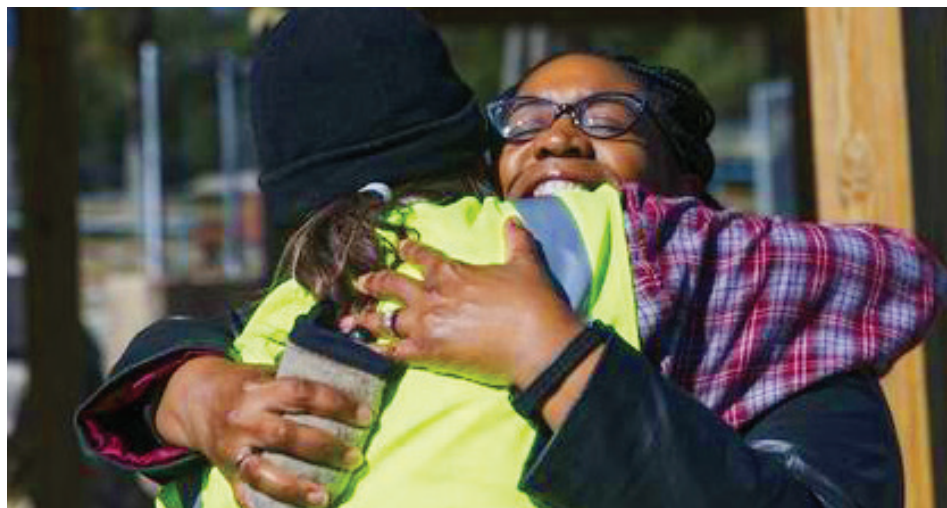




The Way Home's Community Plan to End Homelessness



The Way Home is the collaborative model to prevent and end homelessness in Houston, Pasadena, Conroe; and Harris, Fort Bend, and Montgomery Counties.



We seek to identify practical and implementable solutions to prevent and END HOMELESSNESS.



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About the Continuum of Care Lead Agency

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

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Table of Contents

Letter from Tom McCasland, Chairman of the Steering Committee of The Way Home CoC	2
Our Progress Since 2012	3
Overview of the Community Plan	6
Definition of Homelessness	8
Shared Values and Guiding Principles	9
Achieving an Optimized System	10
New Goals	11
Address Racial Equity and Social Justice	11
Expand Affordable Housing	13
Prevent Homelessness	14
Strengthen Crisis Response	15
Refine Engagement Strategies for People Living Unsheltered	17
Build Strong Cross-System Partnerships	18
Building on the work of Previous Plans	19
End Chronic Homelessness	19
Maintain an End to Veteran Homelessness	21
End Family and Youth Homelessness	23
Next Steps	25
Appendix A: Acknowledgements	26
Community Voices	
Steering Committee Members	
People with Lived Experience	
Appendix B: An Optimized System	29
Appendix C: Glossary of Terms	30

Dear **Community** Members,

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 (CoC).

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. With an allocation of CARES Act funding from the City of Houston and Harris County, 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

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

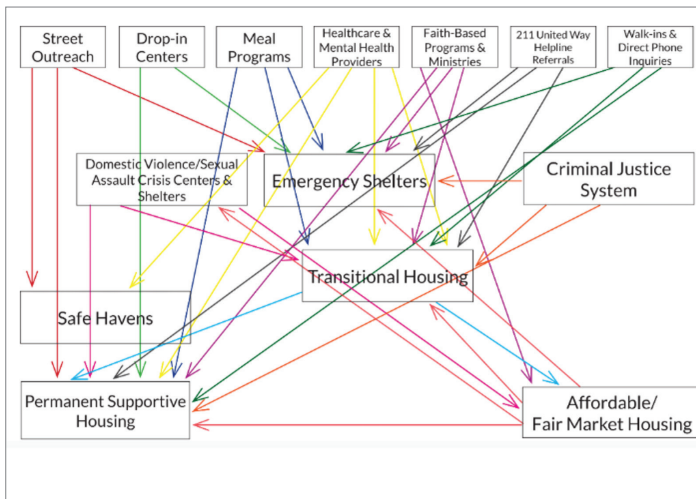
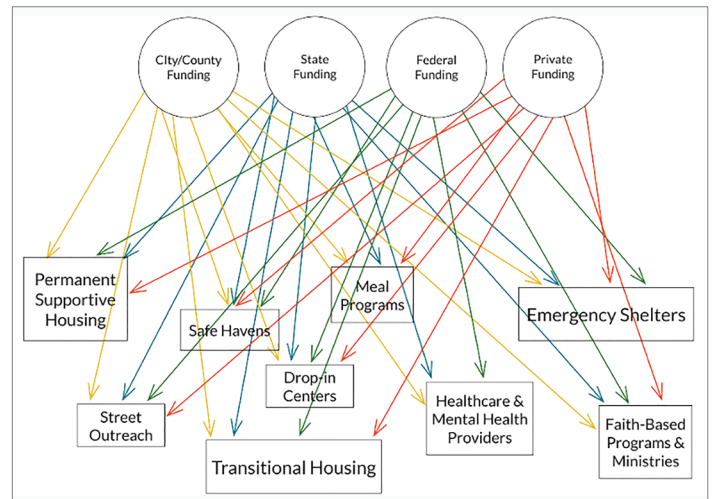


Figure 2. System Funding Prior to The Way Home



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

How we created system change and **collective impact**

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.

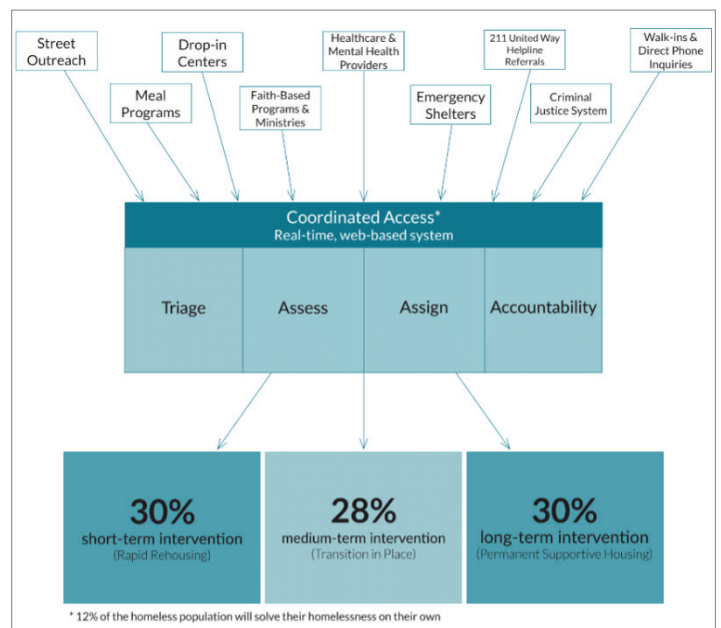
We established a new system of governance with the creation of the Steering Committee, providing board-like governance and leadership for homeless initiatives and ensuring coordination and alignment. The committee includes key stakeholders such as local funders, policymakers, community service providers, 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 built a coordinated planning and implementation structure with sub-committees and working groups.

We branded our Continuum of Care (CoC) as “The Way Home,” the collaborative effort to prevent and end homelessness in Houston, Pasadena, Conroe, 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).



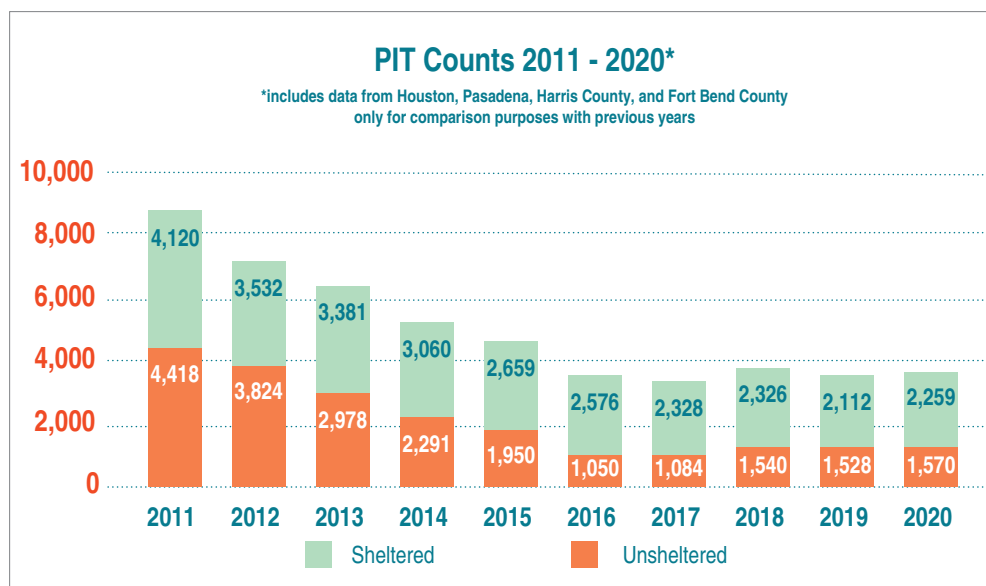
We established robust relationships with local Public Housing Authorities to prioritize people experiencing homelessness for rental assistance and to engage their services in providing homeless assistance.

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 declined through the 2011-2016 time period but in recent years has seen a 50% increase along with increased public visibility of homeless encampments.

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



¹Data for the 2020 Point-in-Time Count was collected in January 2020, prior to the COVID pandemic reaching the Houston region.

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 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

Overview of the Community Plan *continued*

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 CoC 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 2026.

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 CoC 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 CoC. 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 Count (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

Program Component Types	Current System for Individuals (Units)	Estimated Optimal System for Individuals (Units)	Estimated Current Gap
Emergency Shelter	1,050	1,570	520
Diversion/Prevention	0	875	875
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

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

Goal: Address Racial Equity and Social Justice

People of color are disproportionately overrepresented in the homeless system. (See Figure 7.) The homeless response system plays a role in these disturbing levels of inequity; and 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.

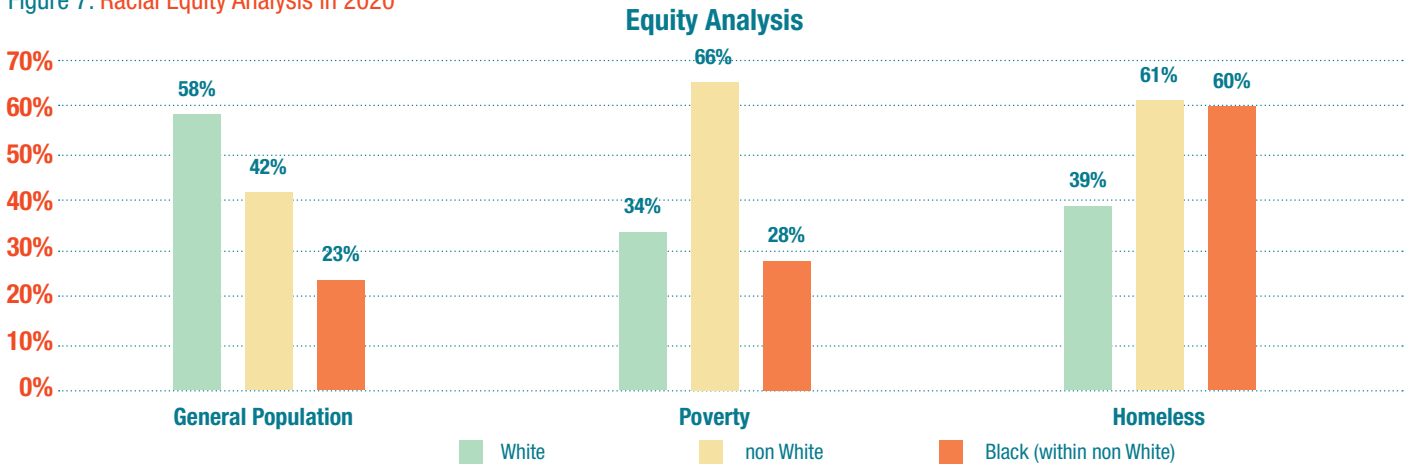
Strategy 4: Hire. Promote hiring and retention practices to further diversify system staff at all levels to better reflect populations served. Track results of hiring practices to ensure diversity and inclusion are expanded. Encourage agencies to ensure that diverse staff are not limited to designated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

Strategy 5: Educate. Institute standardized cultural humility and anti-racist trainings 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.



Goal: Address Racial Equity and Social Justice *continued*

Figure 7. Racial Equity Analysis in 2020



Source: HMIS; U.S. Census Bureau 2019 American Housing Survey; WellfareInfo.org

The General Population and Poverty statistics are based on the Houston Metropolitan Statistical Area (MSA), which comprises a larger geographic area than the CoC. The Homeless population data covers only the CoC².

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.

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%).

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, Pasadena and Conroe 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.

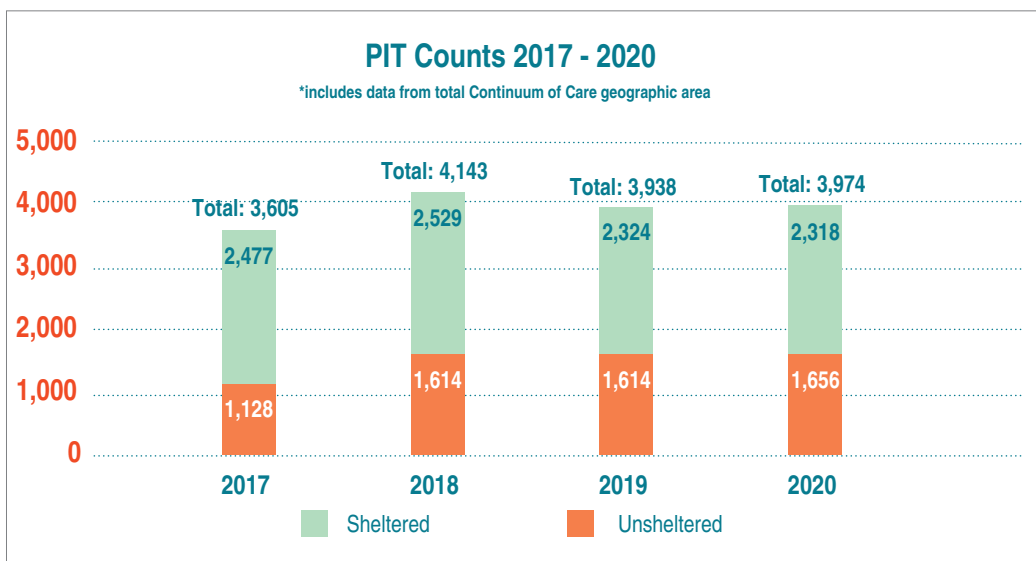
Long periods of living without shelter put individuals at greater risk for negative health outcomes, premature death, greater social dislocation, and isolation, and increase the

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.

Figure 8. PIT Counts 2017-2020



Goal: Strengthen Crisis Response *continued*

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 care, critical time intervention, motivational interviewing, and housing first strategies) for service delivery.

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 encampment strategy. Encampments pose a serious and significant danger to those who are unsheltered.



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 Action 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 disproportionately 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 to 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.

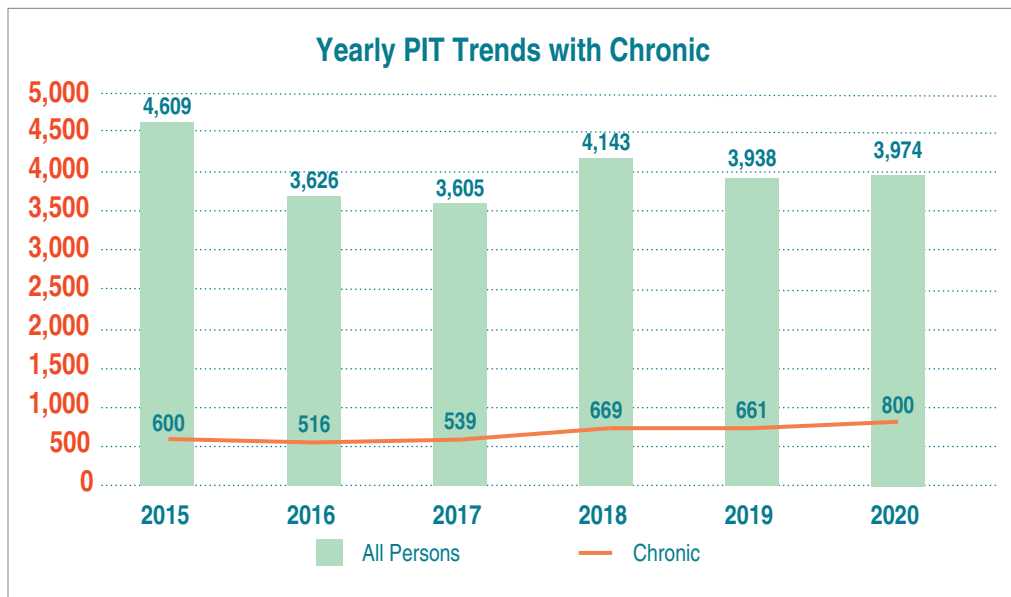
Goal: End Chronic Homelessness *continued*

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-Veterans Affairs Supportive Housing 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: Supportive Services for Veteran Families. Target SSVF resources to all eligible Veterans who are not otherwise prioritized for HUD-VASH.

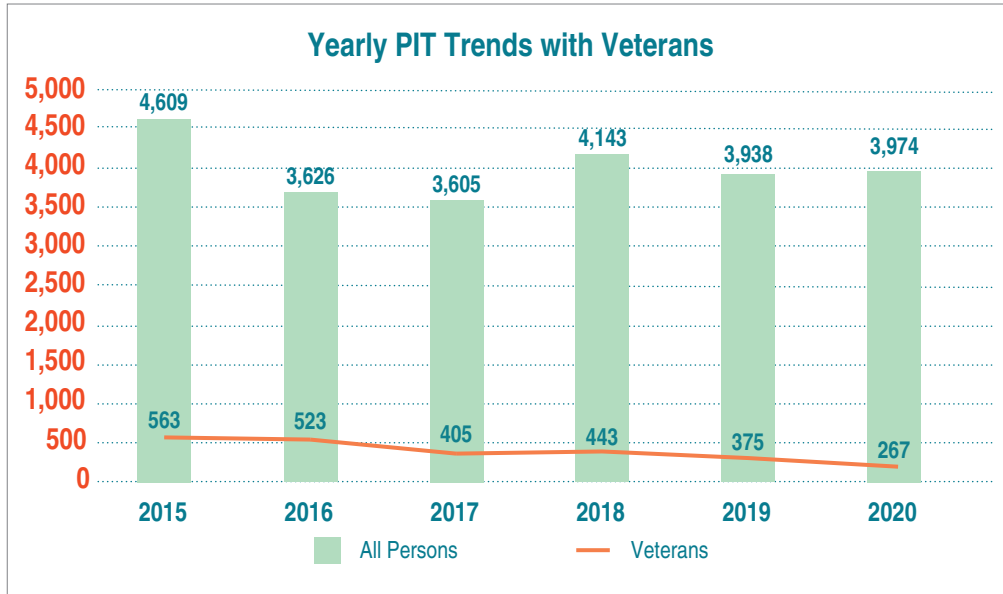
Strategy 4: Grant Per Diem. Leverage reconfigured GPD programs with flexible service models necessary to maintain functional zero status for Veterans. Assess whether the range and scope of GPD-funded housing meets current Veteran housing need and reprogram to permanent housing wherever possible. Make 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.



Goal: Maintain an End to Veteran Homelessness *continued*

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.

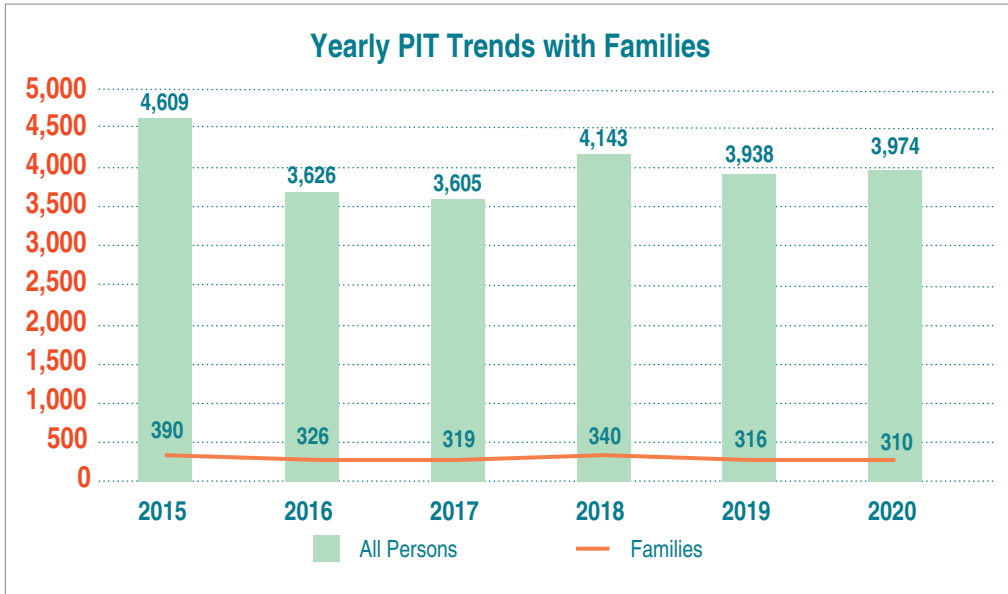
Strategy 2: High Need Families. Understand why some families stay in shelter longer and develop solutions to address extended shelter tenure.

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.

Goal: End Family and Youth Homelessness *continued*

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 CoC, 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.

AIDS Foundation Houston
Alliance of Community Assistance Ministries
Amerigroup
Asset Building Network, Inc.
Avenue 360 Health & Wellness
Bank of America
Bay Area Homeless Services
Career and Recovery
Catholic Charities
Central Houston
City of Houston Housing and Community Development Department
City of Houston Mayor's Office
City of Pasadena Community Development Department
Clutch Consulting
Corder Place Apartments
Covenant House Texas
Fort Bend County Community Development Department
Fort Bend Women's Center
Gulf Coast Workforce Board
Harmony House, Inc.
Harris County Budget Management Department
Harris County Community Services Department
Harris County Domestic Violence Coordinating Council
Harris County Housing Authority
Harris County Judge Jeremy Brown
Harris County Protective Services for Children and Adults
Harris County Sheriff's Office
Harris County Youth Collective
Harris Health System
Healthcare for the Homeless - Houston
Houston Area Women's Center
Houston Endowment
Houston Galveston Area Council
Houston Housing Authority
Houston Independent School District
U.S. Department of Housing and Urban Development
Magnificat Houses, Inc.
Memorial Assistance Ministries
Michael E. DeBakey VAMC
Midtown Management District
Montgomery County Community Development Department
Montgomery County Women's Center
Montrose Center

Appendix A: Acknowledgements *continued*

New Hope Housing, Inc.
NHP Foundation
Open Door Mission
Rockwell Fund Inc
Salvation Army Center of Hope
Santa Maria Hostel
Sarah's House
SEARCH Homeless Services
Star of Hope Mission
Temenos Community Development Corporation
The Beacon
The Bridge Over Troubled Waters, Inc.
The Harris Center
The Housing Corporation
The Montrose Center
The Salvation Army
The Simmons Foundation
The Women's Home
U.S. VETS - Houston
Umanity
United Healthcare
United Way of Greater Houston
Volunteers of America Texas
Waterman Steele Real Estate Advisors
Wells Fargo
Workforce Solutions
Young Women's Christian Association of Houston

We appreciate the input from all of our partners and regret any inadvertent errors of spelling or omissions.

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 Inc.

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 Department

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

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.

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.

Appendix C: Glossary of Terms *continued*

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.

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

Appendix C: Glossary of Terms *continued*

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.

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.

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.

Appendix C: Glossary of Terms *continued*

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.

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.

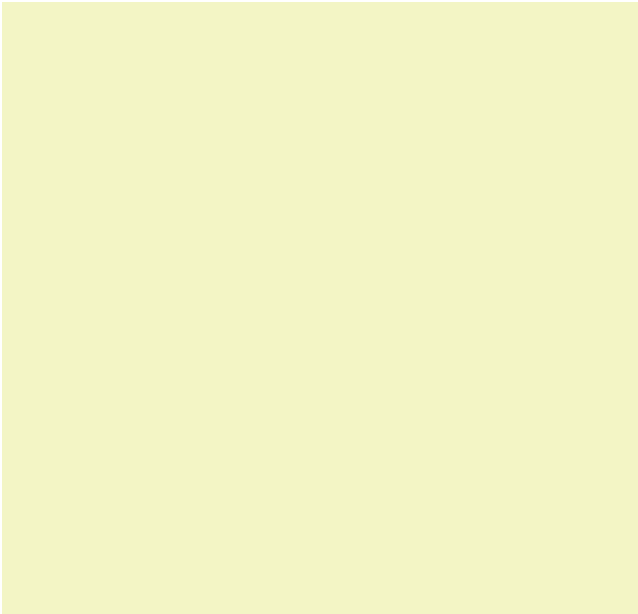
Transitional Housing: An intervention designed to provide individuals and families experiencing homelessness with the interim stability and support to later be able to successfully move into and maintain permanent housing.

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 www.thewayhomehouston.org

