May 2018 Steering Committee Meeting

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AGENDA

• Call to Order – Mike Temple
  a) Roll Call – Marilynn Kindell

• Approval of Minutes – Mike Temple
  a) March 2018 CoC Steering Committee Meeting

• Lead Agency Report -- Add to official minutes

• Old Business
  a) Disaster Response – Eva Thibaudeau
  b) YYA Coordinated Access Triage Tool Updated – Eva Thibaudeau (Resolution 7.2018)
  c) AWHA dashboards – Eva Thibaudeau
  d) System Updates – Eva Thibaudeau

• New Business
  a) CoC Community Conversation – Eva Thibaudeau
  b) FY2018 NOFA – Eva Thibaudeau
  • CoC Registration
  • GIW
  • NOFA Renewal Scoring Tool (Resolution 8.2018)

• Announcements

• Public Comments

• Adjournment
**Steering Committee Meeting**

**March 8, 2018**

**Minutes**

Present:

Tory Gunsolley (Houston Housing Authority), Marilynn Kindell (Ft Bend County Community Development), Preston Witt (Provider Representative), Mike Temple (Houston Galveston Area Council), Eva Thibaudeau (Lead Agency Staff), Don Titcombe (Rockwell Fund Inc.), Kim Kornmayer (The Harris Center), Melissa Quijano (City of Pasadena), Laura Marsh (Michael E. DeBakey, VA Medical Center), Deiko Taylor (Consumer Representative).

Absent:

Tom McCasland (City of Houston Housing and Community Development Department), Karl Erickson (Consumer Representative), Joanne Ducharme (Montgomery County Community Development), Daphne Lemelle (Harris County Community Services Dept.), Horace Allison (Harris County Housing Authority), Gregory Pate (Provider Representative).

The meeting of the Continuum of Care (CoC) Steering Committee was held on March 8, 2018 at 2000 Crawford St., Suite 700, pursuant to proper notification of all Steering Committee members.

**Welcome and Introductions**

Temple called the meeting to order at 3:32 pm. Kindell conducted roll call and noted there was a quorum.

**Approval of Minutes**

The minutes from the February CoC Steering Committee meeting were presented. Gunsolley motioned, Witt seconded.

The minutes were approved.

**Lead Agency Report**

The Lead Agency Report was presented by Thibaudeau and added to the official minutes.

**Old Business**

- **Disaster Response**- This was the topic of the 1st Quarter Provider Input Forum. A panel was put together from the following agencies, Star of hope, The Beacon, and The City of Houston. During the panel the Providers were encouraged to ask any questions involving what their roles were during Harvey and the freeze. Also, they asked what worked and what did not work for them during these
times. A report is being prepared to share with City and County OEM’s and other disaster partners. At the end of the meeting the providers could voluntarily sign up for a workgroup to be a part of. These workgroups will consist of 1 or 3 meetings of a disaster planning.

- **System Funding Priorities**- We talked to our area governmental funders to lay out system funding needs that are not being met by direct federal funding to projects. Topics included supportive services for remaining PSH pipeline units, rental subsidy to replace the continuing voucher freeze, Harmony House emergency respite, Reed Rd supportive services for families.

- **RRH Business Rules Updates**– Its retooled and created tools to help case managers talk to clients. How to talk to people about paying a portion of their rent and what proportion they should be paying. Asking them appropriate questions to help them. There is also a housing plan. Also, a payment on how much you they should be paying a percentage of their rent eventually slowly increasing each month. These changes will help all the issues we have been dealing with. This is for everyone RRH just guidelines are different towards, young adult singles, families and singles.

**New Business**
No New Business

**Announcements**
HUD Report shows that when CoC works with their public Housing Authority it works well. Number one we have very good relationships with our local Housing Authority. Houston is not a part of the top 20 CoC with the largest homeless populations. Both Deiko and a Phoebe VanCleefe were at NAEH in LA. They are both previously homeless, and now both successfully working for this industry. Funders together is coming in the week after spring break. They are coming to look at income now.

**Public Comments**
No public comments

**Adjournment**
Upon approval, the meeting was adjourned at 4:08 pm.

Respectfully Submitted,
Marilynn Kindell, Secretary

Approved,
Mike Temple, Chairman

Date

Date
A. Networks, Initiatives and Affinity Groups
   
a. CoC Provider Input Forum
      i. The Second Quarter Provider Input Forum will be held on Tuesday, May 22\textsuperscript{nd}, at Harris County CSD, 8410 Lantern Point Drive. Topics will include The Way Home Guidebook and the Disaster Communications Plan.
   
b. CoC Consumer Input Forum
      i. The Consumer Input Forums were conducted in Montgomery County on April 27\textsuperscript{th} and Fort Bend County on April 26\textsuperscript{th}. The Consumer Input Forums focused on gaps and needs assessment primarily for persons on the streets in the Counties. The Facilitator, Dr. Troisi with UT School of Public Health, is preparing the report for Steering Committee review.
   
c. Housing Houston’s Heroes
      i. The SSVF workgroup meets the second Thursday Monthly from 11am-12:30pm including Jill Albanese, the regional SSVF Coordinator. The April 12\textsuperscript{th} meeting included a collaborative process with VA staff and GPD Liaisons to chart the VA/CoC/GPD process flow.
   
d. Youth/Young Adult Workgroup Group
      i. The Youth and Young Adult workgroup meets as needed.
      ii. There will be a Youth and Young Adult training provide by the COC on March 19 and 20.
   
e. RRH Workgroup
      i. The RRH Family Collaboration supervisors meets once a month. The Project Manager conducts a monthly staffing with each team and facilities a Peer Group for the Case Managers every quarter.
      ii. The FAI/CMI meeting is conducted every other Thursday from 1:00- 2:00 pm.
      iii. The ESG Funders workgroup meets monthly and is comprised of Cities of Houston and Pasadena, Counties of Fort Bend and Harris and the CoC Lead Agency representing the CoC.
      iv. The YA RRH workgroup continues to meet Tuesdays at 11 a.m.
      v. The Singles RRH workgroup meets bi-weekly on Mondays at 10 a.m.
   
f. HMIS & Coordinated Access
      i. The Coordinated Access workgroup continues to meet as needed.
      ii. The Permanent Supportive Housing Workgroup meets as needed.
      iii. The HMIS Forum was held on March 8\textsuperscript{th}. Yearly updates were provided as well as a snapshot of the year ahead.
      iv. HIC/PIT input into HDX began on March 1\textsuperscript{st}. The goal is to have all entries completed by mid-April.
      v. 2018 PIT reports were compiled and submitted to the contracted researcher. Results will be made available in April of 2018.
      vi. Data regarding individuals experiencing homelessness due to Hurricane Harvey was provided to the Texas Homeless Network. This information will be used to compare with all other cities/counties in Texas.
vii. HUD will open HDX for input beginning March 1st. Client Track will also have the HIC reporting tool ready in HMIS at that time.

viii. 3 Coordinated Access refreshers were conducted in March. The goal was to ensure that all CA Staff are kept up-to-date with changes to the CA system since implementation in 2014.

g. Income Now Workgroups
i. The SOAR Workgroup meets every other month and will meet again on June 13th from 2:30pm to 4pm in the Coalition’s large conference room.

ii. The SOAR implementation team meets monthly on the first Tuesdays from 2:30 to 3:30pm. Dedicated SOAR staff will be using a service coordination model with housing navigators for clients in encampments and with PSH case management.

iii. Income Now project manager was asked to provide peer to peer planning support to the CoC in Charlotte, North Carolina on May 10-11 with the local workforce board and CoC leadership.

h. CoC Regional Workgroups – The CoC regional team meets weekly from 10:30 to 12:00
i. Fort Bend County
   a) PM met with ED of Abigail’s Place to discuss partnership with CoC and its role in addressing homelessness in the county.
   b) PM attended Income Now meeting at WFS Rosenberg office.
   c) PM assisted in development of workplan for the newly formed Homeless Prevention Planning & Service Coordination Workgroup which met on April 24th. WG agreed to the following:

   1. **Description:** Open workgroup to develop system strategies for homeless prevention models and prioritization tools.

   2. **Purpose:** Development of homeless prevention screening and prioritization tools through collaboration with local service providers and utilization of currently proven strategies. Secondary purpose; to develop asset mapping and better understanding of homeless prevention resources available in the CoC.

   3. **Goal:** Identify risk and protective factors to prevent episodes of homelessness for households with imminent risk of homelessness. Initiate design process for CoC system level coordinated access to homeless prevention.

   4. **Frequency:** Meeting every other month during implementation phase; then quarterly or as needed.

   5. **Timeline:**

<table>
<thead>
<tr>
<th>April 24th</th>
<th>May 29th</th>
<th>June 26th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review research and</td>
<td>Distribute proposed draft of</td>
<td>Finalize Draft of</td>
</tr>
<tr>
<td>existing screening</td>
<td>a system screening tool</td>
<td>Prevention Screening Tool</td>
</tr>
<tr>
<td>tools</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   6. PM organized and attended CIF hosted by Hope Impacts in Katy.
   7. PM continues to attend monthly Fort Bend Recovers Meeting, including the Case Management Workgroup, to follow and assist with Harvey recovery efforts in the County.
   8. Continue to provide satellite location for CoC Steering Committee Meetings and all other CoC led trainings and presentations.
9. PM provided on-site CA Assessments throughout the county and continues to attend monthly pertinent governmental and community meetings.

ii. Montgomery County
   1. HUDVASH announced award of twenty new HUDVASH vouchers for Montgomery County Housing Authority. PM is convening a meeting in May with the Montgomery County Housing Authority, VA VASH lead, and Tri-County Behavioral Services for strategic implementation planning.
   2. PM completed online training for Social Serve as there are plans to expand that service to include Montgomery County.
   3. PM represented The Way Home on a panel discussion provided for the class members of Leadership Montgomery County.
   4. Met with the new Conroe Police Chief to introduce myself and the systematic work of The Way Home.
   5. PM joined the Homeless Prevention design team.
   6. Sponsored a Consumer Input Forum hosted by Compassion Homeless Ministry and one of the PATH case managers for Tri-County Behavioral Healthcare.

a. Performance Measurement Workgroup
   i. The first meeting of this workgroup was held on March 21st. Current data trends were reviewed and recommendations were made for making this information public.

b. Outreach Leadership Workgroup
   i. Initial convening at end of February with in-person meeting held on March 6th to look at HMIS data and decide upon goals for group.
   ii. Leadership agreed to work toward greater communication and collaboration
   iii. Workgroup agreed to meet for a planning session to refine goals and vision for street outreach
   iv. Workgroup agreed to lend their staff to encampment closure/resolution efforts

c. Landlord Marketing Workgroup
   i. The Landlord Marketing Workgroup conducted a survey with property management to understand what their needs are regarding their work with homeless programs. The group is using these insights to plan a summer “The Way Home 101” recruitment event and a fall “Legal Seminar: Fair Housing” educational event. The group is also working to fully utilize the Housing Resource Center and generate new avenues for exposure to apartment properties.

d. Advocacy Workgroup
   i. An Advocacy Workgroup has begun meeting with the goals of creating a collective voice and beginning to coordinate meetings with elected officials to the benefit of The Way Home. Members include leadership and advocacy-related staff at The Way Home partner agencies. The group will meet on a regular basis, every other week, beginning on May 18.

I. Other CoC Items
   • The HUD CoC NOFA was submitted on October 31, 2017. Our entire request was over $35M and included new projects adding over 588 Joint TH-RRH and PSH Beds to our inventory. Contingent awards were released on January 11, 2018. We were awarded a total
of $33,065,244 – due to natural disasters still affecting Puerto Rico, final awards are still pending. It’s our expectation as the Lead Agency to request another review to our CoC Score, as we think we were unfairly scored.

- Outreach events targeted towards the two largest encampments were conducted throughout the month. All individuals at both encampments were assessed and targeted for housing.

- Weekly meetings are being held targeted at filling the two newest PSH properties opening at Harrisburg and Reed Road.
# Young Adult Housing Prioritization Tool

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Chronic?</td>
<td>Yes/No/Logic</td>
<td>5</td>
</tr>
<tr>
<td>1b Have you been homeless before? (only show if chronic = no)</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>1c How many times have you been homeless in the past 3 years? (only show if chronic = no)</td>
<td>&gt;4</td>
<td>1</td>
</tr>
<tr>
<td>2a How many jobs have you lost in the past 12 months</td>
<td>&gt;3, none</td>
<td>1</td>
</tr>
<tr>
<td>2b Are you working a job where someone else controls your money?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>3 Do you have a Diploma or GED?</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>4a Do you have any children that you’re responsible for?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>4b Do you have an open CPS case?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>4c Have you had an open CPS case in the past 2 years?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>5 Are you currently pregnant?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>6 Were you abused as a child (physically, emotionally, or sexually)?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>7 Have you ever been in CPS custody?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>8 Have you ever been kicked out of or felt unsafe at home because you came out as LGBT?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>9 Have you ever left home because of violence between family members or to you?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>10a Has someone asked (or forced) you to have sex or sell anything in exchange for something?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>10b Is someone threatening to harm you or your family if you don’t do what they ask?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>11 Do you have any mental health or brain issues that might make it hard for you to live on your own?</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>12a Has a doctor or professional ever recommended mental health services?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>12b Are you currently receiving any of those services</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>13a Have you ever thought about hurting yourself?</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>13b Have you ever tried to kill yourself?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>14a Do you use alcohol or drugs?</td>
<td>Yes/No</td>
<td>0</td>
</tr>
<tr>
<td>14b Marijuana</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>KUSH, spice, K2, or any other synthetic marijuana</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Meth, crack, cocaine, heroin</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>14c Has your drug or alcohol use ever resulted in the any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrest</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Living in a shelter or on the street</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Prostitution</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Theft</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Loss of employment</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>15a Have your ever been in juvenile detention?</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>15b Have many days have you been in jail or prison in the past 2 years?</td>
<td>Insert #</td>
<td>0</td>
</tr>
<tr>
<td>16 How many adults can you count on for emotional support? (On the days when you are so down and you don’t know what to do is there an adult that you visit with or call?)</td>
<td>&lt;1 person</td>
<td>1</td>
</tr>
<tr>
<td>17 How many adults can you count on for financial support? (If you had a small bill that needed to paid and you were out of money for the month is there an adult that will usually help you out?)</td>
<td>&lt;1 person</td>
<td>1</td>
</tr>
</tbody>
</table>

Chronic Max = 34
Non-chronic Max = 31
System Updates

Disaster Response

- Rental subsidy to continue on a month to month basis.
- Harris County Social Services took on case management as of May 1, 2018.

RRH DV S

- $100M earmarked in HUD budget for Rapid Re-Housing for households fleeing domestic violence.
- Have convened DV partners to begin planning process.

FUP Vouchers/CWS Partnership

- Federal announcement of open FUP voucher application for young adults aging out of foster care.
- Thirty (30) subsidized family units for child-welfare involved families.

Encampment Progress

- Four (4) navigators dedicated to encampments.
- By name client move-in list being staff for progress weekly.
- Twelve (12) moved in to date.

Trainings/TA

- Two-day YYA training in February 2018.
- Online case management training in beta testing.
- October 1-day training “Trauma Informed Consequences.”
- Previewed draft of The Way Home Guidebook.
- Technical assistance hired for PSH partner.

AWHA Grand Challenge

- Preventing and ending YA homelessness (emergency room metaphor)
- Racial and LGBTQ equity is benchmark.
<table>
<thead>
<tr>
<th>Renewal Evaluation Criteria</th>
<th>SAGE APR Source</th>
<th>Calculation</th>
<th>Full points</th>
<th>5 Points</th>
<th>0 Points</th>
<th>Section Weight</th>
<th>Self Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. PSH Programs: Occupancy / Average Daily Unit Utilization*</td>
<td>Q8B</td>
<td>Average Point in Time Count of HHlds On Last Wednesday/Units on Application</td>
<td>85%</td>
<td>80-84%</td>
<td>&lt;80%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>1b. TH Programs: Occupancy / Average Daily Unit Utilization*</td>
<td>Q8B</td>
<td>Average Point in Time Count of HHlds On Last Wednesday/Units on Application</td>
<td>85%</td>
<td>80-84%</td>
<td>&lt;80%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>1c. RRH Programs: Occupancy / Average Daily Unit Utilization*</td>
<td></td>
<td>RRH Projects will be 100% Unit Utilization</td>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2a. PSH Programs: Percentage of participants who gained or increased earned income from entry to latest status</td>
<td>Q19A1 Row 1</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>20%</td>
<td>15-20%</td>
<td>&lt;15%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2b. TH Programs: Percentage of participants who gained or increased earned income from entry to latest status</td>
<td>Q19A1 Row 1</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>40%</td>
<td>24-39%</td>
<td>&lt;24%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2c. RRH percentage of households who gained or increased earned income from entry to latest status</td>
<td>Q19A1 Row 1</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>60%</td>
<td>30-59%</td>
<td>&lt;29%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3a. PSH Percentage of all participants with cash income other than employment from entry to latest status</td>
<td>Q19A1 Row 3</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>56%</td>
<td>49-56%</td>
<td>&lt;49%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3b. TH Percentage of all participants with cash income other than employment from entry to latest status</td>
<td>Q19A1 Row 3</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>30%</td>
<td>24-29%</td>
<td>&lt;24%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3c. RRH Percentage of all participants with cash income other than employment from entry to latest status</td>
<td>Q19A1 Row 3</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>70%</td>
<td>30-69%</td>
<td>&lt;29%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>4a. PSH Programs: Percentage of participants who gained or increased other (non-employment) income from entry to exit</td>
<td>Q19A2 Row 1</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>15%</td>
<td>10-15%</td>
<td>&lt;10%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>4b. TH Programs: Percentage of participants who gained or increased other (non-employment) income from entry to exit</td>
<td>Q19A2 Row 1</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>40%</td>
<td>24-39%</td>
<td>&lt;24%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>4c. RRH percentage of households who gained or increased other (non-employment) income from entry to exit</td>
<td>Q19A2 Row 1</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>60%</td>
<td>30-59%</td>
<td>&lt;29%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5a. PSH Programs: Percentage of participants who gained or increased other (non-employment) income from entry to exit</td>
<td>Q19A2 Row 3</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>30%</td>
<td>24-29%</td>
<td>&lt;23%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5b. TH Programs: Percentage of participants who gained or increased other (non-employment) income from entry to exit</td>
<td>Q19A2 Row 3</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>10%</td>
<td>5-10%</td>
<td>&lt;5%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5c. RRH percentage of households who gained or increased (non-employment) income from entry to exit</td>
<td>Q19A2 Row 3</td>
<td>Percent of Persons who accomplished this measure (%)</td>
<td>70%</td>
<td>30-69%</td>
<td>&lt;29%</td>
<td>10</td>
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## Renewal Evaluation Criteria

<table>
<thead>
<tr>
<th>Source of Criteria</th>
<th>Calculation</th>
<th>Full Points</th>
<th>For 5 Points</th>
<th>For 0 Points</th>
<th>Section Weight</th>
<th>Self Score</th>
</tr>
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<tbody>
<tr>
<td><strong>Financials</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Audit Review</td>
<td>Audit shows agency as a low risk auditee &amp; no findings</td>
<td>Audit shows agency as low risk auditee or agency has no findings</td>
<td>Audit shows agency high risk auditee AND findings</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9. LOCCS</td>
<td>Q28 Total Expenditures / Total Award for Grant Year</td>
<td>Less than 10% or $50,000 (whichever is less)</td>
<td>Less than 10% or $50,000 (whichever is less)</td>
<td>&gt;10% or &gt; $50,000</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>Coordinated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Coordinated Access Enrollments</td>
<td>Number of Enrollments through CA / Total Number of Enrollments</td>
<td>100%</td>
<td>&lt;100%</td>
<td></td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
## THE WAY HOME COC RENEWAL APPLICATION SCORING RUBRIC

### Coordinated Access

<table>
<thead>
<tr>
<th>11. Program Denials</th>
<th>Coordinated Access Report</th>
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### Renewal Evaluation Criteria

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### The Way Home CoC Participation

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**Bonus**

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**Penalty**

| Late Submittal of Documents | | | | | |
| No Representation at Mandatory Conference | | | | | |

* HUD Approved Excluded Exits are: Deceased, Foster Care, Hospital & Nursing Facility

**Total**

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*Adjusted Total is calculated as the sum of the calculated scores adjusted for any bonuses and penalties.*
Housing First projects are effective in assisting all homeless people access and sustain permanent stable housing. It has been demonstrated that projects can be well-run and safe without imposing requirements that prevent many homeless individuals from entering and/or remaining in housing.

As part of the NOFA solicitation for new and renewal projects applicants are required to answer the following questions related to the proposed project’s eligibility criteria and project rules. Each question will be scored as indicated. At the completion of the questionnaire, the applicant will tabulate the total score. Maximum points is 15.

1. Low Barrier access:
   a. Will/Does the project require clients to pass a background screening prior to project entry (excluding sexual offender/predator check)?
      
      Yes ☐ No ☐ [No = 1 point]

   b. Will/Does the project require all persons with specified criminal convictions on a blanket basis to be excluded from admission (excluding registered sexual offender/predator, and background screening imposed by other funders)?
      
      Yes ☐ No ☐ [No = 1 point]

   c. Will/Does the project require participants to be clean and sober for a specified period prior to project entry as a condition for admission?
      
      Yes ☐ No ☐ [No = 1 point]

   d. Will/Does the project serve individuals and families regardless of sexual orientation, family composition, or marital status and are transgendered persons served according to the gender with which they identify?
      
      Yes ☐ No ☐ [Yes = 1 point]

   e. Will/Does the project expedite the admission process including assisting in assembling necessary documents in order to support the application for admission?
      
      Yes ☐ No ☐ [Yes = 1 point]
f. Does the project actively participate in coordinated entry including attendance at meetings and case conferencing and, if applicable, are all new project entrants being referred through coordinated entry?

Yes □ No □ [Yes = 1 point]

2. Housing Retention

a. Will/Does the project terminate participants for failure to participate in treatment or support services including case management?

Yes □ No □ [No = 1 point]

b. Will/Does the project terminate participants solely for engaging in substance use?

Yes □ No □ [No = 1 point]

c. Will/Does the project require participants to obtain earned or benefit income as a condition of remaining in the project?

Yes □ No □ [No = 1 point]

d. Will/Does the project make all efforts to avoid discharging participants into homelessness including referral back to coordinated entry for those who cannot remain in the project?

Yes □ No □ [Yes = 1 point]

e. Will/Do project participants be held to standards/behaviors not found in mainstream leases (such as not being allowed visitors, curfews, required to do chores, or not be allowed to have alcoholic beverages in their unit)?

Yes □ No □ [No = 1 point]

3. Participant engagement

a. Will/Does the project provide participant choice in accessing services and are efforts made to connect participants to community based services?

Yes □ No □ [Yes = 1 point]

b. Will/Does the project provide regular opportunities for program participants to provide input on project policies and operations?
c. **Will/Does the project employ Person Centered Planning as a guiding principle of the service planning process?** Person Centered Planning focuses on the individual what he or she would like to accomplish in terms of relationships, community participation, achieving control over their lives, and developing the skills and resources needed to accomplish those goals.

Yes☐ No☐ [Yes = 1 point]

d. **Are/Will the project staff be trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, trauma informed approaches, and strength based?**

Yes☐ No☐ [Yes = 1 point]

**TOTAL SCORE: _______________  % of applicable points: _______________**

**Certification of Responses**
I attest that the answers above are true and are provided without any additional comment or clarification.

**Authorized Applicant Signature:**

_______________________________________________________

**Authorized Applicant Name and Title:**  

_______________________________________________________  

**Date:**

_______________________________________________________  

_______________________________________________________
Two focus groups were held on April 26 and 27, 2018 comprised of members with a current or recent lived experience of homelessness. The first took place at Hope Impacts in Katy, TX and the second was held at the Conroe House of Prayer in Conroe, TX. The content of the semi-structured interview focused on assessing service access and identifying needs for clients in these outlying areas outside of the City of Houston or Harris County.

General

The various pathways into the experience of homelessness described were wide ranging (Q1&2). Many stories described interpersonal conflict or medical illnesses /injuries immediately preceding the loss of housing. No one in either group included Harvey in the causal factors for their homelessness and nearly everyone was experiencing homelessness prior to that storm. The narrative of interpersonal conflict was sustained when participants were prompted about their ability to stay with another individual in their lives and the existence of anyone relying on them for support (Q3&4). The primary response to this was to describe friction with individuals that they had previously or could choose to stay with temporarily. One couple, both participating, and one other participant referred to peers they camped with as ‘with them’. A few participants referred to their pets as relying on them. One participant reported children (5) in their care.

Clients often reported some current or recent work history (Q5). The HI group dedicated considerable time to a discussion of the decision balance in choosing to ask for money on street corners, i.e. ‘flying signs’ or panhandling. Nearly all of these individuals identified as being employed to some extent. Those who engaged with day-labor or informal employment opportunities emphasized that the income from their work was not sufficient to lift them out of homelessness. Several participants brought up the ability to make significant income at a higher rate than hourly employment offered, although the nearly unanimous response was that this experience was highly inconsistent day to day. Two female participants discussed the financial and risk balance of flying signs versus prostitution (neither had engaged in prostitution).

The CHOP group focused more on the limited employment opportunities available to those experiencing and presenting /identifying as homeless, Workforce Solutions options, and disability. The Workforce Solutions in Conroe received considerable focus in the discussion, with concerns raised about their ability to provide jobs in the area and willingness to work with those presenting as homeless. Receipt of disability income was mentioned by several participants as precluding the ability to search or engage in any formal employment. Both groups also frequently described their lives prior to their time experiencing homelessness based on the work they had at that point, their training /certification, their industry or job title.
Services Accessed

Participants had experience with several types of services in their local communities (Q8 & 10). In both groups, the site hosting the group received the most favorable reviews by the participants. The lead case managers in each organization were repeatedly pointed to as helpful and supportive individuals compared to the other services discussed.

The HI group focused primarily on safety net income sources of disability and workers compensation, emphasizing that they are helpful but do not provide enough to change their situation. The CHOP group participants chose to discuss their access and experience with food stamps (Health and Human Services) and employment (Workforce Solutions) resources in their local area. Both sites were described as treating those perceived as homeless differently, withholding or making access to their services more difficult. Participants also described lack of transportation, particularly in these more outlying areas, as an issue in accessing services. Lack of ability to clean themselves or their clothes was also mentioned as preventing them from having more positive interactions with such service providers (in addition to potential employers).

Medical care was frequently not discussed until specifically prompted (Q11). However, both communities discussed finding ways to access primary care, either through free clinics in the area, or by accessing federal social support benefits. The Gold Card was reviewed favorably by those who had it and no one mentioned an inability to access this resource. Participants in both groups described frustration with the lack or limited availability of dental and vision-care resources in their communities. The group in Conroe did have access to free dental care but voiced concern that receiving such services requires a full day commitment in order to wait on site. Mental health services in Katy were described as lacking as well. Tri-county was pointed to by one participant in the CHOP group as superior care to ‘government’ mental health resources.

Service Needs

There were many challenges identified by the group participants (Q6). Transportation, maintenance of documentation and records, and similar logistical concerns were frequently represented. The need to secure sources of income, regardless of their consistency, was also described by many participants, with issues such as barriers to employment, criminalization of other sources of income such as flying signs, being banned from recycling centers, and ability to secure safety net income approvals.

The participants also brought up attitudes toward the homeless community as a challenge in their lives which they hoped would change. Attitudes of potential employers toward hiring those in homelessness, attitudes of individuals being asked to give money on street corners, and attitudes of employees in service organizations, shelters, and the public libraries were all described as challenges facing these individuals. Relationships with the police came up in both groups as well. Both groups had positive things to say about at least a couple of officers in their community which they interacted with. However the group expressed a need for better relationships with the police overall, describing common experiences with perceived harassment and wrongful arrests by officers. The HI group referenced the Homeless Outreach Teams in particular as being helpful instead of punitive and wished for their return to their area and the expansion of such programs.

There was a strong response regarding the services that were not available but that would be helpful (Q12). Once again, transportation was a frequent theme receiving endorsement in both groups. Additionally, logistical resources such as temporary storage and communication (phone and mail) and basic domestic services such as laundry and hygiene were frequently mentioned and endorsed by the
group. The opportunity to store backpacks or other items temporarily was referenced by multiple participants as a resource that would be useful to individuals who also described the stigma of carrying their possessions with them.

Another theme of resource needs was the extension of services ‘available downtown’ to those living in outlying areas, as with both of these groups. The Katy /HI group mentioned that they used to have access to a medical outreach bus from Healthcare for the Homeless Houston that would deliver care, screenings, and provide medication refills at their site and that they wished this service would return. A large, central, multi-organizational resource center for the local area was suggested by both groups. This was presented as a potential solution to both the larger transportation issues and a way for participants to avoid having to interact with service organizations and the homeless community located downtown. Several participants also expressed a desire for a summary (that could fit on a card) of the resources available in their local area and not just across all of Houston.

Appendix A. Notes

Hope Impacts
The first group consisted of 13 clients who were convened by Hope Impacts (HI) to represent the clients of that organization. There were also 2 focus group facilitators, 2 HI site staff, and one representative of The Way Home who provided gift cards to all participants at the end of the session. Hope Impacts provides day shelter services, including laundry and showers.

Both sites self-identify as religious mission-driven institutions and operate as 501c3s. Neither organization is a member of The Way Home, the Houston-area Continuum of Care nor do they serve on the CoC steering committee.

1. **When did you first become homeless? Where did you become homeless? Have you been in and out of housing or staying in shelters?**

   - Had a job & got hurt, lost income; didn’t have a place so slept on the pavement in for of where I worked; 2 years ago until this July;
   - 3 years; Florida and bought a ticket here
   - 2013 in Houston
   - 2014 in San Antonio; Mom was sick in the hospital
   - NJ – 2007 working and living inside until I got injured...

2. **People become homeless for many reasons. What are some of the reasons you became homeless? (prompts if necessary: job loss, divorce or other separation, mental health issues, substance use, Hurricane Harvey, domestic violence)**

   - Frostbite, 1st time in Houston, described the temperature shift in/out of sleeping locations & mechanism of injury;
   - Thanksgiving 2013, removed from the house by police
     - Divorce
     - Deaths in the family and lost a job
• Oil field, then a chemical plant in Pasadena; Police involved. 
  Didn’t realize I had diabetes until I was on the street 
  Diet on the street worsened the diabetes
• Harvey – (no one identified Harvey as the cause for homelessness)
  - That was seriously scary to be outside during that storm
  - I lost my job, but I was already homeless

3. **Have you lived with family or friends in the past? Can you do that again?**

   • No. To both.  
   • Yes I have but I wouldn’t do it again.  
   • My brother wouldn’t be ok with that  
   • If I was ready (i.e., had dealt with substance abuse issues), I could 
   • I don’t want to because you get taken advantage of;  
   • Last time, they said I was too hungry

4. **Who (else) relies on you for support? Who currently stays with you? Are you alone or with someone? Do you have any children?**

   • I stay with a couple of guys  
   • 2 clients (male & female): We’re together  
   • Does my dog count? He’s my buddy  
   • I have a cat. I live in a truck trailer and the cat can find all the cracks in it and goes hunting.

5. **Have you been employed at any time during your period(s) of homelessness?**

   • I’m employed, 7 days a week but it barely pays. I don’t care about Uncle Sam either, but it’s not steady enough to help out enough
   • (Case Manager at HI) helps. She’ll find you a job. I’m flying an 8 foot sign for Babies R Us. It’s a terrible job no doubt. Sign busts me in the face, and there’s women’s issues.
   • I have a job, landscaping work right now
   • Day labor - it’s not a guarantee but otherwise, the options are tough
   • When not too strung out I can find work
   • Nothing’s guaranteed (with flying signs) though sometimes you don’t make anything. With my age and the felonies I can’t get a job so that’s how it goes
   • Peer pressure – tell me to fly a sign and I’ll try it 
     a. I’ve got a college education (several others: Don’t we all)
   • If you get a ticket, how are you going to pay it unless you work on that corner? (Moderator: How can we fix that?) People need to be more understanding.

6. **What are the biggest challenges do you face in trying to find a more stable situation?**

   • Medical - Described a very long course of care involving injuries to legs
7. Sometimes circumstances make it hard for people to obtain permanent housing. What help could be offered that would support you getting into or staying in permanent housing?

- Rehab housing to get access to a house while recovering
  - Violent crime prevents entry to programs
  - Food pantry – get housing but still don’t have job so can’t get food.
    - Don’t have toilet paper. It’s hard.
- Food stamp barriers to receiving:
  - 1,2: Time in office vs $ available and Transportation “How to get Dave to the food pantry in his wheel chair?”
- Prostitution vs flying signs – balance of risks and choices; described being mocked by prostitutes while flying a sign
- Supportive housing goes to younger people with ‘less homelessness’. Minorities and kids get you into housing faster.

8. What kinds of services have you received?

- “Disability but it don’t pay enough”
  - Blames the government for funding priorities
- $150.00 /month is barely enough to live on.
- Disability SSI – “took over 10 years to get”
- Workers comp
• (Case manager at HI) helps with employment
• Connect the resources together because it’s disconnected

9. If you have not sought help from public or non-profit agencies, why not?
   A. Why?
   B. Location location location
   C. Quoting someone else “Backbone they have comes from the supports they receive”
   D. Give housing, but its high crime and all minorities so feel out of place

10. What are some of the services you use and find helpful?

11. How do you access medical care?
   • Downtown that’s all I know
   • Beacon
   • Hospital – they have to see you, I just got out of there
   • (Case Manager at HI) helped with my Medicaid
     o Now I have a Dr. down the street
   • Christ Clinic in Legacy – free
   • There was a bus that came once a month & gave us our medicine but it went away. We miss it.

12. What kind of help or services do you wish were there for you that are not available now? (i.e., transportation, housing, shelter)
   • We want that medical bus back
   • And the police used to come help, Homeless Outreach Team (HOT) was really useful
     o Deputy Kelly & Deputy Dida – provide food & kind conversation
   • Better Police Relationships
   • Described multiple cases of harassment & wrongful arrests

13. Anything else you’d like to share with us?
   • Housing access & inclusion lists change for us
   • ADA – glasses
   • Housing applications turned down for bogus reasons
   • (In terms of political change) - Electronic voting mistrust – many voices
Conroe House of Prayer

The second focus group, held at the Conroe House of Prayer (CHOP), consisted of 10 client attendees, 2 facilitators, 2 CHOP site staff, and one representative of The Way Home who provided gift cards to all participants at the end of the session. CHOP is a day shelter facility that provides a range of services including meals and religious services.

1. When did you first become homeless? Where did you become homeless? Have you been in and out of housing or staying in shelters?
   - In and out starting in Conroe
   - Once I was not allowed to work in January; Disability status awaiting approval; “Government talking to lawyers”
   - Homeless for 5 years and no services in New Caney so she came to Conroe and found support and made friends
   - In and out since ‘91, and there are no services between Houston and Huntsville, then I met (PATH Case Manager) and decided to stay in this area

2. People become homeless for many reasons. What are some of the reasons you became homeless? (prompts if necessary: job loss, divorce or other separation, mental health issues, substance use, Hurricane Harvey, domestic violence)
   - My old lady threw me out
   - Mine is health and waiting for disability to come in
   - Background (referring to criminal background preventing housing)
   - Unemployment
   - Domestic violence situation and a lack of help at the time, and then inability to work afterward

   When questioned about Harvey –
   - Ruined my campsite
   - Didn’t cause homelessness for anyone
   - Resources became harder to find since then
   - Changed where the food was /schedules
     - New schedules had to spread by word of mouth

3. Have you lived with family or friends in the past? Can you do that again?
   - I could with my sister, if I didn’t drink; …I’ll still stay with her sometimes.
   - No - Rules
   - It’s [homelessness is] a choice
4. **Who (else) relies on you for support? Who currently stays with you? Are you alone or with someone?**
- Do you have any children?
  - 1 client: My puppy dog
  - 1 client: 5 children
  - Others: no one

5. **Have you been employed at any time during your period(s) of homelessness?**
- I’m a carpenter, but I have 3 cracked ribs
- They won’t hire me. I’m crippled.
- If you don’t have a job, how do you get one when you’re carrying all your luggage around with you to interviews and stuff.
  - Day labor
  - I worked on golf courses until I got sick...

6. **What are the biggest challenges do you face in trying to find a more stable situation?**

- ..., but now I enjoy homelessness and feels like a choice. I have Jesus Christ in my life & don’t identify think of myself as homelessness. There’s no pressure living in the woods, and I deal well with... I don’t like unnecessary pressure. It was terrifying in the woods the first night (describes experience of first night, darkness, scary noises, etc.) but now it’s normal.
- Homeless steal from homeless – do things no one else does to the homeless.
- Salvation Army isn’t a good resource, in humane, ‘wouldn’t stay there even if paid him $100 a night”; treat you like trash and they don’t help, say they can’t fix anything;
- If you walk and carry a backpack you ‘have a mark on you’.
- They write you a ticket for taking your shoes off in the park;
- Cops make rules up as they go. Not all, some bad apples.
- Transportation mentioned three times
- Not having a phone

7. **Sometimes circumstances make it hard for people to obtain permanent housing. What help could be offered that would support you getting into or staying in permanent housing?**

- I would like permanent housing but I don’t want the headaches
- Too many rules
- Rules about having friends over, trips to the store (too frequently), no freedom
- What’s the point if I can’t help someone who needs to share with me?
- Las Cruces – tent city held up as an example of possible living situation
  - Alcohol use messes even that up, they’ll ask you to leave for intoxication
  - Some opportunities for employment in that scenario if you can find employers, but most still won’t hire someone living there.

8. **What kinds of services have you received?**
- Disability application
- High blood pressure & anxiety condition – can’t get fixed and delays
- Social Services can’t talk to me now that I’ve hired a lawyer
- Phones get stolen so others can sell them for drugs or money
• Very hard in Montgomery County to get food stamps if homeless. They want prove you have somewhere to cook food.
  o Food stamps for 1 month only
  o Have to go to Workforce Solutions every week; they don’t help you find a job, just tell you to get a job
• “Tri-county” – don’t like. I have a doctor and don’t like to use the MPC, MHMRA docs with all the abuse I’ve seen all the hospitals; don’t agree with government hospitals how the staff treat you.

9. If you have not sought help from public or non-profit agencies, why not?
• With multiple sites for services, have to travel with a backpack and stuff and you get tired
• Emergency Assistance (now called Crisis Assistance Center), told I had to go to Workforce Solutions to fill out new applications; too many rules!

10. What are some of the services you use and find helpful?
• Crisis center can receive mail; House of Prayer and a few service sites will receive mail for individuals
• Kindness of strangers keeps us going.
• *((PATH Case Manager*)) at this site
• Food- soup kitchens, lots of nonprofits & churches; Food stamps need to step up to help the local churches
• Food stamps – helped me
• Diabetics need better treatment at the Salvation Army – refuses to give snacks, can’t manage medication;
• Salvation Army meals at dinner but won’t work with timing of long or short acting insulin and residents can’t save food

11. How do you access medical care?
• Tri-County
• Crisis Center (mental health)
• Usually get a Gold Card
  o My mom set that up for me through Pasadena
• Medical & Dental care available at Under Over Fellowship
• Need more dental care, lines all day arrived at 7a and seen by 4pm
• Vision care nonexistent; someone stepped on one client’s glasses

12. What kind of help or services do you wish were there for you that are not available now? (i.e. transportation, housing, shelter)
• Transportation
• Locker to leave stuff
• We have no safe place to rest
• A place to do laundry, stuff gets stolen
• A card with information on it just for Conroe area; 211 exists and helps with this, but everyone needs to know about this service immediately;
• Somewhere you can go to check out the resources all in one place
• Place to recycle cans where they don’t kick you out for bringing back cans or packing too many cans together;
• Security in your medication; get your medication to you regularly – chronic medications with automatic refills for antianxiety, heart meds, etc.
• Transportation to and from resources and work, especially when raining;
• More resources & not just prayer
• More housing
• Medications
• Locker
• Housing
• Clothing for smaller people /different sizes
• Day shelter – somewhere to pay a small fee per day to stay ... because you can’t stay during daytime at Salvation Army even though you’ve paid $10 for the night
• Charter school or some programming for the kids in the shelter

13. Anything else you’d like to share with us?
   • It ain’t easy
   • It’s a full time job
   • Since Harvey still trying to recover
   • Rain and bugs ruined all my stuff