# Built for Zero and Texas Balance of State Continuum of Care (TX BoS CoC) Learning Collaborative Application

#### COMMUNITY BACKGROUND

1. Community Name:
2. Community Coverage Area (please list counties):
3. Local Homeless Coalition Name:
4. Principal Agencies Involved in Homeless Services within the Community:

#### NARRATIVE RESPONSE

Please answer the questions below in **three to five sentences**:

1. Describe what your community hopes to gain from the Learning Collaborative.
2. Describe what your community will bring to the Learning Collaborative that will benefit the collaborative and your community.
3. Describe how your community participates with the Texas Balance of State Continuum of Care planning.

#### COMMUNITY CAPACITY

Assessment of the Local Homeless Coalition. Local Homeless Coalitions are groups of organizations, individuals, and leaders interested in ending homelessness that meet face-to-face locally within TX Balance of State communities. Local Homeless Coalitions make plans to address homelessness in their communities, pursue CoC goals, and lead local initiatives. To see coverage of recognized Local Homeless Coalitions in the TX BoS CoC, [click here](http://thn.org/wp-content/uploads/2017/07/LHC_map_August_2017-1.pdf).

1. Does the community have an active Local Homeless Coalition recognized by Texas Homeless Network? A coalition is considered “active” if it meets at least quarterly. (check one)

* Yes
* No
* Not yet, but we are in the process of developing one

Local Homeless Coalition Membership.To get the most out of the Built for Zero collaborative, it is imperative that organizational decision-makers are at the table to approve and support the implementation of change ideas.

1. Does your Local Homeless Coalition have people in authority and decision-making roles within their respective organizations in regular attendance? (check one)

* Yes (Please list organization(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* People in authority/decision-making roles attend, but do not do so regularly (Please list organization(s))\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No, people in authority/decision-making roles do not attend meetings.

Cooperative Activity Experience.Participating in the Built for Zero Collaborative will require community organizations to work together, share goals, and alter internal and external processes.

1. Which of these types of cooperative initiatives has your Local Homeless Coalition participated in previously, regardless of level of success with that initiative? (check all that apply)

* Coordinated Entry
* Ending Veteran Homelessness
* Coalition Fundraising
* Point-in-Time (PIT) Count
* Community-Wide Case Conferencing
* The Coalition has not attempted a cooperative activity before.
* Other (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_)

Community Commitment.

1. Please indicate if the following statement is true or false for the majority of the Local Homeless Coalition:

We are excited to contribute actively to the Built for Zero collaborative, and we will bring enthusiasm and resourcefulness to this national effort and demonstrate that it is possible to end Veteran and Chronic Homelessness

(check one)

* True
* False

If you answered “false”, please explain in one to two sentences:

Outcomes and Data Collection.We document or plan to document outcomes in the following six areas:

1. The number of individuals and families newly identified as homeless. (check one)

* Yes
* No

1. The number of individuals and families who have returned to homelessness from housing. (check one)

* Yes
* No

1. The number of individuals and families actively experiencing homelessness. (check one)

* Yes
* No

1. The number of individuals and families who have reappeared as homeless after going missing. (check one)

* Yes
* No

1. The number of individuals and families the community assists to obtain housing. (check one)

* Yes
* No

1. The number of individuals and families that are moved to “inactive status” on the By-Name List. (check one)

* Yes
* No

#### COMMUNITY LEADERSHIP COMMITMENT

Identify the community member who will serve as the Community Leader for your community’s team.

1. Community Leader Contact Name:
2. Community Leader Title/Organization:
3. Community Leader Phone Number:
4. Community Leader E-Mail Address:
5. Please have your Community Leader and the Local Homeless Coalition Chair verify the statements below. (Note: this may be the same person, depending on your community’s size and structure):

As the Community Leader, I commit to:

* Lead my community’s team in ensuring that the team conversation is genuine and that all voices, including those of consumers, are heard;
* Lead the team in making improvements;
* Serve as the primary team liaison to Texas Homeless Network and Community Solutions;
* Coordinate data collection as needed;
* Submit monthly progress reports in a timely manner;
* Ensure that monthly progress reports and lessons learned are shared with team members and the community;
* Have influence and authority to make systemic changes and spread these throughout the community to the best of my ability;
* Provide the team with the resources, including time, materials and equipment, access to local experts, and support necessary to implement the selected changes;
* Participate in conference calls on a regular (monthly) basis;
* Connect the Learning Collaborative goals to strategic initiatives of the community and the CoC;
* Hold team members accountable for initiating, maintaining, and evaluating the goals and tasks set out for themselves as a part of the collaborative;
* Facilitate the implementation of successful changes throughout the organization; and
* Provide continuing opportunities to disseminate what has been learned and to continue change processes within the community.
* I agree (check here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Community Leader

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

* As the Local Homeless Coalition chair, I unequivocally support and endorse the efforts of the Coalition and team in this Learning Collaborative and will provide them with the time, flexibility, support, and resources of the Coalition to accomplish these goals, to the best of my ability.
* I agree (check here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Local Homeless Coalition Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date