

Who is homeless?

1,914
homeless
persons

20%
children

17%
domestic
violence

24%
severe
mental
illness

7%
chronically
homeless

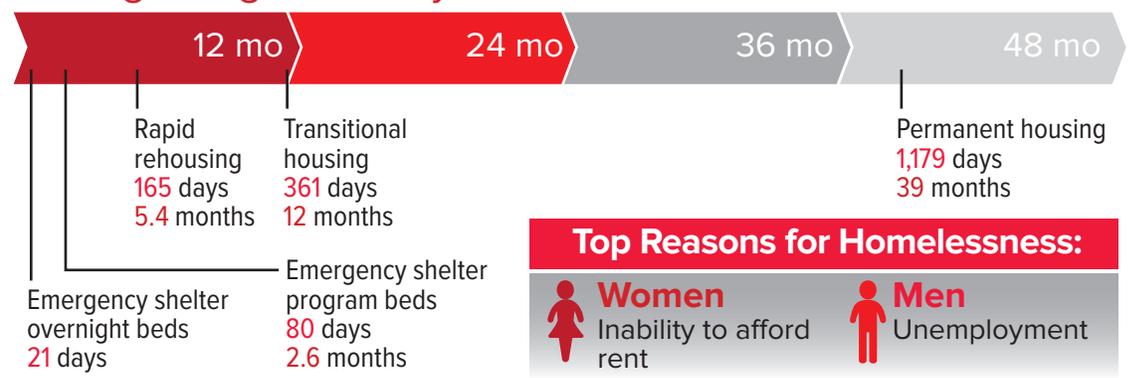
10%
veterans

17%
chronic
substance
abuse

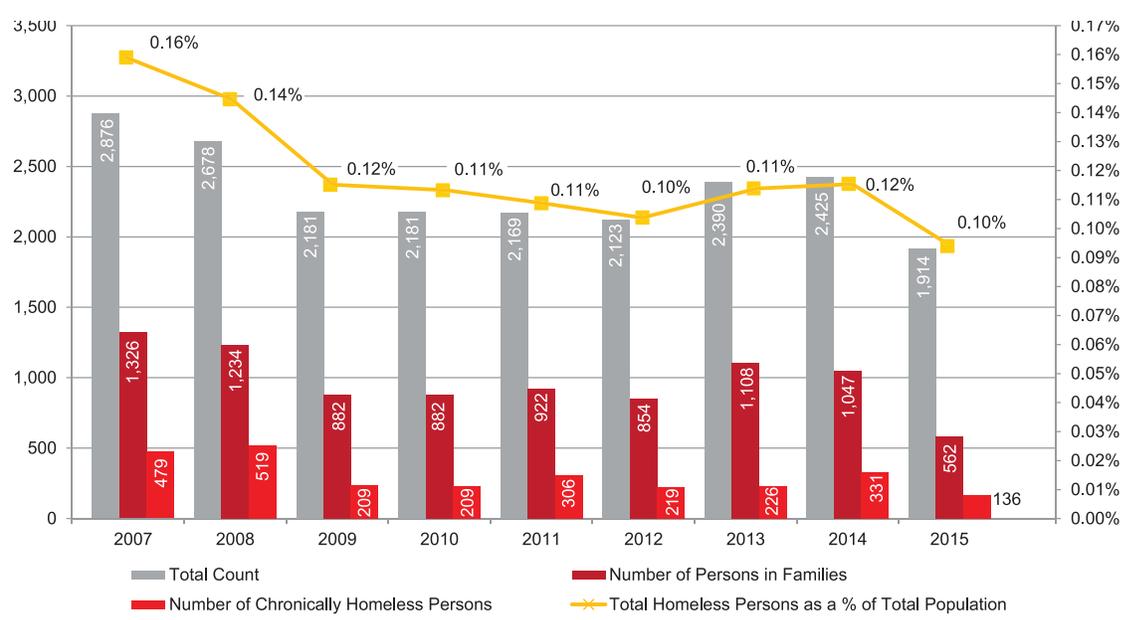
Where do they sleep at night?

| Homeless Population Point-In-Time Count | 2007 | 2015 | % Change |
|---|--------------|--------------|-------------|
| Unsheltered includes people living in places not intended for human habitation, such as in cars, vacant lots/buildings, under bridges, or in the woods | 201 | 217 | 8% |
| Emergency Shelters are intended for short-term lodging and crisis relief, such as Presbyterian Night Shelter, The Salvation Army, and the YWCA | 1,049 | 1,265 | 21% |
| Transitional Housing programs provide time-limited rental assistance (<2 years) and supportive services geared toward self-sufficiency and independence. Effective for victims of domestic violence, transition-aged youth, and substance abusers. | 1,626 | 432 | -73% |
| TOTAL | 2,876 | 1,914 | -33% |

Average lengths of stays



In addition to those in the Point-In-Time count, area agencies will provide care for tenants in **over 1,916 permanent housing units** throughout Tarrant County in 2015.



35% of households in Fort Worth do not make enough to afford Fair Market Rent on a 2-bedroom apartment

Required to afford Fair Market Rent on a 2-bedroom apartment

\$18.04 hourly wage | **\$37,520** annual wage | **2.5** full-time jobs at minimum wage



What is Directions Home?

Directions Home is a 10-year plan to make homelessness rare, short-term, and non-recurring in greater Fort Worth by 2018. It aligns the efforts of public, private, and social service agencies in our community.

The Directions Home plan was developed through a participatory, public process and articulates a vision for community-wide action. The lead entities and partners identified in Directions Home represent a diverse group of community organizations and leaders.

Vision

Homelessness will be a rare, short-term and non-recurring experience in Fort Worth, Texas by the year 2018.

Strategies

1. Increase the Supply of Permanent Supportive Housing
2. Expand Opportunities & Services Linked with Accountability
3. Develop & Operate a Central Resource Facility
4. Coordinate & Expand Homelessness Prevention Initiatives
5. Support & Strengthen Existing Public, Private & Faith-based Efforts
6. Mitigate the Negative Community Impacts of Homelessness
7. Lead, Educate & Advocate for Change

Sample Action Items

| # | Action Item | Target Date | Lead Entity/ Partners | Possible Funding Sources | High | Medium | Low |
|-----|---|---------------|--|--|----------------------------------|----------------------------------|----------------------------------|
| 1.4 | Create/ identify 1,088 permanent supportive housing units by year 10. | 2018 | CFW-Housing Department , Homelessness Team, CoC | See PSH production model | 1,088 units by end of Year 10 | 1,088 units by end of Year 10 | 1,088 units by end of Year 10 |
| 2.6 | Increase the number of background friendly employers. | 2008; ongoing | Tarrant County Re-Entry Council , Faith Communities, Workforce Solutions, Chambers of Commerce, | Tarrant County Re-Entry Council | Use existing staff and resources | Use existing staff and resources | Use existing staff and resources |
| 4.6 | Fund one-time eviction, foreclosure & utility shut off prevention assistance programs & link persons to HUD approved foreclosure counseling agency. | 2009; ongoing | Tarrant County Human Services , Utility Companies, Tarrant County JP Courts | Foundation, Corporate Partners & Utilities | \$1,000,000 | \$500,000 | \$250,000 |
| 7.6 | Develop an annual legislative and advocacy agenda to support plan implementation. | 2009; ongoing | MACH , TCHC, CFW- City Council, Tarrant County Commissioners Court | Use existing staff and resources | Use existing staff and resources | Use existing staff and resources | Use existing staff and resources |

What is a continuum of care?

HUD's Continuum of Care (CoC) Program is designed to assist people experiencing homelessness and to provide the services they need to move into transitional and permanent housing, with the goal of long-term stability. More broadly, the program is designed to promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its program to the particular strengths and challenges within that community.

The Tarrant County Homeless Coalition (TCHC) was selected to serve as the Lead Agency for the Fort Worth/Arlington/Tarrant County CoC and is responsible for: (1) Operating the CoC; (2) Community-Wide Planning; (3) Designating and Operating an Homeless Management Information System (HMIS); and (4) Preparing the Application for CoC Funds.



How can we end homelessness?

Services

Permanent Supportive Housing combines rental assistance and a package of supportive services tailored to the needs of the tenant and designed to support tenancy and movement towards health and independence. It is a research-proven, cost-effective strategy that ends homelessness for people with complex barriers to getting and keeping housing.

Housing-focused Street Outreach engages the unsheltered homeless outdoors and on the streets with the goal of improving safety and housing stability. This difficult work is most efficient when field staff has on-demand access to housing, and medical and behavioral health treatment resources.

Rapid Re-housing is a short- and mid-term rental assistance intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Assistance includes housing identification, move-in and rent

supports, along with case management and services that are tailored to the unique needs of the household.

Income & Benefit Assistance helps people who are homeless find and keep jobs, or receive financial supports for which they are entitled due to age, disability, or military service.

Medical and Behavioral Health Care delivered in community-based (non-crisis) settings, help very-low income residents stabilize chronic and acute health conditions, improve health outcomes, and minimize overuse and inappropriate use of first-responder and emergency healthcare services.

Prevention services attempt to divert persons with a housing crisis from falling into homelessness through emergency rent and utility assistance, landlord mediation, and case management.

Techniques

Housing First prioritizes the task of getting people into housing when addressing the overall list of things that inhibit their self-sufficiency. Housing First programs place homeless individuals in permanent supportive housing with case management services, rather than sheltering them in temporary or transitional facilities.

Trauma Informed Care is an evidence-based practice that teaches service providers about the triggers and vulnerabilities

of trauma survivors. Homelessness is traumatic because it can involve the loss of home, safety, and social networks; thus, effective care needs to be sensitive and avoid re-traumatization.

Client-centered, Strengths-based, Solution-focused Service Delivery maximizes the dignity, capacities, and resiliency of people who are homeless to collaboratively overcome barriers and achieve goals.

Cross-cutting Principles

- Cultural competency is reflected in services.
- Services to women are tailored to meet special needs.
- Self-help opportunities and practices are an integral part of services.
- Consumer and recovering person's involvement in services and planning is valued and included.
- Motivational interviewing techniques and concepts

related to stages of change are incorporated into service delivery strategies.

- Integrated treatment for co-occurring substance abuse and mental illness disorders is a guiding principal for program and services development strategies.
- Consumer and family advocacy is a guiding principle for program and services development strategies.

Systems Organization

Coordinated Assessment standardizes the access and assessment process for persons experiencing a housing crisis. Providers use a shared process for intake so that participants can be served with the most appropriate housing or prevention intervention.

Homeless Management Information System (HMIS) is the community's shared, local information technology system used to collect client-level data on housing and services for people who are homeless or at-risk of homelessness. The HMIS provides the basis for measuring the nature and extent of homelessness, service utilization, program performance and outcomes, as well as reporting to federal, state and local grantors.

Why is ending homelessness the right thing to do?

The Directions Home approach is **cost-effective** and **compassionate**. It invests in housing and services that link accountability with opportunities to **end homelessness, improve neighborhoods, and save lives.**

In Fort Worth, Texas, the value of properties within 500 feet of permanent supportive housing developments **appreciated at a higher rate** than in their Census Tract as well as in the City as a whole.

89%
percent of Americans believe that communities are safer when people do not have to live on the streets.

It's better for neighborhoods

Concentrations of unsheltered and emergency sheltered homeless people hinder economic investment and growth in central city neighborhoods.

It's better for the community

A TCU-led study that examined service utilization before and after people moved off the streets found that charges from JPS Health Network, MHMR, and MedStar were reduced by **36%**.

| Sector | 12-Month Assessment (Overall) | | | | |
|--------------------------|-------------------------------|--------------|----------------|------------|--------------|
| | Pre-Housing | Post-Housing | 24-month Total | Difference | % Difference |
| Public Hospital Services | 868 | 656 | 1,524 | 212 | -24% |
| Public Hospital Charges | \$1,750,197 | \$1,050,483 | \$2,800,680 | \$699,713 | -40% |
| MHMR Services & Rx | 2,272 | 2,937 | 5,209 | 665 | 29% |
| MHMR Charges | \$172,234 | \$182,179 | \$354,413 | \$14,243 | 8% |
| Ambulance Services | 80 | 57 | 137 | 23 | -28% |
| Ambulance Charges | \$111,762 | \$74,173 | \$185,935 | \$37,589 | -34% |
| All Sectors: Services | 3,220 | 3,650 | 6,870 | 430 | 13% |
| All Sectors: Charges | \$2,034,192 | \$1,306,836 | \$3,341,028 | \$727,356 | -36% |

It's better for people who are homeless

UNTHSC independent evaluation found that tenants in supportive housing programs improved on an array of measures including income, employment, food, mobility, family, health, mental health, substance abuse, legal matters, and life skills.

