeless Prevention, ES, TH, and PSH sub committees. The Planning Council Chair is appointed by the TCHC Board of Directors.	Monthly or more
HMIS Workgroup	The HMIS Workgroup is responsible for the on-going management of the Homeless Management Information System. The work group will develop and monitor performance of the HMIS contractor and insure compliance with HMIS Memorandums of Agreement between TCHC, the HMIS provider, and user agencies for effective HMIS usage, data quality and security. The workgroup will work with the TCHC staff to develop the long term strategic business plan for HMIS services for the CoC and present to the TCHC Board of Directors.	Monthly or more
Discharge Planning Workgroup	The Discharge Planning Workgroup will work throughout the Continuum of Care to advise and assist in the development and implementation of policies and protocols that prevent homelessness of persons discharged from correctional, health care, mental health care, substance abuse and foster care facilities. The work group will also advise and assist with the development of protocols to link homeless persons who pass through these institutions with appropriate shelter and care. In 2010, the workgroup will begin to collaborate with first responders to develop innovative services and procedures to address unique needs of the unsheltered homeless that frequently engage with police, fire, EMTs and emergency room staff.	Monthly or more

Performance Review Workgroup	The Performance Measure Work group will establish and review performance metrics to evaluate program progress and achievements and produce an annual report card 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.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Tarrant County Homeless Coalition	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Trudy Davis	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Richard Fletcher	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fort Worth Mayor's Advisory Commission on Homel...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Tarrant County Community Development Division	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County Public Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Monte Woods	Individual	Homeles...	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...	Youth, Domes...
AIDS Outreach Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, HIV/AIDS
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	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Arlington I.S.D. Families in Transition	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	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...	Substance Abuse
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...	Attend 10-year planning meetings during past 12 months, C...	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...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Fort Worth Community Action Partners	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Fort Worth Housing and Economic Develop...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Cleburne I.S.D.	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Enrichment Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	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	Homeles...	Attend Consolidated Plan planning meetings during past 12...	NONE
Dental Health for Arlington, Inc.	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	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	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
First Street Methodist Mission	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	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 Consolidated Plan planning meetings during past 12...	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
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	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mental Health Mental Retardation of Tarrant Cou...	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mental Health Mental Retardation Homeless Services	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mental Health Mental Retardation of Tarrant Cou...	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Near East Side Neighborhood Association	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	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	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
Presbyterian Night Shelter	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Recovery Resource Council	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	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...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Samaritan House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Senator Kim Brimer	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Social Security Administration	Public Sector	Other	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
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...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County Access	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County Human Services	Public Sector	Other	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	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Texas House District 95	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Texas ReEntry Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	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...	Attend Consolidated Plan planning meetings during past 12...	NONE
Travelers Aid DFW	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
TXU Energy	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Union Gospel Mission	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE

United Way of Tarrant County	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
University of Texas at Arlington School of Soci...	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Veteran's Services of Tarrant County	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Veterans
Volunteers of America	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Workforce Solutions for Tarrant County	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	NONE
YWCA	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
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 10-year planning meetings during past 12 months, A...	NONE
Cook Children's Health Care System	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months	Youth
The T	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, A...	NONE
Frederick Stewart	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Common Ground	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Corporation for Supportive Housing	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Fannie Mae	Private Sector	Funder ...	Attend Consolidated Plan planning meetings during past 12...	NONE
MedStar	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
University of North Texas Health Science Center	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Helping Restore Abilities	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mayor Mike Moncrief	Individual	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County Housing Finance Corporation	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE

Tarrant County Reentry Coordinator	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fort Worth Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County Sheriff	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Tarrant County Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tarrant County College	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, A...	NONE
Arlington Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
TDHCA	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Area Agency on Aging	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Battered Women's Foundation	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Community Storehouse	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Texas Department of Assistive and Rehabilitativ...	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Easter Seals of North Texas	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Planned Parenthood of North Texas	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Texas Christian University	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Faith Based Homeless Coalition	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Union Gospel Mission increase 20 men's beds were complete and classified as NEW in 2009. The Salvation Army increase 12 START beds were complete and classified as NEW in 2009.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The Presbyterian Night Shelter Patriot House increase of 32 TH beds for VETS were complete and classified as NEW in 2009.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

NEW 210 beds funded by City of Fort Worth 10 Year Plan Directions Home (200 units, 210 beds)contracted through the Fort Worth Housing Authority.

Underdevelopment 16 new beds from Project New Start II by the Day Resource Center or the Homeless from 2009 permanent housing bonus.

Underdevelopment 17 new beds from reallocation of 2008 SHP funds for Housing Solutions II by the Presbyterian Night Shelter.

Underdevelopment 4 new beds from Arlington Housing Authority S+C from 2008 permanent housing bonus.

Underdevelopment 105 units for VASH program through the Fort Worth Housing Authority.

Underdevelomoent 24 units for PSH for Fort Worth Directions Home Year 2.

Fort Worth Housing Authority 34 units NEW

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC TX601	11/25/2009

Attachment Details

Document Description: eHIC TX601

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/29/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The CoC calculated unmet need taking PIT and survey data and applying to the HUD unmet need spreadsheet. The data includes the January 2008 PIT Count and Housing Inventory. 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:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	TX-601 - Fort Worth/Arlington/Tarrant County 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
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	06/01/2003
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No CoC formal data quality plan

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

TCHC led a strategic planning session for HMIS users in November 2009. From this workshop, and through additional focus groups, TCHC will develop a strategic HMIS business plan for 2010-2012 that will include as one of its top three objectives the development of a comprehensive data quality plan that will include restructuring of HMIS training and the development of macro reports at three user levels: case manager, program manager, and agency director. Agencies will receive training on standard data quality procedures to implement at the user and management levels including input, confirmation of accuracy, regular data quality management, and internal data quality control reports.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Tarrant County ACCESS
Street Address 1	1316 E. Lancaster Ave
Street Address 2	
City	Fort Worth
State	Texas
Zip Code **Format: xxxxx or xxxxx-xxxx**	76102
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

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

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

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

*** Emergency Shelter (ES) Beds**	86%+
*** 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:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	0%
* Date of Birth	0%	0%
* Ethnicity	2%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	20%	10%
* Disabling Condition	19%	0%
* Residence Prior to Program Entry	19%	5%
* Zip Code of Last Permanent Address	43%	21%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
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 agencies participating in the HMIS (limit 750 characters):

TC ACCESS will provide TCHC and user agencies with data integrity reports on a quarterly basis with instructions to correct duplication of records. Agencies will resolve data conflicts and corrections within a reasonable period, typically two weeks. TCHC and the HMIS Workgroup will be developing a data quality plan in 2010. This plan will include the development of detailed user and agency level procedures for maintaining data quality. The implementation of a universal intake assessment form has reduced the amount of missing data elements. HMIS training will be redesigned to reflect the expanding use of HMIS reporting to track, monitor and manage homeless programs and report on a regular basis performance, including data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

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, HPRP) 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. Client duplications reports are also generated to signal missed exit dates.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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:	Monthly
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security 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 (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency 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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/29/2009

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		Unsheltered	Total
Emergency	Transitional		
Number of Households: 81	200	0	281
Number of Persons (adults and children): 269	613	0	882

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 879	225	16	1,120
Number of Persons (adults and unaccompanied youth): 879	225	195	1,299

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 960	425	16	1,401
Total Persons: 1,148	838	195	2,181

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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	147	62	209
*** Severely Mentally Ill**	301	39	340
*** Chronic Substance Abuse**	588	41	629
*** Veterans**	199	102	301
*** Persons with HIV/AIDS**	16	5	21
*** Victims of Domestic Violence**	394	7	401
*** Unaccompanied Youth (under 18)**	9	0	9

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will 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%.

How frequently does the CoC conduct a point-in-time count?	Biennially
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data that was 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:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

All sheltered homeless in Emergency Shelters and Transtional Housing programs were counted utilizing the HMIS system. A series of reports was compiled to detail comprehensive demographic data on all persons utilizing an emergency housing and transitional housing service for January 29, 2009.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

Tarrant County conducted a sheltered homeless PIT count in both 2007 and 2008. Comparisons with the 2009 sheltered PIT with 2008 indicated a slight reduction in the number of homeless persons in transitional housing and a slight decrease in persons in emergency shelters. The CoC has undergone significant changes in planning, funding, and coordination of services due to the implementation of the Fort Worth 10 year plan. Increased PSH, increased shelter based case management, and increased services at all levels of street and emergency shelter levels has contributed to the overall 18.5% decrease in homelessness in two years.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

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

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Subpopulation data was produced directly from the HMIS. The implementation of uniform intake assessment forms has lead to increased extensive intake interviews that better captures barriers and presence of chronic conditions.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Decreases were found at all levels of populations. There was a marked increase in the subpopulation of chronic substance abuse. Previous counts utilized surveys by volunteers. In 2009, data within the HMIS was gleaned form extended interviews and case manager assessments of clients that are more throrough and derived in more than one engagement with the client. With the improved client to case manager relationships, interview data captured within the HMIS is increasingly representing the true incidence of chronic conditions as trust is built between client and case managers. Overall, decreases are due to increased education and training of available resources by TCHC for case managers, and increase in case manager to client ratios.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

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

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:	
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	

If Other, specify:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The entire geography of the CoC was distinctly divided and mapped. The count was conducted beginning at 9:30 pm and after the closure of emergency shelters. A sufficient number of volunteers, over 500 volunteers and 100 police patrol officers, deployed in teams over a five hour period 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 was conducted. Each survey also detailed the address where the interview was conducted, age, birthdate, and gender recorded. All surveys were examined for any evidence of duplication. No duplications were found in the unsheltered count.

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

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/or day shelter staff. The Children's Case Manager specifically assigned to ES families will address children's needs and respond to new homeless with children that present themselves at day shelters. All children that present at the Day Resource Center for the Homeless are given priority status with case management staff and immediately referred to shelter services.

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

The CoC has one primary outreach PATH team through MHMR of Tarrant County. They provide routine visits and actively engage in connecting individuals to critical services. The CoC and the City of Fort Worth partnered for a second year to conduct a project Homeless CONNECT that reached out to unsheltered homeless in a one-day one-stop access to health, housing, and other support services. The CoC has long acknowledged the need to create a mobile outreach team and in 2009 the City of Fort Worth will create a Mobile Assertive Engagement Team (ASSET) to begin on January 1, 2010. The ASSET team will be comprised of an interdisciplinary team of three case managers, and a part time peer support mentor. They will provide assessments, set goals, provide referrals and conduct a mobile CONNECT bringing services to clients in common unsheltered locations to build trust, provide services and re-engage them into seeking services. TCHC will lead training for first responders in January 2010 that will provide comprehensive information on homeless services, engagement techniques and cultural competency for police, fire, EMT and emergency room staff frequently working with unsheltered homeless. The CoC will also begin development of an amnesty program to reengage unsheltered homeless who have lost shelter privileges and create opportunities for restoring access to meals and shelter services.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

From 2007 to 2009, Tarrant County realized a 18.5% decrease in homelessness. The unsheltered homeless had a very modest decline of 3.94% (203 to 195). There is confidence in this number as 2009 represented the third census effort with even more coordination, preparation, and staffing than prior PIT census efforts. There was a significant ice storm 2 days prior to the count and wet grounds result in more campers seeking ES. There was a 9.4% decrease in individuals in ES and 12.07% fewer in TH. Impacts that may have resulted in reductions in homelessness over the period include the creation of 146 new PSH beds, expansion of ES beds at Union Gospel Mission, expansion of employment programs provided directly in emergency shelter facilities; and expansion of case management services at all emergency shelters.

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The Fort Worth Housing Authority will implement 105 VASH vouchers beginning December 2009 of which an estimated 25 will house CH homeless. The CoC received the permanent housing bonus in 2008 and reallocated CoC funds to create 37 new units of PSH. All four projects involve scattered site voucher based housing that expands on existing successful programs by experienced agencies. TCHC created a housing training series that included fair housing, HQS inspections, landlord engagement and eviction prevention training to strengthen the ability of agencies to quickly find appropriate quality affordable apartments. Fort Worth committed additional funding from local and state resources to create 24 new units of PSH, 8 dedicated for chronic. TCHC sees no barriers in accomplishing the VASH or CoC units. The CoC will continue to improve performance to successfully compete for CoC permanent housing bonus dollars to create approximately 17 units per year.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

TCHC has contracted with the Corporation for Supportive Housing to provide supportive housing development coordination with 5 agencies at varying stages of progress toward the development of PSH. This coordination will include assessment of planning; examination of potential collaborations; a summit to present each project's planned development and explore strategies for supportive services coordination; and a final report that demonstrates specific measurable progress in the development of PSH in our community. CSH will provide needed technical assistance to advance each project to the next stage of development including identification of funding sources.Samaritan Housing of Tarrant County has filed as a CHDO and will apply for tax credits to advance their site based PSH project. The Fort Worth Housing Authority has received NSP loan funds from TDHCA for the development of a project that will set aside units of PSH at or below 50% AMI.

How many permanent housing beds do you currently have in place for chronically homeless persons?	485
How many permanent housing beds do you plan to create in the next 12-months?	555

How many permanent housing beds do you plan to create in the next 5-years?	623
How many permanent housing beds do you plan to create in the next 10-years?	708

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Fort Worth Housing Authority will conduct 2 briefings to educate landlords on SPC and PSH programs to develop strategies for effective tenant relations through development of behavioral and accountability contracts to improve longevity and accountability of clients. TCHC will assist PSH programs to develop Eviction Prevention Plans as part of their PSH programs and incorporate them in annual performance measures. The Fort Worth Directions Home evaluation team will report quarterly on specific best practices for the highest performing PSH programs and results reported to the CoC in order to improve other lower performing agency programs. TCHC will conduct 12 trainings for case managers to continue to improve their skill sets for effective client engagement and increase progress in the self sufficiency of their clients. All PSH programs will be made aware of HPRP prevention programs. The Faith Based Homeless Coalition will begin development of a mentor program for PSH clients.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The long term PSH retention success will be reached through the improved professional capacity of case managers through training, roundtables, evaluations and accountability that can be easily monitored and reported through the HMIS. The development of 2-5 year master lease agreements will retain strong relationships with landlords and allow for peer support systems and eliminate client isolation in scattered site housing. The development of site-based PSH housing with specialized amenities and onsite supportive services will provide high retention levels for those with chronic mental health conditions and physical disabilities. The development of client surveys, a client consumer council and client focus groups will provide regular standardized feedback on program quality and effectiveness and provide information for improvements to programs. And, a robust HMIS system with data analyst staff will provide valuable performance evaluation for year round continuum planning.

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

TCHC will develop pre and post test evaluations at 12 case management trainings to determine the effectiveness and retention of information to strengthen client-case manager working productivity leading to increased self-sufficiency. Agencies will be asked to utilize the self sufficiency matrix functions of the HMIS to better organize and track their caseloads. During the 12 monthly service provider roundtables, individual case challenges will be discussed peer-to-peer to resolve barriers to PH. TCHC will send out weekly Housing Availability Alerts and overhaul the CoC website to provide centralized resources, tools, databases and information to expedite solutions to client needs. 75% of agencies will complete the Tier II Uniform Intake Assessment tools in the HMIS system to gather comprehensive client data to understand specific needs and program gaps that hamper client ability to find PH. Workforce Solutions for Tarrant County will serve at least 500 clients through Project WISH.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Employment and availability of quality affordable housing are the greatest challenges to successful transfer from TH to PH. When NSP first time homebuyer programs are fully implemented, some TH client families that have achieved stable employment and acquired financial stability will be encouraged to seek these housing opportunities. TCHC has partnered with the Fort Worth Housing Authority for a Housing Placement Specialist and the development of a comprehensive housing inventory database and placement of housing resources on the TCHC/CoC website. The project, funded by the City of Fort Worth Directions Home 10 year plan, will combine and link with the Easter Seals housing inventory to provide both clients and case managers with information to access affordable housing.

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Workforce Solutions for Tarrant County will provide job readiness training services to at least 500 homeless through Project Wish. Texas ReEntry Services will train at least 150 individuals through their 3 day Job Readiness Workshops. The City of Fort Worth and the United Way have funded a Direct Services Fund Program to be administered by TCHC that will provide an estimated 500 homeless and recently re-housed homeless with funds for direct services such as birth certificates, state IDs, bus passes and health services/co-pays in order to achieve increased housing stability, improved employment status, and heightened self-sufficiency. The Day Resource Center Job Club will serve 90 homeless individuals, 50 of which will be chronic, connecting them to vocational training, life skills training, and employment and directly assist in helping them maintain employment through case management, removal of barriers by securing transportation, mainstream benefits and housing.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Two new job specialists will be hired through the State of Texas HHSP funds for Workforce Solutions for Tarrant County and the Day Resource Center for the Homeless to expand job training, the DRC Job Club and connect job seekers with employers. The CoC will continue to prioritize supportive services and housing projects that directly link to high performance in achievement of employment income at exit. The CoC Employment Taskforce developed a resource guide for case managers. This inventory will be updated and sustained on the TCHC/CoC website.

What percentage of persons are employed at program exit?	27
In 12-months, what percentage of persons will be employed at program exit?	30

In 5-years, what percentage of persons will be employed at program exit?	34
In 10-years, what percentage of persons will be employed at program exit?	37

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will train service providers to complete the Tier II Universal Intake Assessment form for adults and children in the HMIS to fully document the barriers and needs of families. A percentage of completed assessments will be a performance measure item in the 2010 evaluation. 75% of families entering an ES will have been assessed and data reported in the HMIS. Information and coordination of HPRP rapid re-housing programs are being integrated into case management and program director assessments on intake and are projected to serve 103 families. The addition of shelter-based case management at the three largest shelters through the Directions Home program will serve an additional 125 homeless families. The TCHC Children's Case Manager will provide ongoing case management and referrals to 114 emergency shelter families. 75% of those families will receive three or more case management sessions and 85% of the completed cases will achieve 75% or more of their targeted objectives.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The Presbyterian Night Shelter proposed PSH project would create 10 household units targeting chronically homeless households with children with disabilities. The project projects to serve 24 children. TCHC will be collaborating with Easter Seals to develop the Housing Inventory Database that will also include resources to quickly identify housing for households with children with special needs and disabilities. Cook Children's Health Network will continue to provide services to homeless families assuring that they are connected with health resources and assisted in establishing a medical home at their transitional or permanent residence. HPRP programs will provide 571 families in the second and third year of the program with emergency homeless prevention assistance or rapid re-housing. All HPRP service providers have presented programs to CoC members and information is regularly communicated through email alerts, meetings and 2-1-1.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	545
In 12-months, what will be the total number of homeless households with children?	518

In 5-years, what will be the total number of homeless households with children?	414
In 10-years, what will be the total number of homeless households with children?	352

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

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. The YWCA has the My Own Place program which is specifically designed for young women aging out of foster care. We have 10 beds in the program and usually less than half of the women come from the foster care system. More often they are young people who never entered formal foster care, but were homeless during their teen years. The program is designed to last two years, but average length of stay is closer to six months. At time of discharge, they generally go to independent housing and are provided with a one-time stipend of $800 to facilitate the transition to independence.

Health Care:

TCHC, EMT provider MedStar, John Peter Smith Health Network, the county health network, and Cook Children's Health Care have made significant strides in addressing healthcare issues to prevent discharge onto the streets and emergency visits. A Community Health Program has begun to enroll frequent users of EMT and emergency services into a program to provide regular rotation visits by EMTs, enroll homeless individuals in the JPS Connection program to increase use of clinic and urgent care resources. These efforts are immediately resulting in dramatic decreases in 911 calls. The programs will prevent discharge through addressing health issues with prevention and regular health care treatment. Cook has committed to providing health care, follow up, and establishment of a medical home for every child entering an emergency shelter. JPS has acquired property in the Fort Worth ES community and will be developing a health clinic, EMT station, expanded mental health and centralized resources for the homeless projected to open in fourth quarter 2011. Extensive training lead by TCHC for homeless service providers, first responders, emergency room staff, JPS in a cross training effort will significantly expand understanding of CoC systems. TCHC will conduct a conference "First Response to Homelessness" event to assist in the development of a discharge plan. TCHC will add representatives from JPS and MedStar to the Board to further integrate these public services with CoC planning.

Mental Health:

TCHC participates in the Mental Health Association (MHA) of Tarrant Countys 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 2010 including recommendation to expand mental health services within the Tarrant County Jail.

Corrections:

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 Ilarraza. 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.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	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; 4) Maintain existing emergency shelter and supportive services; 5) Support grant applications for homeless housing and services; 6) 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.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

In planning HPRP programs, TCHC provided the three grantees within CoC TX 601 detailed statistics of homeless individuals and new homeless entering into emergency shelters in 2009 as part of the identification of the best program demand mix of prevention and rapid rehousing activities. Additionally, TCHC coordinated the budgeting efforts to determine how to coordinate the use of the one HMIS system to be utilized by state HPRP sub grantees and local grantees. This resulted in an equitable distribution and common forms, use, training and reporting. TCHC will also hire an HMIS Data Collection Analyst to train and respond to HPRP data collection needs and build macro tools to quickly report on HPRP clients. Analysis will also include the development of queries and evaluations to fully understand the experience of the first 30 days of homelessness in our community to examine demographics, intake points, barriers, service use patterns, successful and unsuccessful exits and other indicators in order to make any needed delivery and follow up changes in year two of the HPRP program. Additionally, the first 30 days of homelessness analysis will provide information for future programs that will be developed through the HEARTH Act and set performance indicators of our CoCs goal of becoming a high performing continuum.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The primary uses of NSP dollars by the Cities of Fort Worth, Arlington and Tarrant County are to address the extraordinary foreclosure rate. Nearly 70% of housing units within our CoC are single family housing. Families in transtitional housing programs that have maintained employment and income stability will be referred to first time home buyer options. The Fort Worth Housing Authority received Texas NSP funds for a loan program that will be used in the development of a green construction multi-family housing where up to 50 units will be set aside for families at 50% AMI.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	361	**Beds**	518	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	78	**%**	81	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	68	**%**
Increase percentage of homeless persons employed at exit to at least 19%	38	**%**	27	**%**
Decrease the number of homeless households with children.	385	**Households**	545	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	841	141
2008	990	156
2009	209	301

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 184

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$186,624			$1,649,050	
Total	$186,624	$0	$0	$1,649,050	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	155
b. Number of participants who did not leave the project(s)	701
c. Number of participants who exited after staying 6 months or longer	133
d. Number of participants who did not exit after staying 6 months or longer	559
e. Number of participants who did not exit and were enrolled for less than 6 months	142
TOTAL PH (%)	81

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	219
b. Number of participants who moved to PH	149
TOTAL TH (%)	68

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 2,144

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	167	8	**%**
SSDI	69	3	**%**
Social Security	49	2	**%**
General Public Assistance	10	0	**%**
TANF	75	3	**%**
SCHIP	1	0	**%**
Veterans Benefits	16	1	**%**
Employment Income	589	27	**%**
Unemployment Benefits	62	3	**%**
Veterans Health Care	16	1	**%**
Medicaid	322	15	**%**
Food Stamps	412	19	**%**
Other (Please specify below)	123	6	**%**
Pension, Contributions, Child Support			
No Financial Resources	1,115	52	**%**

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to 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 2009 CoC project prioritization. This is 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 meets on the third Wednesday of each month and conducts multiple workgroup and taskforces throughout the year. Dates for 2008-2009 were: 2008: Nov 19, Dec 17. 2009: Jan 21, Feb 18, Mar 18, Apr 15, May 20, Jun 17, Aug 19, Sep 16, Oct 21, Nov 18.

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	Both
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. Quarterly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

On a limited basis, the HMIS is used to determine family status, veteran status, and is used to store critical documents needed for verification and eligibility.

Has the CoC participated in SOAR training? Yes

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

February 24-25, 2009 and August 12-13, 2009

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:**	96%
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.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	94%

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:**	95%
TANF, Food Stamps, Medicaid/SCHIP, Medicare Savings Program, Medical Assistance, Community Care using the Texas Health and Human Services Commission integrated Application for Assistance	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	68%
4a. Describe the follow-up process:	
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 within the HMIS client case notes.	

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]

***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"?** **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.**	Yes
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?	Yes
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? **(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.**	Yes
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?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
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?	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
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **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.)**	No
***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.** **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?**	Yes
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.	
***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?**	Yes
***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?**	Yes
***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.)**	No
***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?**	Yes

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***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?** **(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.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***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?**	No
***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?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	Yes
***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?**	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
TBLA 10 Cornersto...	2009-10-27 12:48:...	1 Year	Tarrant County	106,864	Renewal Project	SHP	TH	F
TXRS Supportive H...	2009-10-26 12:28:...	1 Year	Texas ReEntry Ser...	104,482	Renewal Project	SHP	TH	F
SafeHaven Needs A...	2009-10-26 15:48:...	1 Year	Tarrant County	50,680	Renewal Project	SHP	SSO	F
Housing Solutions II	2009-11-24 09:53:...	1 Year	Presbyterian Nigh...	252,898	Renewal Project	SHP	PH	F
Shelter Plus Care 31	2009-11-23 10:18:...	1 Year	Housing Authority...	338,988	Renewal Project	S+C	TRA	U
TBLA 13 MHMR	2009-10-27 15:14:...	1 Year	Tarrant County	124,665	Renewal Project	SHP	PH	F
TBLA 17 VOA	2009-10-27 16:35:...	1 Year	Tarrant County	145,435	Renewal Project	SHP	PH	F
Supporting the Ho...	2009-10-30 16:32:...	1 Year	MHMR of Tarrant C...	67,435	Renewal Project	SHP	SSO	F
Housing Solutions...	2009-11-24 23:12:...	2 Years	Presbyterian Nigh...	450,080	New Project	SHP	PH	P1
GRACE NASH Transi...	2009-11-16 11:41:...	1 Year	Tarrant County	24,237	Renewal Project	SHP	TH	F
Salvation Army SIMON	2009-10-26 17:49:...	1 Year	Tarrant County	322,293	Renewal Project	SHP	TH	F
CEC Transtional H...	2009-11-23 17:44:...	1 Year	Community Enrichm...	222,846	Renewal Project	SHP	TH	F
YWCA Childcare	2009-10-27 17:15:...	1 Year	Tarrant County	97,293	Renewal Project	SHP	SSO	F

Cornerstone 3CP	2009-10-26 12:12:...	1 Year	Tarrant County	166,404	Renewal Project	SHP	SSO	F
Shelter Plus Care 28	2009-11-13 09:02:...	1 Year	Housing Authority...	273,048	Renewal Project	S+C	TRA	U
Mimi Hunter Fitzg...	2009-11-06 15:42:...	1 Year	Presbyterian Nigh...	181,077	Renewal Project	SHP	TH	F
SafeHaven LIFT	2009-11-04 15:09:...	1 Year	Tarrant County	21,815	Renewal Project	SHP	SSO	F
Arlington Housing...	2009-11-24 09:36:...	1 Year	Housing Authority...	262,378	Renewal Project	SHP	TH	F
Samaritan House S...	2009-10-27 12:20:...	1 Year	Tarrant County	212,663	Renewal Project	SHP	SSO	F
Project New Start	2009-11-23 10:24:...	1 Year	Day Resouce Center	234,831	Renewal Project	SHP	PH	F
SHP Employment - ...	2009-11-23 12:45:...	1 Year	Arlington Life Sh...	83,686	Renewal Project	SHP	SSO	F
Housing Solutions	2009-11-24 10:00:...	1 Year	Presbyterian Nigh...	459,110	Renewal Project	SHP	PH	F
Arlington Housing...	2009-11-23 15:20:...	1 Year	Housing Authority...	150,264	Renewal Project	S+C	TRA	U
SHP TH - TX0110B6 ...	2009-11-23 00:41:...	1 Year	Arlington Life Sh...	63,471	Renewal Project	SHP	TH	F
Gateway to Housing	2009-11-23 13:53:...	1 Year	Mental Health and...	295,780	Renewal Project	SHP	PH	F
Families Together...	2009-10-20 13:15:...	1 Year	All Church Home f...	113,922	Renewal Project	SHP	TH	F
TBLA 114 Tarrant ...	2009-11-02 13:43:...	1 Year	Tarrant County	1,103,295	Renewal Project	SHP	TH	F
Shelter Plus Care 29	2009-11-13 09:39:...	1 Year	Housing Authority...	1,561,944	Renewal Project	S+C	TRA	U
Day Resource Cent...	2009-11-02 14:19:...	1 Year	Tarrant County	103,445	Renewal Project	SHP	SSO	F
TBLA 15 Samaritan. ..	2009-11-02 13:22:...	1 Year	Tarrant County	85,617	Renewal Project	SHP	PH	F

MHMR Safehaven	2009-10-30 15:57:...	1 Year	Tarrant County	87,176	Renewal Project	SHP	SSO	F
SafeHaven Parkdale	2009-11-04 15:18:...	1 Year	Tarrant County	108,491	Renewal Project	SHP	TH	F
Shelter Plus Care 30	2009-11-13 10:08:...	1 Year	Housing Authority...	1,890,984	Renewal Project	S+C	TRA	U
Safety Network - ...	2009-11-16 18:16:...	1 Year	Tarrant County AC...	149,805	Renewal Project	SHP	HMIS	F
Villages at Vickery	2009-11-19 16:55:...	2 Years	Tarrant County Sa...	225,084	New Project	SHP	PH	P2

Budget Summary

FPRN	$5,252,094
Permanent Housing Bonus	$675,164
SPC Renewal	$4,215,228
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	TX601 2991	11/23/2009

Attachment Details

Document Description: TX601 2991