CoC Steering Committee  
*Thursday, January 14, 2021 at 3:30pm*

**Agenda**

☐ **1. Meeting Introduction**
  - Call to order
  - Recognition of members:
    - Mike Temple
    - Marilynn Kindell
    - Sharon Zachary
  - Introduction of new members:
    - Becky Landes
    - Carol Borrego
  - Roll call
  - Public Comment Guidelines

☐ **2. Discussion & Approval of:**
  - November 2020 Minutes
  - January Agenda

☐ **3. Old Business**
  - **ACTION ITEM:** 2021.Resolution 1 – Respite, Rehab, & Reentry Priority Coordinated Access

☐ **4. New Business**
  - **ACTION ITEM:** 2021.Resolution 2 – Adoption of the Community Plan

☐ **5. Lead Agency Update**
  - PIT Count

☐ **6. Meeting Wrap-Up**
  - Public Comment
  - Meeting Adjourn
  - *Next Meeting: Thursday, February 11, 2021 at 3:30pm – VIRTUAL*

**Written Materials**

☐ Community COVID-19 Housing Program (CCHP) Update
☐ Monthly Dashboards
Recognition of Steering Committee Members

Mike Temple –
Served on the steering committee as an at-large representative from 2012 – 2020.

Marilynn Kindell –
Served on the steering committee in a fixed position from 2012 – 2020.

Sharon Zachary –
Served on the steering committee as a provider representative from 2019 – 2020.
Introducing New Steering Committee Members

Becky Landes –
Joining the steering committee as a provider representative from The Beacon.

Carol Borrego –
Joining the steering committee in a fixed position from Fort Bend County Community Development.
## Attendance

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Public Comment Guidelines

• **Duration of comment: 3 minutes.** This time limit will be identified with a visible timer shared on the screen, followed by the speaker being muted when the 3 minutes is complete.

• **Timing of comments:**
  - A speaker whose subject matter relates to an identifiable action item of business (i.e., action item and/or resolution) on the agenda will have the opportunity to speak during the course of the meeting, when it is time for the steering committee to deliberate on that item.
  - A speaker whose subject matter does not relate to an identifiable action item of business will have an opportunity to speak during the Open Public Comment portion at the end of the meeting.

• **Signing up to make a public comment:**
  - Speakers may request to make a public comment prior to the meeting. All requests must be submitted to the lead agency at SCquestions@homelesshouston.org by 12:00 PM (Noon), the day of the meeting.
  - Speakers may also request to make a public comment during the meeting by using the Q&A feature or chat function in the virtual meeting software.
  - In either case, in their request, the speaker **must** inform the lead agency of which action item they wish to speak about by citing the resolution number, if applicable. If a specific resolution number is not cited, comments will be saved for the Open Public Comment portion of the meeting.

• **Authority of the Chair (or Vice Chair):** The Chair will call upon the lead agency to assist with public comments. The Chair has the authority to open and close the public speaking portion of each action item on the agenda to ensure the meeting continues to move along at a reasonable pace. Should a speaker use foul, aggressive, or inappropriate language while making a public comment, they will be muted immediately and will no longer have the ability to make a comment at that meeting.
Note: The meeting was originally scheduled for Nov. 12 but was rescheduled for Nov. 19 due to technical problems with the virtual meeting platform.

☐ 1. Meeting Introduction
☐ Call to order – Barbie Brashear announced she will chair the Steering Committee meeting due to Tom McCasland’s traveling and lack of service on the road.
☐ Roll call – 16/20 members were present for the meeting; quorum approved.

☐ 2. Discussion & Approval of:
☐ October 2020 Minutes
  • Pg. 3 – 9 in the meeting packet
  • Motion approved by Kelly Opot, seconded by Sharon Zachary – all members in favor
☐ November Agenda
  • Pg. 1 of the meeting packet
  • Motion to approve the November agenda was moved by Mike Temple, seconded by Zachary – all members were in favor to pass.
  • Nakia Sims asked how people with lived experience could have a say in what’s on the agenda moving forward.
    • Carrie Rai, Director of Strategic Planning (Coalition for the Homeless [CFTH]), said a member can bring forth a motion to add an agenda item under new business, then another member would have to second that motion, and then the proposed topic could be discussed.
    • Zachary reminded members that they can bring forth items in the Steering Committee prep meetings to be addressed.

☐ 3. Lead Agency Update
☐ Community-wide COVID-19 Housing Program (CCHP) Update
  • Pg. 10 – 15 in the meeting packet
  • Don Titcombe: Are there any forecasting or questions that need to be answered for funding we have to spend before Dec. 31? Is that a concern and are there any remediations?
    • Jessica Preheim (VP of strategic planning, CFTH): Yes, we are working with Marc Eichenbaum (City of Houston). What you are speaking about is referred to as CARES treasury, which is a form of COVID relief that is a source of federal funding that goes to the municipalities. Both the city and county do receive that funding, and we were approved as the lead agency for about $4-5 million of that funding. That money will come to the lead agency and will be used for some non-traditional items (i.e., furniture, holding fees, etc.). The lead agency is working with the City to ensure that ask is right-sized to the appropriate intervention. We are also hopeful that there will be another round of stimulus package that may be passed in the
future, so we may utilize that funding. Right now, we are still working with the city so we’re able to expend those funds.

- Preheim: For clarification we’re making sure our anticipated projects are accurate, and we’re working with the City to ensure that if there are future rounds what we have now is fully utilized to put us in a good place to ask for additional funding for the homeless system.

- Titcombe: If we have to return a significant amount of the CARES dollars, will that derail our plan significantly? And what is the risk level of that happening?
  - Preheim: Some of that is to be determined, we have been very diverse with how we have been gathering private philanthropic blended with this CARES treasury. If those issues come up, we would have to bring that up to this body for discussion as a system, but at the moment it’s too early to tell.

- Sims: Are there efforts to partner with agencies/organizations that assist with furniture donations prior to tapping into another funding source?
  - Preheim: That’s a great idea, we can definitely look into that in the future. The furniture fund for this round is a procurement process, so we solicited bids and are going forth with the vendors that came to us, however we should definitely look into your suggestion in the future.

- Sims requested the RFP.
  - Preheim: We are currently in an emergency situation where emergency situations rules apply, so there is not necessarily a formal RFP that is released. But it is not an open call for the funding that we have at the CFTH. We were approved by City Council for very specific line items so there is not an actual RFP to reference.

- Sims: What efforts are made on hiring/recruiting people with lived experience?
  - Preheim: We did bring this up to the City/County today, and they are reaching out to their sub-recipients to gather information on their hires so we can bring that back and look at this through an equity lens. We look forward to exploring that with you.

- Sims: Does the CFTH have this data readily available?
  - Preheim: We have released an equity survey for our staff and are in the process of gathering that data.

- Sims: Is the data on recruitment efforts readily available?
  - Preheim: As the lead agency we definitely made efforts on all our CCHP hires to recruit to diverse bases – we hired a consultant to make sure we reach platforms that do serve minority populations and hire in higher levels than the standard. We can ask our consultant to come in and speak to that, however we do not have that data readily available.
  - Mike Nichols (president and CEO, CFTH): The hired consultant is from a local hospital who was hired to assist us with this big issue. The searches have been national searches through our PEO
called Nextep, and with them we have made a point to not just hire our friends but to ensure we hire within the broadest network. We do have people with lived experience on staff and want to ensure that as all staff completes this survey, they have the ability to complete it honestly and as comfortably as possible. We do not assume race or gender at the CFTH and want to ensure our associates understand the confidentiality behind the survey.

☐ CoC Spend-down Report
  - Pg. 16 – 24 in the meeting packet
  - Gregory Dread made a motion to move this agenda item to later in the meeting, so that guest speakers will have time to present their materials – seconded by Mark Thiele, all members in favor.
  - McCasland: Thanked Concetta Scerbo (director of public grants and procurement, CFTH) for providing the report and for the transparency on the important issue; the report is to show that money coming into the community for homelessness gets spent on the issue of homelessness. McCasland reiterated that although there is room for improvement, he is happy this report and data is being shared with the steering committee and looks forward to the recommendation being brought forward in the future.

☐ Five-Year Plan Update
  - Pg. 25 – 57 in the meeting packet
  - Titcombe reminded the committee that public comment around discussion topics will open after the presentation on the topic
  - Matt White and Howard Burchman, Housing Innovations, presented this topic
  - Burchman shared:
    - Community updates, including consumer/provider/key stakeholders and individual feedback sessions (pg. 26)
    - Engagement with graphic designers for assistance on the development of visuals for the five-year plan
    - Updated values & guiding principles – ending homelessness, person-centered, and accountable (pg. 28)
  - White shared:
    - The five-year plan has 9 goals, 3 of which have been retained and 6 expanded focused (pg. 29)
    - Stakeholder feedback takeaways (pg. 30)
    - Five-Year Plan updates since September (pg. 31)
  - Catherine Villarreal (director of communications, CFTH) provided updates on the timeline of the shared draft – now coming January 2021

  Steering Committee Questions:
  - Sims asked about the size of consumer feedback sessions and if the Steering Committee and CFTH could discuss bringing back the Consumer Input Forum or something comparable?
Kelly Opot asked how the consumers in the sessions were recruited and if there were any youth/young adults involved?

- White said the recruitment was done by each of the provider groups and they did not explicitly ask about youths/young adults but does not believe any participated. The provider agencies set up the participants with social distancing and technology so they could participate in a safe space, and the CFTH supplied gift cards for all who participated as compensation and a token of our appreciation for their feedback and vulnerability. Providers were not in the room during these sessions.

- Titcombe: There should be some skepticism between clients and the providers, and we need to approach this feedback with understanding that they have separate interests. We need to think about different models to bring in feedback which is not just through the provider relationship.

- Gregory Dread: Shared personal experience and noted that providers picked their “best clients” aka clients who represent the ideal. Why can’t we ask steering committee members get involved?

  - Brashear: As steering committee members, we often rely so heavily on our lead agency to do all this work instead of us as steering committee members stepping into this work with them. We all have a responsibility as steering committee members to say and think about how we solicit input that is not reliant on just service providers, but the greater community within our own circles of influence, to ensure we’re providing the richest information possible.

  - Sims: We need a committee – consumer input forum.

  - Preheim: Thank you all for the feedback, this is a robust conversation that we need to continue. As the lead agency, it is also our obligation to address gaps/holes that are exposed and to bring that back to you all (the steering committee) to say this is where we are struggling or have a deficit, how do we work together to solve this. We appreciate your comments.

Public comment on the Five-Year Plan:

- Thao Costis (CEO, SEARCH): I think it would be great for everyone to be engaged. SEARCH received an email request, and we want to be engaged and want our clients involved. We want our community to be involved and have more than just a few direct service providers responding. I think that this Five-Year Action plan is a way to do that. Mike has worked hard to start CEO calls, and we have to stay disciplined to maintain engagement so all of us respond to the call for help and not just a few agencies.

  The Five-Year Plan is a lot and is overwhelming. Can we balance out the simplicity and depth? Possibly focus on the top three things: ending homelessness or making it rare/brief/non-reoccurring, reducing the inflow into the system, and focusing on the crisis response and housing stabilization.
SEARCH works hard to be aligned with the community and we’ve become interdependent and integrated. Housing stabilization is the piece we are most invested in and we want to make sure we are doing a deep dive into what we’ve been working on the past 8 years and seeing where the gaps might be within the system. How do these practices match up to the housing need vs what we have available?

We’ve invited Matt, Howard, Mike Nichols, and Jess P. to present to the SEARCH board because we want to be involved and more forward with the CFTH.

- Kathy Tatum (Community Liaison, Collaborating Voices Foundation): Expressed concerns and frustration around the lack of funding available for smaller 501c3 organizations/agencies, client engagement with from key decision makers, and diversity within the CoC.
  - Nakia Sims: Thanked Tatum for her passion and shared that one of the goals as a consumer representative on the CoC steering committee is to address those concerns and assist to find a solution to them.
  - Kelly Opot: Said that as members of the steering committee and members of this CoC, we should address and focus on anti-racism and racial justice. We should look at how funding is allocated, especially flexible funding with federal dollars; we need to look at who is getting the money and who is developing housing – by whom and for whom.
- Sims: Would like to know about funding within the CoC, the evaluation process to receive funding, and receive equity data on all those within the system – who is receiving the funding,
  - Preheim: The lead agency has started to gather data on people accessing the system but can start to gather data on how they are accessing the system and data on those providing services. As we collect this data, we will bring it back to the steering committee and continue this engagement which is critical to our CoC.
- Gregory Dread: Expressed concerns around the consumer voice being heard; sharing there needs to be more time for their voices being heard. Dread suggested 15min per public comment.
  - Sims: Agreed to Dread’s suggestion and added the CoC needs to have advocacy on those with lived experience.
  - Opot: The consumer voice is so important and does need to be heard, however this meeting may not be the space. Opot suggested the steering committee develop a subcommittee for those with lived experience to gather this input/feedback and relay it back to the steering committee – in collaboration with the newly develop “youth and lived experience” subcommittee.
  - Villarreal: Said the lead agency will assist Sims and Dread with the development and facilitation of the consumer voice subcommittee, as it has been a forum the lead agency was
wanted to redevelop for some time.

- Tom McCasland: It is important that we hear from consumers, however we need to understand the implications of the suggested change and understand what we are trying to solve. Is changing the public comment rules actually going to solve the issue at hand? Are we prepared for when non-consumers show up to speak for 15 minutes? Are we ready to make a decision today or do we need time to think this motion through thoroughly and come back to the next meeting with a decision?

- Opot: Reiterated her suggestion – to create a new and safe space for the consumer voice to be heard and the primary focus of the meeting, rather than adding time to an already lengthy meeting. We need to be more intentional and focus on creating a space for these important conversations to be had, rather than adding them in for a time period on an action-packed agenda.

  - Sara McArthur: I agree, we need to start looking at how we engage consumers. By adding extra minutes to a meeting where they may not show up does not seem like the route to go. We need a specific action plan for going out of our way to engage consumers and the consumer forum/subcommittee sounds like a good suggestion.

- Dread: After further discussion with the steering committee, Dread rescinded the motion to extend the public comment speaker time and asked that the steering committee and lead agency make a commitment to create a dedicated consumer voice subcommittee/forum.

  - Brashear: Clarified the ask for the steering committee and lead agency to develop a consumer voice subcommittee/forum in the upcoming months. Brashear then closed the discussion topic and asked for further comments on the Five-Year Plan.

- Eddie Williams (public comment): Shared the importance of the consumer voice and offered suggestions on how to obtain it in the meeting chat. Williams also shared a brief history on his involvement with working within the field of homelessness and asked that the consultants of the Five-Year Plan and the steering committee to engage with him for feedback on the plan.

☐ Monthly Dashboards

- Pg. 58 – 59 in the meeting packet

- All questions about dashboards were instructed to be emailed to Ana Rausch at arausch@homelesshouston.org and Erol Fetahagic at efetahagic@homelesshouston.org.

- Preheim: Shared that dashboards data will begin to be pulled on different dates to
clarify the data being shown – the 15th and 30th of each month.

☐ 4. Unfinished Business


- Pg. 60 – 75 in the meeting packet
- McCasland motioned to adopt the proposed MOU, seconded by Gregory – all in favor, motion passed.
- Rai provided key updates on the requested changes to the MOU.
- Nichols clarified this MOU is an agreement between the CFTH and the CoC steering committee – the CFTH will also need approval of the MOU from the CFTH board.

☐ 5. New Business


- Pg. 76 – 86 in the meeting packet
- The Respite, Rehab, and Reentry discussion topic was tabled and moved to the next meeting due to lack of time.

☐ Advocacy & the CoC Steering Committee

- Pg. 87 – 95 in the meeting packet
- A motion was moved by Titcombe to discuss advocacy within the steering committee and CoC, seconded by Dread.
- Villarreal: Provided examples of advocacy pieces recently developed by the CFTH and asked the steering committee how they would like to be involved/included (options provided).
- Sims: Asked if the options proposed are considered lobbying and okay for the steering committee and members of the CoC to participate in? Sims also asked if the CFTH sent a letter to HUD addressing a change in the discrimination and segregation laws in fair housing?
  - Villarreal: Stated it was okay for the steering committee and members of the CoC to participate in advocacy work so long as their agency agrees and understands their limitations. The CFTH is hosting a meeting with Jen Powis of Alliance for Justice’s Bolder Advocacy initiative who will help explain advocacy and how 501c3’s can and cannot participate.
  - She also said that she does not believe the CFTH submitted a comment to HUD regarding the issue mentioned, however the CFTH is working to create a position dedicated to solely to advocacy to ensure the lead agency and CoC are aware of current issues they can act on.
- Titcombe: Would like clarification how steering committee members can/should advocate legally.
- Brashear: Steering committee members need more discussion and clarification on how they can participate in advocacy – The lead agency to schedule that meeting with the Alliance for Justice.

☐ Provider Representative Voting Discussion

- Pg. 96 – 97 in the meeting packet
- Villarreal provided the provider representative voting guidelines/criteria.

☐ 6. Meeting Wrap-Up
CoC Steering Committee
Thursday, November 19, 2020 at 3:30pm

☐ Meeting Review:
  • Dread and Sims to co-chair the subcommittee focused on hearing from consumers
    • Dread and Sims to work with members of the steering committee and lead agency in the development of the subcommittee
    • Titcombe: The steering committee needs to ensure we do not limit the scope of this committee; we need to hear from all consumer voices. Titcombe said the committee should focus on redeveloping the consumer input forum.
    • Opot asked to coordinate the youth with lived experience subcommittee with the consumer input forum subcommittee for more collaboration and feedback from those with lived experience.

☐ Public Comment
  • Tatum: Asked how can members of the public or partner agencies be prepared for steering committee meetings? Tatum also asked for assistance on how to complete funding applications and receive notifications on funding opportunities.
    • Anyone can visit The Way Home Portal/Steering Committee webpage to prepare themselves for steering committee meetings; on this webpage the viewer will find meeting dates/times, meeting materials, and general information on the steering committee and its members.
    • Partner agency staff interested in receiving funding updates are encouraged to sign-up for the Funding Opportunity Distribution list.
    • Partner agency staff are all encouraged to sign-up for TWH CoC Connection.

☐ Meeting Adjourn
  • Next Meeting: Thursday, December 10, 2020 at 3:30pm – VIRTUAL (Note that, as in previous years, the December meeting was canceled for the holidays.)
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Presentation: Becoming an Advanced Homelessness Response System
Vision, Developments, and Recommendations for Policy and Practice Alignments

Mandy Chapman Semple
Managing Partner
Clutch Consulting
Vision for an Advanced Homelessness Response System

- **Expanded Engagement**
  - Touch points: HCPC, HPD, Hospitals, NPC, HRC

- **Enhanced Triage & Matching**
  - Considerations:
    - Connecting and targeting Temporary & Permanent Housing
    - New Prioritization Triggers

- **Incorporate temporary housing pathways**

- **Refine and scale system access**

- **Involuntary Treatment**

- **MH & SUD Treatment**

- **Homeless MH Respite & Rehab Center**

- **Navigation Center & Shelter**

- **Build and scale temporary and permanent interventions to meet more stratified needs**

- **Higher Levels Care**
  - Sober living
  - Group Homes
  - Safe Haven
  - Assisted Living/Nursing Homes

- **PSH**
  - ACT
  - CTI
  - Traditional

- **RRH/Income**
  - Case Mgmt
  - Financial Assistance
  - Income Connection

- **Self-Resolution**
  - Case Mgmt
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- **Self-Resolution**
  - Case Mgmt
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  - Income Connection
Access, Triage, & Matching in Homeless System Today

Assessment (Housing Triage & Vulnerability Tools)

Matching

Referral

Waitlist

Navigation/Housing
Overlay of Current Process with Vision for an Advanced Homelessness Response System

*Current process does not take temporary housing into account during triage and matching process.*
Proposed Integrated Process with Vision for an Advanced Homelessness Response System

Adjustments to Become an Advanced System
1. Make **some** Temporary Housing options part of the triage, matching, and navigation process
2. Understand/Integrate other engagement points/processes
*Drill down on the Hospital to Home Beds*

1. **Hospital to Home**
   - 24 beds available to provide rehabilitation services to people who are homeless and have a serious mental illness. These individuals will receive comprehensive rehabilitation services intended to help them successfully transition to more permanent housing options. Estimated stays of 90-180 days.
   - Targeted Patients:
     1) HCPC Discharge
     2) State Hospital Discharge
     3) NPC Discharge
     4) Private Psych Hospitals
     5) Harris Health Emergency

2. **Jail Diversion**
   - 36 beds available for a pre-charge diversion center accepting law enforcement drop-offs 24/7. This would be a relocation of the existing diversion center to maximize economies of scale. Average stays of 4-10 days.

3. **Outpatient Competency Restoration**
   - 8 beds available to provide outpatient competency restoration services for 60-120 days.

4. **Jail Re-Entry**
   - 20 beds available for individuals leaving Harris County Jail with no safe place to live. These beds are intended to be short-term in nature and transition quickly as individuals find appropriate living arrangements. Estimated stays of 3-5 days.

5. **Medical Respite**
   - 20 beds available to provide recuperative care to people experiencing homelessness who are too sick to return to the streets, but do not require hospital-level care. Estimated stays of 5-10 days.

6. **Mental Health Supportive Housing (Formerly Safehaven)**
   - 32 beds that are not co-located, but are available to provide transitional housing in single room occupancies for people with serious mental illness. Estimated stays of 3-12 months.

7. **Mental Health Apartment Unit**
   - 30 units on-site with a diversion, rehabilitation and re-entry rent for people with serious mental illness.
How do we functionally integrate Hospital to Home beds into the homeless response system to ensure access, throughput, and housing stabilization for persons experiencing homelessness and in need of acute mental health treatment and stabilization?
Step 1

Focus on Hospital to Home (H2H) Access Pathway for Unsheltered PEH

Unsheltered Homeless Persons with Acute Mental Health Crisis

Homeless Outreach Teams

Unsheltered Homeless Outreach Teams

Harris Center Outreach Teams

Mental Health Hospitalization or Crisis Unit

24 Hospital to Home Beds

Higher Levels or Care or PSH

These clients are largely already prioritized for PSH and highly visible on the streets.

Noted that direct access to Harris Center staff is found to ensure entry into programming. Must define and account for this access point.

Concern that the unsheltered population is not prioritized for the H2H beds despite having access to a PSH bed and they will remain on the street or return to the street.

Possible Solutions:
- Prioritize everyone in H2H beds who qualifies for a PH intervention
- Prioritize H2H beds for PSH level clients
### Data Analysis of Open Door Mission Mental Health COVID Respite Operated by Harris Center

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### Conclusions

- **Harris Center is a critical access point for** homeless persons needing acute mental health care and this overlap in care has historically been largely unknown given the lack of stabilization beds like Hospital to Home.

- Open Door data sample reveals a more stratified population seeking acute crisis services and needing long-term stabilization before a permanent housing option is available/appropriate.

- To allow individuals to remain in these specialized beds for longer than necessary will slow turnover and make fewer beds available for our most acute on the streets.

- Prioritization of beds for most vulnerable patients is impractical and contrary to our advanced system vision.
Proposed Policy Adjustments to Functionally Integrate Hospital to Home Beds into The Way Home

1. Recognize the specialized nature of the Hospital to Homes beds and adjust CES prioritization policy to prioritize individuals in these beds for the permanent housing intervention their vulnerability score identifies. This will ensure timely turnover of these beds and maximize the beds for the most vulnerable while also reducing incidence of escalating vulnerability due to institutional cycling.

Questions?
Request for CoC Steering Committee Agenda Item

1. Brief Description of Proposed Item:

As part of the Strategic Planning Process & the rapid response to the COVID pandemic, The Way Home CoC has worked with partners to create a Homeless & Mental Health, Respite, Rehabilitation, & Re-entry Facility (R3). The R3 facility will be operated by the Harris Center for Mental Health & IDD & will complement the housing being provided through the Community-Wide COVID-19 Housing Program (CCHP).

R3 will provide vital beds & intense medical & rehabilitative programs to help stabilize clients, so that they can be permanently housed. It will also serve as a resource for homeless individuals suffering from severe mental health issues who are being released by the county jail & local hospitals back onto the streets. These are individuals that are highly vulnerable and have traditionally not been successful completing the housing process.

Since these individuals are largely already prioritized for permanent housing & highly visible on the streets, a Coordinated Access preference is needed to transition them from the R3 facility directly into permanent housing. Additionally, to allow individuals to remain in the specialized beds in RH for longer than necessary will slow turnover & make fewer beds available for our most acute on the streets. This resolution would adjust the Coordinated Entry System (CES) prioritization policy to prioritize individuals in these beds for the permanent housing intervention their vulnerability score identifies. This will ensure timely turnover of these beds and maximize the beds for the most vulnerable while also reducing incidence of escalating vulnerability due to institutional cycling.

2. Date of Steering Committee Meeting:

January 14, 2021

3. Proposed Committee Resolution:

The CES shall be adjusted to prioritize individuals in R3 for permanent housing according to their vulnerability score.

4. Approval of CoC Steering Committee Chair

Signature: ________________________________________________ Date: _________________________
The Community Plan
Community Plan Engagement

Houston/Harris, Fort Bend, & Montgomery Counties
Continuum of Care
Community Engagement Activities

Stakeholder Engagement

1) In-Person or Virtual – 40 meetings
2) Presented to the Steering Committee – at 7 Steering Committee meetings
3) Posted updated on The Way Home website through Steering Committee meeting materials
3) Posted draft and asked for feedback on The Way Home website
Community Engagement Activities

Stakeholder Engagement Sessions

1) Individuals – over 212 participants
2) Organizations – over 70 involved
3) People with Lived Experience – 35 participants
4) Service Providers – 96 participants
5) Community Partners – 50 participants
6) Public Systems – 31 participants
1. Brief Description of Proposed Item:

In April 2019, the CoC Steering Committee approved to embark on a new Five-Year Strategic Planning process. Since then, the Steering Committee has charged the Lead Agency, Coalition for the Homeless, and hired consultants, Housing Innovations, to create a data- and community-informed plan.

2. Date of Steering Committee Meeting:

January 14, 2021

3. Proposed Committee Resolution:

Adopt the attached Community Plan.

4. Approval of CoC Steering Committee Chair

Signature: ________________________________  Date: __________________________
THE WAY HOME’S COMMUNITY PLAN TO END HOMELESSNESS
2021-2026
Primary Authors

Howard Burchman is a founding partner of Housing Innovations, a strategic planning and training consultancy focused on homelessness systems.

Matt White is a senior associate with Housing Innovations.

The Coalition for the Homeless of Houston/Harris County leads in the development, advocacy and coordination of community strategies to prevent and end homelessness. The Coalition believes that we can create and sustain a community where homelessness is rare, brief, and non-recurring. Learn more at homelesshouston.org

The Coalition for the Homeless is the Lead Agency to The Way Home Continuum of Care, the collaborative effort to prevent and end homelessness in Harris, Fort Bend, and Montgomery counties, Texas. Learn more at thewayhomehouston.org
THE WAY HOME’S COMMUNITY PLAN TO END HOMELESSNESS 2021-2026

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  ❖ Address Racial Equity and Social Justice
  ❖ Expand Affordable Housing
  ❖ Prevent Homelessness
  ❖ Strengthen Crisis Response
  ❖ Refine Engagement Strategies for People Living Unsheltered
  ❖ Build Strong Cross-System Partnerships

Building on the work of Previous Plans
  ❖ End Chronic Homelessness
  ❖ Maintain an End to Veteran Homelessness
  ❖ End Family and Youth Homelessness

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[Note to readers: page numbers will be added after layout/design is finalized.]
Dear Fellow Houston area residents,

First, please allow me to express my appreciation to all those who collaborated on The Way Home’s Community Plan to End Homelessness: people with lived experience of homelessness, homelessness assistance providers, stakeholders, and public officials throughout The Way Home Continuum of Care.

We were in the beginning stages of the year-long planning process when the unthinkable happened: the Houston region, like communities worldwide, was hit by the coronavirus pandemic. As we all got to work to guard our community against the threat posed by COVID-19, we asked ourselves: how can we protect people experiencing homelessness? How can they “stay home, stay safe” if they have no home?

Fortunately, our years of experience and early concepts for this very plan held the answers: permanent housing is not only the best, most cost-effective solution to homelessness, it is also the most effective public health response to reduce community spread of a highly contagious disease among people experiencing homelessness as well as the surrounding community.

If there has been one silver lining of the coronavirus pandemic, it has been the additional federal resources that have been directed to our region. In contrast with other cities across the country that spent their COVID-19 response funds on temporary solutions like hotels, The Way Home CoC chose to accelerate our work to provide permanent housing. We call this effort the Community COVID Housing Program (CCHP). The new funding streams will allow our community to make big advances in ending homelessness, to limit the adverse impacts of the coronavirus pandemic, and make us more resilient when the next disaster hits.

Make no mistake, homelessness was a public health crisis before the pandemic. The pandemic has only shed a light on how unsafe it is for people to live on the streets and in encampments — and that will remain true even after the pandemic has ended. That is why the strategies in the following pages — to end both unsheltered homelessness and homelessness more generally — are so important.

I thank you for your commitment to these shared goals. We know we can make homelessness rare, brief, and non-recurring, but no one agency can achieve that working alone. And, if there was ever any doubt about the power of collaboration, surely our work together this year to protect some of our most vulnerable neighbors from COVID has proven yet again what we can achieve when we work together.

I encourage you to review our Plan and join us in the fight to end homelessness.

Sincerely,
Tom McCasland
Chair, Steering Committee, The Way Home Continuum of Care
Director, City of Houston Housing and Community Development Department
Our Progress Since 2012

In 2012:

Houston had the 6th largest population of people experiencing homelessness in the U.S.

People experiencing chronic homelessness comprised 25% of the population of people experiencing homelessness and used 75% of the public resources.

$103 million was spent annually on fewer than 1,500 people experiencing chronic homelessness.

Half of those living on the street used emergency rooms as their primary healthcare provider.

The life expectancy of a person experiencing unsheltered homelessness was reduced by 25 years.

20% of youth experiencing homelessness did not attend school.

Services offered were hard to access.

*Figure 1. System Access Prior to The Way Home*

Homeless funding was not sufficient nor coordinated and did not have a true impact.

*Figure 2. System Funding Prior to The Way Home*
Since 2012, homeless service agencies, local governments, public housing authorities, the local Veterans Affairs Medical Center, and other nonprofits and community stakeholders have been working together to refine their programs, practices, and policies so the greater Houston region can provide permanent housing and wrap-around supportive services to as many individuals and families experiencing homelessness as possible.

We designed a coordinated homeless response system with strategic investments, by matching resources to the need, and by creating quality affordable housing and stabilizing services.

We created a Coordinated Access System, a new and more efficient delivery system that prioritizes the most vulnerable individuals for housing, to quickly end homelessness for individuals and families.

We created a new system of governance with the creation of the Steering Committee, providing board-like governance and leadership for homeless initiatives and ensuring coordination and alignment. The committee includes key stakeholders such as local funders, policymakers, community service providers, and people with lived experience.

We made firm commitments to the Housing First model. People experiencing homelessness are moved into permanent housing as quickly as possible and then provided with supportive services (e.g., case management, healthcare, substance use counseling, income coaching, and more) to help them remain stabilized in housing and improve their quality of life.

We created a coordinated planning and implementation structure with sub-committees and working groups.
We branded our CoC as “The Way Home,” the collaborative effort to prevent and end homelessness in Houston, Pasadena, Harris County, Fort Bend County, and Montgomery County, Texas.

**Figure 3. System Impact After Implementing The Way Home Design**

Successes to date

Based on Point-in-Time Count data from 2011 to 2020, overall homelessness has decreased by 54% in Harris, Fort Bend, and Montgomery counties.\(^1\)

Since 2012, more than 20,000 people have been housed with an 84% success rate.

By demonstrating collaborative impact and community success in HUD’s Continuum of Care (CoC) funding competitions, we increased CoC funding from $25 million to $42 million to support efforts to end homelessness.

We declared an effective end to Veteran homelessness.

We have created 2,500 new units of permanent supportive housing (PSH).

---

\(^1\) Data for the 2020 Point-in-Time Count was collected in January 2020, prior to the COVID pandemic reaching the Houston region.
We established robust relationships with local Public Housing Authorities to prioritize people experiencing homelessness for rental assistance and to engage their services in providing homeless assistance.

*Figure 4. Historical Trends in Point-in-Time Counts*

Since 2011, our CoC has seen a dramatic decrease in homelessness as measured through the annual Point-in-Time count. After a consistent downward trend, the Way Home CoC saw a slight increase in homelessness in 2018 as a result of Hurricane Harvey, but the general trend has been a decrease in the population of people experiencing sheltered homelessness. The population of people experiencing unsheltered homelessness also experienced a decline through the 2011-2016 time period but in recent years has seen a 50% increase along with increased public visibility of homeless encampments.
Overview of the Community Plan

On any given night in the greater Houston region, nearly 4,000 of our most vulnerable community members are experiencing literal homelessness — and, sadly, the coronavirus pandemic may result in an increase. This is unacceptable, especially in the Houston region, where we pride ourselves on our generosity and our “can-do” attitude. Fortunately, we have proven strategies to end homelessness.

This document lays out our ambitious but achievable plan for the next five years.

Our plan

This Community Plan updates The Way Home Continuum of Care (CoC)’s 2015 and 2017 Plans. It builds off the accomplishments of those efforts, addresses emerging issues such as the rise of unsheltered homelessness, and seeks to mitigate the devastating (and, as of yet, not fully known) impacts of the coronavirus pandemic.

The updated Community Plan includes nine goals including three that build upon previous progress in reducing chronic homelessness, effectively ending Veteran homelessness, and reducing family and youth homelessness. As noted in the previous section, previous efforts also established a new governance structure for the CoC and an effective program of Coordinated Access that has woven together a range of services available to people experiencing homelessness into a coordinated and comprehensive effort.

However, challenges remain, including most notably an increasing number of people experiencing unsheltered homelessness.

Impact of COVID

This planning effort was underway when the Houston area — like the rest of the country and the world — was hit with the coronavirus pandemic. As a result of the public health crisis, new federal resources were made available to local governments. The Way Home CoC seized this opportunity to adopt a rehousing strategy to offset the potential increase in homelessness likely to arise from the pandemic and its economic effects. This strategy, called the Community COVID Housing Program, or “CCHP,” is funded with $65 million in combined federal, state, and philanthropic resources to support COVID response efforts in Houston and Harris County. These resources are expected to help 5,000 people experiencing homelessness, with benefits to the surrounding communities of Fort Bend County and Montgomery County, which are also part of the CoC.

Goal and guiding principles

The guiding principles for the plan include:
- Ending homelessness
• A person-centered approach
• Accountability

Challenges ahead

Despite the substantial successes of The Way Home CoC in addressing homelessness and its consequences, unsheltered homelessness is trending as an increasingly larger share of all homelessness since 2017. This is consistent with trends across the country as well. Unsheltered homelessness has devastating impacts on the people who experience it as well as on the surrounding community. The visibility of people living in outdoor encampments also impairs The Way Home CoC’s ability to maintain public support for the evidence-based strategies that have been shown to be effective.

The strategies in this updated plan are designed largely to address unsheltered homelessness; however, the same strategies are foundational to any effective plan to end homelessness among all experiencing it. The strategies focus on rapid placement into permanent housing, addressing supportive services needs to sustain housing, and targeting homeless assistance toward those with the greatest needs.

Our goals

The Community Plan has nine goals, all based on system data and community input: six new goals focused on components of the homeless response system and three goals that carry forward the work from previous plans to address the needs of specific groups such as families, youth, Veterans, and people experiencing chronic homelessness.

Our new goals are:

- Address Racial Equity and Social Justice: Address historical inequities and build opportunities for justice among system partners and participants.
- Expand Affordable Housing: Connect people to permanent housing with appropriate services to help them maintain housing.
- Prevent Homelessness: Focus on preventing people from entering homelessness because of discharges from healthcare, child welfare, or criminal justice systems.
- Strengthen Crisis Response: Identify and engage people experiencing homelessness and connect them to low-barrier crisis housing while developing long-term housing strategies.
- Refine Engagement Strategies for People Living Unsheltered: Balance the need to maintain community access to and use of public spaces while recognizing that there is a critical gap in crisis housing that leaves insufficient alternative appropriate avenues for shelter.
- Build Strong Cross-System Partnerships: Strengthen connections with system partners necessary to accelerate housing placements and improve their sustainability.
Building on the work of previous plans, we also seek to:

- End Chronic Homelessness
- Maintain an End to Veteran Homelessness
- End Family and Youth Homelessness

With the more than 100 agencies of The Way Home Continuum of Care working together toward these shared goals, we are confident that we will make great strides toward making homelessness rare, brief, and non-recurring in Harris, Fort Bend, and Montgomery counties by 2025.
Definition of Homelessness

People experiencing homelessness generally fall into four broad categories:

1. **Literal Homelessness.** People are considered to be experiencing “literal homelessness” if they are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided and were homeless prior to entry.

2. **Imminent Risk of Homelessness.** People are considered to be “at risk of homelessness” if they are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within the next 14 days and lack resources or support networks to remain in housing.

3. **Homelessness Under Other Federal Statute.** Families with children or unaccompanied youth who are unstably housed and likely to continue in that state including those people who are doubled up in other people’s homes because they lack a home of their own are not considered to be experiencing homelessness by the U.S. Department of Housing and Urban Development (HUD) and are not eligible for its homeless assistance. These same families are, however, considered to be experiencing homelessness by the U.S. Department of Education and are eligible for additional educational services and supports.

4. **Fleeing/Attempting to Flee Domestic Violence.** Additionally, people who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing are considered by HUD to be experiencing literal homelessness.

The Way Home Continuum of Care is focused on offering services to people who are experiencing homelessness as defined by HUD. The definition affects who is eligible for various HUD-funded homeless assistance programs. Following guidance from HUD, our CoC prioritizes service to the first and last categories of people experiencing homelessness because they are the most vulnerable.
Shared Values and Guiding Principles

The Way Home CoC is committed to the following values and principles:

Ending Homelessness

- The Way Home CoC is committed to ending homelessness in the greater Houston region.
- “Ending homelessness” means preventing it when possible and ensuring homelessness is rare, brief, and one-time when not preventable.
- Ending homelessness requires coordination across public and private sectors and for systems, organizations, and programs to align their goals and strategic actions.
- Ending homelessness must include the following:
  - preventing entries into homelessness;
  - providing adequate outreach and crisis services;
  - ensuring that low-barrier emergency shelter or bridge housing options are accessible by all people; and
  - connecting people to permanent housing with appropriate financial supports and services to ensure their success.

A Person-Centered Approach

- We must rebuild the homeless response system to be anti-racist. Racist policies impact who experiences homelessness and these policies must be dismantled as we work to address homelessness.
- Ending homelessness must include active engagement of people with lived experience.
- Crisis services and housing supports must be delivered in a human-centered, trauma-informed manner that respects the inherent value and honors the dignity of every individual regardless of race, ethnicity, age, disability status, gender identity, familial status, or citizenship status, or if they are fleeing or attempting to flee domestic violence, sexual assault, or human trafficking.

Accountability

- The voices of people with lived experience of homelessness are critical and included in every aspect of planning, decision-making, and activities undertaken by the Continuum of Care. We as a system must be accountable for this input because it is a key to our success.
- The plan will align with existing plans created by other regional partners.
- The plan will be adjusted as necessary to reflect changing needs and resources.
Achieving an Optimized System

The Way Home has modeled an optimized system in which homelessness is rare, brief, and one-time. That optimized system then informs the specific actions and strategies included in this Community Plan. Coalition staff and consultants used homelessness data to model service gaps and new resources and strategies to effectively end homelessness in The Way Home CoC. (Specific optimization assumptions are included in Appendix B of this Plan.)

Data inputs included in the modeling analysis include Point-in-Time (PIT) counts from 2020, Housing Inventory Chart (HIC) for The Way Home from 2020, annualized prevalence counts generated from the Homeless Management Information System (HMIS), and system performance data describing the pathways of people who move through the crisis response system.

To achieve the goals of this Community Plan, the homeless response system will require an estimated configuration of service slots, housing placements and beds and units as identified in Figures 5 and 6. The impact of new beds and units resulting from the Community COVID Housing Program (CCHP) investments (e.g. Emergency Solutions Grant – Corona Virus [ESG-CV] and Community Development Block Grant – Corona Virus [CDBG-CV]) are reflected in the figures for future years.

**Figure 5. Current Gaps for Single Adults & Youth**

<table>
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<th>Program Component Types</th>
<th>Current System for Individuals (Units)</th>
<th>Estimated Optimal System for Individuals (Units)</th>
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<td>Rapid Rehousing</td>
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<td>Bridge to Permanent Supportive Housing</td>
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<td>Permanent Supportive Housing</td>
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**Figure 6. Current Gaps for Families**

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<th>Estimated Optimal System for Individuals (Units)</th>
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</table>
Goal: Address Racial Equity and Social Justice

People of color are disproportionately overrepresented in the homeless system. The homeless response system may not be the primary cause of these disturbing levels of inequity; however, it has an important role to play in addressing them and must ensure that it does not perpetuate injustice. The Way Home CoC, while working to end homelessness for everyone, must ensure system policies, programmatic practices, and unconscious bias are not preventing or delaying people of color from accessing services, or directing them to services not of their choosing. As we transform the homeless response system, we must ensure all people, especially people of color, have equitable access and opportunity.

Strategy 1: Analyze the system data. Examine selected homeless response system policies, procedures, and related data to identify areas to improve equitable access and use of homelessness assistance and to serve as a template for further community-wide conversations.

Strategy 2: Plan. Create a plan to move forward on racial equity work. The plan must include system and programmatic actions that can be monitored and adjusted to improve and sustain equity. This plan should be informed by a racial equity audit of The Way Home CoC’s member organizations and their current state of diversity. It should also include common values and goals collectively decided upon and shared by all of The Way Home’s member organizations.

Strategy 3: Include People with Lived Experience in a meaningful way. Ensure that people with lived experience are included at all levels of system planning conversations and have active and supported participation in positions of leadership.

Strategy 4: Hire. Promote hiring and retention practices to further diversify system staff at all levels to better reflect populations served. Track results of hiring practices to ensure diversity and inclusion are expanded. Encourage agencies to ensure that diverse staff are not limited to designated entry-level positions but can access the full range of organizational leadership positions.

Strategy 5: Educate. Institute standardized cultural humility and anti-racist trainings on cultural humility for The Way Home CoC programs and system partners. A cultural humility approach can increase the ability to see from each other’s viewpoints, understand each other’s backgrounds, and ultimately work together more respectfully and collaboratively.

Figure 7. Racial Equity Analysis in 2020
Systemic racial bias and injustice have contributed to the continuous overrepresentation of specific racial and ethnic communities in the homelessness service system. Additionally, people of color, people with disabilities, and young people who identify as lesbian, gay, bisexual, or transgender are disproportionately represented among people who experience homelessness in the greater Houston area. People who identify as Black or African American are disproportionately represented in the homeless population (60%) compared to their proportion of the general population (23%) and the poverty population (28%).

Note: The specific sequence of the strategies presented here and throughout the Plan does not necessarily reflect their relative importance nor the order in which they will be implemented.

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2 The Houston MSA consists of 9 counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller. The CoC consists of the Cities of Houston and Pasadena as well as Fort Bend, Montgomery and Harris Counties.
Goal: Expand Affordable Housing

It is important to connect people to permanent housing with the right level of services to ensure their success. Housing options must be flexible, client-centered, easily accessible and paired with support services necessary to help clients remain in housing for the long-term. Returning to homelessness after a housing placement is re-traumatizing for the families and an inefficient use of assistance resources.

Strategy 1: Permanent Supportive Housing. Expand the supply of PSH to meet the current total system gap of 1,900 units for single adults and youth.

Strategy 2: Rapid Re-housing. Expand the annual supply of RRH to meet the current system gap of 1,165 annual slots for single adults, families, and youth.

Strategy 3: Landlord engagement. Provide rehousing navigation support by recruiting and retaining a reliable supply of landlords and rental units.

Strategy 4: Moving On. Implement a “moving on” strategy, targeting up to 20% of current PSH residents for transition to general population affordable housing, thus freeing up PSH for new tenants.

Strategy 5: Leverage Affordable Housing. Establish, support, and use all available homeless preferences for affordable housing resources and assets available through public housing authority (PHA) properties, multi-family developments, and Low-Income Housing Tax Credit developments.
Goal: Prevent Homelessness

To prevent people from falling into homelessness, public systems for justice, anti-poverty, prevention, health (including behavioral health), child welfare and affordable housing must use data to identify how people are falling into homelessness and target prevention strategies and policies to address these areas.

The Way Home CoC should continue to analyze mainstream system data to understand involvement of people experiencing homeless in public systems before they fell into homelessness. Then, the CoC can use that information to help those systems understand how they are contributing to homelessness and to advocate that they better plan for and engage people who are likely to fall into homelessness upon leaving. Strategies for improving planning and coordination to prevent other systems of care from discharging participants with no housing options are discussed below.

Strategy 1: Coordinated Access. Provide specialized support materials and training to strengthen outreach and entry points. Refine triage and intake protocols for Coordinated Access referral partners – hospitals, criminal justice, faith community, and schools – to ensure community partners understand what resources are available to people experiencing a housing crisis and how to make referrals. Strengthen family violence risk-assessment protocols for all households seeking crisis services to ensure limited shelter resources are directed to highest-need households.

Strategy 2: Diversion. Leverage Diversion/Problem-solving programs developed with CCHP funding to provide ongoing, system-wide diversion and rapid resolution for all people experiencing a housing crisis at the initial point of entry into Coordinated Access. Ensure Diversion assistance continues to use flexible financial assistance and housing-focused case management to prevent literal homelessness. Evaluate the effectiveness of this intervention and use that knowledge to scale up Diversion across the CoC.

Strategy 3: Targeted Homelessness Prevention. Provide specialized outreach and engagement services targeted to highest-risk populations and geographies to ensure people and communities at highest risk for homelessness are engaged with housing supports before experiencing literal homelessness. Target populations should include people who previously exited the homelessness system with housing supports and are at risk of returning to homelessness.

Strategy 4: Prevention Practice Standards. Develop standardized programmatic guidance for the delivery of homelessness prevention assistance. Guidance should include baseline standards for housing-focused case management, strengths-based service planning and delivery, and effective strategies for reducing barriers to housing retention. All homelessness prevention efforts should be tracked in the Homeless Management Information System (HMIS).
Strategy 5: Discharge Planning. Engage in discharge planning with mainstream system providers such as behavioral health, physical health, criminal justice, juvenile justice, and child welfare. Work with mainstream partners to identify appropriate housing opportunities for discharged people so that crisis housing and shelter are not used as a temporary housing placement strategy.
Goal: Strengthen Crisis Response

All populations of people experiencing a housing crisis benefit from a reliable safety net of shelter where basic needs can be addressed and where they can get on the path to finding and securing permanent housing. A Crisis Response is focused on identifying and engaging people experiencing homelessness and connecting them to crisis services and temporary shelter options. Unsheltered people are especially vulnerable without access to safe, low-barrier crisis shelter.

People experiencing unsheltered homelessness are at great risk of continued harm due to higher rates of morbidity and mortality resulting from pre-existing health conditions, exposure to the elements, lack of access to healthcare, and elevated rates of hospitalizations with longer, more complex hospital stays.

Long periods of living without shelter put individuals at greater risk for negative health outcomes, premature death, greater social dislocation, and isolation, and increase the chances of victimization. The process of resolving unsheltered homelessness is much more complicated and takes longer compared to that for people receiving crisis shelter. And, importantly, the visibility of people living in encampments impairs The Way Home’s ability to maintain public support for the most effective evidence-based strategies for all people experiencing homelessness.

Strategy 1: Outreach. Expand the number of outreach teams and staff to ensure appropriate coverage to all geographies throughout The Way Home CoC. Coordinate outreach teams to ensure standardization of outreach practices, schedules, and engagement strategies across all outreach efforts.

Strategy 2: Navigation/Engagement Center. Expand crisis housing response to include a navigation/engagement center for the most vulnerable unsheltered people who require specialized services to address comorbidities of mental illness, substance use disorders, chronic health conditions and prolonged social dislocation.

Strategy 3: Reduce Barriers. Reduce barriers to existing crisis services by easing sobriety requirements and by easing restrictions that inhibit access for people with untreated behavioral health issues, couples, people with support animals, people of non-binary gender identity, and people needing extra space for storage of their belongings.

Strategy 4: Special Populations. Ensure expanded crisis housing capacity is accessible and targeted to special populations for whom there are not enough beds in current shelters. Target groups include single people experiencing mental illness, developmental disabilities, and chronic health conditions. Crisis housing should be low barrier, enabling immediate access without preconditions such as requiring engagement in treatment, employment, or services.
Strategy 5: Housing-Focused Case Management. Leverage person-centered, housing-focused case management with enhanced training in evidence-based best practices (e.g., trauma-informed, critical time intervention, motivational interviewing, and housing first strategies) for service delivery.

Figure 8. PIT Counts 2017-2020
Goal: Refine Engagement Strategies for People Living Unsheltered

The Way Home CoC must support inclusive, person-centered practices that support the rights of all people to use and benefit from public spaces including parks, transportation centers, sidewalks, and highway underpasses. Preserving these rights is primarily the responsibility of City and County government agencies. When access to safe shelter or housing is not available for everyone who needs it, people who are unhoused have few options other than living in public spaces — meaning that their having to live in public spaces is not their fault.

As The Way Home CoC is scaling up capacity for crisis response and housing, acknowledging the needs of people who are unsheltered is critical to ensuring their health and well-being, to the extent possible while they remain unsheltered. The Way Home CoC will continue its inclusive approach to public space management with non-punitive policies.

**Strategy 1: Engagement Focus.** Undertake proactive, non-punitive responses to outreach, which are critical when there are high numbers of people who are unsheltered.

**Strategy 2: Hire people with lived experience.** Consider people with lived experience for all available positions, especially as peer support staff to accompany first responders in engaging people in encampments and encouraging them to enter permanent housing.

**Strategy 3: Engagement Protocol.** Work with our government partners to create a coordinated agreement upon a cross-jurisdictional protocol for addressing encampment strategies. Encampments pose a serious and significant danger to those who are unhoused.
Goal: Build Strong Cross-System Partnerships

Homeless assistance is generally the assistance of last resort for households in extreme poverty with few resources of their own and limited connections to others who could offer temporary, emergency support. Additionally, when other systems of care (e.g., hospitals, behavioral health settings, child welfare, and criminal justice) are unable to address the reasons why people cannot stay housed, people have no alternative than turning to the homeless response system.

It is also understood that housing, while essential to quality of life, is a critical but not the only need of people experiencing homelessness. Without adequate income and supportive services and without structure and purpose in life, people can have great difficulty in sustaining housing placements.

Strategy 1: Affordable Housing. Actively support efforts to increase the availability of — and greater access to — safe and affordable rental housing to meet the needs of individuals and families who are experiencing homelessness or are at imminent risk of homelessness.

Strategy 2: Alignment. Align strategic planning efforts, task force initiatives and planning committees across all system partners, including all counties, cities, faith community, philanthropic and business sectors.

Strategy 3: Criminal Justice. Support development and implementation of a common release of information and information exchange protocol across systems to support coordinated interventions for justice-involved individuals. Improve standardization of system screening tools to identify justice-involved individuals who are at-risk of homelessness or are experiencing literal homelessness and triage them to an appropriate housing intervention.

Strategy 4: Employment. Develop standardized screening tools and related protocols for identifying employment-related needs and connecting individuals to the right community-based services.

Strategy 5: Benefits. Ensure system staff are trained and capable of helping clients access benefits through SSI/SSDI Outreach Access and Recovery (SOAR) and expedited social security applications.

Strategy 6: Healthcare. Strengthen partnerships with the state to increase access to healthcare and supportive services. Improve data sharing across providers and systems to facilitate continuity of care and integrated service delivery.
Building Upon the Previous Plan

Changing the Path for Houston’s Homeless, The Way Home CoC’s Community Plan initiated in 2014 and updated in 2017, is a foundational document that continues to inform and drive planning efforts for the crisis response system in The Way Home CoC. Existing strategies and action items from that planning process are carried forward in this updated Community Plan and refreshed with more recent data and community input. The new goals and strategies focus on transforming the entire system with improved programmatic and service delivery elements. The previous goals and strategies focus on specific populations. Any subpopulation not explicitly mentioned in this Community Plan will experience the benefits of a transformed system that addresses the crisis needs of all people and accelerates access to sustainable permanent housing results for everyone.
Goal: End Chronic Homelessness

CoC Progress

Since 2015, The Way Home CoC has successfully placed 3,404 people who were experiencing chronic homelessness into Permanent Supportive Housing – an average placement of 567 people/year. Additionally, during the same period, another 2,674 people experiencing chronic homelessness were able to move from PSH to other permanent housing. The Way Home CoC accomplished these great achievements with targeted outreach, differentiated service models and a pipeline of housing options. From FY 2015 through FY 2020, a total of 6,978 people experiencing chronic homelessness were either placed in Permanent Supportive Housing or were able to move to other permanent housing.

The task at hand

People who are experiencing chronic homelessness consume disproportionally high levels of emergency and crisis resources including health care, behavioral health resources, and criminal justice. Multiple studies have documented that permanent housing is more cost-effective than the use of emergency resources.

The Way Home seeks to continue the work to achieve an effective end chronic homelessness. Ending chronic homelessness would mean making sure that people who are experiencing chronic homelessness have year-round, low-barrier access to emergency shelter, sufficient access to critical health and behavioral health services and support in accessing and maintaining stable housing.

Given the current inventory, including the infusion of CCHP resources and development pipeline of expected new PSH targeted to people experiencing chronic homelessness, it is estimated that The Way Home CoC could achieve an effective end to chronic homelessness by 2022. However, it is also estimated that some single adults experiencing non-chronic homelessness will continue to require PSH each year due to their severe service needs, ongoing disabilities, and barriers to housing stability.

Strategy 1: Outreach. Further develop a collaborative outreach approach to better track, target, and ensure comprehensive, efficient, and effective delivery of outreach and permanent housing assistance for people experiencing chronic homelessness. Use the Coordinated Access system to identify housing need and placement. Identify and prioritize people who are experiencing chronic homelessness for existing PSH.

Strategy 2: PSH. Increase PSH capacity and targeting to fully meet the need among disabled single adults experiencing chronic or long-term homelessness who need long-term housing and service supports to quickly and successfully secure and maintain safe housing. Lower barriers to PSH by easing enrollment restrictions related to criminal history.
Strategy 3: Services. Expand partnerships with behavioral health treatment services through the Harris Center (our local mental health authority) and other state and local behavioral health providers to ensure PSH units are paired with adequate support services.

Figure 9. Annual PIT Trends for People Experiencing Chronic Homelessness

source: The Way Home CoC PIT Counts
Goal: Maintain an End to Veteran Homelessness

CoC Progress

In June of 2015, Houston became the largest city in the U.S. to effectively end Veteran homelessness.

The task at hand

The Way Home CoC is committed to maintaining an effective end to homelessness among Veterans. Ending Veteran homelessness means maintaining stable housing for Veterans who previously experienced homelessness and maintain the capacity to offer temporary shelter and permanent rehousing to any Veteran who loses their housing. The current system ensures Veterans who are experiencing literal homelessness have individualized re-housing assistance. Additional system improvements are needed to ensure this state is maintained for the long-term. Having ended homelessness among Veterans provides important evidence and practices to inform efforts to end homelessness among other populations.

Strategy 1: Coordinated Access. Continue making refinements to Coordinated Access processes to ensure Veterans are identified and connected to available Veteran-specific resources within 30 days.

Strategy 2: High Need Veterans. Target HUD-VASH resources to Veterans with the highest need and highest-scoring vulnerability, even when no Veterans meet the chronic status eligibility requirements. Ensure utilization of all HUD-VASH vouchers allocated to the CoC geographic area.

Strategy 3: SSVF. Target SSVF resources to all eligible Veterans who are not otherwise prioritized for HUD-VASH.

Strategy 4: GPD. Leverage reconfigured GPD programs with flexible service models necessary to maintain functional zero status for Veterans. Assess whether the range and scope of GPD-funded housing meets current Veteran housing need and reprogram to permanent housing wherever possible. Make the GPD “Bridge to Permanent Housing” more accessible to the Veterans the program is intended to serve.

Strategy 5: Quality Data. Ensure collaboration with VA to fully use the HMIS system for data and reporting. Export data from VA HOMES (Homeless Operations Management and Evaluation System) into HMIS for HUD-VASH to include required universal data elements. Collaborate with the VA to ensure that Veteran referrals sent through HMIS are prioritized for placement.

Figure 10. Annual PIT Trends with Veterans
source: The Way Home CoC PIT Counts
Goal: End Family and Youth Homelessness

*CoC Progress*

The Way Home CoC has been extremely successful in securing additional resources to address the needs of those experiencing homelessness as a result of domestic violence or abuse.

*The Task at hand*

The Way Home CoC seeks to achieve an effective end to homelessness among families with children and pregnant women, especially people fleeing or attempting to flee domestic violence, sexual assault, and human trafficking.

At present, there are not always crisis beds available for families when they need them; however, this is not the result of an inadequate supply of shelter beds. This is a result of a lack of permanent housing units available to families, which means families often stay in crisis shelter longer, reducing turnover. The solution is not to expand the number of crisis beds but instead to increase permanent housing.

These resources as outlined in Figure 6 would be sufficient to address family homelessness need based on incidence pre-COVID pandemic. It is too soon to assess long-term impacts from the public health emergency.

**Strategy 1: Coordinated Access.** Leverage Coordinated Access to make temporary resources available more quickly. Increase the number of places where people fleeing domestic violence can be assessed for a housing intervention. Young people and people fleeing domestic violence require increased options for access with assessment approaches built on minimizing risk and increasing safety.

**Strategy 2: High Need Families.** Understand why some families stay in shelter longer and develop solutions to address extended shelter tenure.

**Strategy 3: Housing Services.** Expand RRH capacity according to needs identified in gaps analyses. Incorporate analysis of specific subpopulations such as families fleeing domestic violence and families with multiple barriers such as past evictions, felony records, and open child welfare cases.

**Strategy 4: Domestic Violence.** Develop specialized diversion interventions (i.e., problem-solving strategies) for families fleeing domestic violence that accounts for safety and associated risks.

*Figure 11.* Annual PIT Trends for Families
source: The Way Home CoC PIT Counts
Next Steps

The vision and related goals in this Community Plan serve as a common direction for our efforts to continually improve and optimize our response to homelessness in The Way Home. While we expect the vision and goals to remain relatively constant, many of the strategies included in this Community Plan will evolve over time as they are achieved or when modifications are necessary based on lessons learned, new conditions or capacity to act changes. The Way Home Continuum of Care, with the Coalition for the Homeless as the lead agency, will work with partners to annually assess progress, update the strategies, and periodically revisit goals as we learn and develop more effective and systemic solutions to end homelessness.

Progress in achieving an effective end to homelessness – where The Way Home CoC prevents homelessness when possible, and ensures homelessness is rare, brief and non-recurring when not preventable – will require active participation of all CoC member agencies. Work groups of The Way Home will now work with the Coalition to operationalize the stated goals to achieve success over the next five years. Progress will be communicated to The Way Home CoC stakeholders clearly, transparently, and frequently to ensure we hold ourselves accountable to the goals and strategies we have committed ourselves to.

We are committed to achieving the goal of preventing homelessness whenever possible, or otherwise ensuring it is rare, brief, and one-time. With strategically directed resources, community support and effective leadership we can achieve these ambitious goals.
Appendix A: Acknowledgements

The Coalition for the Homeless of Houston/Harris County, in partnership with Housing Innovations, wishes to thank people with lived experience of homelessness, homelessness assistance providers, stakeholders, and public officials throughout The Way Home Continuum of Care for their commitment to identifying practical and implementable solutions to prevent and end homelessness in our community.

Community Voices

Over the course of the yearlong planning process, the Coalition and/or consultants from Housing Innovations engaged in conversations with the following agencies to solicit their feedback on this Plan.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Organization</th>
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<tbody>
<tr>
<td>AIDS Foundation Houston</td>
<td>Magnificat Houses, Inc.</td>
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<td>Alliance of Community Assistance Ministries</td>
<td>Memorial Assistance Ministries</td>
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<td>Amerigroup</td>
<td>Michael E. DeBakey VAMC</td>
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<td>Asset Building Network, Inc.</td>
<td>Midtown Management District</td>
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<td>Avenue 360 Health &amp; Wellness</td>
<td>Montgomery County Community Development Department</td>
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<td>Bank of America</td>
<td>Montgomery County Women's Center</td>
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<td>Bay Area Homeless Services</td>
<td>Montrose Center</td>
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<tr>
<td>Career and Recovery</td>
<td>New Hope Housing, Inc.</td>
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<td>Catholic Charities</td>
<td>NHP Foundation</td>
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<td>Central Houston</td>
<td>Open Door Mission</td>
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<td>City of Houston Housing and Community</td>
<td>Pasadena Community Development</td>
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<td>Development Department</td>
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<td>City of Houston Mayor's Office</td>
<td>Rockwell Fund Inc</td>
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<td>Clutch Consulting</td>
<td>Salvation Army Center of Hope</td>
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<td>Corder Place Apartments</td>
<td>Santa Maria Hostel</td>
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<tr>
<td>Covenant House Texas</td>
<td>Sarah's House</td>
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<td>Fort Bend County Community Development</td>
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<td>Fort Bend Women's Center</td>
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<td>Gulf Coast Workforce Board</td>
<td>Temenos Community Development Corporation</td>
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<tr>
<td>Harmony House, Inc.</td>
<td>The Beacon</td>
</tr>
<tr>
<td>Harris County Budget Management Department</td>
<td>The Bridge Over Troubled Waters, Inc.</td>
</tr>
<tr>
<td>Harris County Community Services Department</td>
<td>The Harris Center</td>
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The Way Home's Community Plan to End Homelessness (2021-2026) | Final Text for Approval

The Way Home Steering Committee Members
(as of December 2020)

Officers:
Chair - Tom McCasland, City of Houston Housing & Community Development Department
Vice Chair - Barbie Brashear, Harris County Domestic Violence Coordinating Council
Secretary - Don Titcombe, Rockwell Fund

Fixed Position Representatives:
Daphne Lemelle, Harris County Community Services Department
Dr. Joanne Ducharme, Montgomery County Community Development
Horace Allison, Harris County Housing Authority
Marilynn Kindell, Fort Bend County Community Development
Mark Thiele, Houston Housing Authority
Melissa Quijano, City of Pasadena Community Development

At-Large Representatives:
Dr. Sarah McArthur, Michael E. DeBakey VA Medical Center
Jennifer Herring, Harris County Sheriff’s Office
Kelly Opot, Harris County Youth Collective
Mike Temple, Houston Galveston Area Council
Dr. Roberta Scott, Houston Independent School District
Scott Rule, The Harris Center
Tracey Burdine, Harris Health System
**Provider Representatives:**
Preston Witt, Harmony House
Sharon Zachary, Alliance of Community Assistance Ministries

**Consumer Representatives:**
Gregory Dread
Nakia Sims

**People with Lived Experience:**
Throughout the planning process for the updated Community Plan, Coalition for the Homeless staff and consultants supporting the Plan engaged people with lived experience of homelessness to inform the design of Values, Guiding Principles, Goals and Strategies. Their feedback was instrumental in the design of the plan, the language used to describe the approach, and the implementation direction needed to execute the Plan.
Appendix B: An Optimized System

The Way Home has modeled an optimized system in which homelessness is *rare, brief, and one-time*. That optimized system then informs the specific actions and strategies included in this Community Plan. Coalition staff and consultants used homelessness data to model service gaps and new resources and strategies to effectively end homelessness in The Way Home.

Data inputs included in the modeling analysis include Point-in-Time (PIT) counts from 2020, Housing Inventory Chart (HIC) for The Way Home from 2020, annualized prevalence counts generated from the Homeless Management Information System (HMIS), and system performance data describing the pathways of people who move through the crisis response system.

Modeling assumptions include optimizing the system with the following improvements:

- All unsheltered people are provided engagement supports and access to a coordinated system for shelter entry for those in need of crisis accommodation;
- System-wide Diversion/Problem-solving conversations are incorporated into Coordinated Access initial triage screenings;
- When emergency shelter stays cannot be avoided, the average length of time people experience homelessness is 90 days or less; All people experiencing literal homelessness are able to be assessed to develop a rehousing strategy to resolve their crisis. Program components include crisis housing, rapid re-housing (RRH) and permanent supportive housing (PSH);
- A decreasing number of people fall into homelessness due to improved Homelessness Prevention targeting and effective Diversion/Problem-solving assistance;
- A decrease in the number of people experiencing unsheltered homelessness;
- An increase in positive housing outcomes; and
- A decrease in returns to homelessness after exiting the system.

To achieve the goals of this Community Plan, the homeless response system will require an estimated configuration of service slots, housing placements and beds and units identified in Figures 5 and 6. The impact of new beds and units resulting from the Community-wide COVID Housing Program (CCHP) investments (e.g. Emergency Solutions Grant – Corona Virus [ESG-CV] and Community Development Block Grant – Corona Virus [CDBG-CV]) are reflected in the figures for future years.

*Figure 5. Current Gaps for Single Adults & Youth*

<table>
<thead>
<tr>
<th>Program Component Types</th>
<th>Current System for Individuals (Units)</th>
<th>Estimated Optimal System for Individuals (Units)</th>
<th>Estimated Current Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>1,050</td>
<td>1,570</td>
<td>520</td>
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<tr>
<td>Diversion/Prevention</td>
<td>0</td>
<td>875</td>
<td>875</td>
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</table>
Transitional Housing | 658 | 625 | -
Rapid Rehousing | 650 | 1,500 | 850
Bridge to Permanent Supportive Housing | 25 | 750 | 725
Permanent Supportive Housing | 3,125 | 5,025 | 1,900

Figure 6. Current Gaps for Families

<table>
<thead>
<tr>
<th>Program Component Types</th>
<th>Current System for Individuals (Units)</th>
<th>Estimated Optimal System for Individuals (Units)</th>
<th>Estimated Current Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
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<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>400</td>
<td>160</td>
<td>-</td>
</tr>
<tr>
<td>Diversion</td>
<td>0</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>120</td>
<td>100</td>
<td>-</td>
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<tr>
<td>Rapid Rehousing</td>
<td>170</td>
<td>485</td>
<td>315</td>
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<tr>
<td>Bridge to Permanent Supportive Housing</td>
<td>0</td>
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<td>50</td>
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<tr>
<td>Permanent Supportive Housing</td>
<td>415</td>
<td>290</td>
<td>-</td>
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</tbody>
</table>

Note that the analysis of current system gaps includes all program types included in the homeless response system – Emergency Shelter (ES), Diversion, Transitional Housing (TH), Rapid Rehousing (RRH), Bridge to Permanent Supportive Housing, and Permanent Supportive Housing (PSH). The family system also includes Prevention, a program intervention that has demonstrated promise for family households but continues to be more challenging to target and administer to single adults due to the more transient and transitional nature of single adult homelessness. The current system analysis does not include Prevention for Single Adults but a future, more expansive and robust system, should explore Prevention for Single Adults.
Appendix C: Glossary of Terms

**Affordable Housing:** Housing that does not make tenants cost-burdened. HUD defines cost-burdened households as those “who pay more than 30% of their income for housing and may have difficulty affording necessities such as food, clothing, transportation and medical care.” Severe rent burden is defined as paying more than 50% of one’s income for rent.

**Bridge to Permanent Supportive Housing (PSH):** A Rapid Re-Housing (RRH) intervention used as a temporary “bridge” to permanent supportive housing (PSH) for people experiencing chronic homelessness or who otherwise require PSH, while they wait for a PSH unit.

**CARES Act (Coronavirus Aid, Relief, and Economic Security):** Legislation signed into law on March 27, 2020, designed to mitigate the economic impact of COVID-19. Among other provisions, the CARES Act allocated additional funding to various HUD programs, including the CDBG, Homelessness Assistance Grants, and HOPWA.

**CDBG (Community Development Block Grant):** A program of the U.S. Department of Housing and Urban Development that funds local community development activities such as affordable housing, anti-poverty programs, and infrastructure development.

**Chronic Homelessness:** Describes the condition of an individual or the head of a household who has a disabling condition and has been continuously experiencing homelessness for 12 or more months or has had four episodes of homelessness in the past three years that cumulatively total at least 365 days.

**Client-centered:** Individualized care planning that focuses on the participant’s identified needs and goals and provides support in accomplishing those goals.

**CoC (Continuum of Care) Program:** A competitive grant program designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into permanent housing, with the goal of long-term stability. The CoC Program is set forth in HUD regulations 24 C. F. R. Part 578, et. seq., (2012) (the “HUD CoC Regulations”).

**Continuum of Care:** An association of public agencies, non-profit service providers, advocates, people who have experienced homelessness and other community stakeholders engaged in addressing homelessness in the community, that has jurisdiction over homeless services resources, and applies for and participates in the administration of HUD homeless assistance resources in compliance with HUD regulations.

**Coordinated Access (also known as Coordinated Entry):** A CoC-wide standardized process for entry into the homeless response system that prioritizes assistance based on severity of need that results in a coordinated referral process to appropriate service interventions.
**Diversion:** A short-term problem-solving case management intervention for people actively seeking homeless assistance by either presenting in person at a homeless shelter or a system entry point. The focus is on rapid exit from homelessness or rapid placement in safe, alternative housing. In some cases, financial assistance may also be provided.

**Domestic Violence (DV):** Also known as Intimate Partner Violence (IPV), a pattern of abusive and often violent behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.

**Effective End:** Homelessness for sub-populations or for the community as a whole has been “effectively ended” when people experiencing a housing crisis can receive immediate aid to prevent their falling into homelessness, when those who are experiencing literal homelessness have immediate access to safe and appropriate crisis housing, and when all those in crisis housing are rapidly placed in permanent housing.

**Emergency Shelter:** Any facility of which the primary purpose is to provide temporary shelter for individuals and/or families experiencing homelessness and that does not require occupants to sign leases or occupancy agreements.

**ESG (Emergency Solutions Grant):** Competitive grants funded by HUD. Awards funds to private nonprofit organizations, cities, and counties in the State of Texas to provide the services necessary to help people who are at-risk of homelessness or are currently experiencing homelessness quickly regain stability in permanent housing.

**GPD (Grant Per Diem):** Programs that provide a range of transitional housing including treatment-focused, medical respite, bridge to permanent housing, and intensive services by nonprofits under contract with the Department of Veterans Affairs.

**HDX (Homelessness Data Exchange):** HUD’s data submission tool for CoCs to view and submit data such as the LSA report, the PIT, and the HIC.

**HIC (Housing Inventory Count):** A point-in-time inventory of the provider programs that operate within a CoC that provide beds and units dedicated to people experiencing homelessness.

**HMIS (Homeless Management Information System):** A computerized data collection application designed to capture client-level information over time on the characteristics of service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community’s system of homeless services. The use of HMIS is required for homeless service providers that receive U.S. Department of Housing and Urban Development McKinney-Vento funding.
HOME (HOME Investment Partnerships Program): Provides grants to states and localities for implementing local housing strategies designed to increase homeownership and opportunities for affordable housing primarily among low- and very low-income people. It funds a wide range of activities including building, buying, and rehabilitating for rent or homeownership, including providing direct rental assistance.

HOMES (Homeless Operations Management and Evaluation System): HOMES collects information for several of VA’s homeless programs, including HUD-VASH. It is designed to track and maintain data on individual Veterans as they move through VA’s system of care.

Homelessness: The U.S. Department of Housing and Urban Development (HUD) defines individuals (and families) experiencing homelessness as those who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less, and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution.

Homeless Preferences: An allocation of housing choice vouchers that provides a preference for people who have experienced homelessness and meet housing authority requirements to receive a voucher.

Homeless Prevention: A short-term financial intervention for people at imminent risk of homelessness where housing will be lost within two weeks.

HOPWA (Housing Opportunities for Persons With AIDS): The only federal housing program dedicated to people living with HIV/AIDS. It provides grants to local communities, States, and nonprofit organizations for projects that benefit low-income people living with HIV/AIDS and their families.

Housing Assessment: A questionnaire that is completed through Coordinated Access that gathers information on an individual/family’s homeless history, medical history, and other relevant information. The assessment results in a Vulnerability Index (VI) score (the higher the VI the more likely someone is to die on the street), determining the appropriate housing and/or income referral.

Housing First: A nationally recognized best practice that establishes housing as a primary intervention to end homelessness and requires low barriers to accessing housing and the provision of ongoing supportive services to maintain housing.

HUD: The U.S. Department of Housing and Urban Development.

HUD-VASH: HUD-Veterans Affairs Supportive Housing. Provides PSH through a housing voucher and VA supportive services. HUD-VASH vouchers may be either tenant- or project-based.
Lead Agency: A Lead Agency is selected by The Way Home’s Steering Committee and provides facilitation, project management, and strategic planning; convenes stakeholders; applies for CoC funds and assures compliance with federal regulations through regular performance monitoring, in an effort to end and prevent homelessness.

LSA (Longitudinal System Analysis): A report produced from a CoC’s HMIS and submitted annually to HUD that provides critical information about how individuals experiencing homelessness use the system of care.

Local Mental Health Authority: Community mental health services are provided through Local Mental Health Authorities/Local Behavioral Health Authorities, also referred to as community mental health centers. The LMHAs/LBHAs provide services to a specific geographic area of the state, called the local service area. The Harris Center for Mental Health and IDD is the mental health authority serving the CoC area. They provide a range of outpatient and residential rehabilitation and support services.

PATH (Projects for Assistance in Transition from Homelessness): Provides a formula grant through the Substance Abuse and Mental Health Services Administration (SAMSHA) to fund services for people with serious mental illness (SMI) experiencing homelessness.

PIT (Point-in-Time) Count: A count of sheltered and unsheltered people experiencing homelessness, conducted by the local CoC on a single night in January.

Public Housing Authorities (PHAs): Quasi-governmental entities that administer HUD and State housing assistance including Public Housing, Housing Choice Vouchers, specialized programs such as HUD-VASH, and offer ancillary services to help residents increase education and income, have healthier lives, and achieve economic goals.

PSH (Permanent Supportive Housing): A housing intervention or model that combines permanent, affordable housing assistance with supportive services to address the needs of people experiencing chronic homelessness and/or people with serious and long-term disabilities.

Rapid Re-housing (RRH): A Housing First intervention that emphasizes housing search and relocation services and short to medium-term rental assistance to move people and families experiencing homelessness (with or without a disability) as rapidly as possible into permanent housing. Intense but short-term case management is provided to help families stabilize and prepare to live independently.

SSVF (Supportive Services for Veteran Families): A program of the U.S. Department of Veterans Affairs (VA) with the goal of promoting housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing. Provides short-term prevention or rapid rehousing along with other financial assistance and supportive services by nonprofits through contract with the VA.
**Steering Committee:** The governing body and primary decision-making group of The Way Home. Includes elected and ex-officio positions pursuant to the CoC Charter.

**Street Outreach:** Any activity that engages with individuals experiencing unsheltered homelessness to provide immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

**TDHCA (Texas Department of Housing and Community Affairs):** The State of Texas’ lead agency responsible for homeownership, affordable housing, community and emergency assistance, among other programs and services.

**The Way Home:** The name for our local CoC, which encompasses the cities of Houston, Pasadena, and Conroe as well as Harris, Fort Bend, and Montgomery counties in Texas. Also known as TX-700.

**Transitional Housing:** An intervention designed to provide individuals and families experiencing homelessness with the interim stability and support to later be able to successfully move into and maintain permanent housing.

**VA:** The U.S. Department of Veterans Affairs

**Veteran:** Any individual who has served in any branch of the United States Armed Forces.

**Voucher:** A housing subsidy from HUD that is administered locally by public housing agencies (PHAs) through a Housing Choice Voucher (HCV) program. Common vouchers issued to end homelessness include: Project-Based Vouchers (PBVs) that are tied to specific housing units; and Tenant-Based Vouchers (TBVs) used for very low-income families to afford decent, safe, and sanitary housing in the private market.

**Youth/Young Adult Homelessness:** Encompasses all people experiencing homelessness under the age of 24 and without a head of household older than 24. More specifically, “youth” experiencing homelessness are those who are under the age of 18; “young adults” experiencing homelessness are those who are between the ages of 18 to 24.
For more information, including a list of the more than 100 partners participating in this collaborative effort, please visit thewayhomehouston.org
2021 Homeless Count Overview

Houston/Harris, Fort Bend, & Montgomery Counties

Continuum of Care
2021 Point-In-Time Unsheltered Count

• Where:
  o All of Houston, Harris, Fort Bend, & Montgomery Counties
  o Inner 610 loop
  o East of I-45 & 288
  o West of I-45 & 288

• When:
  o Official sheltered count (night of the count) for HUD will be January 19, 2021
  o Unsheltered Count – January 20-22 & 25-29, 2021

• How:
  o Drive around assigned map areas
  o Walk areas with likelihood of find homeless persons
  o Survey with phone/tablet app
Why do we count?

• Report an accurate number of homeless persons in the Houston, Harris, Fort Bend, & Montgomery counties
• These numbers are reported to the U.S. Department of Housing and Urban Development in order to:
  o Determine progress/success (are the numbers decreasing?)
  o Determine the amount of federal, state, & local funding that will come into our community
  o Determine sub-populations amongst the homeless (i.e. youth, veterans, domestic violence, etc.)
  o Identify areas with a dense homeless presence (encampments, etc.)
  o Improve services & housing
  o Determine what additional services are needed
Changes between 2020 - 2021

- Due to the COVID-19 Pandemic, the following changes will be implemented:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count occurs</td>
<td>Count occurs during last 10 days of January</td>
<td>Count will occur during the last 13 days of January</td>
</tr>
<tr>
<td>during last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 days of January</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Community volunteers &amp; partner staff are</td>
<td>No community volunteers &amp; only select</td>
</tr>
<tr>
<td>volunteers</td>
<td>used</td>
<td>partner staff will be used</td>
</tr>
<tr>
<td>&amp; partner staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>are used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 days for the</td>
<td>3 days for the unsheltered count</td>
<td>8 days for the unsheltered count</td>
</tr>
<tr>
<td>unsheltered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staging locations</td>
<td>Staging locations</td>
<td>No staging locations will be utilized</td>
</tr>
<tr>
<td>Physical maps</td>
<td>Physical maps assigned</td>
<td>No physical maps will be used, regions</td>
</tr>
<tr>
<td>assigned</td>
<td></td>
<td>will be assigned via the app</td>
</tr>
<tr>
<td>Teams ride</td>
<td>Teams ride together</td>
<td>Staff will have to follow each other</td>
</tr>
<tr>
<td>together</td>
<td></td>
<td>unless they are cleared to work together</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Methodology

- Mobile app technology
  - Counting Us app available for download
    - Eliminates paper
    - Can happen faster
    - Captures data in real time
    - GIS location automatically recorded
    - Individuals will approach clients on the street, using COVID safety measure, & conduct interviews.
Participation

• In prior years, this was mandatory for agency staff.
• For 2021, only outreach teams will be used.
• Agency staff can participate if cleared by their CEO or if they are not working during those days.
• Masks and social distancing is mandatory.
2021 Shelter & Housing Inventory Count (HIC)

- PIT numbers pulled from HMIS for the night of January 19th
  - VERY IMPORTANT!!
- HIC based on the inventory during the same night
- Housing projects reported
  - Emergency shelters
  - Transitional Housing
  - Permanent Housing
    - PSH & other PH – only clients with move-in dates beginning October 1st.
    - RRH – only clients with move-in dates
Housing Inventory Form

Houston/Harris County Homeless Housing Inventory

Please review this form carefully to be sure that the information is accurate. Please make any necessary changes, addition or corrections (including the date the changes went into effect). Thank you for taking the time to complete this form. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

### Agency, Project/Program, and Address Info

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geocode</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Physical Address of Project (OV – town and zip only):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Project/Program funding and reporting requirements

- Does this project receive ongoing McKinney Vento Funds (ESG or CoC Renewal)? (Y/N)
- Does this project receive McKinney Vento Funds (CoC) for Construction, Acquisition, or Building Rehabilitation? (Y/N)
- Does this project receive other Federal funding? (Y/N) If so, what kind? (i.e. HOPWA, GAP, Subsidy, etc.)
- Must all residents of this project meet the HUD definition of Homelessness at time of admission? (Y/N)
- Does your project have to file an APR?

If you have to file an APR for this project, what is the project’s operating year (start date-end date)?

### Project/Program operating status, project type, housing type and (where applicable) voucher type

<table>
<thead>
<tr>
<th>Project Status (check one only):</th>
<th>Housing Type (choose only one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Operating</td>
<td>Mass shelter/barracks</td>
</tr>
<tr>
<td>Nearly Opened/Date of opening:</td>
<td>Dormitory/hotel/motel</td>
</tr>
<tr>
<td>Under Development/Anticipated Occupancy Date:</td>
<td>Shared Housing</td>
</tr>
<tr>
<td>Project has Closed/Date of Closure</td>
<td>Single Room Occupancy (SRO) units</td>
</tr>
<tr>
<td>Project Type (choose only one):</td>
<td>Single Apartment (non-SRO) units</td>
</tr>
<tr>
<td>Emergency Shelter (ES)</td>
<td>Single homes/rowhouses/duplexes</td>
</tr>
<tr>
<td>Transitional Housing (TH)</td>
<td>FOR PROGRAMS THAT ADMINISTER VOUCHERS (i.e. BRFAP, SH, etc.), please select the type of voucher administered by the program (please choose only one type of voucher per grant):</td>
</tr>
<tr>
<td>Safe Haven (SH)</td>
<td>SRA (Sponsor-based Rental Assistance)</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) – DISABILITY REQUIRED</td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) – DISABILITY NOT REQUIRED</td>
<td></td>
</tr>
</tbody>
</table>
Thank You!!

The Coalition for the Homeless leads in the development, advocacy, and coordination of community strategies to prevent and end homelessness.

The Way Home is the collaborative model to prevent and end homelessness in Houston, Harris, Ft. Bend, & Montgomery Counties. For more information visit [www.thewayhomehouston.org](http://www.thewayhomehouston.org).
Public Comment

• Please use the “Raise Hand” function and wait to be called upon.
• When called upon please introduce yourself and your organization (if applicable).
Meeting Adjourn

Next Meeting: Thursday, February 11, 2021
3:30 – 5:00pm
VIRTUAL
Community COVID Housing Program (CCHP)
New Dynamic Tracking Tool

Purpose
- To visualize actual and projected progress against CCHP housing goals
- Compare current pace to the pace if we had not received CCHP investment

Monthly Inputs
- Cumulative Housing Placement Targets
- Cumulative number housed to date
- Cumulative number referred to date
- Average time to lease up
- Ensure we are housing more with CCHP

Uses
- Determine if we are currently meeting housing placement targets
- Determine if our system performance and referrals will meet and maintain our target pace
- Project the number of referrals needed each month to maintain pace
• Back on pace by end of January if we maintain referral pace and lease up performance, even without diversion
• Diversion started in January which will likely allow us to exceed pace by February
• Lease up rates have improved by 53% and the time from referral to lease up has dropped from an average of 70 days to 30 days
Monthly Dashboards
Households assessed at one of the Coordinated Access Hubs

Individuals housed in permanent supportive housing

Individuals housed in rapid rehousing

Number of days until permanent housing move-in

Number of days households are waiting for a housing referral

Number of households waiting for permanent housing
Where individuals were living prior to project enrollment

**Exit Destinations, December 2020**

<table>
<thead>
<tr>
<th>Destination</th>
<th>Perm. Supportive Housing</th>
<th>Rapid Re-Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Housing</td>
<td>68</td>
<td>10</td>
</tr>
<tr>
<td>Temporary Housing</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Institution</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Homelessness</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Percentage of adults that exited during the month & increased their income from any source between entry & exit

**Leavers with Increased Income, December 2020**

- Perm. Supportive Housing: 28% Avg. Increase, $505
- Rapid Re-Housing: 10% Avg. Increase, $1,287

Avg. Increase, $1,287