
TARRANT COUNTY HOMELESS COALITION

STATE OF THE HOMELESS REPORT

2021

"A vibrant community where individuals and families have a place to call home and the resources to live their best life."

EXECUTIVE SUMMARY

2021 HOMELESS RESPONSE SYSTEM

VISION

A vibrant community where every individual has a place to call home and the resources to live their best life.

MISSION

The CoC cultivates partnerships to collectively create effective and efficient community solutions to homelessness.

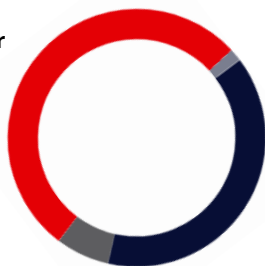


TOTAL PEOPLE SERVED IN 2020: 10,268

2021 POINT IN TIME COUNT RESULTS

2021 TOTAL: 1,234

Emergency Shelter
652



Safe Haven
20

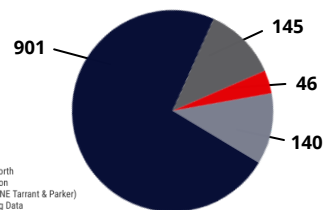
Unsheltered
479

Transitional Housing
83

ANNUAL TRENDS

- 42% overall decrease ↓
- 40% decrease in unsheltered ↓
- 23% decrease in Veterans homelessness ↓
- 46% decrease in Family homelessness ↓
- 32% decrease in Chronic homelessness ↓

WHERE?



*Due to COVID-19, surveys this year were "observation only" and did not include survey questions like location.

WHY?

Top reasons people become homeless:

1. Unemployment/No Income
2. Inability to pay rent
3. Physical/Mental Disability

WHO?



SYSTEMS CHANGE

In 2018, we saw a year of **transformation** as we worked together to reshape what homeless services looked like for our community.

In 2020, we were focused on **problem solving, COVID-19 response,** and what comes next for our community.

In 2019, together we focused on the **implementation** of our new community strategic plan.

In 2021, we are **building on momentum** fueled by increased system investment and continued strengthening of partnerships.

INTRODUCTION

Tarrant County Homeless Coalition (the Homeless Coalition) is pleased to present the 2021 State of the Homeless Report. The 2021 State of the Homeless Report is a powerful resource for understanding the scope and intricacies of homelessness in Tarrant and Parker counties. This report contains the most current and accurate data and analysis available surrounding homelessness in Tarrant and Parker counties. The Homeless Coalition hopes to convey an understanding of how our system works together, the magnitude of the response, accomplishments and where we're headed next.

2021 is all about building on the incredible momentum we have after a year of protecting, responding, aligning and coordinating together to do the best work we could for our community. 2020 proved to be a year that no one expected. Our system of care was challenged in ways that we could have never predicted. However, we also responded together in incredible ways, keeping people safe and protecting the population that we work to care for every day. We continue to move forward working to better understand trends we're seeing, figure out how to best serve people, and start to move upstream to prevent people from ever becoming homeless. Despite the pandemic, committees picked back up on their work, conversations changed and progress continues to be made.

Thank you to all of our partners for coming alongside us on this journey. The Homeless Coalition is here to serve you and could not do our work without you.

VISION & MISSION

SHARED VISION

A vibrant community where individuals and families have a place to call home and the resources to live their best life.

MISSION

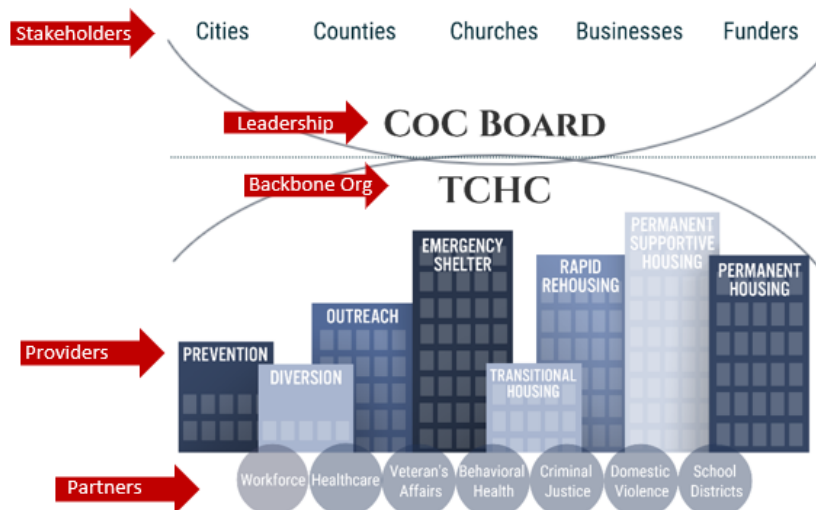
The CoC cultivates and creates partnerships to collectively impact effective and efficient community solutions for those experiencing homelessness.

With an agreed upon community-wide strategic plan, our housing crisis system of care has continued to move forward together, showing unity, especially during the pandemic. COVID-19 was a true stress test for our system and structure and it performed in an outstanding way. Significant systems changes were made, all coming from committees within the board structure. As the year went on, committees reemerged remaining committed to their goals and strategic actions for the year. Additionally, we continued to work on maximizing technology solutions to improve how our system functions. This allows us to not only look at homeless data, but also see our data with and compared to other data sources.

LEADERSHIP

Housing Crisis System of Care

Our Housing Crisis System of Care encompasses a wide array of services available to those in need. The System of Care not only includes organizations with the primary mission of addressing homelessness, but also includes community stakeholders, leadership and other partners who provide essential services.



The Continuum of Care Board of Directors

The Continuum of Care (CoC) Board of Directors is a community-based planning body committed to the goal of ending homelessness. The CoC is responsible for providing community leadership to guide Tarrant and Parker Counties toward the goal of providing a home for all, putting the mission into action to realize our community's vision. The Board's responsibilities are to:

- Understand the size and scope of the problem of homelessness in our community;
- Promote funding efforts by non-profit providers, for profit entities and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma caused by dislocation;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families;
- Lead the collective purpose surrounding the issue of homelessness;
- Optimize the self-sufficiency among individuals and families experiencing homelessness; and
- Design effective strategies and solutions to address homelessness.

Board Structure

The CoC Board of Directors is made up of a five-member Leadership Council and a 28-member Membership Council. The Leadership Council meets three times annually; the Membership Council meets on the fourth Monday of every other month. Within the CoC structure there are also standing committees, ad-hoc committees, subcommittees and work groups, all of which meet on a monthly or quarterly basis.



Committee Purpose and Alignment

Allocations

Purpose: Allocation Committee's purpose is to align needs with resources, increase system dollars and improve performance across the continuum. Improving performance across the continuum includes prevention of homelessness and diversion all the way to emergency shelter and homeless response programs.

Strategic Plan Alignment: Goal 5: Committed Resources

Governance

Purpose: The Governance Committee conducts the annual nominations process for the CoC Board of Directors and oversees strategic recruitment of community members to the CoC Board and committees. Committee members must include representation from both the Leadership and Membership Councils.

HMIS Governance Committee

Purpose: The HMIS Governance Committee oversees the Homeless Information Systems Management, including planning, participation, selection, implementation and ongoing oversight of technology systems.

Strategic Plan Alignment: Goal 2: Data Driven Solutions

Housing Committee

Purpose: The Housing Committee makes recommendations to the CoC Board on the planning, CoC wide policies, procedures, implementation and oversight needed to ensure adequate housing stock and access for those at risk of or experiencing homelessness.

Strategic Plan Alignment: Goal 3: Housing Focused

Improvement, Coordination & Training Committee

Purpose: The ICT Committee oversees the development and implementation of CoC-wide policies, processes and training and oversees all intervention and population workgroups.

Strategic Plan Alignment: Goal: 1: Effective Response System

Subcommittees, Workgroups and Taskforces

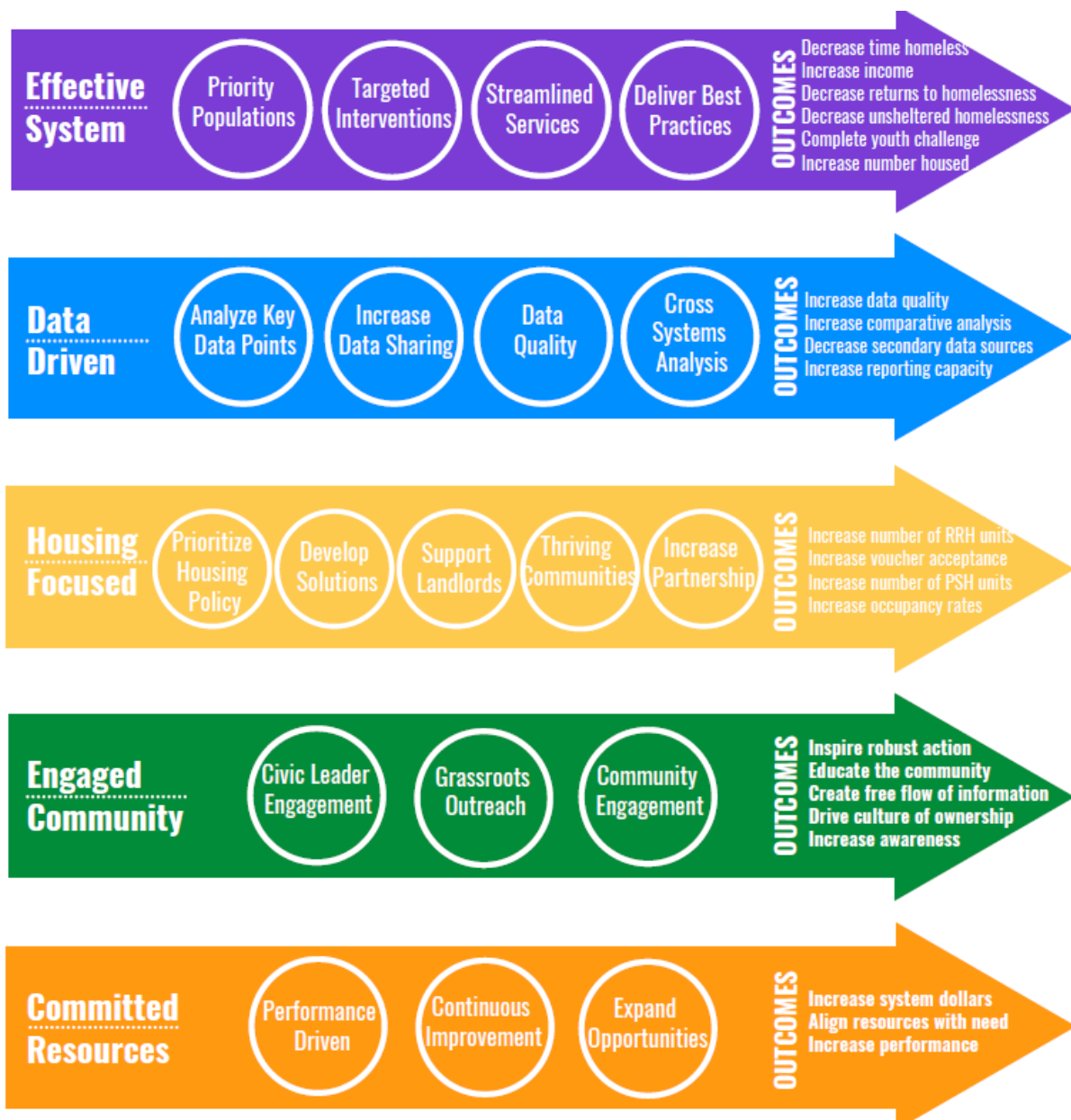
Emergency Shelter Strategy Committee, Family Committee, Youth Committee, Veterans Leadership Taskforce, Performance Workgroup, Ranking Workgroup, Outreach Leadership Committee; Case Conferencing Groups: Arlington, Permanent Supportive Housing, Rapid Rehousing, Veterans, Youth, Families, Unsheltered

2021: BUILDING ON MOMENTUM

Community Alignment

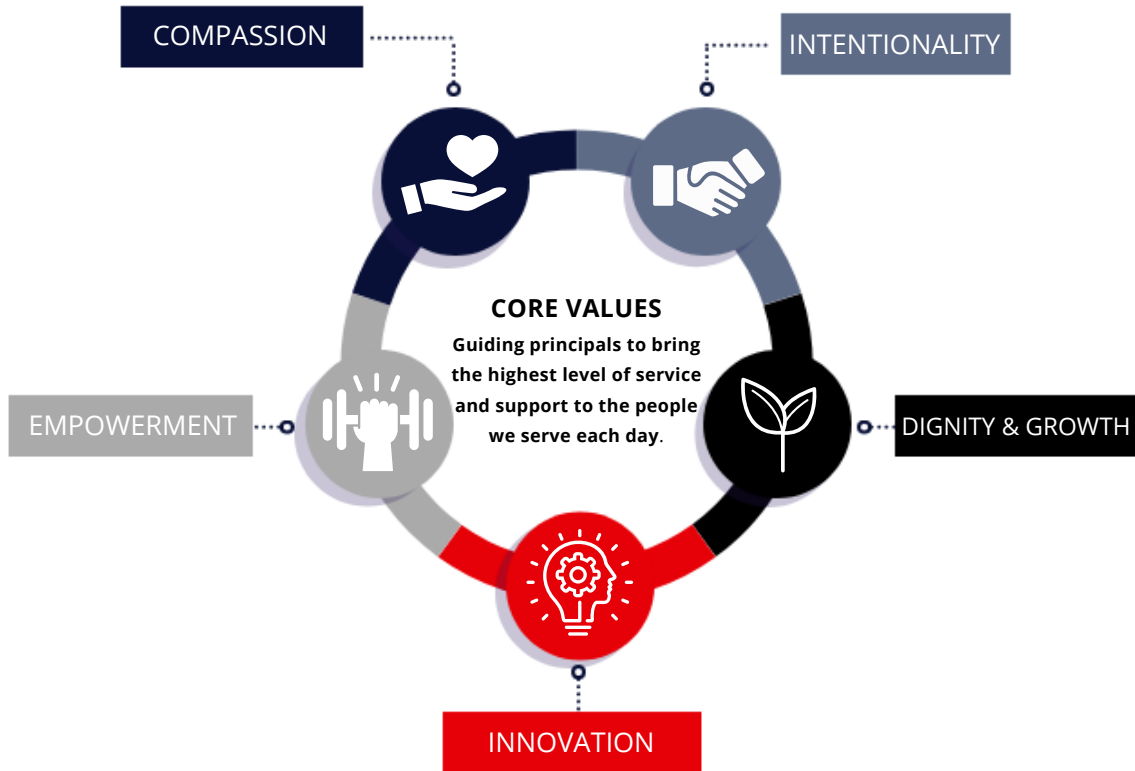
The Homeless Coalition and our partners serving people experiencing homelessness have committed to the CoC Strategic Plan to guide all planning and services within our housing crisis system of care. The strategies in the plan serve as the backbone of all efforts around homelessness, including planning and implementation of programs and services. The strategic plan was created with much thought and is designed to ensure the CoC is well prepared for growth, expansion, and new partnerships far into the future.

Working together, the vision of **a vibrant community where every individual has a place to call home and the resources to live their best life** will be realized.



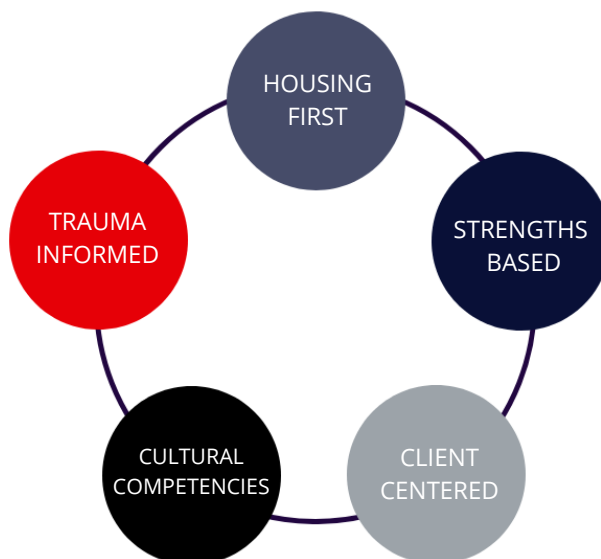
Core Values

Just as we have a shared community vision, our community of service providers also has shared core values that are embedded into our strategic plan and guide interventions in our system. Core values give us guiding principles to bring the highest level of service and support to people experiencing homelessness being served each day.



Core Competencies

Core competencies establish a community wide standard of care to ensure anyone who experiences homelessness receives consistent and high-quality services, regardless of where or what type of services they are seeking.



SIGNIFICANT ACCOMPLISHMENTS

The CoC made significant progress on the strategic plan with the following major accomplishments:

- **Prioritized people susceptible to COVID-19 for housing.**
- Expanded housing resources, including **119 new Permanent Supportive Housing units** through the City of Fort Worth.
- **Housed 525 people in the Housing 500 Challenge** at the end of 2020.
- Used new COVID-19 federal funding to **expand outreach teams** and provide services to people who were unsheltered.
- Leveraged new COVID-19 federal funding along with landlord engagement and eviction prevention measures to **reduce homelessness in the CoC.**
- Implemented **new Leadership Academy trainings** in best practices.

COVID-19 RESPONSE

The CoC responded quickly to reduce infections and fatalities from the COVID-19 pandemic among people experiencing homelessness.

- Emergency Shelters enacted social distancing, COVID-19 screening, and cleaning protocols consistent with the Centers for Disease Control guidelines.
- The city of Fort Worth set up a series of resources as additional capacity for people experiencing homelessness, including the Fort Worth Convention Center as an overflow shelter and a later separate shelter for people experiencing homelessness who were COVID+ or COVID-exposed.
- The Homeless Coalition began regular "Homeless Huddle" meetings with Emergency Shelters, outreach teams, housing programs, city and county staff, Tarrant County Public Health, and JPS Health Network to assess and respond to emerging COVID-19 needs. This allowed for more uniform and coordinated responses across the CoC in social distancing, COVID screening protocols, and COVID testing and medical care protocols. Emergency Shelters also received temperature kiosks that can measure temperature without staff resources or staff risk.
- The Homeless Coalition served as a distribution center for COVID-19 supplies; generous funders relied on the Homeless Coalition to respond to emerging and ongoing system needs.
- Outreach teams expanded with new COVID-19 funding to ensure that people who were unsheltered were receiving resources and connected to housing.
- The Homeless Coalition established a separate emergency non-congregate shelter for people who were homeless and COVID+ in December 2020.

STRATEGY: PRIORITY POPULATIONS

Identifying and targeting priority populations has been recognized as a national best practice to address homelessness. Our community has identified four priority populations for 2018 to 2023:

- 2018: veterans
- 2019: youth (18-24)
- 2020: people most at risk with COVID-19
- 2021: families
- 2022: chronically homeless



With the recognition that COVID-19 had potentially disastrous impacts in the congregate settings serving people experiencing homelessness, the CoC Board approved a change in priority population for 2020, refocusing our efforts on people who were most at risk for negative outcomes from COVID-19. The decision was also made to delay targeted work on other populations to keep people safe and move vulnerable people out of congregate settings.

Each year we kick off efforts with the target population with a 100-Day Challenge, usually in the fall. During these Challenges our community brings providers serving specific populations together to get creative about their services, figure out how to serve complex cases within the population, and work together to make our system function the best it possibly can. Like many other things, the Challenge was different in 2020 and from October to December we embarked on the *Housing 500 Challenge*. This housing challenge had the goal of moving as many people as possible out of congregate settings and also getting the system of care moving again after experiencing significant slow downs due to the pandemic.

Our community responds well to challenges and this challenge was no exception. **Our system of care housed 525 people during the 2020 Housing 500 Challenge.** The Challenge helped us identify barriers people were having to moving into housing and allowed us to redirect resources where needed. Again, we have exceeded goals set and the challenges have helped propel us into long-term systems change.

People Susceptible to COVID-19

The Centers for Disease Control recognized that people experiencing homelessness were at great risk for COVID-19 infections and complications. People experiencing homelessness have increased risk of exposure to COVID-19 infection and they cannot “shelter in place” at home of their own. Additionally, people experiencing homelessness have co-occurring health conditions at higher rates than the general population. These conditions put this population at higher risk of COVID-19 complications. Because of this, our community designated people susceptible to COVID-19 as the priority population for 2020.

The CoC worked with JPS Health Network to identify factors that would qualify a person experiencing homelessness as at greatest risk of COVID-19 complications. Through a partnership, JPS helped identify people experiencing homelessness who had these factors, which then facilitated them being prioritized for housing.

The CoC continues to work closely with medical and health professionals to ensure those most vulnerable to COVID-19 continue to be prioritized for housing as we move through the pandemic.

STRATEGY: PRIORITY POPULATIONS

Youth

Young adults, age 18 to 24 and those who are under 18 and unaccompanied, were identified as our community's priority population for 2019. Youth in this age range are especially vulnerable on the street and are often taken advantage of and exploited in different ways. Additionally, a subset of the population needs specialized services to help overcome barriers and past trauma. These youth include LGBT+ youth, foster care alumni, and trafficked youth.

As we embarked on the 100-Day Challenge in 2019, outside of housing, the most pressing needs identified by youth included transportation, driving lessons, housing locators and emotional support.

Youth homelessness decreased slightly in 2020. The percent of youth who moved into permanent housing increased from 32% in 2019 to 56% in 2020. Additionally, the percent of youth who returned to homelessness improved from 24% in 2019 to 18% in 2020. This means that the system was better at helping youth gain stability in 2020. However, youth who were homeless faced significant difficulties with employment during 2020, and the percent who retained or increased their employment income fell from 50% in 2019 to 22% in 2020. This decrease in employment income was likely due to the economic difficulties of the COVID pandemic, which have affected youth disproportionately.



Photos courtesy of Hands of Hope Street Outreach Team

Notable Trends

Percent of youth who moved into permanent housing:

2019: 32%

2020: 56%

Percent of youth who returned to homelessness:

2019: 24%

2020: 18%

Percent of youth who retained or increased their employment income:

2019: 50%

2020: 22%

536

youth served in 2020

92

youth found experiencing homelessness in the night of the 2021 count.

18%

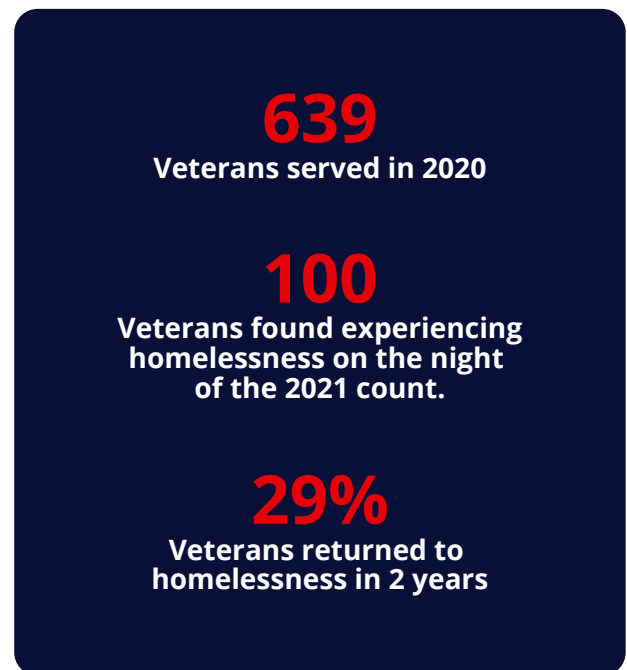
youth returned to homelessness after two years

Veterans

Veterans experiencing homelessness remain a focus for our community. Veterans were the community's priority population in 2018, when we embarked on a 100-Day Challenge and a group of dedicated service providers began reviewing progress and determining a clear path forward to create a system in our community to reach functional zero- that is, when there are more veterans leaving homelessness than entering. Our community is committed to not only getting to functional zero, but also to maintaining it- an accomplishment not achieved by many.

During the COVID pandemic, veteran homelessness increased in our community. Building closures, long waits or the impossibility of receiving identifying documents, and shortages of affordable housing stock were barriers to reducing homelessness for veterans in 2020.

Our community has seen both positive and negative movement among our efforts to serve veterans experiencing homelessness during the pandemic. The percent of veterans moving into permanent housing fell from 65% in 2019 to 60% in 2020, indicating that fewer veterans attained stable housing out of homelessness. The percent of veterans who returned to homelessness after two years improved in 2020, decreasing to 29% from 35% in 2019. This means that veterans who received housing were better able to maintain it, as compared to 2019. The Veteran Leadership Taskforce is the group charged with continued efforts to address these barriers to end homelessness for veterans in Tarrant County.



Notable Trends

Percent of veterans who moved into permanent housing

2019: 65%

2020: 60%

Percent of veterans who returned to homelessness:

2019: 35%

2020: 24%

Families

Our community is working very intentionally to address family homelessness. The Family Committee works strategically to address family homelessness through coordinated services, identifying barriers and ensuring that families can access services immediately. The Committee is aligned with the USICH benchmarks to end family homelessness and has begun working on the first goals to achieve benchmarks.

The Family Committee has seen great success in collaborating with new partners to address family homelessness including Early Childhood Intervention (ECI), Childcare Management Systems (CCMS), and ISD homeless liaisons. The Committee is also working to standardize how our community talks about and counts families experiencing homelessness.



Photography courtesy of Sara Liz Photography

Our system serves families exceptionally well and is able to quickly respond to their needs, primarily through the rapid exit and rapid rehousing interventions. Families spend less time on average in homelessness, move into housing faster than other populations, and have lower returns to homelessness. In 2020, the number of families experiencing homelessness decreased 46%, and the rate at which families return to homelessness after two years fell from 20% to 13%.

Notable Trends

Percent of families that moved into permanent housing:

2019: 92%

2020: 100%

Percent of families that returned to homelessness:

2019: 20%

2020: 13%

82

Households experiencing homelessness on the night of the 2021 point-in-time count.

268

People in families experiencing homelessness on the night of the 2021 count.

13%

Returns to homelessness after two years

Chronically Homeless

People experiencing chronic homelessness have been identified as our community's priority population for 2022. Chronically homeless individuals are people who have experienced homelessness for more than one year or more than four times in three years and have a disability. People experiencing chronic homelessness often face complex and long-term health conditions such as mental illness, substance abuse disorders, physical disabilities and other chronic diseases such as diabetes and heart disease.



Photo courtesy of Hands of Hope Street Outreach Team

People experiencing chronic homelessness are considered particularly vulnerable because they often live outdoors or in other living situations not meant for human habitation, which typically intensify or worsen any disabilities or ongoing medical conditions present. Additionally, chronically homeless individuals are often the most visible population experiencing homelessness and personify stereotypes about the homeless population.

We have started detailed work on understanding who is experiencing chronic homelessness, along with those who are the highest utilizers of homeless and public services. With our partners, the Homeless Coalition is determining what the goals for this 100-Day Challenge should be and what success would look like for our community.

CORE INTERVENTIONS

Our Housing Crisis System of Care is made up of core interventions designed to serve people who have experienced housing instability and homelessness. Services provided range from homeless prevention to crisis response services to longer term housing solutions. Each intervention is specifically designed to respond to meet people's needs and meet them where they are at that time.

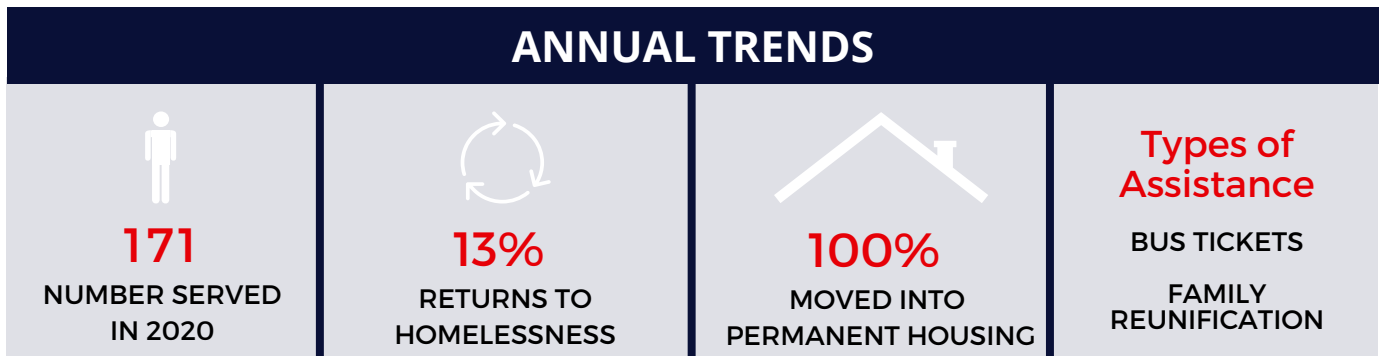
HOMELESS PREVENTION

Homeless Prevention services provide direct financial assistance to keep people from becoming homeless. Homeless Prevention is considered the most cost-effective way to help those who are at risk of losing their housing and can ultimately reduce a community's need for and reliance upon emergency solutions. In 2020, funding for Homeless Prevention greatly increased with additional federal funding due to the COVID-19 pandemic.



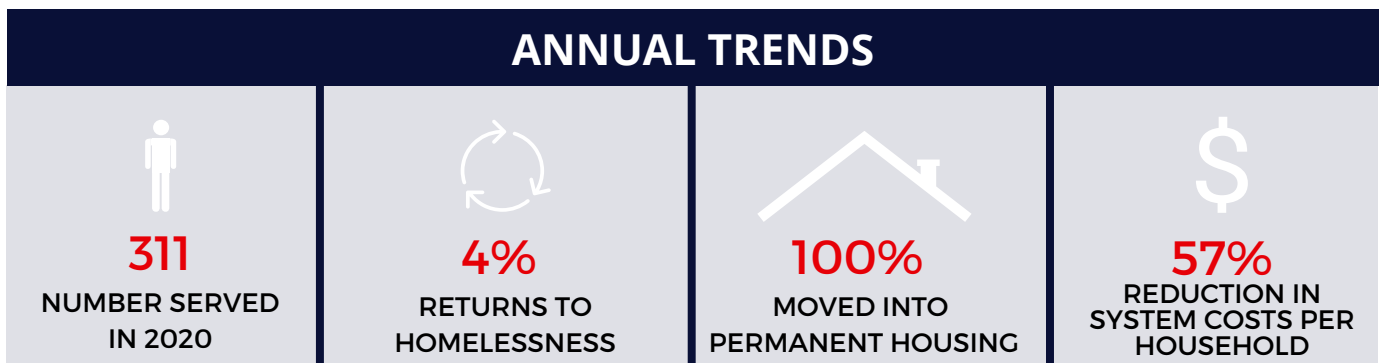
HOMELESS DIVERSION

Homeless diversion is an intervention strategy used to keep people from entering homelessness. Diversion happens after households have lost their housing and helps to identify immediate alternative housing arrangements to assist them in securing permanent place to live.



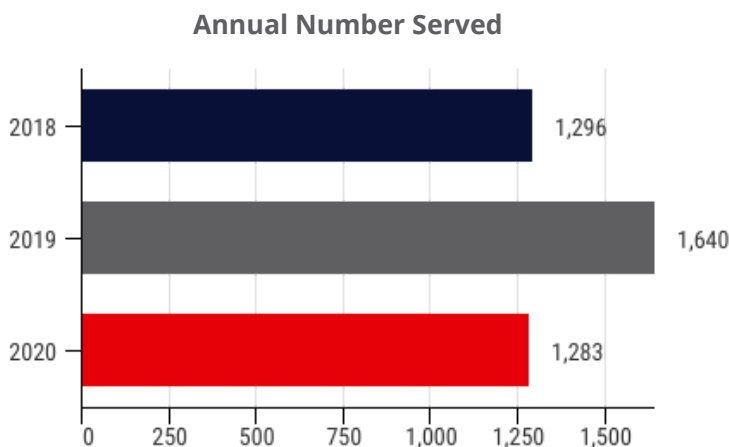
RAPID EXIT

Rapid Exit is a new intervention that reduces homelessness by quickly connecting employed clients with one-time move-in assistance including costs such as application fees, administrative fees, double deposits, and rental assistance. Rapid Exit has already begun to ease burdens on many other housing interventions. In 2020, Rapid Exit expanded with additional federal funding due to the COVID-19 pandemic.



STREET OUTREACH

Street Outreach teams work daily to make relationships with people, helping them take steps to staying inside and ultimately becoming housed again. As Tarrant and Parker counties have experienced explosive growth, unsheltered homelessness has become more visible to community members. **479 individuals were living outside** on the night of the count, a **decrease of 40 percent from the previous year.**



AGENCIES PROVIDING SERVICES

Hands of Hope
JPS
DRC Solutions
MHMR
FWPD H.O.P.E Team
Veteran's Affairs
Hearts Full of Love

ANNUAL TRENDS



320 Days

AVERAGE LENGTH OF TIME HOMELESS



16%

EXITING TO PERMANENT HOUSING



40%

DECREASE IN UNSHELTERED

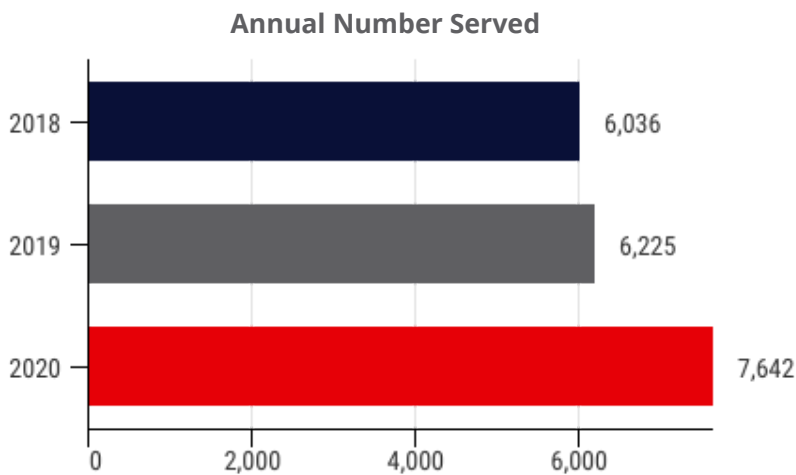


18%

RETURNS TO HOMELESSNESS

EMERGENCY SHELTER

Emergency shelters are intended for temporary shelter and crisis relief. Nine agencies in Tarrant County provide emergency shelter. On count night, 652 people were sleeping in emergency shelter. Emergency shelters are a critical component of our community's ability to respond to a person or family experiencing a housing crisis.



AGENCIES PROVIDING SERVICES

- ACH Child & Family Services
- Arlington Life Shelter
- Center for Transforming Lives
- DRC Solutions - Cold Weather
- Presbyterian Night Shelter
- SafeHaven of Tarrant County
- The Salvation Army Arlington
- The Salvation Army Fort Worth
- Union Gospel Mission

ANNUAL TRENDS



67 Days

AVERAGE TIME SPENT HOMELESS



4%

INCREASE IN INCOME



22%

RETURNS TO HOMELESSNESS



43%

EXITING TO PERMANENT HOUSING

652

PEOPLE IN SHELTERS ON NIGHT OF 2021 PIT COUNT

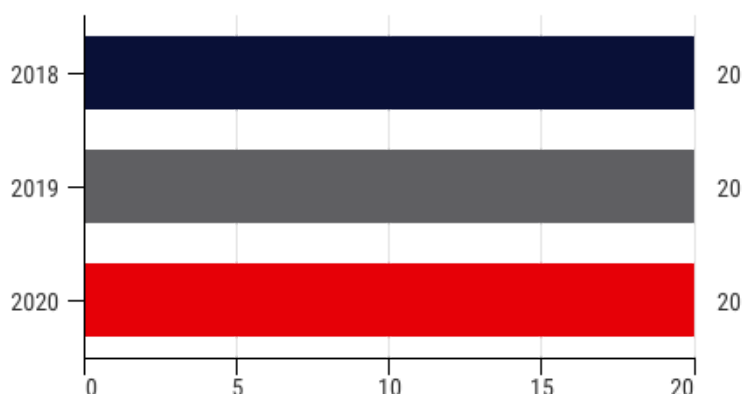


SAFE HAVEN

Safe Havens are small facilities that provide permanent housing for persons with severe and persistent mental illness. Locally, the only Safe Haven facility is operated by Presbyterian Night Shelter and should not be confused with the organization SafeHaven of Tarrant County, which provides services for victims of domestic violence.

Safe Haven is designed to meet the immediate medical, emotional, psychological, and psychiatric needs of its guests. Long-term, the program also assists with identifying solutions to resolve legal concerns and substance dependency. While housing placement is an ideal outcome for the program, the main purpose of Safe Haven is to provide a safe and secure place for guests to reside while living with severe mental illness. Safe Haven serves 10 men and 10 women for a total of 20 guests at any given time.

Annual Number Served



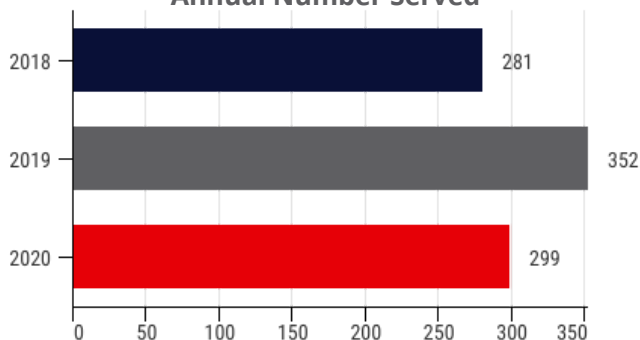
AGENCIES PROVIDING SERVICES

Presbyterian Night Shelter

TRANSITIONAL HOUSING

Transitional housing (TH) programs provide time-limited housing assistance (2 years or less) and supportive services geared toward self-sufficiency and independence. The use of TH has proven effective for certain specialized populations including those experiencing domestic violence, youth aged 18 to 24, Veterans, and those dealing with chronic substance use. These recommendations are embraced by the Continuum of Care, as we strive to provide tailored interventions to populations with specific needs.

Annual Number Served



AGENCIES PROVIDING SERVICES

Presbyterian Night Shelter
DRC Solutions
SafeHaven

ANNUAL TRENDS



18%

INCREASE IN INCOME



26%

RETURNS TO HOMELESSNESS



115 Days

IN PROGRAM



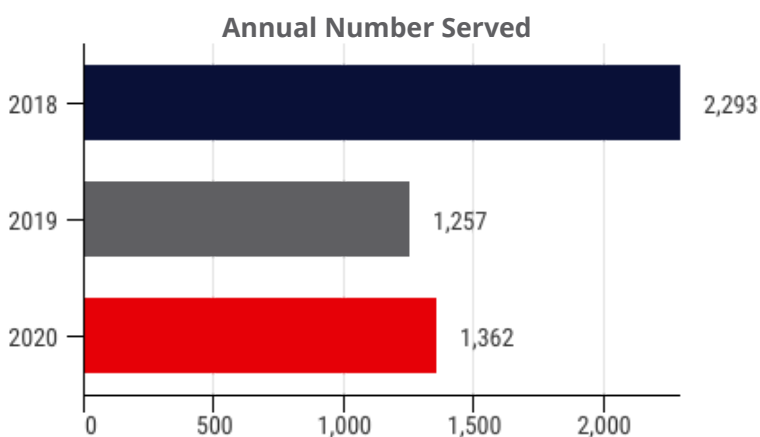
51%

EXIT TO PH

RAPID REHOUSING

Rapid Rehousing (RRH) quickly connects individuals and families experiencing homelessness to move-in and short-term rental assistance, coupled with case management to help people get back on their feet. These programs reduce the amount of time individuals and families experience homelessness, avoid a return to homelessness, and link them to community resources to achieve long-term housing stability.

Rapid Rehousing has been proven to be extremely effective with families and is more cost effective than other long-term interventions such as Transitional Housing. Rapid rehousing served more than 1,300 people in 2020, with nearly 60% completing the program and successfully retaining permanent housing.



AGENCIES PROVIDING SERVICES

- Arlington Housing Authority
- Center for Transforming Lives
- City Square
- DRC Solutions
- Family Endeavors
- MHMR
- Presbyterian Night Shelter
- Recovery Resource Council
- RISE
- SafeHaven
- Tarrant County Community Devt
- The Salvation Army- FW

ANNUAL TRENDS



10 MONTHS

AVERAGE TIME IN PROGRAM



53%

INCREASE IN INCOME



17%

RETURNS TO HOMELESSNESS



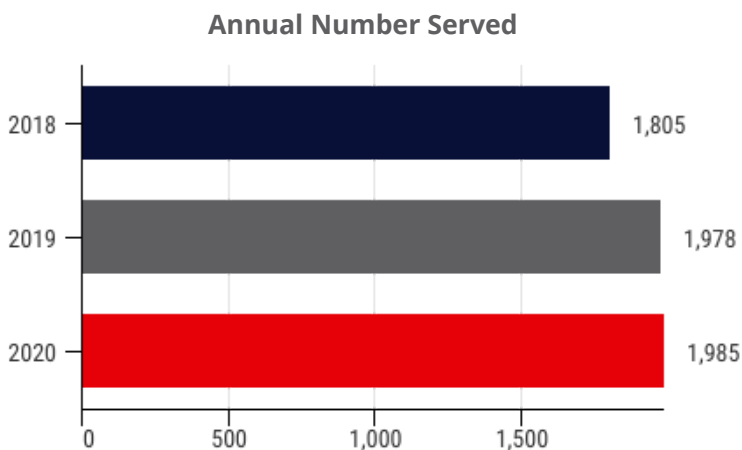
56%

EXITING TO PERMANENT HOUSING

PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) combines long-term rental assistance and supportive services tailored to people with complex barriers to getting and keeping housing. PSH is designed for people with a disabling condition who need permanent support to live stably. PSH is a proven solution for people who have experienced chronic homelessness, including people leaving institutional and more restrictive settings.

There were 1,985 people served in community PSH programs last year. PSH is designed to be permanent and typically has a low turnover rate. PSH is best suited for approximately 10% of people experiencing homelessness in our community, and should be reserved for those with the most severe challenges to becoming and staying housed. In 2020, the city of Fort Worth added a new PSH program, Casa de Esperanza, with 119 units.



AGENCIES PROVIDING SERVICES

- Arlington Housing Authority
- DRC Solutions
- Fort Worth Housing Solutions
- MHMR
- Presbyterian Night Shelter
- Recovery Resource Council
- SafeHaven
- Samaritan House
- Tarrant County Community Devt
- The Salvation Army- FW
- Veterans Administration

ANNUAL TRENDS



4 Years

AVERAGE TIME IN PROGRAM



12%

INCREASE IN INCOME



14%

RETURNS TO HOMELESSNESS



91%

EXITING TO PERMANENT HOUSING

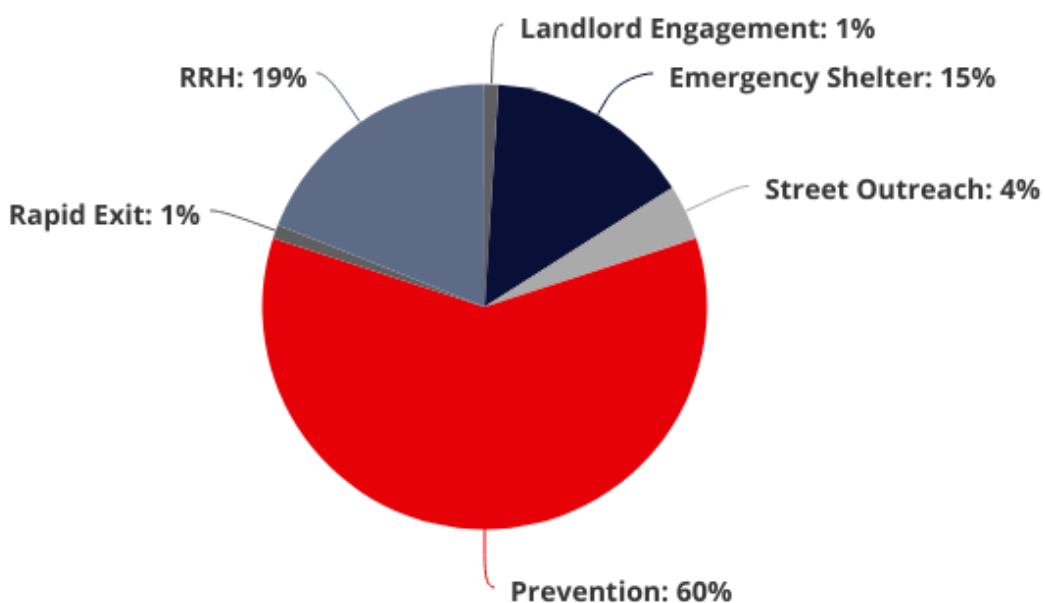
SYSTEM CAPACITY

In 2020, the System of Care saw a great increase in funding with legislation to respond to the COVID-19 pandemic, the economic impact of COVID-19, and people at-risk of homelessness because of COVID-19. Overall, the system saw an additional \$29 million dedicated to homelessness in response to COVID-19. This additional funding represented 58% of our system funding for 2020. The additional funding expanded capacity in Homeless Prevention, Rapid Exit, Rapid Rehousing (RRH), and Permanent Supportive Housing.

The COVID-19 funding increases have continued into 2021. Yet, this funding is not permanent funding to our system. It is a short-term infusion of funding to meet increased need from the pandemic. This funding must be leveraged to prevent and respond to homelessness, with an aim of long-term improvements to our system.

The Homeless Coalition completed an analysis of 2021 projected need and available resources for housing programs for people experiencing homelessness. The Homeless Coalition and municipal partners received guidance from the Department of Housing and Urban Development (HUD) in this process and based projections on a model developed by HUD and consultants. The greatest need for 2021 is projected to be in Rapid Rehousing and/or short-term rental subsidies lasting up to 24 months. These projections do include the anticipated additional federal funding for COVID-19 which is not expected to continue in 2022.

COVID-19 Funding By Intervention



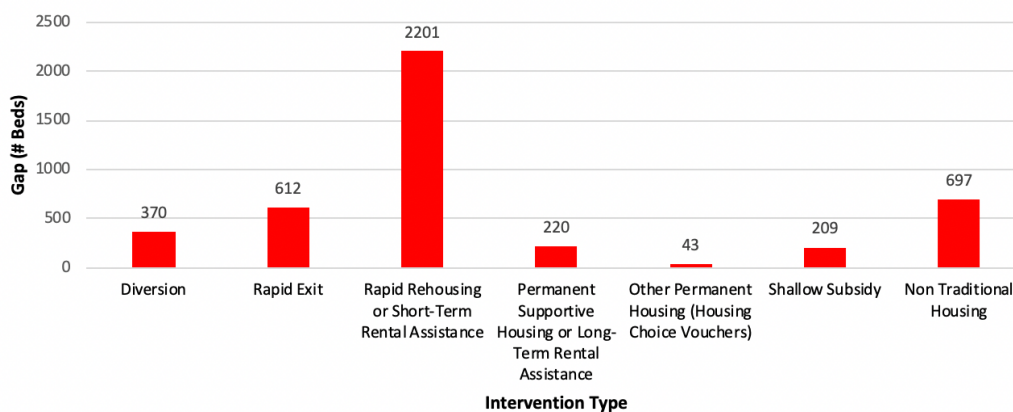
The analysis shows the largest gap between estimated need and available resources for rapid rehousing or short-term housing assistance. This is because most people who experience homelessness need short-term assistance (less than 24 months) to regain stability. In fact, the average stay in our rapid rehousing programs is about 10 months.

The analysis also predicted significant need above available resources for rapid exit and non-traditional housing. The continuum currently has no known resources for non-traditional housing for clients who need it. Non-traditional housing includes tiny homes or mobile homes, group homes, and shared housing. These forms of housing are necessary to help people whose best solution isn't independent living in an apartment.

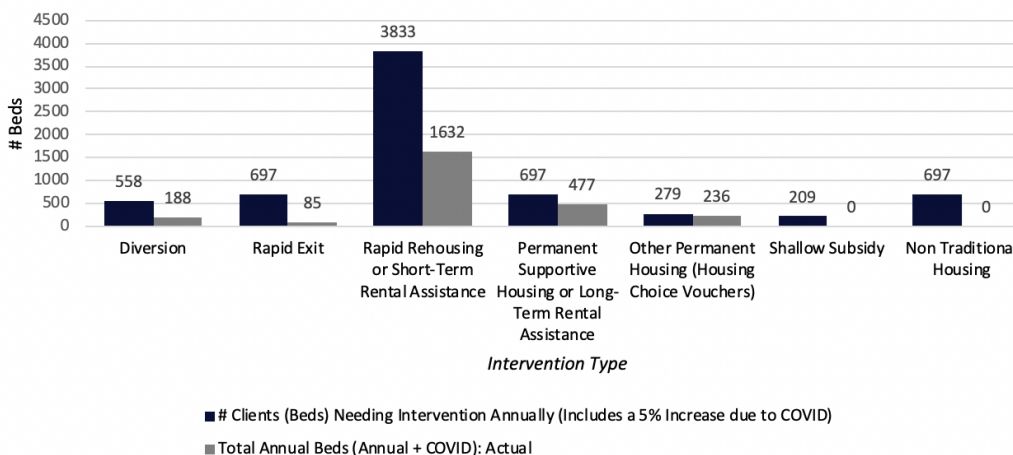
Moderate need above available resources was also predicted for diversion and permanent supportive housing or long-term rental assistance. Another moderate need with no current available resources is shallow subsidies. Shallow subsidies provide 35% of rent to help people who just need additional financial support to maintain their housing. The need for shallow subsidies has grown as the average rent in the continuum of care has increased.

Additionally, the number one thing reported by people experiencing homelessness that they need is affordable rents or more income to pay rent. The continuum of care is exploring housing options that are more cost-effective in the rising rent rates of North Texas. Options that are more cost effective and could meet the need of many people experiencing homelessness are short-term or long-term rental subsidies without ongoing case management, shallow subsidies, group homes, mobile homes, and shared housing. While more than 50% of people experiencing homelessness benefit from our traditional pairing of apartment-style housing and case management, a significant amount of people experiencing homelessness could benefit from expanding new, more cost-effective options.

2021 Annual Gap Between Needed Vs. Actual Beds for Individuals



2021 Annual Needs (Beds) Vs. Actual Beds for Individuals



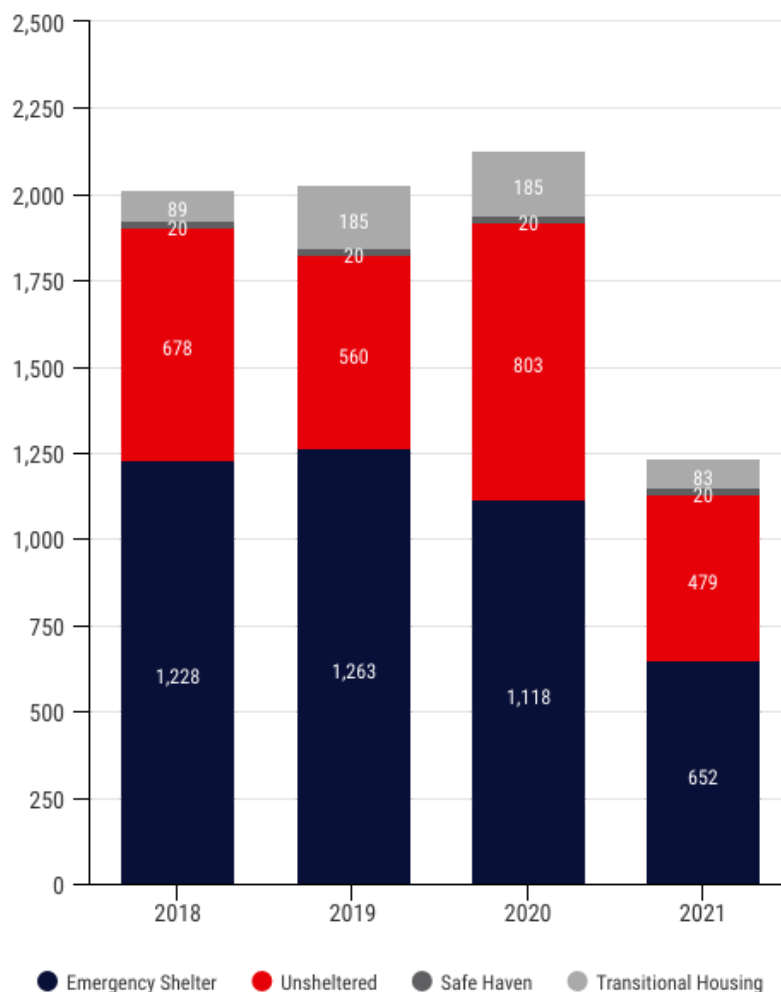
POINT IN TIME COUNT

2021 Point in Time Count

One way we understand what homelessness looks like on a given night is by conducting an annual Point in Time Count. The 2021 Homeless Count was held on Thursday, January 28, 2021, and included identifying and surveying those living outdoors along with using HMIS data to identify those living in emergency shelter or transitional housing.

The Point in Time Count was conducted differently in 2021 to protect the people experiencing homelessness from COVID-19 spread. Unfortunately, volunteers were not able to be mobilized this year and street outreach teams conducted the Point-in-Time Count over a two-week period from January 28 to February 11, 2021. During this time, street outreach teams asked people where they slept on the night of January 28 and asked them about their experiences. Street outreach teams gridded the CoC and counted all of Tarrant and Parker Counties.

On the night of the count a total of 1,234 people were identified as homeless in Tarrant and Parker counties. This was a 42% decrease in people experiencing homelessness on the night of the count, as compared to 2020. From 2017 to 2020, homelessness on count night had remained relatively static, hovering around 2,000 people.



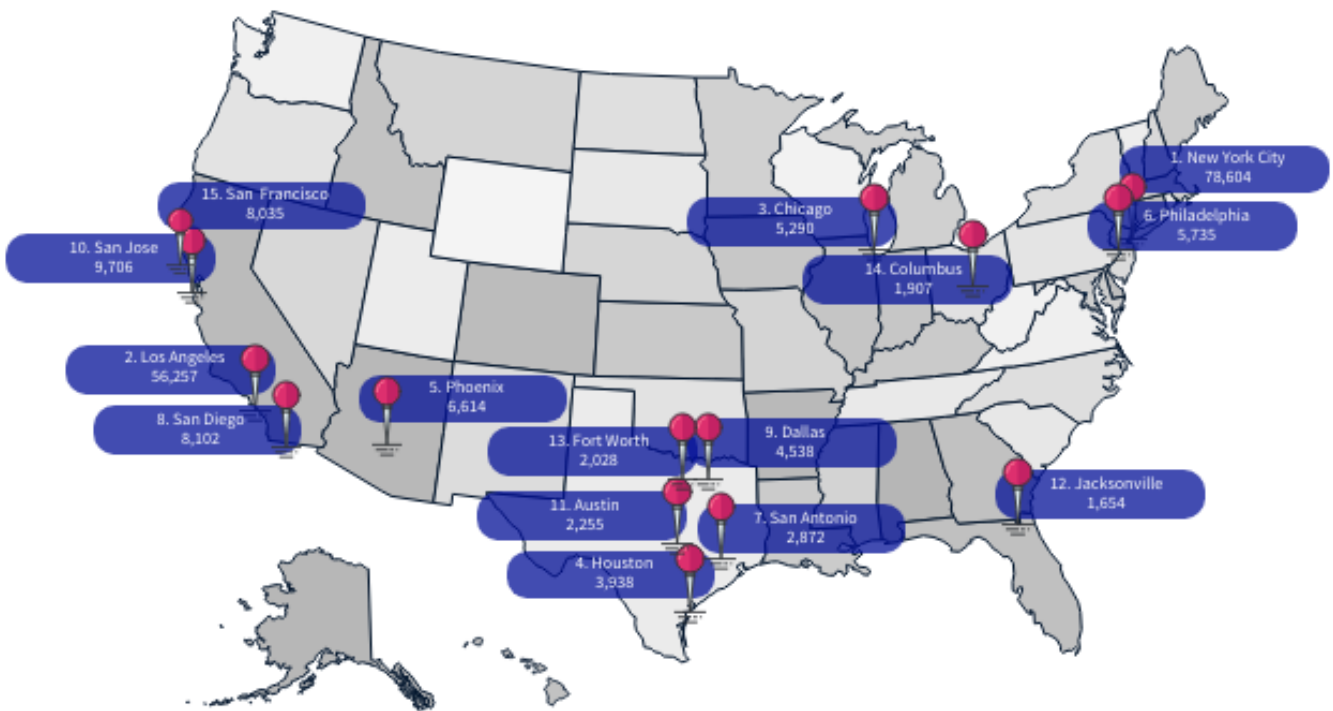
The drop in the point-in-time count mirrors a decrease in both the number served and the new people that came into our system from June 2020 to January 2021. During this time, the CoC served 1,363 less people and had 1,100 fewer people enter into the homeless system compared to the same months in 2019. **This represented a 24% drop in people entering into the homeless system and a 21% decrease in total people served compared to the same timeframe in 2019.** While we do not know definitively what caused this decrease, there are a number of contributing factors that have impacted the system.

- The Centers for Disease Control eviction moratorium which prohibited landlords from evicting tenants due to nonpayment of rent related to COVID-19 in 2020;
- The great increase in homeless prevention and rent assistance funding during this time; currently the system has 49 times more eviction prevention funding available for people in need;
- New housing developments that were made possible by CARES Act funding and implemented during the last year;
- People have reported more fear around entering emergency shelter because of the COVID-19 infection risk in congregate settings;
- Greater coordination among local governments and service providers to more adequately meet the system need with CARES Act and other relief funding; and
- The significant increase in funding to address homelessness in 2020 has impacted the number of people the system is able to house.

Additionally, since the 2021 point-in-time count used different methods than the previous point-in-time counts, the numbers for 2021 are not directly comparable to prior years.

How do we compare?

Tarrant County is the 3rd most populous county in Texas and the 15th largest county in the United States, with an estimated population of 2.1 million in 2021. Homelessness as a percentage of the population continues to decline, which is movement in the right direction and a testament to how well our system works to move people quickly out of homelessness. The map below represents the latest nationally available point-in-time data from 2019. At that time, Tarrant County had the sixth lowest rate of homelessness per population among the 48 largest cities.



HOMELESS POPULATIONS IN THE 15 LARGEST CITIES ACROSS THE UNITED STATES

*2019 NATIONAL DATA AVAILABLE

YEAR TO YEAR

Year	2018	2019	2020	2021
Annual Change	+5%	+0.6%	+5%	-42%

Where people are sleeping

Understanding where people chose to sleep is critical in understanding how our system is functioning to meet the needs of people experiencing homelessness. 53% of people experiencing homelessness on Count night accessed emergency shelter, while 38% were staying in places not meant for human habitation.



SAFE HAVEN

Safe Havens are small facilities that provide permanent housing for persons with severe and persistent mental illness.



TRANSITIONAL HOUSING

Transitional Housing (TH) programs provide time-limited rental assistance (less than 2 years) and supportive services geared towards self-sufficiency.



UNSHELTERED

Individuals sleeping in places not meant for human habitation, including cars, vacant lots and buildings, under bridges or in the woods.



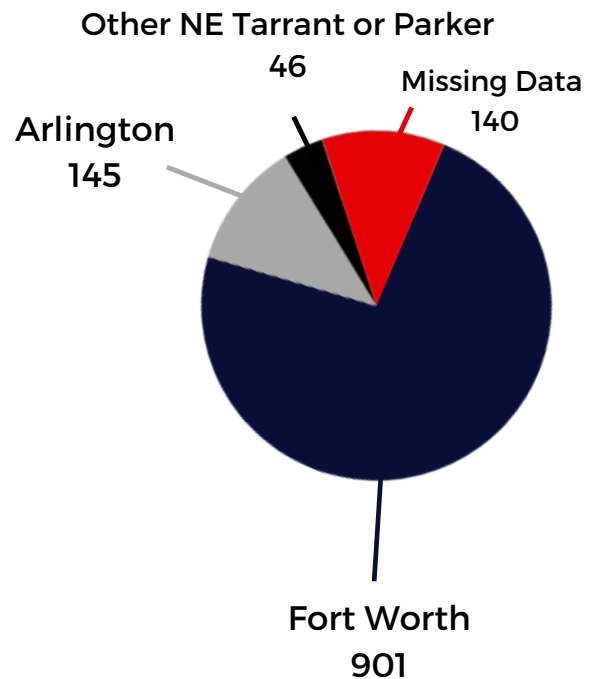
EMERGENCY SHELTER

Emergency shelters (ES) are intended for transitional or temporary shelter and crisis relief.

Geographic Distribution

The majority of those experiencing homelessness are located within the City of Fort Worth, as most homeless services are located in Fort Worth. Geographic distribution is similar to trends in previous years.

Additionally, knowing where our homeless population lived prior to experiencing homelessness and where they have resided since allows us to identify those who have entered our system of care from other regions. Of the unsheltered individuals surveyed during the 2021 Point in Time count about their residence prior to homelessness, 5% reported being from Dallas or somewhere else in Texas and only 4% report being from outside of Texas.



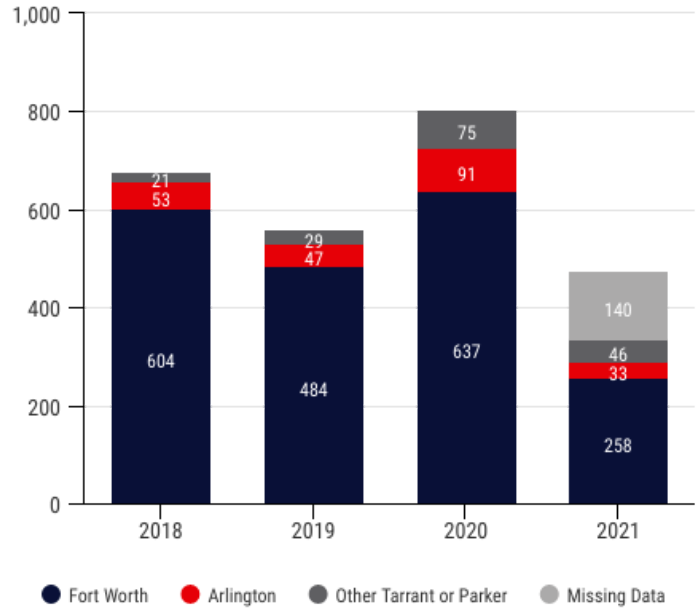
Unsheltered Homelessness & Sleeping Outside

Unsheltered homelessness increased from 2017 to 2020, and decreased in 2021. The previous increase is a national trend that cities and communities across the U.S. have grappled with in recent years.

In Tarrant and Parker counties unsheltered homelessness increased by 43% from 2019 to 2020, and decreased by 40% from 2020 to 2021.

On the night of our 2021 Point in Time Count we asked, "If given the option for shelter, would you go?" **66% said they would not enter shelter, while 34% said they would sleep in shelter.**

There are many reasons someone might choose to live in an unsheltered setting, but **the primary answers given for not entering shelter are due to safety concerns and to avoid large crowds.**



WHO IS SLEEPING OUTSIDE?



73%
Men



27%
Women

WHERE DID PEOPLE LIVE BEFORE BECOMING HOMELESS?

91%
TARRANT & PARKER
COUNTIES

2%
DALLAS

3%
ELSEWHERE IN TEXAS

4%
OUT OF STATE

WHY PEOPLE BECOME HOMELESS?

An important insight we get from the Count data collected is why people become homeless. For more than five years, people have consistently reported

two primary reasons for experiencing homelessness:

- 1) A lack of income**
- 2) Inability to pay rent.**

NEW SOLUTIONS AND DIRECTIONS

The Continuum of Care is exploring new approaches to respond to homelessness, including:

- **Shared Housing.** In shared housing, two or more people live in one apartment or home and share the costs of living there, such as rent and utilities. This provides low-cost housing in high-rent markets. Shared housing also has other benefits, including the potential to share housing maintenance and cleaning responsibilities, social support, and sometimes child care support. In addition to being an option for reducing homelessness, shared housing is also an intervention to allow senior citizens to remain in their homes as they age.
- **Alternative Housing.** Alternative housing includes campers, trailer homes, Recreational Vehicles (RVs), and tiny homes. Alternative housing has a lower cost than building traditional low-rent housing, and can be sustained with lower monthly payments than traditional building rents. Alternative housing can also appeal to people who do not want to live in larger communities and want more privacy, space, and autonomy. The Continuum of Care estimates that about 10% of people experiencing homelessness in our continuum could benefit from alternative housing.
- **Shallow Subsidies.** Shallow subsidies provide a small payment to families to help them cover rent. This amount is much less than traditional housing assistance and is meant to meet the smaller gap between income and rent for people with employment or sustainable income. Shallow subsidies are ideal for people that just need a little help each month to make ends meet and keep people from returning to homelessness. The Continuum of Care estimates that about 3% of people experiencing homelessness in our continuum could benefit from a shallow subsidy.
- **Asset Building.** TCHC is launching a controlled, randomized trial research study with the Lab for Economic Opportunities at the University of Notre Dame in 2021. As part of this study, some households in Rapid Rehousing will receive financial coaching and a savings matching program. Participants can increase their savings to prevent returns to homelessness and increase their future housing stability. The Homeless Coalition was selected in a national competition for this program.
- **Bringing Back Partners.** During the Obama Administration, the Department of Housing and Urban Development (HUD) shifted funding priorities away from transitional housing. The continuum of care followed that HUD guidance at that time and shifted funding away from transitional housing. However, we recognize that transitional housing is a valuable resource and intervention to help some people experiencing homelessness get out of emergency shelter or off the streets and begin to gain stability. The continuum of care is working to increase coordination with transitional housing programs to help people experiencing homelessness move quickly into housing.

APPENDICES

History, Scope, and Geography

The McKinney-Vento Act was signed into law by President Reagan in 1987 and was the first of its kind, on a national level, to address homelessness. Twenty-two years later, the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) was signed into law in 2009 by President Obama to provide additional resources and opportunities for communities to address the issue of homelessness. The HEARTH Act expanded the definition of homelessness and combined several HUD (Housing and Urban Development) programs into a single Continuum of Care program. The HEARTH Act mandates that communities quantify the level of need in their area and the effectiveness of community-wide interventions. The Point-in-Time Count (PIT Count) accomplishes both of these tasks.

Reports have been issued on the extent and characteristics of the homeless population in Tarrant County since 1994. Early reports were published by Tarrant County Homeless Coalition with staffing support provided by Tarrant County Community Development Division. These reports relied on counts conducted inside shelters, limited canvassing of the unsheltered by volunteers, and estimation methods.

Counts and surveys have been completed in:

1994	2006	2014	2019
1997	2007	2015	2020
2000	2009	2016	2021
2002	2011	2017	
2004	2013	2018	

The 2007 count was the first to utilize the Homeless Management Information System (HMIS) and include a robust “street count” in Arlington. Parker County has been included in the PIT count since 2014. The cities of Arlington and Fort Worth both utilized the 2007 count as baseline data for their respective ten-year plans. Subsequent PIT counts have utilized both HMIS to enumerate people sleeping inside shelters and volunteers to canvas areas within Tarrant and Parker Counties to count people who were sleeping unsheltered.

Terms used in Report

Bed Utilization

An indicator of whether shelter beds are occupied on a night or over a period of time.

Consumer

An individual or family or has or is currently experiencing homelessness.

Continuum of Care

The work of ending homelessness in a community is carried out by a Continuum of Care—the collective networks, institutions, and organizations that provide housing and services to people who are experiencing homeless. Each Continuum of Care (or, “CoC”) serves a designated geography and is responsible for: operating the Continuum of Care, administering an HMIS (Homeless Management Information System); 3) planning for the CoC; and, 4) applying for competitive CoC Program funding from HUD.

Each Continuum of Care appoints an entity (or entities) to lead its strategic, administrative, and information technology efforts. Locally, the Fort Worth/ Arlington/ Tarrant County Continuum of Care (also known by its HUD designation, “TX-601”) has selected Tarrant County Homeless Coalition to serve as its “Lead Agency”, “HMIS Administrator”, and “Collaborative Applicant”. The service area of TX-601 includes Tarrant and Parker Counties.

Continuum of Care Strategic Plan

A plan identifying the CoC goals and objectives, action steps, performance targets, etc. and serves as a guide for the CoC development and performance improvement related to preventing and ending homelessness. This may be the same as or different than a community's "Ten Year Plan" or other community-wide plan to prevent and end homelessness and may be generated by the CoC lead decision making group or another community-planning body. If the CoC follows a regional or statewide 10 year or other plan to prevent and end homelessness, the CoC strategic plan would be the CoC's specific goals and objectives, action steps and timelines to support the regional or statewide plan.

Chronic Homelessness

HUD defines chronic homelessness as an individual with a disabling condition who has lived in a place not meant for human habitation, a safe haven or an emergency shelter and has been homeless for at least 12 months or on at least 4 separate occasions in the past 3 years as long as the combined occasions equal at least 12 months. xii

Unaccompanied Youth

Minors up to the age of 24 not in the physical custody of a parent or guardian, including those in inadequate housing such as shelters, cars or on the streets. Includes those who have been denied housing by their families and young mothers with no housing options of their own.

U.S. Department of Housing and Urban Development (HUD)

The Federal agency responsible for national policy and programs that address America's housing needs that improve and develop the Nation's communities and enforce fair housing laws. HUD's business is helping create a decent home and suitable living environment for all Americans and it has given America's cities a strong national voice at the Cabinet level.

Definitions of Homelessness

The Federal Government has five definitions of homelessness that approach living situations in different ways. This report primarily relies on Categories 1 and 4 of the HEARTH Act definition of homelessness. Included in these definitions are families living in places not intended for human habitation, emergency shelters, transitional housing, and those fleeing or attempting to flee domestic violence, dating violence, and stalking. The table below has detailed descriptions of each category.

Category 1	Category 2	Category 3	Category 4
Literally Homeless	Imminent Risk of Homelessness	Homeless Under Other Federal Statutes	Fleeing/Attempting to Flee Domestic Violence
<i>Living in a place not meant for human habitation, in emergency shelter, transitional housing, or exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution</i>	<i>Losing primary nighttime residence, including a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing</i>	<i>Families with children or unaccompanied youth who are unstably housed and likely to continue in that state</i>	<i>Fleeing or attempting to flee DV, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing</i>
January 24, 2019 Tarrant and Parker County 2,028	2018 Tarrant and Parker County 1,593	2017-2018 School Year Tarrant and Parker County 4,908	January 24, 2019 Tarrant and Parker County 252
PIT Count	Prevention and Diversion	McKinney-Vento (cite TEA)	PIT Count

Housing Types

This report employs HUD terminology to describe where people were sleeping on the night of the count. A distinction is drawn between persons sleeping in permanent housing that is operated by the Continuum of Care—where the tenant typically has a lease in their name—and other places people sleep that fit the definition of homelessness. The housing types include:

Housing Type	Description	Homeless or Permanent Housing
Unsheltered (UN)	Includes people living in places not intended for human habitation, such as in cars, vacant lots/ buildings, under bridges, or in the woods	Homeless
Emergency Shelter (ES)	Are intended for short-term lodging and crisis relief; TX-601 ES include: ACH Child & Family Services, Arlington Life Shelter, Center for Transforming Lives, Presbyterian Night Shelter, SafeHaven of Tarrant County, The Salvation Army – Arlington, The Salvation Army Mabee Center, Union Gospel Mission	Homeless
Transitional Housing (TH)	Programs provide time-limited rental assistance (≤ 2-years) and supportive services geared toward self-sufficiency and independence	Homeless
Rapid Exit (RE)	Rapid Exit provides one time, limited financial assistance to those with income potential and minimal barriers to quickly exit homelessness and return to permanent housing	Permanent Housing
Permanent Supportive Housing (PSH)	PSH combines rental assistance and a package of robust supportive services tailored to the needs of tenants with complex and often compound barriers to getting and keeping housing	Permanent Housing
Rapid Re-housing (RRH)	RRH provides short- and mid-term rental assistance intervention to help people quickly exit homelessness and return to permanent housing	Permanent Housing
Safe Haven (SH)	Safe Havens are small facilities that provide permanent housing for persons with severe and persistent mental illness. Locally, the only Safe Haven facility is operated by the Presbyterian Night Shelter—and should not be confused with the organization, SafeHaven of Tarrant County which provides ES for victims of domestic violence.	Permanent Housing
Permanent Housing (PH)	<p>The HUD definition of Permanent Housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. The CoC Program funds two types of permanent housing: RRH & PSH</p> <p>PH may also be defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. This housing includes a rental subsidy but does not include supportive services. PH is often administered by local Public</p>	Permanent

	Housing Authorities in the form on Housing Choice Vouchers dedicated to serving homeless populations.	
Shared Housing	Consists of a single housing unit occupied by an assisted family sharing a unit with other persons assisted under the housing choice voucher program or with other unassisted persons. The unit contains both a common space for use by the occupants of the unit and separate private space for each assisted family. For example, People who have a roommate are said to be living in "shared housing."	Permanent
Other Permanent Housing (OPH)	OPH is long-term housing not considered as permanent supportive housing or rapid rehousing. OPH consists of: <ol style="list-style-type: none"> 1) PH: Housing with Services providing long-term housing and supportive services for homeless persons, but no disability is required for entry 2) PH: Housing Only providing long-term housing for homeless persons, but do not offer supportive services as part of the project. 	Permanent

Point in Time Count

The United States Department of Housing and Urban Development requires that local Continuums of Care conduct an annual point-in-time count of the homeless in the last ten days of the month of January. The local count was held from January 28, 2021 to February 11, 2021. "PIT Count" requirements derive from the HEARTH Act and are described in the Continuum of Care Program Interim Rule (CoC Interim Rule xiii). Further guidance for local Continuums is provided in HUD Methodology Guides xiv and Notices xv. Tarrant County Homeless Coalition developed the 2019 PIT Count methods to conform with HUD requirements and align with best practices.

Methodology

Sheltered PIT Count Methods

The TX-601 Homeless Management Information System was used to conduct the sheltered PIT count of homeless individuals and families who were spending the night of January 28, 2021 in an emergency shelter or transitional housing program. The data was reviewed to the client record level to ensure de- duplication with personal identifiers. Additionally, bed stays, enrollments and exit data is reviewed for accuracy for the night of the PIT Count. HMIS data meets the required HUD data standards and produces comprehensive PIT Count data.

Organizations that are not "Contributing HMIS Organizations" (CHOs) are provided templates to gather all required PIT Count data. Each non-CHO has an HMIS-equivalent data system that can provide universal data elements and de-duplication methods to ensure an accurate count. This methodology was selected due to its HUD compliance and reliability. HMIS staff review HUD guidance to ensure the data is at the highest quality and is compared against prior year data to ensure consistency and accuracy.

Unsheltered PIT Count Methods

During the nights of the unsheltered PIT Count, TX-601 canvassed the complete CoC geography with the available street outreach teams. TX-601 produces PIT Count maps based on major highways and distributed the outreach teams to serve the whole continuum. TX-601 held three meetings with street outreach teams and created a survey for street outreach teams to gather feedback and plan prior to the count.

A web-based form was created for outreach teams to complete the PIT survey. The form was accessible over outreach teams' mobile devices or tablets. The form allowed for collecting surveys and also observational data. The form also allowed for GIS location which can be used for further outreach, connecting people to housing, and future PIT counts.

Outreach teams were assigned territories to avoid duplication. Teams were trained and the survey language included asking people where they were sleeping on the night of the count (January 28, 2021). The count survey language also began with a question on if the person had been asked the survey questions before, and outreach teams were instructed to not complete a survey for anyone who said they had slept in an emergency shelter on the night of January 28. Data was de-duplicated after the count completion starting on February 12, using clients' identifying information.

Limitations

While significant efforts were undertaken to ensure the 2021 PIT count was as comprehensive and accurate as possible, limitations include but are not limited to concerns about the completeness of the dataset. Tarrant and Parker Counties total 1,807 square miles (1.16M acres). Although the continuum was divided by major highways, was completed over two weeks, and utilized all of our street outreach teams, geographic coverage was not 100%. Outreach teams may have missed people especially who were not along major roads.

Because 2021's PIT count required different methods due to COVID-19, it cannot be directly compared to historical PIT data. Additionally, in the week prior to the PIT count, the city conducted a "clean up" of the main corridor of homeless services in Fort Worth and many campers who would have been easily found in that corridor moved on to other parts of the city. Another factor that may have impacted 2021's PIT number was that cold weather moved in in the second week of the PIT count. People may have gone inside during this week and would not have been found by street outreach teams. Additionally, this count was completed immediately before Winter Storm Uri, which was a historic winter storm. Outreach teams were focused on moving people into shelter or providing them with life-saving materials in the days prior to the major storm arriving and in the final days before the end of the PIT count.

Data captured in the HMIS and in the street count relies on self-reports from the person being surveyed and has not necessarily been verified by an expert such as a clinician in the case of a mental illness or an official with the VA in the case of Veteran status. While training is provided to everyone who has access to HMIS and to the volunteers who conduct the surveys, implementation is not uniform. Participation in the unsheltered count is voluntary; therefore, not all data elements were captured for each person counted.

Periodic changes in regulations, programs, definitions, and HMIS software mitigate absolute year-to-year comparisons of some data. For example, the definition of chronic homelessness changed in both 2010 and 2016; however, the data published, retained and assessed by HUD and presented in this report reflect the definitions in place at the time that the counts were taken.

Lastly, point-in-time counts are a snapshot of a single, January night. Weather conditions alone can impact both volunteer turnout and the number of people sleeping outside in both positive and negative directions. While imperfect, the PIT count remains a requirement for federal funding and has utility as a national and local benchmark.

Data Sources for Report

Annual Point in Time Count (PIT)

The PIT Count is a Department of Housing and Urban Development (HUD) required activity for communities receiving HUD funding.^{xvi} The PIT Count provides a one day snapshot on the number of persons who are literally homeless. The 2019 PIT Count occurred on January 23, 2020.

Housing Inventory Count

Like the PIT Count, the HIC is required by HUD and occurs on the same day. The HIC gives us a one day snapshot of the number of beds dedicated to serving the homeless in our community. Beds included in State of the Homeless Report 2020 from the HIC are emergency shelter, transitional housing, permanent supportive housing, safe haven, and other permanent housing programs.

Homeless Management Information System (HMIS) Reporting

Various HMIS data pulls were used throughout this report. Efforts to Outcomes (ETO) is the local HMIS system which is used to collect client-level data and statistics on the provision of housing and services provided to homeless individuals.

Client Focus Groups

During the months of December and January, Homeless Coalition staff conducted client focus groups at emergency shelters and outreach locations. 12 focus groups were completed and consisted of standard questions for each group. Groups ranged in size, but generally had fewer than 12 participants in each group to facilitate meaningful discussion. Responses were recorded and used to assist in community analysis of needs and gaps.

ABOUT THE HOMELESS COALITION

Shared Community Vision

A vibrant community where every individual has a place to call home and the resources to live their best life.

Mission

Tarrant County Homeless Coalition leads the community solution to homelessness in Greater Tarrant and Parker counties by serving as a catalyst for community transformation.

TCHC Board Members

Matt Canedy, Chair
Nathan Davis, Vice-Chair
Tiffany Kutch, Secretary
Tolbert Greenwood, Treasurer
Devan Allen
John Avila
Amanda Cooper
Christie Eckler
Krystle Gandhi
Paul Harral
Katie Jacobs
Deborah Kratky
Dr. Frank Lonergan
Sergio Martinez
Dr. DiAnn Sanchez

ABOUT THE CONTINUUM OF CARE

Mission

The CoC cultivates and creates partnerships to collectively impact effective and efficient community solutions for those experiencing homelessness.

Leadership Council

Mayor Betsy Price | Mayor Jeff Williams | Judge Glen Whitley | Mayor Brian Johnson | Judge Pat Deen

CoC Board of Directors

Steve Montgomery, Chair
Beckie Wach, Vice-chair
Cassandra Walker, Secretary
Artie Williams, Allocations Chair
Eddie Broussard, Governance Chair
Dierdre Brown, ICT Committee Chair

Judge Brent Carr
Dr. Bill Coppola
Pat Jacob
Leah King
Lieutenant Amy Ladd
Mary-Margaret Lemons

Tori Sisk
Shannon Spriggs
Beckie Wach
Cassandra Walker
Kristin Camareno
Matthew Vrugink

Robyn Michalove
Tara Perez
Toby Owen
Whitney Boyd
Tod Liles
Dr. Barbara Odom Wesley

Gage Yager
Joy Parker
Dr. Victoria Farrar-Myers
Matt Canedy

