2018 STATE OF THE HOMELESS REPORT

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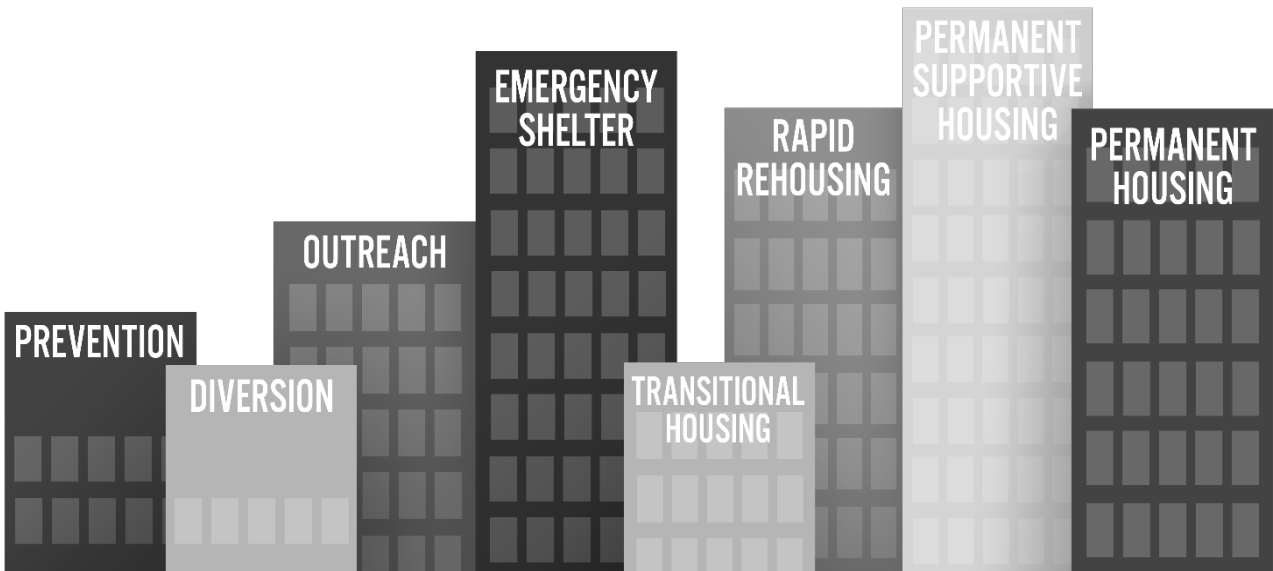
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Introduction

2018 brings incredible opportunity as more forces driving change have come together to reduce and end homelessness. Tarrant and Parker counties have engaged elected officials, dedicated partners in service and involved citizens, all of whom are ready to be part of the solution. In this report, TCHC hopes to convey a clear understanding of how our local system of care works, the magnitude of the work being done by partners, and establish a shared vision for moving our community forward.

Reducing and ending homelessness only happens because of the significant and impactful work of organizations throughout our community. TCHC has the privilege of working with these organizations and calling them our partners in the community efforts to ensure everyone has a place to call home.

Our Housing Crisis System of Care encompasses a wide array of services available to those in need. Within our system of care are different agencies, different programs, different types of services, different target populations, different delivery methods and different sources of funding. Despite all those differences, we are united in our efforts to end homelessness. Throughout 2017, this System of Care served nearly 20,000 individuals in all of the programs available to those in need in our community.

The Continuum of Care (CoC) is the collective networks, institutions, and organizations that provide housing and services to people who are at risk of or are experiencing homelessness. TCHC is designated as the Lead Agency to carry out the activities of the CoC Board, including fiscal and compliance activities, management of the annual HUD application, coordination of other funding opportunities, project and system monitoring, meeting management, and other duties as needed.

HOUSING CRISIS SYSTEM OF CARE
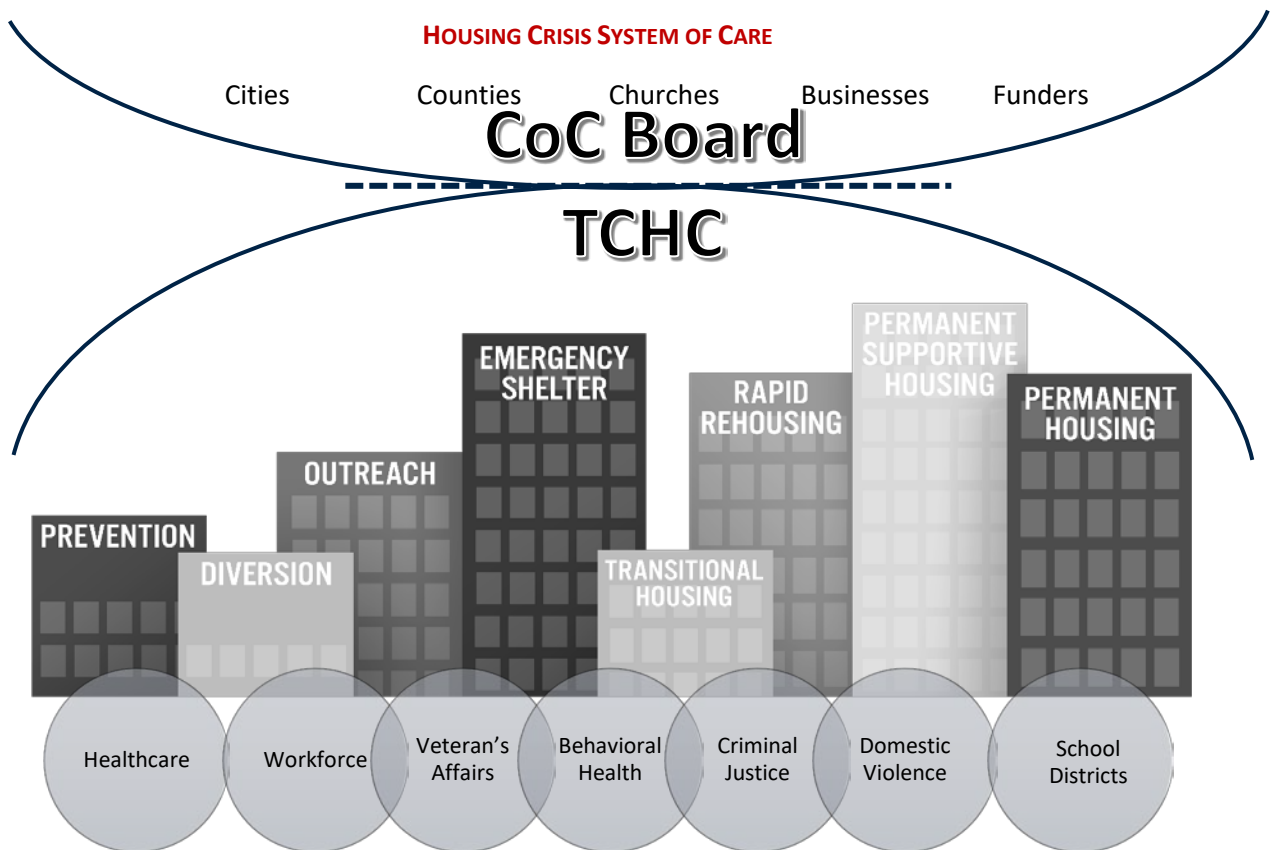
The CoC's vision and impactful work is carried out through TCHC's efforts in four targeted areas.

IMPACT DRIVEN ENGAGEMENT
Link people with meaningful impact

Promote partner agencies' needs

Breakdown myths and misconceptions

Ensure good stewardship of resources

TCHC engages the community to make meaningful impact with the abundance of time, talent and treasure here. We work to connect individuals, groups, businesses, church ministries and neighborhoods to opportunities that make change in our community. TCHC advocates on behalf of our partners and helps connect them to needed people and financial resources. We advocate and educate, breaking down myths about who is homeless and what that means in our community.

Data is more important than ever and good data ensures we can track the progress our community is making progress. TCHC continually monitors the quality of our community's data, assists partners to improve programs based on data, provides learning opportunities for our community to know how to make good use of data and manages a system with hundreds of users and thousands of records. TCHC identifies trends and provides analysis to the community via scheduled reports and information.

DATA DRIVEN SOLUTIONS
Track community progress

Improve programs through data

Share quality information and data

Identify trends and provide analysis

PERFORMANCE DRIVEN PARTNERSHIPS
Implement best practices

Lead coordination and implementation efforts to achieve agreed upon vision, goals and objectives

Ensuring the operations of our System of Care are running smoothly is essential to making sure services are easily accessible to people in need. TCHC serves the community by creating connections between organizations providing services and coordinating the community response to homelessness. We help partners implement best practices to ensure our community provides a high standard of care to all who experience homelessness.

TCHC is uniquely positioned to track how our System of Care is performing related to strategic goals set by leaders in the field. In addition to being able to help agencies improve programs through data management and improvement, TCHC continually monitors needs and gaps in our system, making changes when needed. We actively work to keep elected officials engaged, ensuring they have quality information and can easily understand both the scope and the details about this issue.

COMMUNITY DRIVEN CHANGE
Move forward together

Create momentum for change

Strategic plan for the future

### Support community planning efforts

Community Vision

As a community, we do so much good work to help those who are living without a place to call home. The vast array of services, devoted professionals, volunteers who work tirelessly, groups who act as change agents and community members who mobilize for action are all a true testament to being part of a community who wants to make lasting change and ensure everyone has a place to call home.

When it comes down to it, regardless of other challenges people face when they experience homelessness, ultimately being homeless is to be without a place to live. When people lose their home, apartment, or wherever they may be living, only then are they defined as homeless and experiencing a housing crisis. TCHC, with our community, aims to strengthen and truly create a *Housing Crisis System of Care*. That is, our community must have an intertwined network of support services able to quickly respond to individuals and households experiencing a housing crisis and rapidly move them back into a permanent place to live.

Ending homelessness in our community does not mean that no one will ever experience homelessness again. What it does mean is that our community builds a Housing Crisis System of Care capable of responding and rehousing people within 30 days. Additionally, it means that homelessness is rare: fewer people experience homelessness; short-term: people spend less time in homelessness; and non-reoccurring: people do not return to homelessness. When we move the needle on ending homelessness and make considerable gains toward our goal, everyone in the community will feel the impact of this system change and capacity.

System Transformation

With the vision of creating a Housing Crisis System of Care that can quickly respond to, and move people out of, homelessness comes the need to embark on intentional strategies to focus and scale our response to homelessness. Historically our community has been incredibly compliance-focused, which has become a valuable strength we have. We must ensure programs maintain compliance with funding mandates and guidelines so that our homeless response system can continue to capitalize fully on federal and state monies available. The time has now come to move from a compliance-based, program focused approach to a strategy driven community response. Guiding this strategy driven community response are four cornerstones: transparency, accountability, effectiveness and coordination.
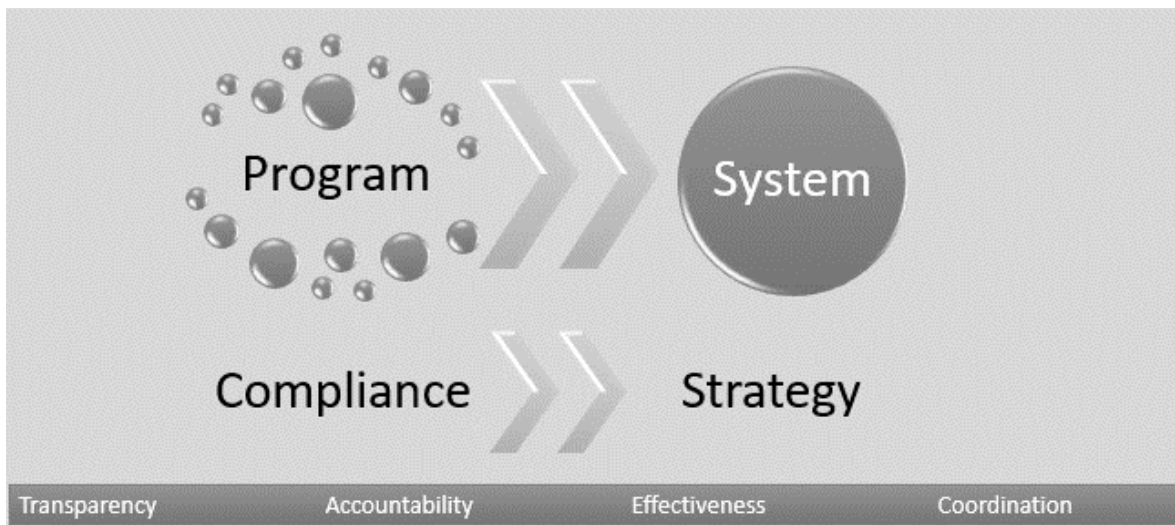
To move toward a strategy driven community response, we must begin a comprehensive system transformation. Three key areas will be targeted for change in 2018: Governance, Communication and Data.

CoC Governance	Shared vision, goals and objectives
	Community-wide strategic plan
	Realignment of leadership
	New committee structure
Communication	Redesigned TCHC Website
	CoC committees, subcommittees, workgroups, case conferencing
	Monthly newsletters, annual community reports, policy updates, partner success stories
	Community Dashboard- reporting results
Data	Annual and quarterly community reporting
	"Right-size" assessment of system of care
	Data Quality: Continue to maintain results.
	New Data Software: Inventory, Analysis, and Investment Plan

Community Dashboard

A community dashboard has been developed to show how our community is performing throughout the year. Six key performance metrics have been identified as metrics to demonstrate progress toward reducing and ending homelessness. The dashboard below represents community performance for the dates of October 1, 2016 to September 30, 2017.

6,701 people served	54% Exited to Permanent Housing	16% Returned to Homelessness	7 months is the average length of stay	22% Increased or Retained Employment Income at Exit	49% Increased or Retained Other Income at Exit

Number of individuals who were homeless during a specific timeframe

Percentage of individuals moving into permanent housing, including owning or renting, staying with family or receiving a subsidy

Percentage of individuals who left homelessness and then experienced it again

Average number of months individuals experience homelessness

Percentage of individuals who saw an increase in employment income

Percentage of individuals who saw an increase in non-employment income including TANF, SNAP and child support

Current System

System Capacity & Performance

Our Housing Crisis System of Care in Tarrant and Parker counties consists of 30 agencies, 98 programs, and 4,447 beds. These agencies are dedicated to working together to reduce and end homelessness in our community. Because of their hard work and efforts, they served nearly 20,000 individuals in 2017. Although the 20,000 individuals are duplicated, it is important to recognize that many people overcame homelessness because they received services from multiple providers within of our system of care. For example, an individual may have become homeless and received services from street outreach who moved them into emergency shelter, and later move into a rapid rehousing program. This one client would have received services from at least three different system components from entry to exit.

Our capacity numbers represent one year of hard work and dedication by our partners. The Point in Time count results represent our system's performance for one night. The point in time data theoretically represents what the system looks like on any given night of the year. Our system capacity number, shown in the chart below demonstrates efforts by the entire system over the course of one year, 2017.
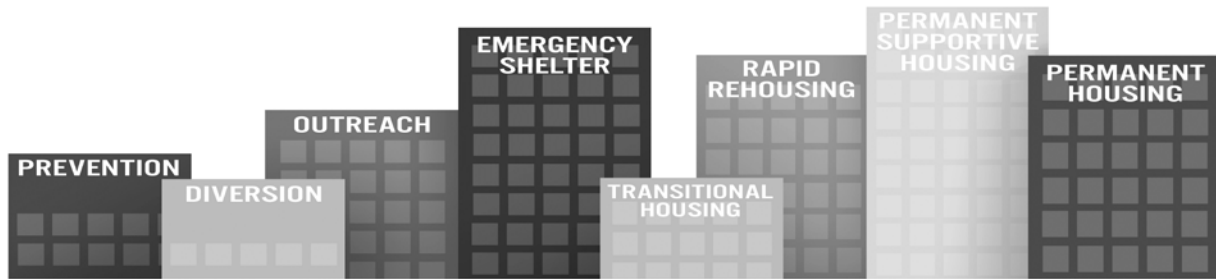
	Prevention	Diversion	Outreach	Emergency Shelter	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing	Permanent Housing	Totals
# of Agencies	11	1	6	8	2	11	11	3	**30**
# of Programs	14	1	6	19	2	22	27	7	**98**
# of Beds	N/A	N/A	N/A	1,626	80	818	1,701	222	**4,447**
# Served Annually	2,400	180	2,591	10,369	179	1,989	1,733	250	**19,691**
Funding Sources	ESG, County, CFW, HHSP, SSVF, VA	CFW-DH	ESG, SAMHSA, VA, DHHS/ACF	ESG, RHY, CDBG, Private	VA-GPD	HUD CoC, VA-SSVF, ESG, HCC	HUD CoC, HOPWA, VASH, CFW-DH	HCV-Homeless Specific	

2018 Point in Time Total Homeless Population

The 2018 Homeless Point in Time Count was held on January 25, 2018 and included identifying and surveying those living outdoors, and using Homeless Management Information System (HMIS) Data to identify those living in Emergency Shelter or Transitional Housing. For purposes of this report, the HUD HEARTH Act definition of homelessness will be applied to identify those who are homeless on the night of the count. Included in this definition are those 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. (Additional federal definitions of homelessness can be found in the Appendix section of this report.)

On the night of January 25, 2018, a total of 2,015 people were identified as homeless in Tarrant and Parker County, representing a 5% total increase over 2017.

	Unsheltered	Emergency Shelter	Safe Haven	Transitional Housing	Total	Annual Change
2018	678	1,228	20	89	**2,015**	**+5%**
2017	390	1,294	20	220	1,924	-0.70%
2016	423	1,088	20	407	1,938	+1.25%
2015	217	1,245	20	432	1,914	-21.07%
2014	184	1,273	20	948	2,425	+1.46%
2013	281	1,126	18	965	2,390	+10.19%
2011	136	1,193	20	927	2,169	-<1%
2009	195	1,148	20	818	2,181	--

2018 Point in Time Geographic Distribution

The majority of those experiencing homelessness, 89%, are located within the City of Fort Worth, which saw an increase of 12% from 2017. The City of Arlington saw an overall decrease of 18%, primarily due to the closing of the last Transitional Housing program in the city. However, unsheltered homeless in Arlington saw an 83% increase since 2017.

Parker County saw a decrease of 33% in unsheltered homelessness and North East Tarrant County also saw a 33% decrease. North East Tarrant County had one Transitional Housing (TH) program that was recategorized to Rapid Rehousing. HUD standards state that people in TH programs are considered homeless and Rapid Rehousing project are not. The conversion of the program to rapid rehousing in 2017 resulted in an overall decrease of homelessness in 2018.

Location	UN	ES	SH	TH	Percent of Total	2018 Total	2017 Total	Annual Change
Fort Worth	604	1,074	20	89	89%	**1,787**	1,594	**+12%**
Arlington	53	154	0	0	10%	**207**	252	**-18%**
Parker County	8	0	0	0	.4%	**8**	12	**-33%**
NE Tarrant	13	0	0	0	.6%	**13**	66	**-80%**
Total	678	1,228	20	89	100%	**2015**	1,924	**+5%**

Snapshot of persons experiencing homelessness on any given day

Across the nation, homelessness has been on the rise over the past year, as it has in Tarrant and Parker Counties. The graph below demonstrates the overall local trends since 2009. The significant drop in homelessness from 2014-2015 can be attributed to the conversion of Transitional Housing to Rapid Rehousing.
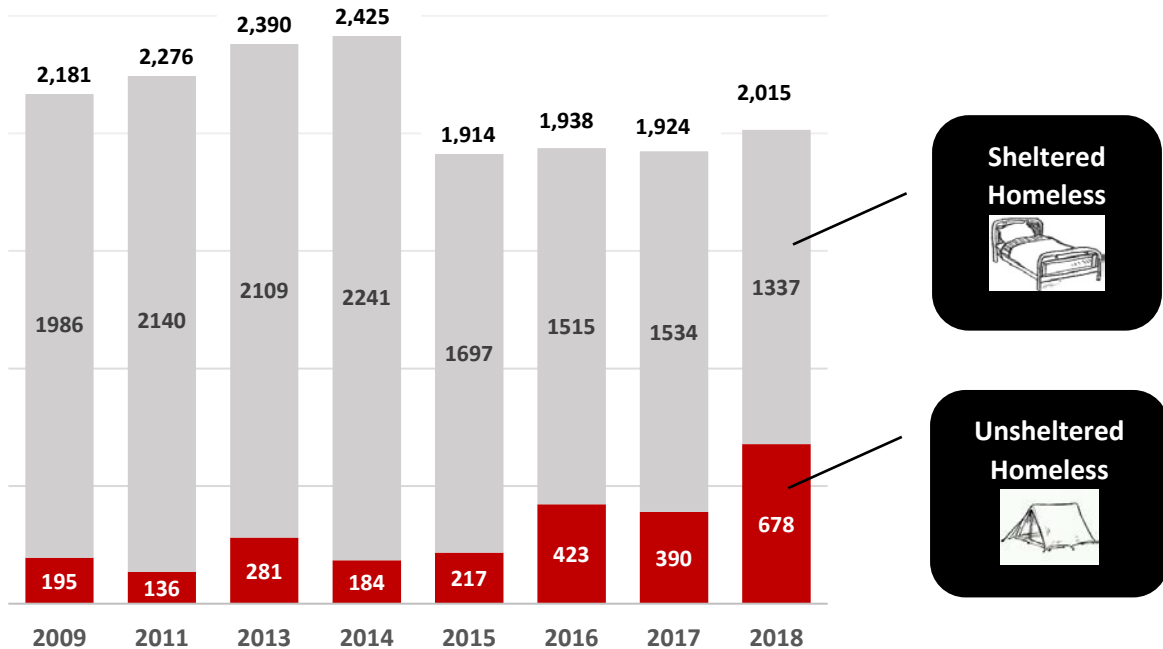
Snapshot of persons experiencing homelessness in any given year

The number of those experiencing homelessness in any given year is based on the number of unduplicated people served in the homeless service system. For the calendar year of 2017, a total of 6,701 individuals experienced homelessness. The significant decline from 2016 can be attributed to the change in reporting methodology, which included unsheltered individuals, who were not included in the 2017 total.

Year	Count
2017	6701
2016	7441
2015	6706
2014	6338
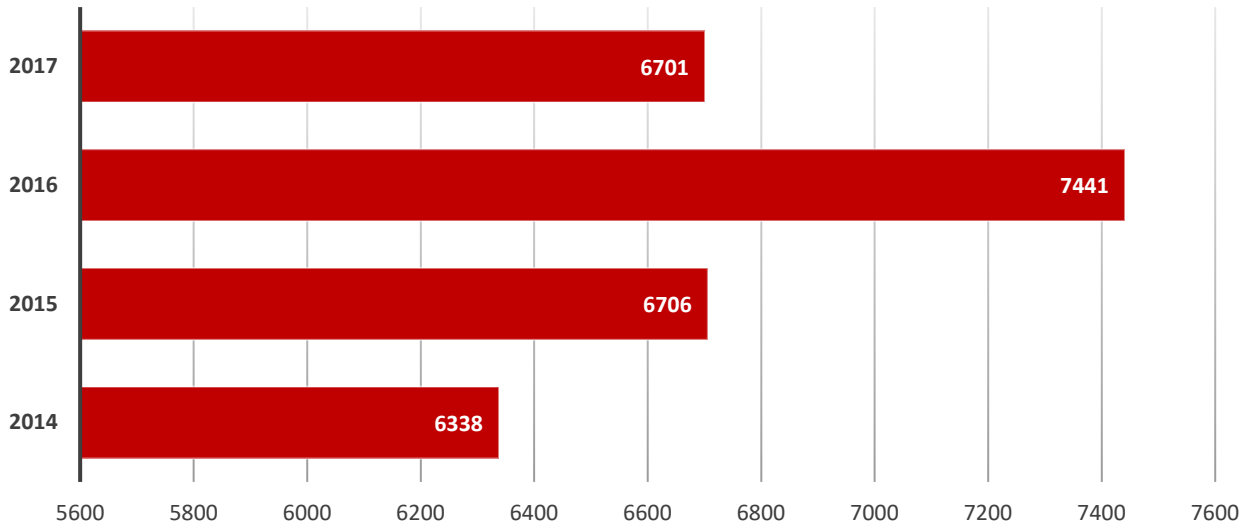
2018 Point in Time Demographics

On January 25, 2018, 56% of the homeless population was male, 37% were female, .14% were transgender; data was unavailable for 7% of the population.

2018 TOTAL HOMELESS POPULATION GENDER

■ Male ■ Female ■ Transgender ■ Data Not Collected
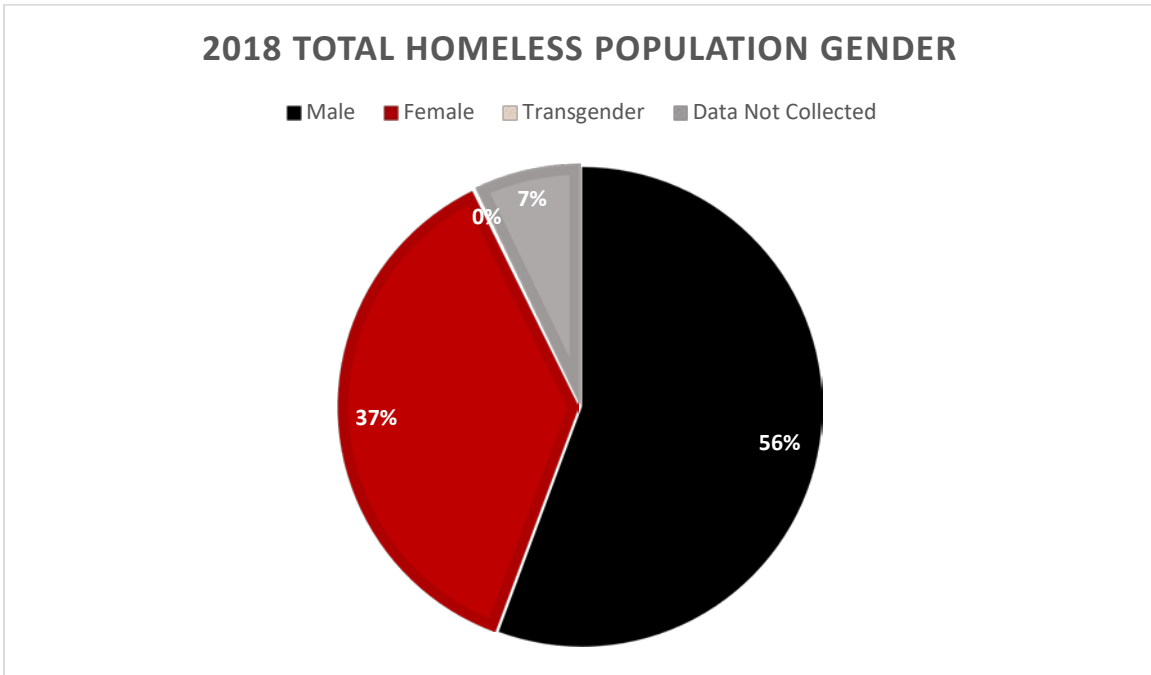
On the night of the count, 14% were children under 18, 5% were youth between the ages of 18-24, 73% were between 25 to 61, and 8% were 62 years and over. The percentage of children in the homeless count decreased by 6.5% from 2017.

2018 TOTAL HOMELESS POPULATION AGE

■ Children Under 18 ■ 18 - 24 ■ 25 - 61 ■ 62 and Over
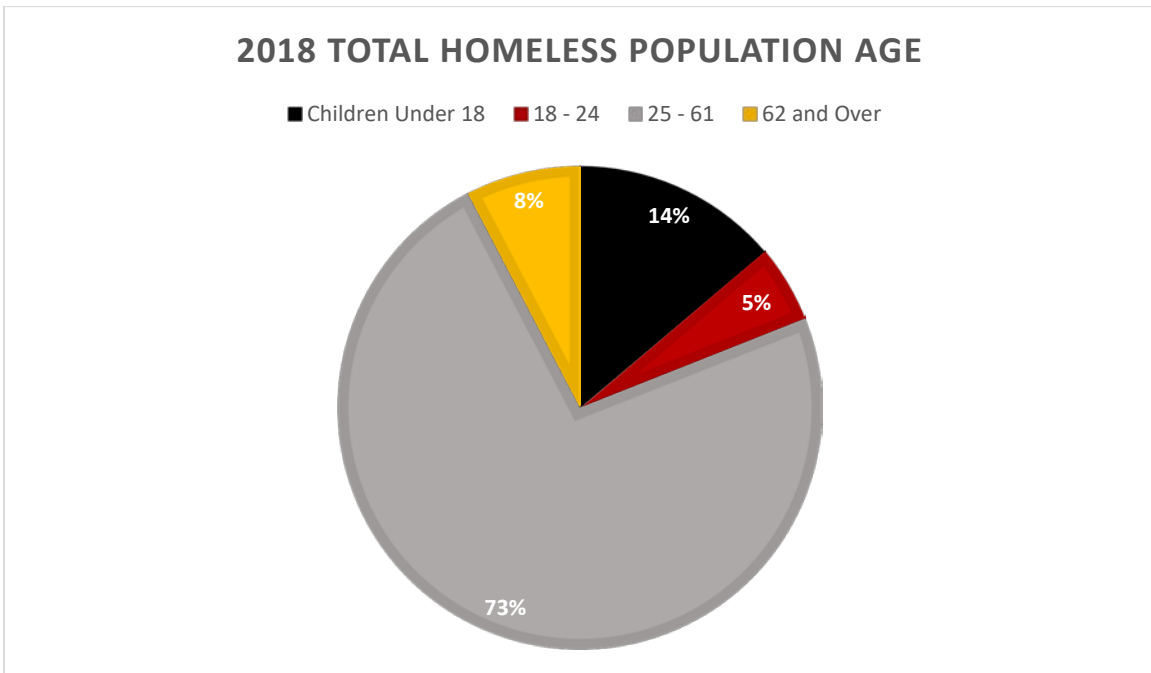
The majority of those identified on the night of the count, 72%, are Non-Hispanic, 10% identify as Hispanic.

2018 TOTAL HOMELESS POPULATION ETHNICITY

Hispanic: 10%
Non-Hispanic: 72%
Data Not Collected: 18%

■ Hispanic   ■ Non-Hispanic   ■ Data Not Collected
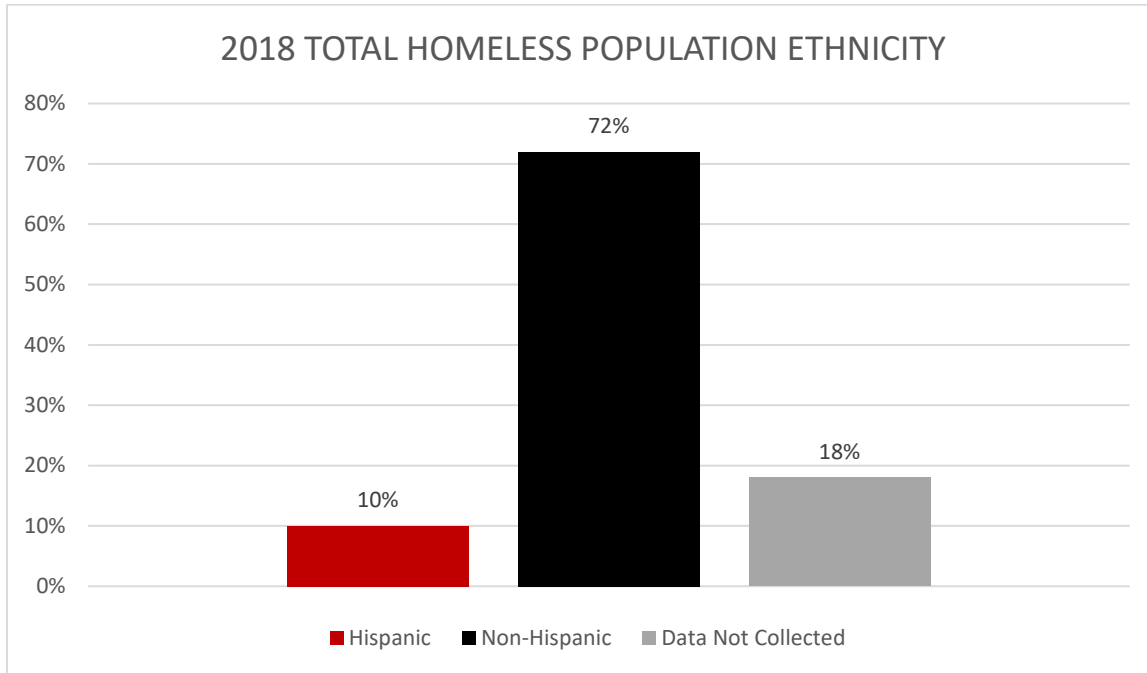
The majority of those experiencing homelessness are African American, 47% and White, 44%.

2018 TOTAL HOMELESS POPULATION RACE

White: 44%
Black/African-American: 47%
Asian: 1%
American Indian/ Alaska Native: 1%
Native Hawaiian/Other Pacific Islander: .2%
Data Not Collected: 6.8%

■ White   ■ Black/African-American
■ Asian   ■ American Indian/ Alaska Native
□ Native Hawaiian/Other Pacific Islander   ■ Data Not Collected
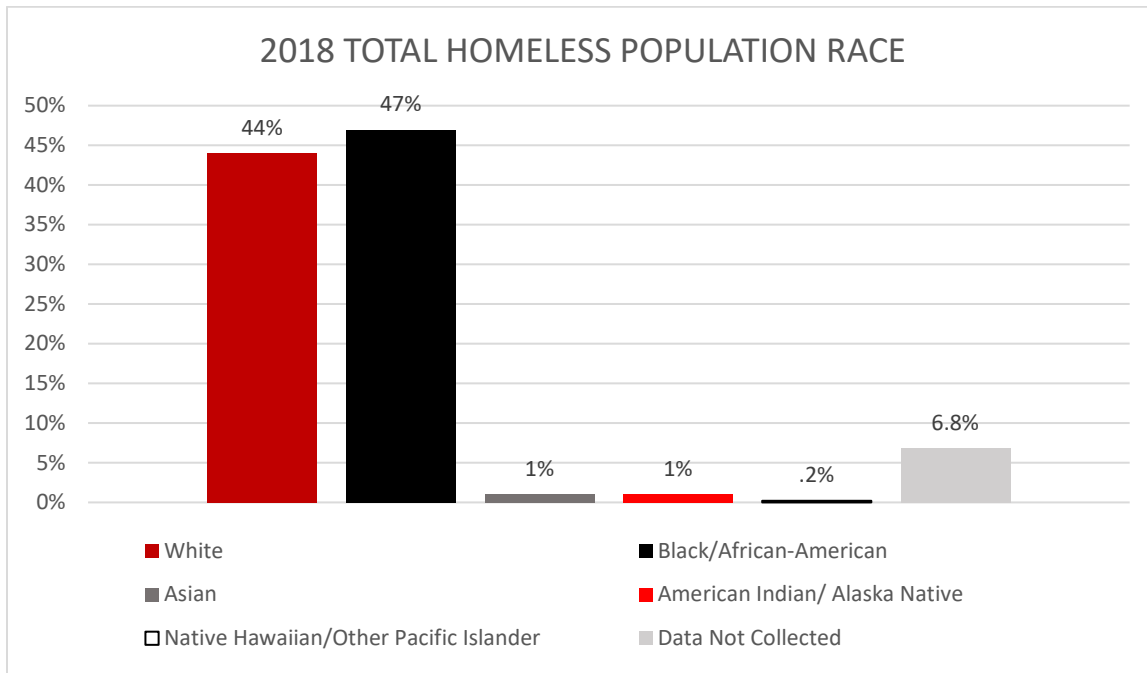
Where People are Sleeping

The graphic below shows percentages of people living in each location. A large percentage, 62%, are in shelter, while 31% are staying in places not meant for human habitation. 5% of those surveyed are reported as unknown on where they were sleeping on the night of the count; this is likely due to incomplete survey data.

Where People are Sleeping on the Night of the Count

- 62% Emergency Shelter
- 31% Outdoor Encampment/Street/Sidewalk/Park
- 1% Car/Van/RV
- 1% Other
- 5% Unknown
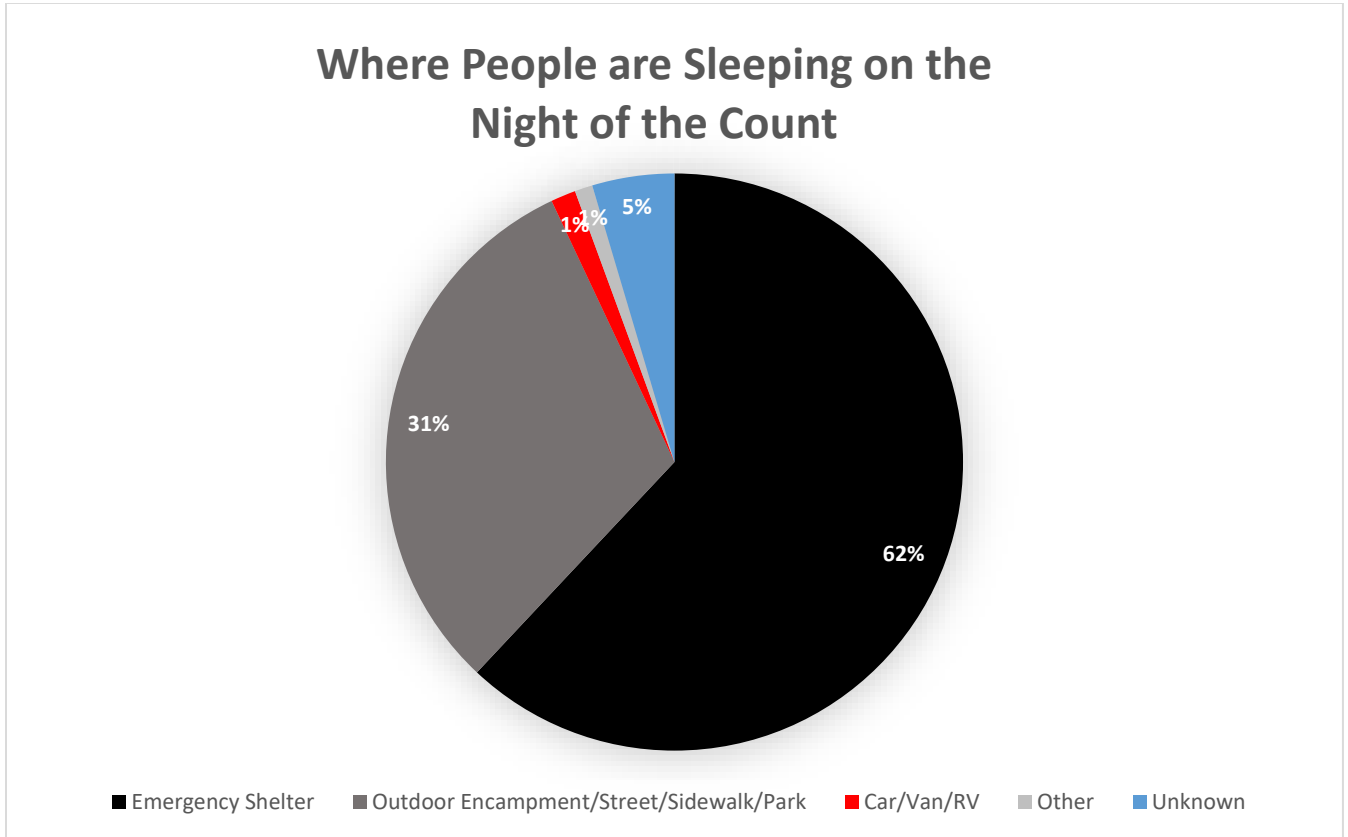
Regional Analysis

The data below demonstrates the prevalence of the homeless population in relation to the total population for Tarrant County and other communities throughout Texas and the United States.

Geography	2017 Homeless Population	2016 Total Population	Rate of Homelessness
Parker County	12	130,150	0.01%
Harris County	3,605	4,589,928	0.08%
Tarrant County	1,941	1,945,320	0.10%
Dallas County	3,379	2,574,984	0.13%
Franklin County, OH	1,691	1,264,518	0.13%
Bexar County	2,743	1,928,680	0.14%
Mecklenburg County, NC	1,476	1,054,835	0.14%
Travis County	2,036	1,199,323	0.17%
King County, WA	11,643	2,149,970	0.54%

Geography	2017 Homeless Population	2017 Total Population	Rate of Homelessness
Tarrant County	1,941	1,966,440	0.10%
Fort Worth	1,594	815,430	0.20%
Arlington	252	382,230	0.07%

Geography	2016 Total Population	2017 Total Population	Population Rate from 2016-2017	Homelessness Rate from 2016-2017
Tarrant County	1,945,320	1,966,440	+1.09%	-1.0%
Fort Worth	806,380	815,430	+1.12%	+7.0%
Arlington	380,740	382,230	+0.39%	-24.0%

Since 2011, Tarrant County has experienced a steady population increase[1] with the population in 2020 for the Fort Worth-Arlington Metropolitan Division projected to be 2,620,060[2]. As more people move

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[1] Population sources: ACS 5-year estimates: Tarrant County
https://www.census.gov/data/datasets/2015/demo/popest/counties-total.html
[2] Texas Health and Human Services https://www.dshs.texas.gov/chs/popdat/st2020.shtm

into Tarrant County, affordable housing and the ability to earn a living wage may become increasingly difficult to obtain, increasing the number of people living in poverty and at risk of becoming homeless.

Population Growth in Tarrant County
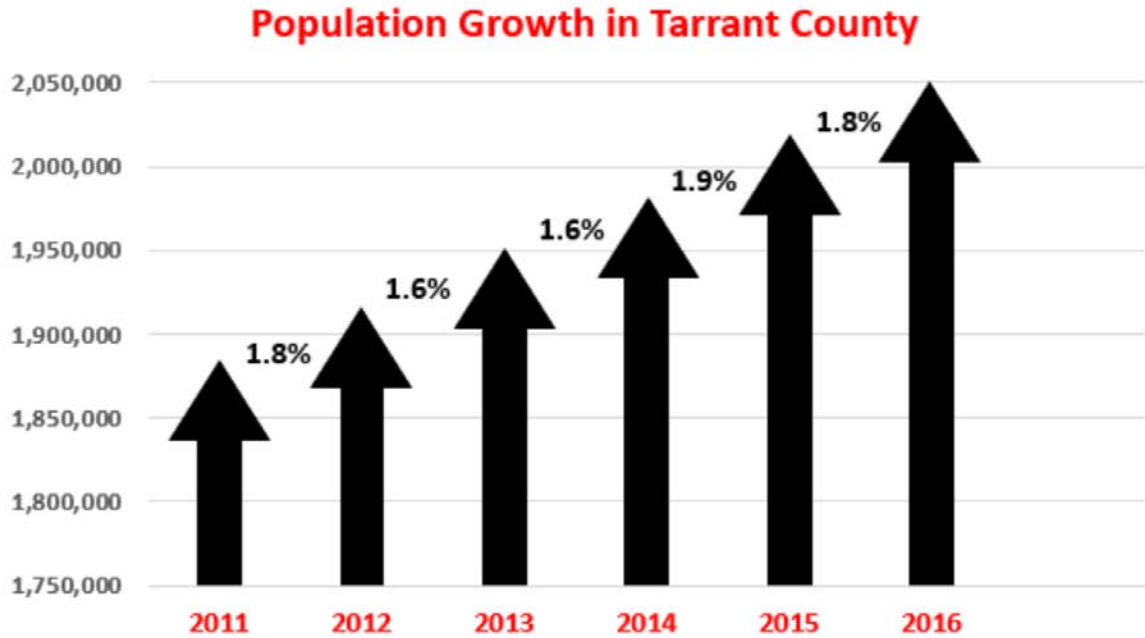
Causes of Homelessness

A majority of unsheltered individuals and families became homeless due to financial issues, including inability to pay rent and unemployment.[3] There is also a significant amount of those who reported physical and/or behavioral health issues contributing to the cause of their homelessness. It is important to note that although these were the main causes, people become homeless for multiple reasons.

Causes of Homelessness

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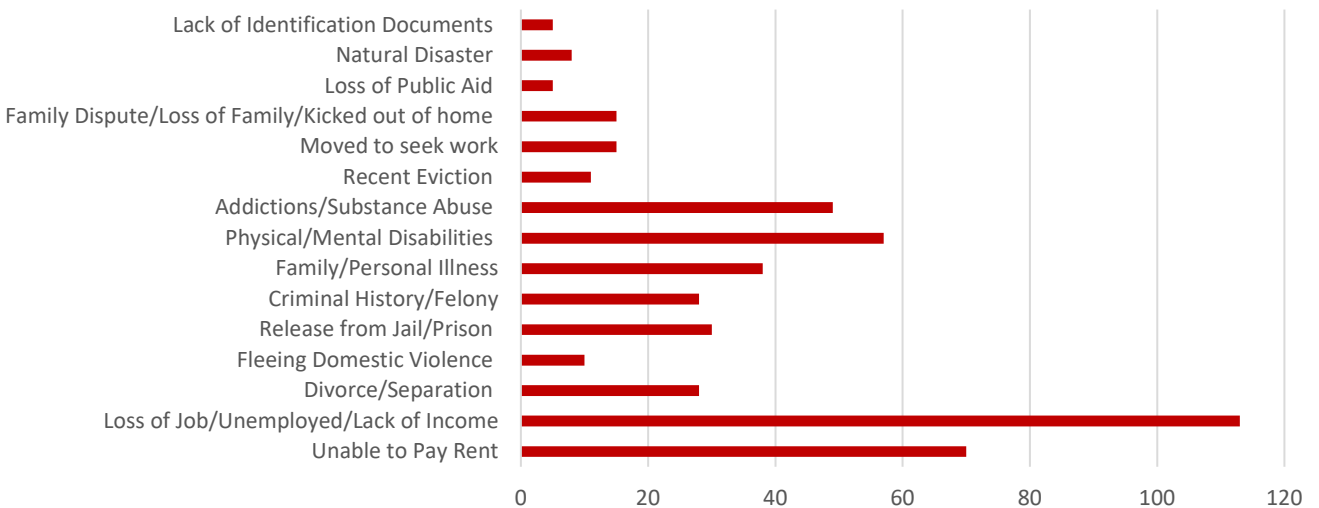
[3] 2017 Unsheltered PIT count respondents. Categories are not mutually exclusive.

Prevention

Homeless Prevention provides direct financial assistance to keep at-risk individuals and families from becoming homeless. The focus of prevention is to intervene with people experiencing crises before they arrive at the shelter. As a short-term solution, homeless prevention services have proven to be an effective intervention, specifically when targeted to efforts such as eviction prevention.[4]

Eleven agencies have a total of 14 prevention programs in our system of care, four of which are designated specifically for veterans. These agencies, along with mainstream systems such as TANF and other anti-poverty resources, quickly refer people in crisis to services they need. Together, 50 employees within these programs assist approximately 2,400 individuals and families each year to prevent them from falling into homelessness and restoring stability.

Diversion

Homeless Diversion is an intervention strategy used to keep people from entering into homelessness (including emergency shelters). Diversion helps identify immediate alternative housing arrangements and, when necessary, connects individuals with necessary resources to assist them into permanent housing. Safe, alternate housing arrangements may include temporarily moving in with friends or family members until housing stability can be obtained and sustained. Flexible financial assistance has shown to be an effective diversion strategy because it allows communities to quickly support people through housing crises.[5]

Tarrant County Homeless Coalition, along with 7 partner agencies, provides diversion services for Tarrant and Parker County. Each client who connects with the system has natural supports which can keep them from entering homelessness. Access points and the first points of contact to our homeless system work with individuals to tap into these natural supports and find solutions. Through diversion efforts, 180 people were diverted away from homelessness to a permanent housing destination in 2017 in Tarrant County.

Unsheltered Homelessness

On the night of January 25, 2018, more than 485 volunteers and approximately 100 members of law enforcement canvassed Tarrant and Parker Counties, identifying and counting 678 people who were sleeping in places not intended for human habitation such as cars, vacant lots and buildings, under bridges, or in the woods.

Unsheltered homelessness increased by 74% from 2017 to 2018. While the exact reasons are unknown, factors such as warmer weather, increased visibility due to local construction, few affordable housing options and the use of technology to more quickly and easily gather data are likely contributors. This increase is consistent with nationwide trends on increasing unsheltered homelessness.

678 individuals were identified on the night of the count, 47% were interviewed by count volunteers and responded to survey questions, while 53% did not provide direct responses and data gathered was via

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[4] United States Interagency Council on Homelessness:
http://www.evidenceonhomelessness.com/topic/homelessness-prevention/
[5] United States Interagency Council on Homelessness:
https://www.usich.gov/resources/uploads/asset_library/emergency-shelter-key-considerations.pdf

an observation survey. Observation surveys include data elements that are collected based on visual factors when more detailed data is not able to be collected (i.e. person was sleeping, did not want to participate). Results reported below may not total 100% and is reported based on what was able to be collected.

The current system has six street outreach teams from ACH Child and Family Services, Catholic Charities, MHMR of Tarrant County, the Department of Veterans Affairs, JPS Health Network and Hands of Hope. These programs are staffed by 37 employees who provide services to the unsheltered homeless population. Specialized services include: medical care, VA services and behavioral health services. These teams build relationships, assist clients with their needs, and connect them to critical community resources. In 2017, outreach teams made more than 2,500 visits to individuals living in unsheltered situations; however, it is important to note that this is not a de-duplicated number. People living outside have more complex and critical needs that require multiple interventions and therefore may need more than one service and will receive visits from more than one outreach worker or team.

The full Community Dashboard metric data are not yet available for unsheltered homelessness; however, average length of time homeless for those living out doors was able to be calculated based on self-report.

Average Stay for Unsheltered **30 Months**
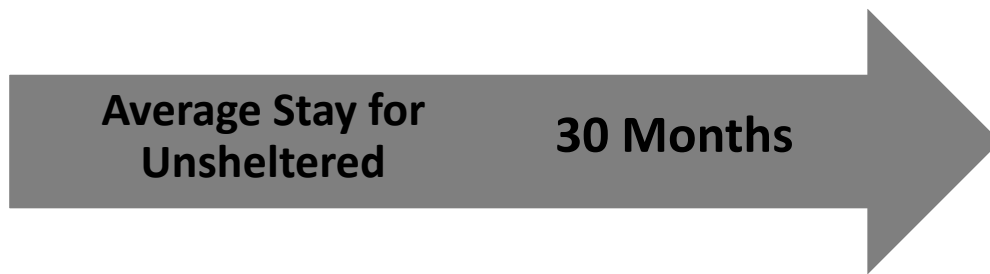
2018 Point in Time Unsheltered Homeless Geographic Distribution

Nearly 90% of the unsheltered population in Tarrant and Parker County live in Fort Worth. It is likely that this is a result of the proximity to public transportation, shelter, and social services offered within the city. It is also significant that the total population of the City of Fort Worth is notably greater than other towns in the county.

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	604	53	8	13	**678**	**+74%**
2017	342	29	12	7	390	-0.92%
2016	341	61	6	15	423	+95%
2015	166	34	1	16	217	+18%
2014	161	16	1	6	184	-35%
2013	247	28	1	5	281	--

2018 Point in Time Unsheltered Homeless Demographics

On the night of the Homeless Count, the gender breakdown of those living outdoors was 57% male, 22% female, .3% transgender or gender non-conforming. Data was not able to be collected for 21%.

2018 UNSHELTERED HOMELESS POPULATION GENDER

Legend: ■ Male ■ Female ■ Transgender ■ Gender Non-Conforming ■ Data Not Collected

- 57%
- 22%
- 0%
- 21%
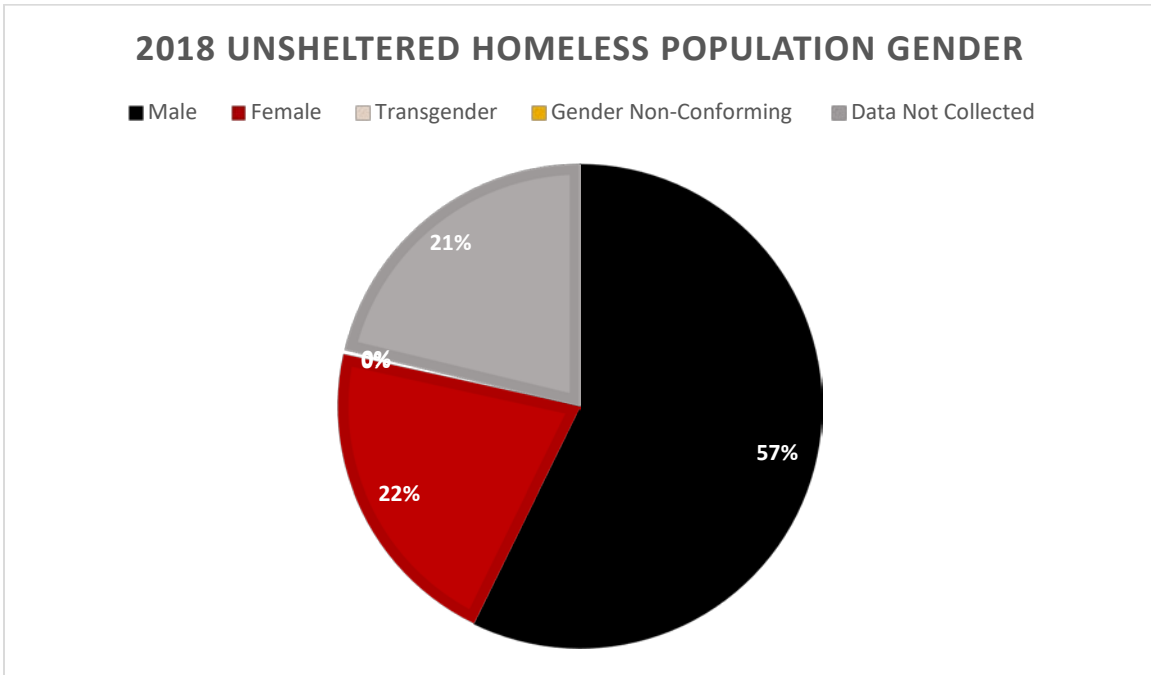
The age breakdown for those living outdoors was .75% children under 18, 5% youth ages 18-24, 90% are 25-61 and 5% are 62 and over.

2018 UNSHELTERED HOMELESS POPULATION AGE

Legend: ■ Children Under 18 ■ 18 - 24 ■ 25 - 61 ■ 62 and Over

- 5%
- 1%
- 5%
- 89%
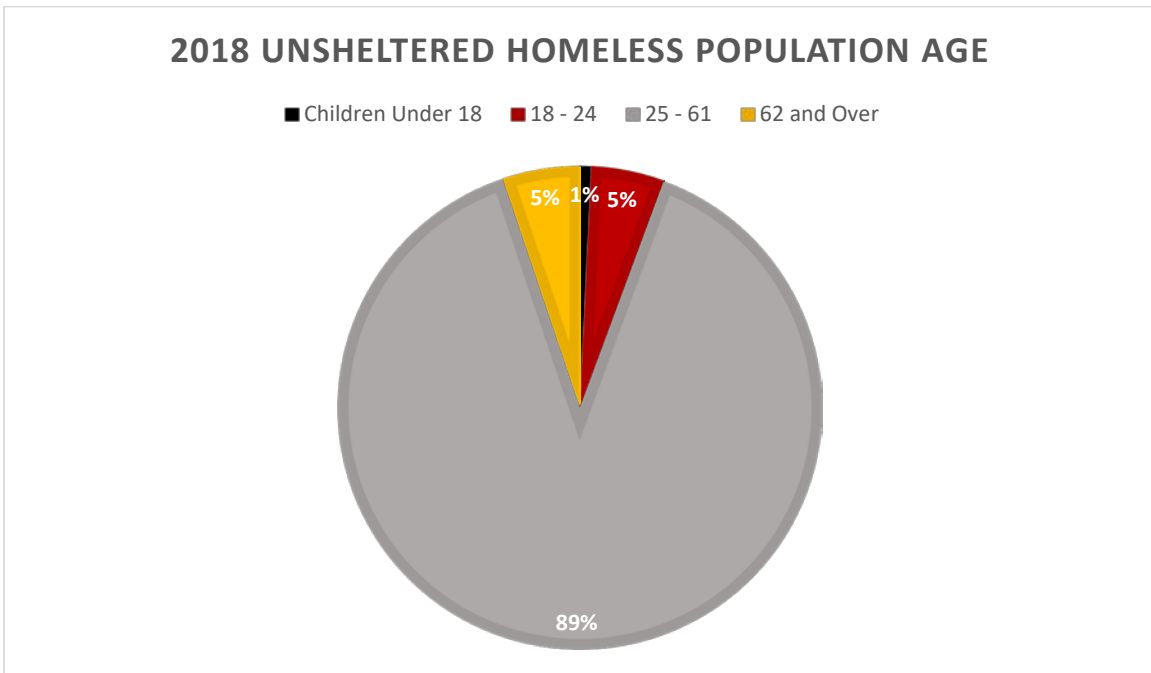
On count night, 36% were reported as Non-Hispanic, 8% Hispanic, and 56% of the data was not collected.

2018 UNSHELTERED HOMELESS ETHNICITY

- ■ Hispanic ■ Non-Hispanic ■ Data Not Collected
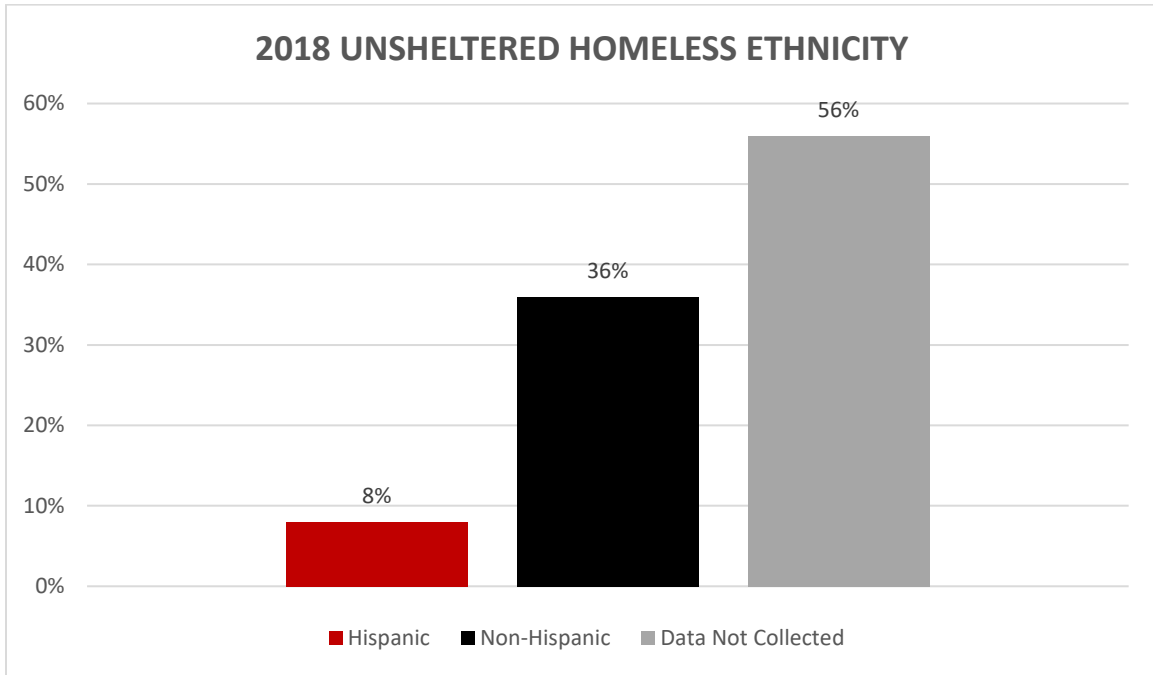
Of those living outdoors, the majority were identified as White, 47%, 30% were African American, data was not available for 19%.

2018 UNSHELTERED HOMELESS RACE

- ■ White
- ■ Black/African-American
- ■ Asian
- ■ American Indian/ Alaska Native
- □ Native Hawaiian/Other Pacific Islander
- ■ Data Not Collected
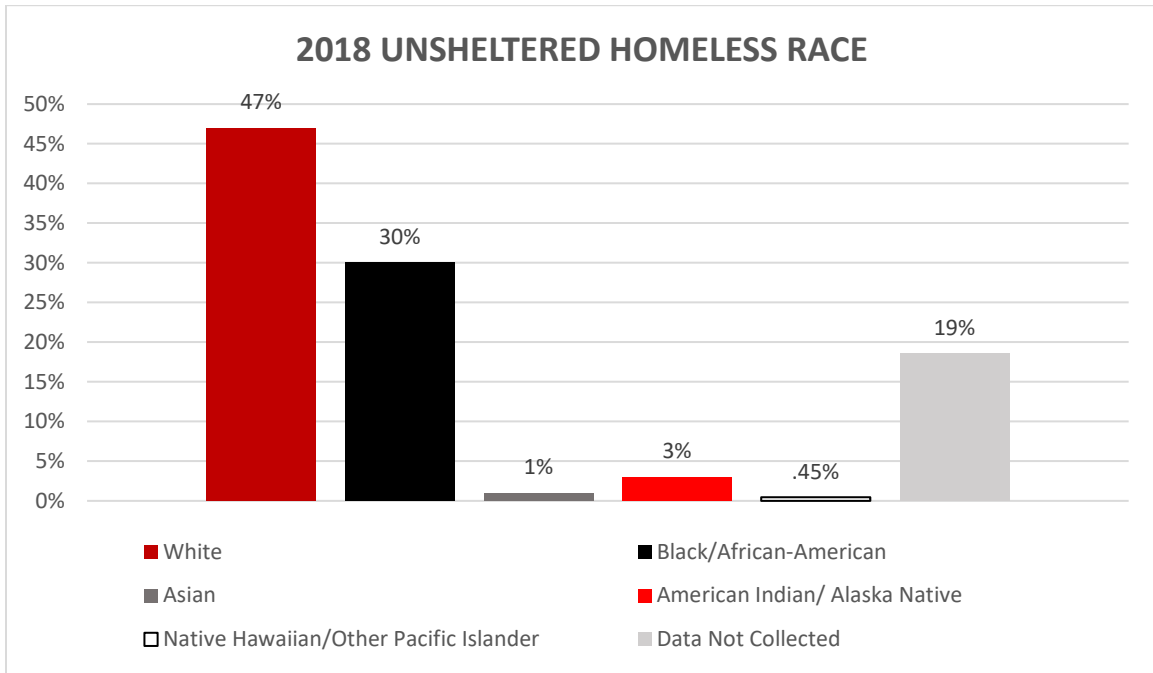
2018 Point in Time Geographic Disbursement

The maps below represent various geographic areas within the system of care. A lighter color on the map resembles a less concentrated number of homeless individuals and families. The red areas show the most densely populated areas. Most of the homeless population resides east of I-35W near Lancaster Avenue in Fort Worth. This area is also where most of the community's homeless services are located.
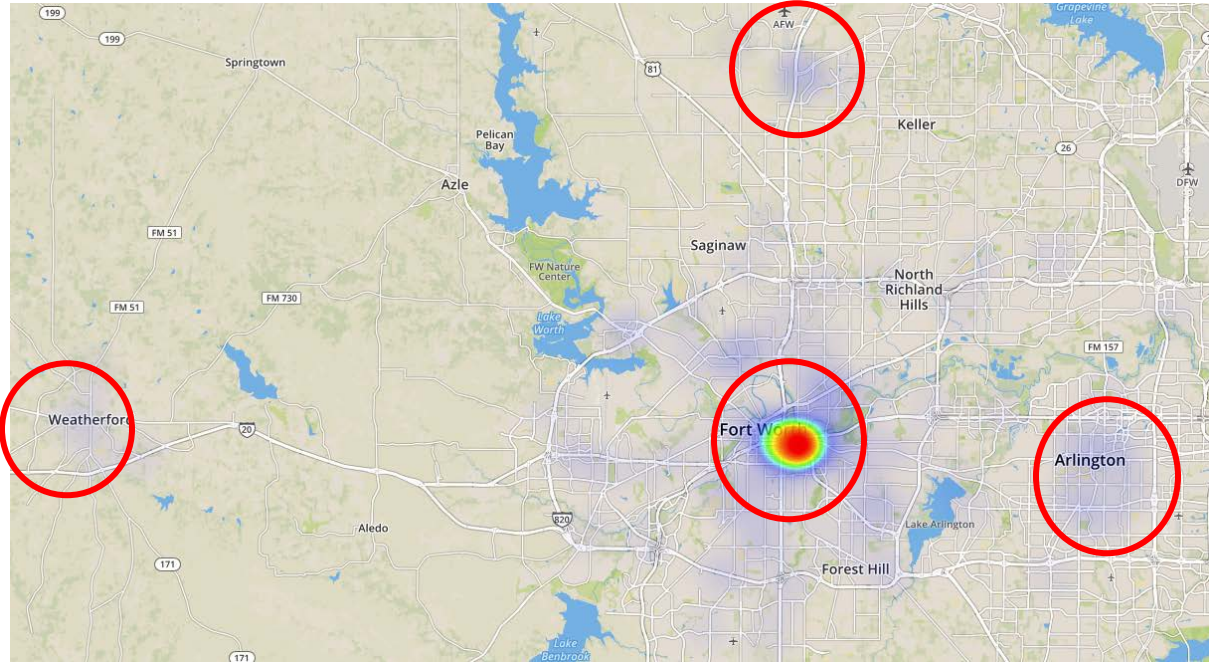
The map above represents the entire continuum of care geographical area. Notable areas that have been circled include Weatherford, Arlington, Fort Worth, and far north Fort Worth. Over 20 individuals were identified in far north Fort Worth which is an increase from previous years.
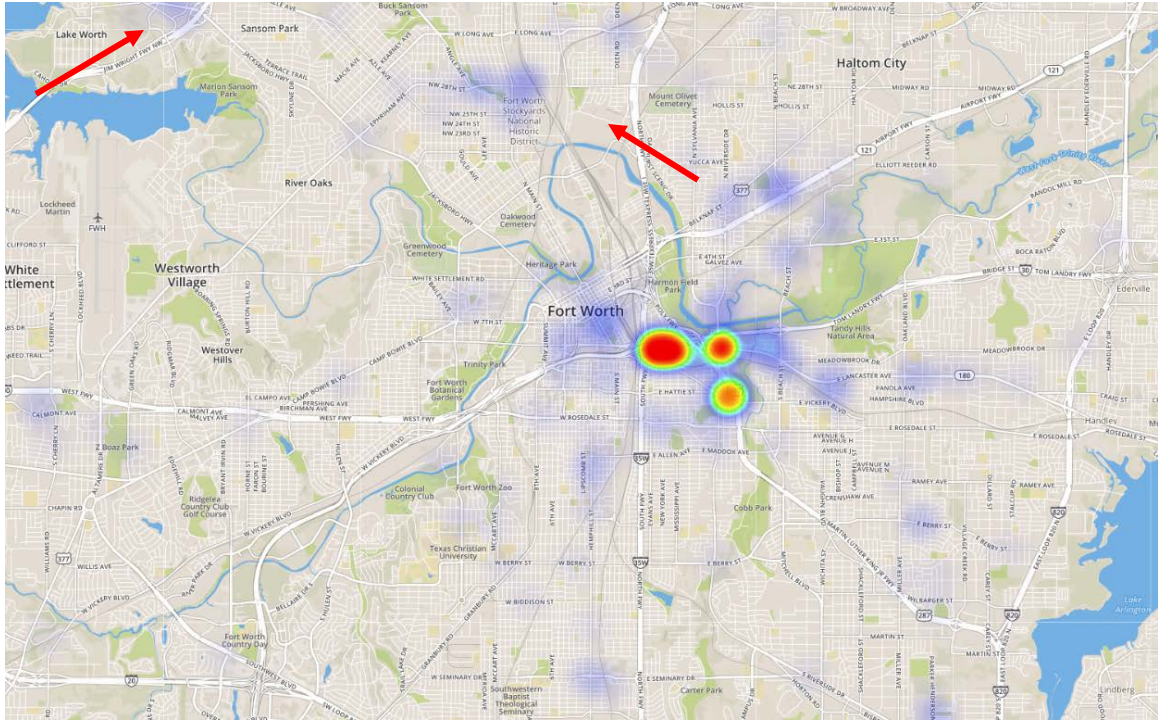
Tarrant County is shown in the map above. From the Point in Time count data, it appears that the homeless population may gradually be moving north/northwest.
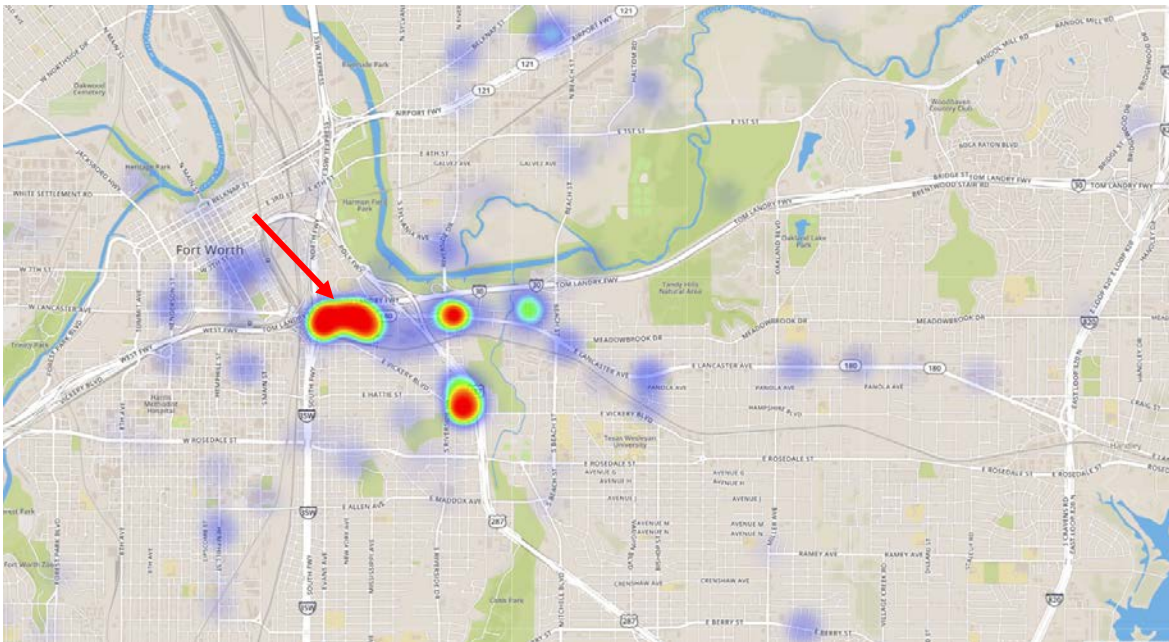
The above map is a zoomed in view of central and east Fort Worth. The largest heat spot is the Lancaster Avenue area where most of the homeless services are located.
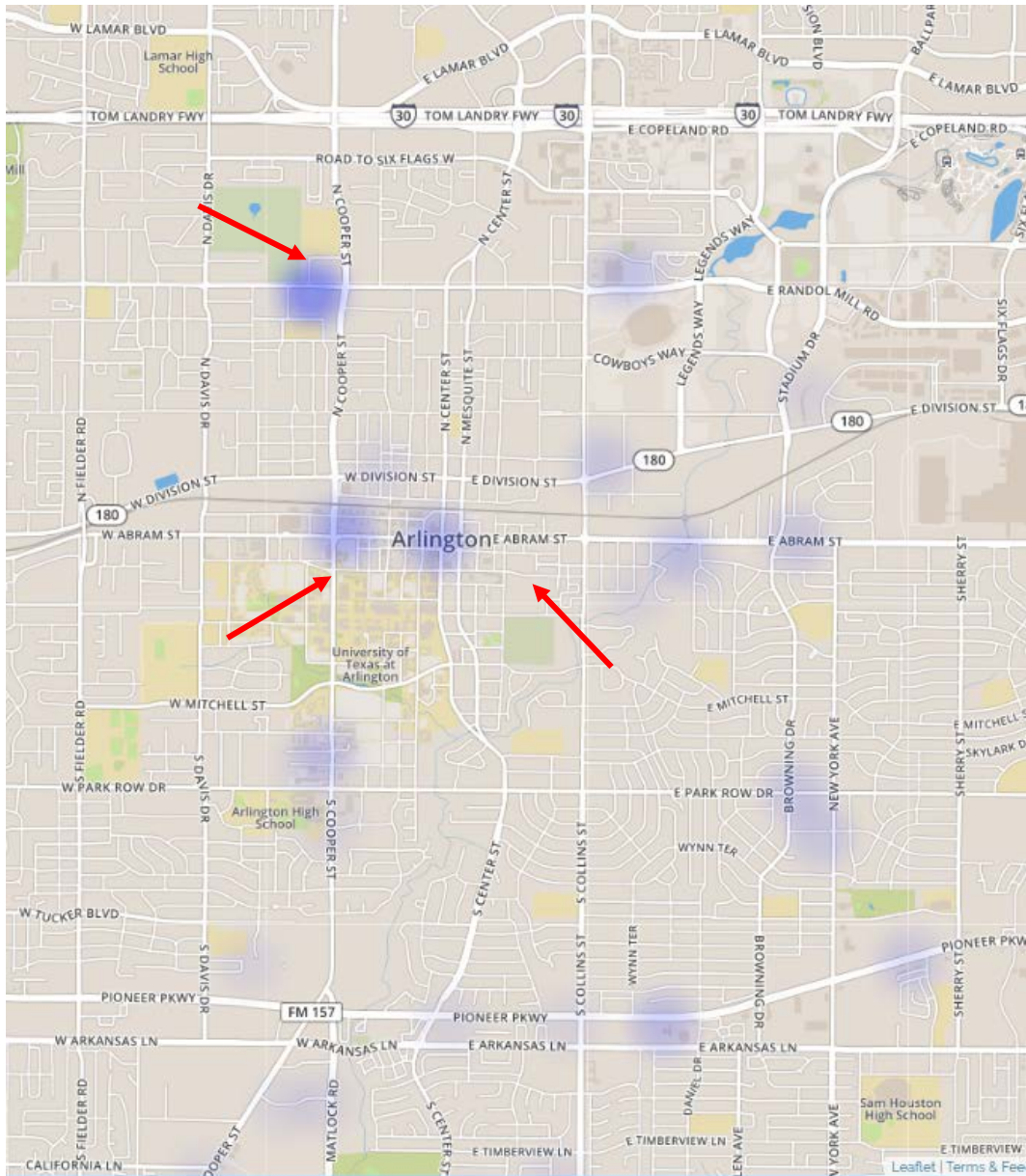
This map represents Arlington's geographic area. The darkest shades of purple are higher concentrations of unsheltered homelessness which increased by 83% in Arlington from 2017. This increase is consistent with nationwide trends on increasing unsheltered homelessness and may also be due to an increase in volunteers on count night and the use of technology to better capture data on those living outdoors.

2018 Point in Time Unsheltered Homeless Residence Prior to Homelessness

Of those surveyed on count night, 26% responded they were from Tarrant or Parker County before becoming homeless and only 2% reported being from Dallas on the night of the count. Data was not available for 62% of those identified.

```
        5%
     Elsewhere in
        Texas

  2%                    5%
Dallas, Texas        Outside of
                       Texas


  26%          Residence         62%
Tarrant or     Prior to       Data Not
Parker County  Homelessness   Collected
```
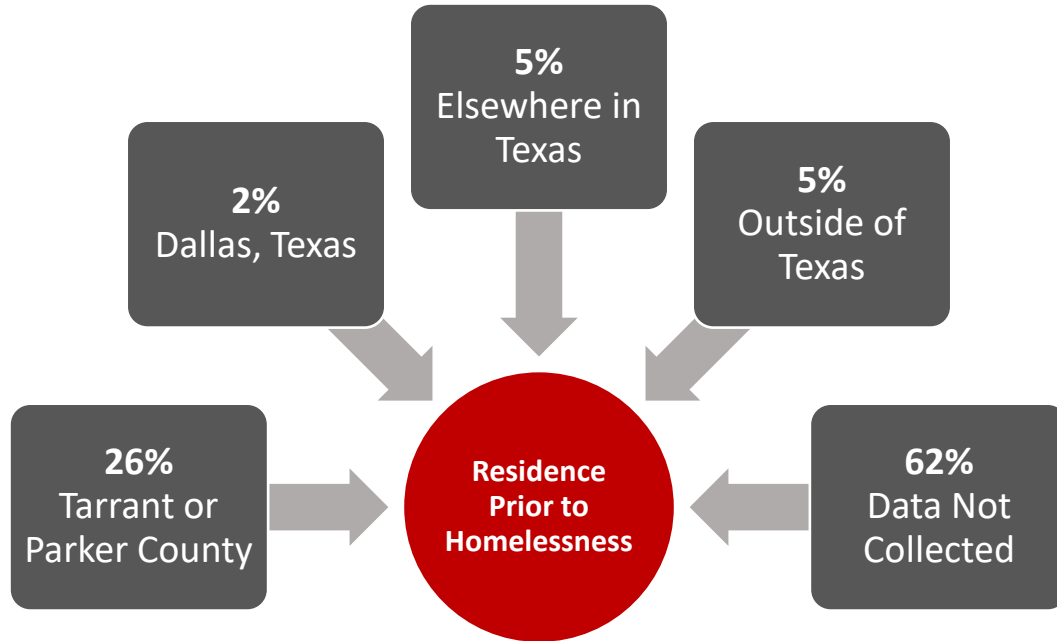
Why people are staying in places not meant for human habitation

A common phenomenon seen within the homeless population across the country is the use of sleeping arrangements that do not involve shelter systems. This is no different with the local population, for many, living on their own feels more secure than being in a small space surrounded by strangers. Others have become wary of seeking out shelter and other services that are offered through public systems due to their backgrounds, traumas, and experiences.

Reductions in the number of people sleeping outdoors is possible. Outreach and engagement are ongoing efforts that assist in ending unsheltered homelessness. The United States Interagency Council on Homelessness (USICH) has identified several best practices over the years that are currently being utilized by our local service providers.

Motivational interviewing and trauma-informed engagement techniques with a housing-focus typically yield the best results, however slow the progress. It is not uncommon to encounter campers who struggle with significant behavioral health challenges such as Post-Traumatic Stress Disorder (PTSD) or paranoid schizophrenia who will require long term and intensive interventions.

Other identified best practices to work with the unsheltered population include: Housing First principles, Coordinated Entry, and diversity of approach. The system of care of care uses diverse and collaborative methods, utilizing outreach teams with specialized focuses in youth, mental health, and medical care and teaming up with partners. Additionally, outreach efforts in our continuum are systematic and well-documented to support the coordinated entry system in place, which utilizes a housing first model of care.

Barriers to Emergency Shelter

Those living outdoors have identified many reasons why they prefer not to stay in Emergency Shelter. These barriers should be examined and addressed as appropriate by the system of care.

Barriers to Emergency Shelter	
Safety Concerns	Sexual/physical abuse, drug use, and risk of belongings being stolen
Rules and Regulations	Intact families, scan card requirements, curfews, and program orientations
Health Concerns	Bed bugs and spread of illnesses
Eligibility	Identification, criminal background, and domestic violence
Location	Located in Fort Worth and Arlington; and, inaccessible for those in rural areas with no transportation
Waitlists	Long waitlists and no immediate help
Case Manager Turnover	Large caseloads
Mental Health	PTSD and other mental health problems, noise, and crowds

Emergency Shelter

Emergency shelters (ES) are intended for transitional or temporary shelter and crisis relief. Eight agencies in Tarrant County provide ES including: 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, and Union Gospel Mission. There are 19 ES programs and approximately 1,626 beds between all of the shelters in the system.

2,758 people served	**21%** Exited to Permanent Housing	**22%** Returned to Homelessness	**3** months is the average length of stay	**15%** Increased or Retained Employment Income at Exit	**15%** Increased or Retained Other Income at Exit
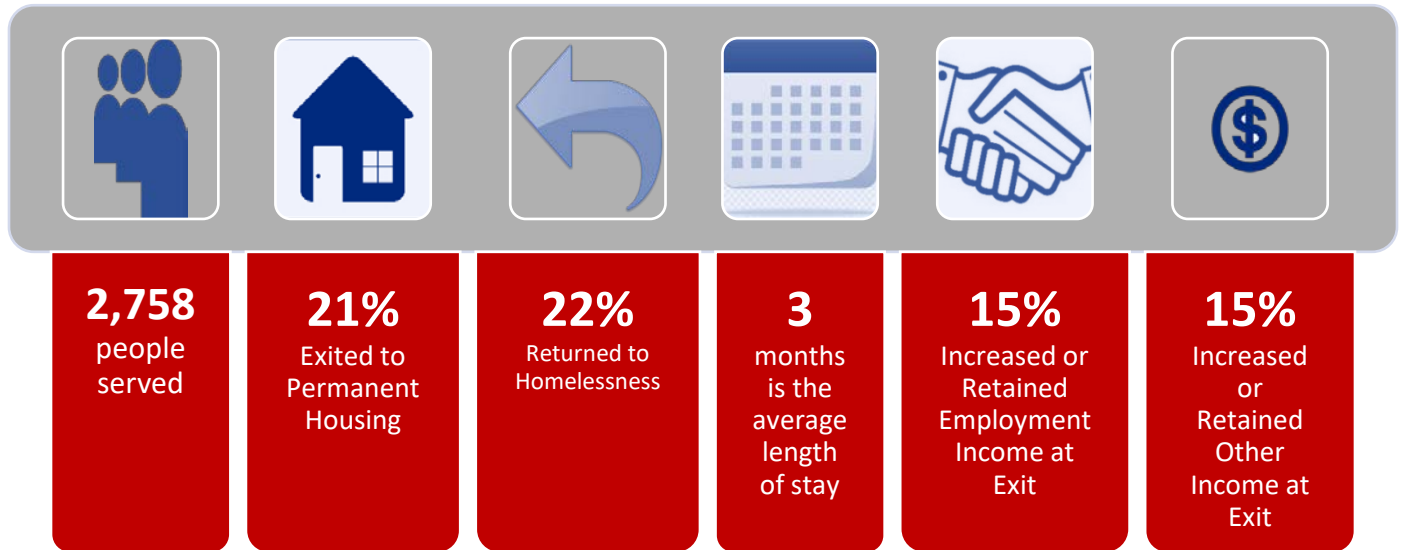
2018 in Time Emergency Shelter Geographic Distribution

The majority of individuals staying in emergency shelter are in the City of Fort Worth, 87% of the homeless population along with six shelters are located within the city.

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	1,074	154	0	0	**1,228**	**-5%**
2017	1132	162	0	0	1,294	1.19%
2016	950	138	0	0	1,088	-13%
2015	1,112	133	0	0	1,245	--

2018 Point in Time Emergency Shelter Demographics

Of those sleeping in Emergency Shelter, 53% of individuals were male, 47% female, and .16% transgender.

2018 EMERGENCY SHELTER GENDER

■ Male ■ Female ■ Transgender

0%

47%

53%
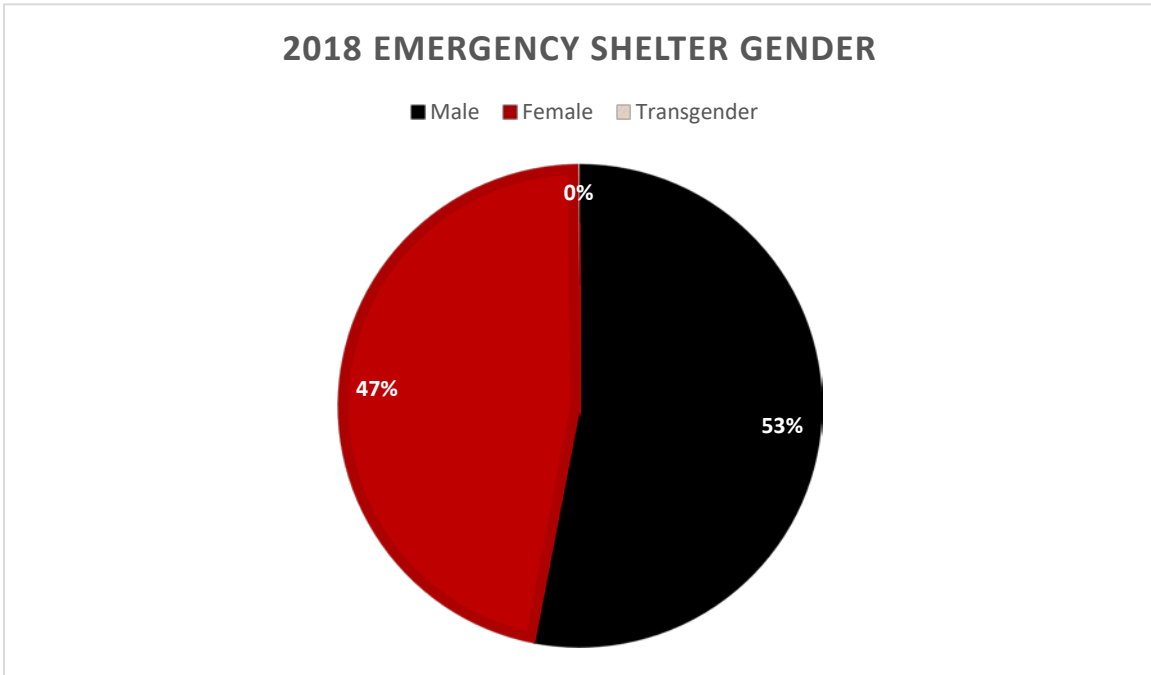
The age breakdown of residents in Emergency Shelter consisted of 21% children under 18, 6% were youths ages 18-24, 66% were between 25-61 years and 7% were 62 years or older.

2018 EMERGENCY SHELTER AGE

■ Children Under 18 ■ 18 - 24 ■ 25 - 61 ■ 62 and Over

7%

21%

6%

66%
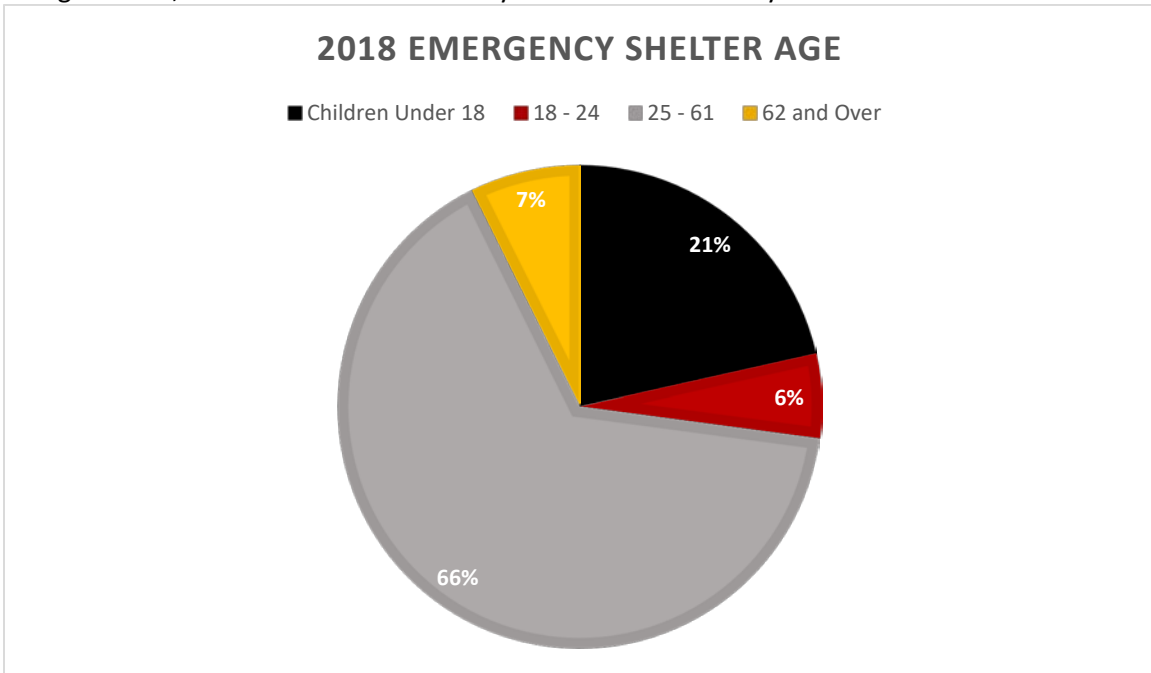
On count night, 89% of those staying in Emergency Shelter were Non-Hispanic and 11% were reported as Hispanic.

2018 EMERGENCY SHELTER ETHNICITY
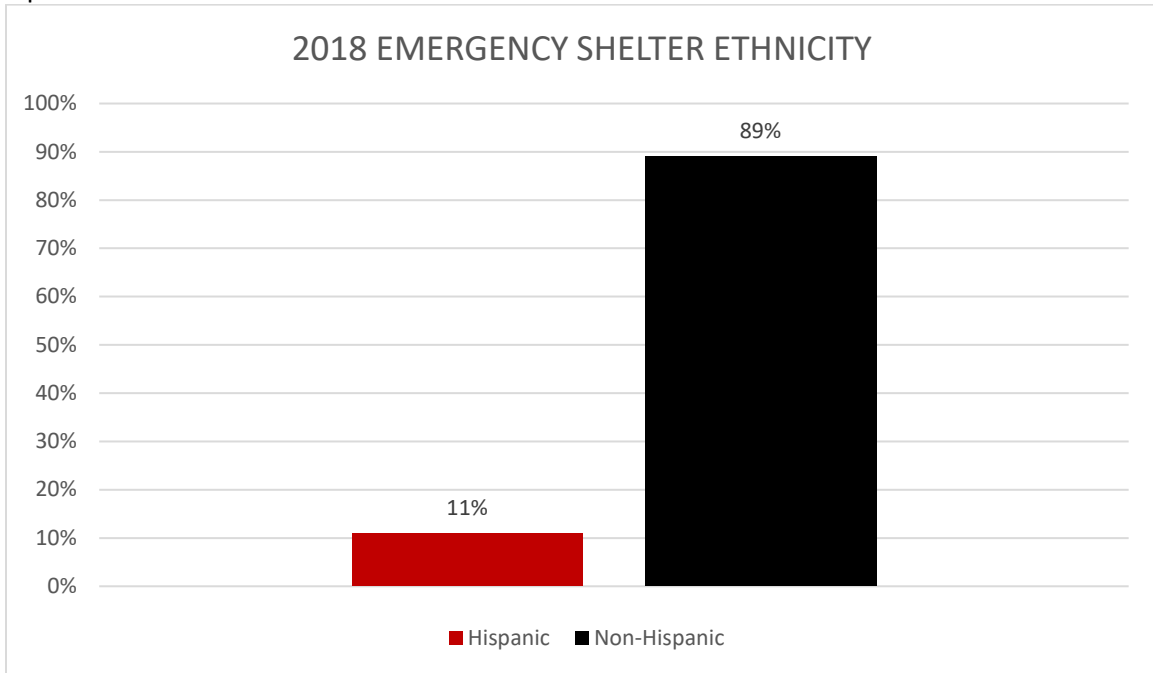
On count night, 55% of those staying in Emergency Shelter were African American and 44% were White.

2018 EMERGENCY SHELTER RACE
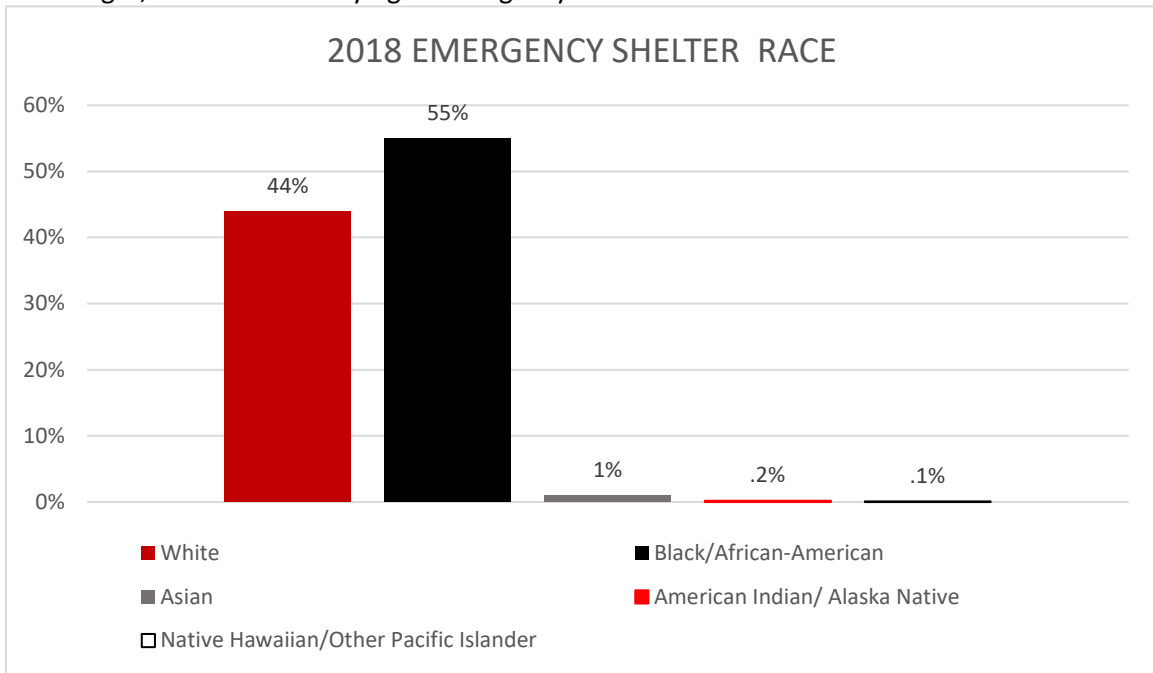
Emergency Shelter Locations

The map below shows the location of most homeless shelters in Tarrant County. As depicted, most shelter services in Tarrant County reside on East Lancaster.
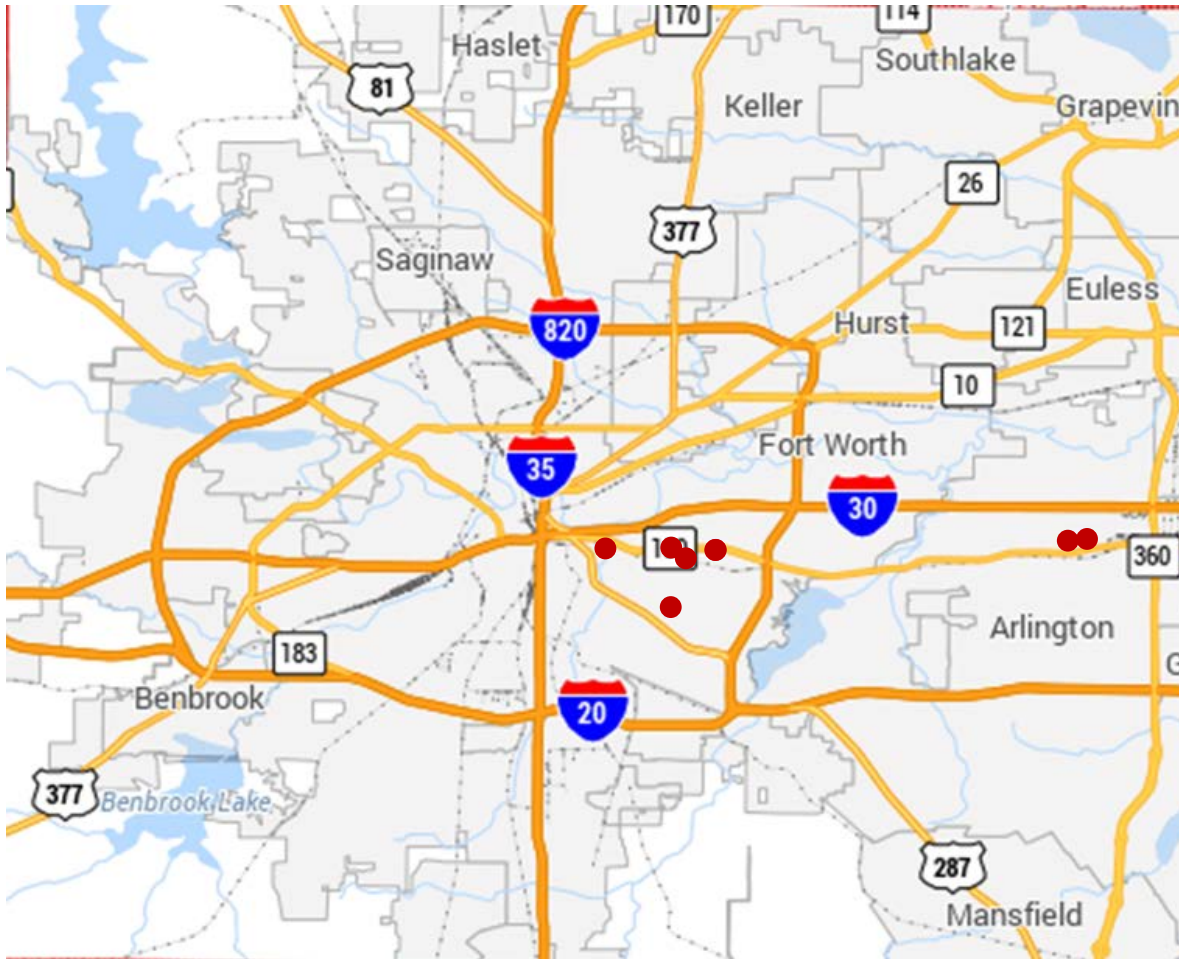
Safe Haven

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 the Presbyterian Night Shelter—and should not be confused with the organization, SafeHaven of Tarrant County, which provides services for victims of domestic violence.

2018 Point in Time Safe Haven Geographic Distribution

20 individuals were staying in Safe Haven on the night of the count.

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	**20**	**0**	**0**	**0**	**20**	**0%**
2017	20	0	0	0	20	0%
2016	20	0	0	0	20	0%
2015	20	0	0	0	20	0%
2014	20	0	0	0	20	0%
2013	18	0	0	0	18	+11%

2018 Point in Time Safe Haven Demographics

In Safe Haven on count night, 55% were female and 45% were male.

2018 SAFE HAVEN GENDER

■ Male ■ Female ■ Transgender

0%

45%

55%
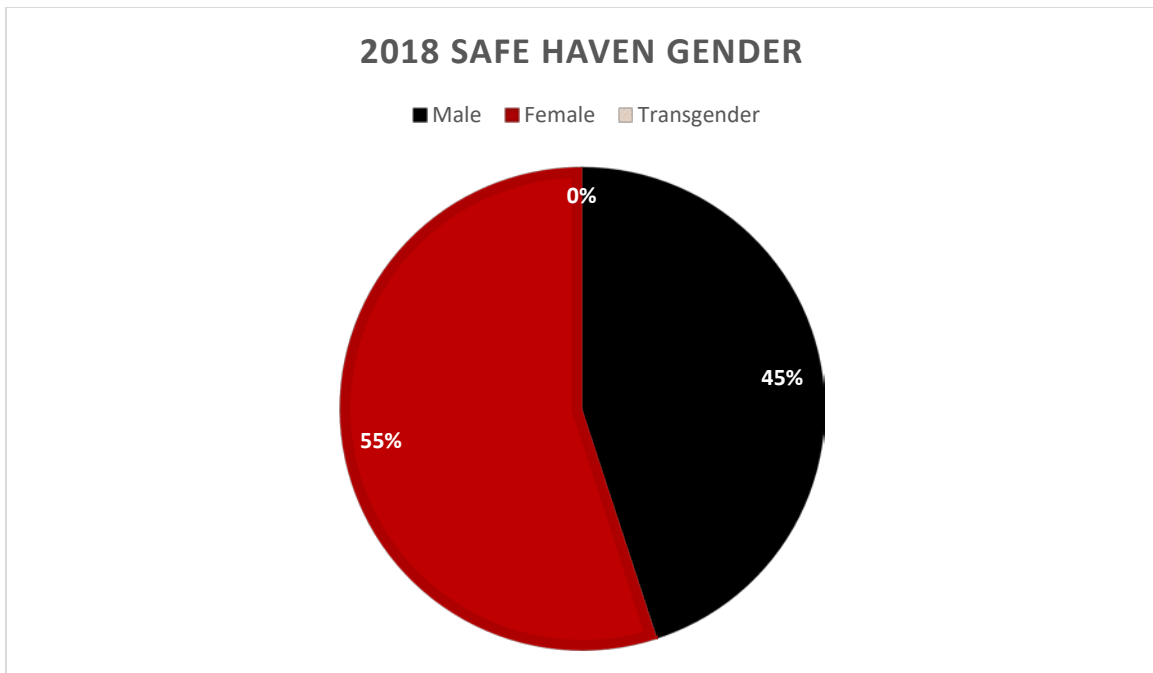
In Safe Haven, 75% were between the ages of 24 to 61 and 25% were 62 or over.

2018 SAFE HAVEN AGE

■ Children Under 18   ■ 18 - 24   ■ 25 - 61   ■ 62 and Over

0%

25%

75%
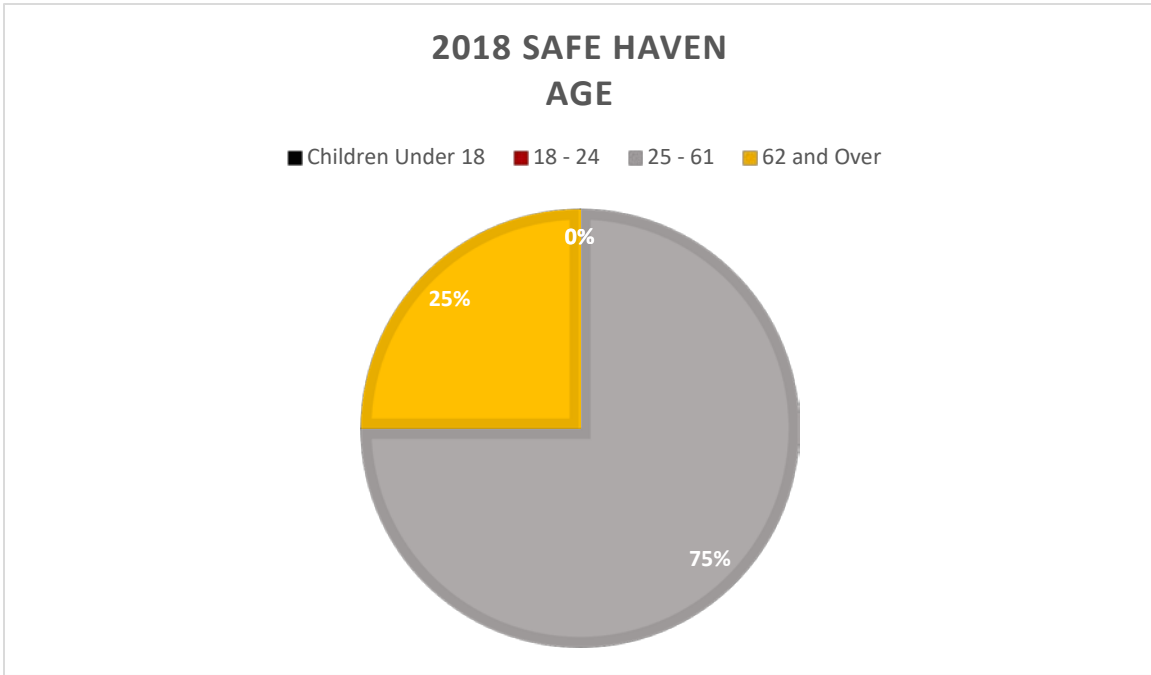
Of those residing in Safe Haven, 90% of residents were Non-Hispanic and 10% were Hispanic.

2018 SAFE HAVEN ETHNICITY

90%

10%

■ Hispanic   ■ Non-Hispanic
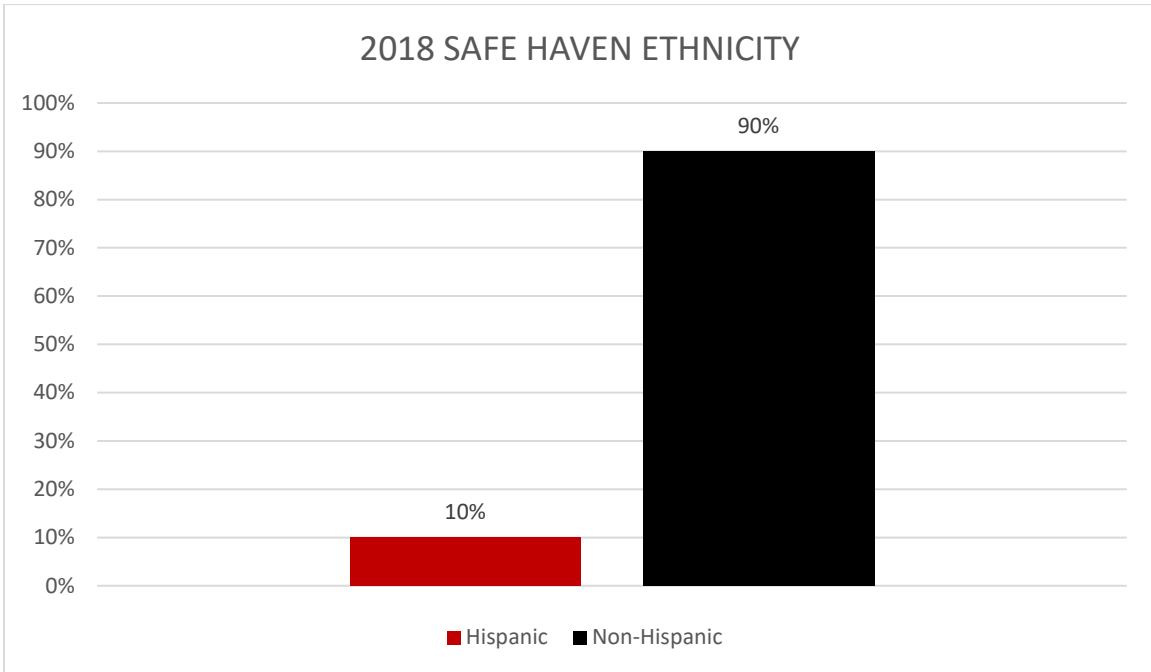
African Americans represented 40% of those at Safe Haven, 35% were White and 25% were Asian.

2018 SAFE HAVEN RACE

Legend:
- White
- Black/African-American
- Asian
- American Indian/ Alaska Native
- Native Hawaiian/Other Pacific Islander
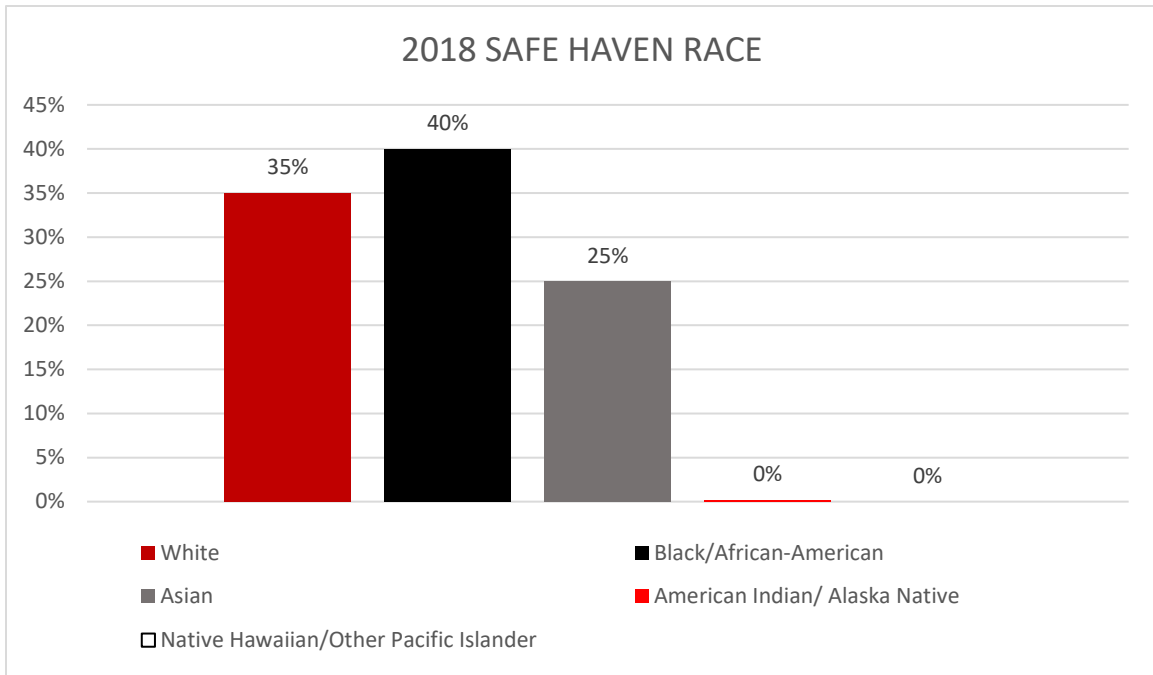
Transitional Housing

Transitional housing (TH) programs provide time-limited rental assistance (≤ 2-years) and supportive services geared toward self-sufficiency and independence. In 2017, there were two agencies, Presbyterian Night Shelter and MHMR of Tarrant County, that provided TH within the system of care and served 179 people. These programs are funded by the Department of Veterans Affairs and are targeted to homeless Veterans. Three additional agencies, SafeHaven of Tarrant County, ACH Child and Family Services and the Center for Transforming Lives each received funding from the Office for Victims of Crime to start new TH programs. These programs are dedicated to serve victims of crime and are scheduled to begin operations in 2018.

It is important to note, that the existing and upcoming Transitional Housing programs are funded by sources aside from traditional HUD CoC funds. HUD has stated that the use of Transitional Housing is best for certain populations including those experiencing domestic violence, youth aged 18-24, and those dealing with chronic substance abuse. These recommendations are embraced by the Continuum of Care.

385 people served	63% Exited to Permanent Housing	19% Returned to Homelessness	8 months average length of stay	26% Increased or Retained Employment Income at Exit	46% Increased or Retained Other Income at Exit
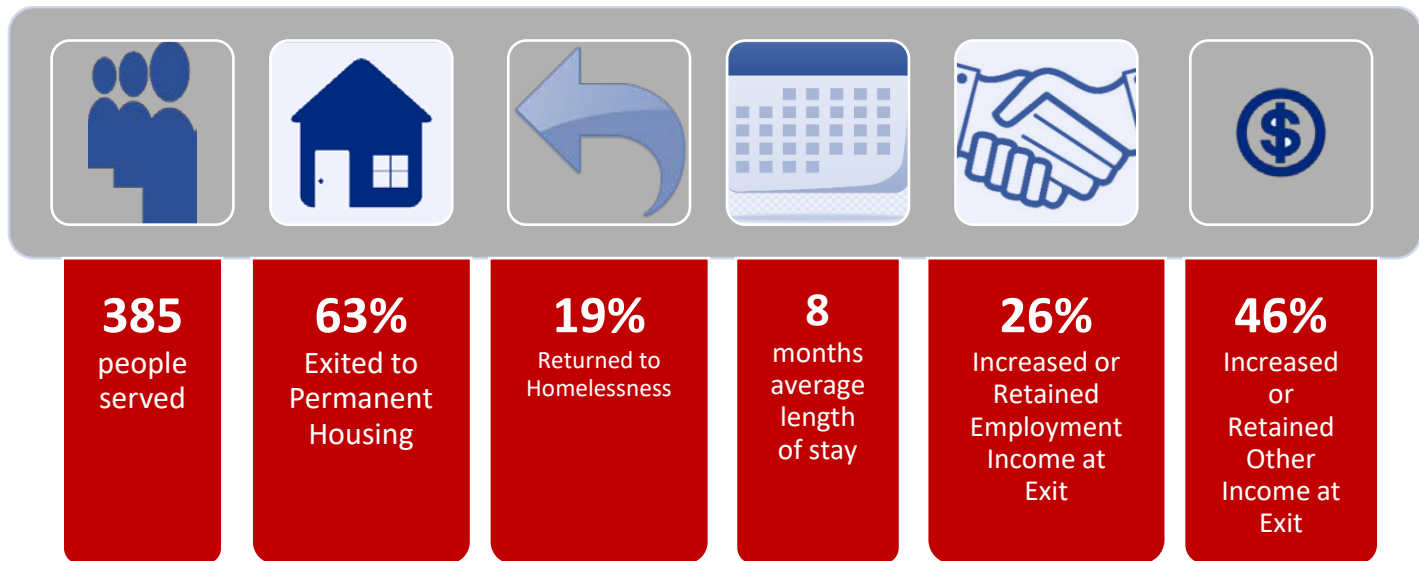
2018 Point in Time Transitional Housing Geographic Distribution

In 2017, the last HUD funded Transitional Housing program ceased operations and, as a result, there is a 60% decrease in 2018 for individuals enrolled in Transitional Housing programs.

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	89	0	0	0	89	-60%
2017	100	61	0	59	220	-46.5%
2016	173	134	0	100	407	-6%
2015	187	112	0	133	432	--

2018 Point in Time Transitional Housing Demographics

Of those residing in Transitional Housing on Count night, 82% were male and 18% were female.

2018 TRANSITIONAL HOUSING GENDER

■ Male ■ Female ▫ Transgender

0%
18%
82%
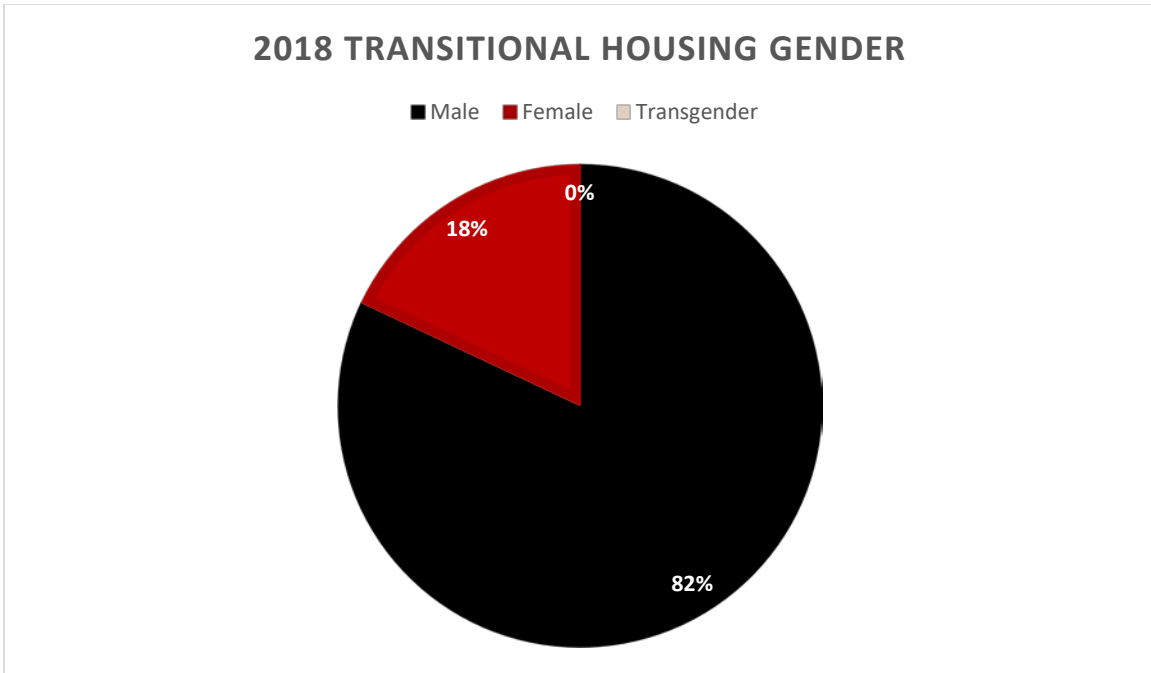
The age breakdown for those in Transitional Housing on the night of the Homeless Count was 11% under 18, 2% between the ages 18 to 24, 60% were 25 to 61 and 27% were 62 or older.

2018 TRANSITIONAL HOUSING AGE

■ Children Under 18 ■ 18 - 24 ▫ 25 - 61 ■ 62 and Over

11%
2%
27%
60%
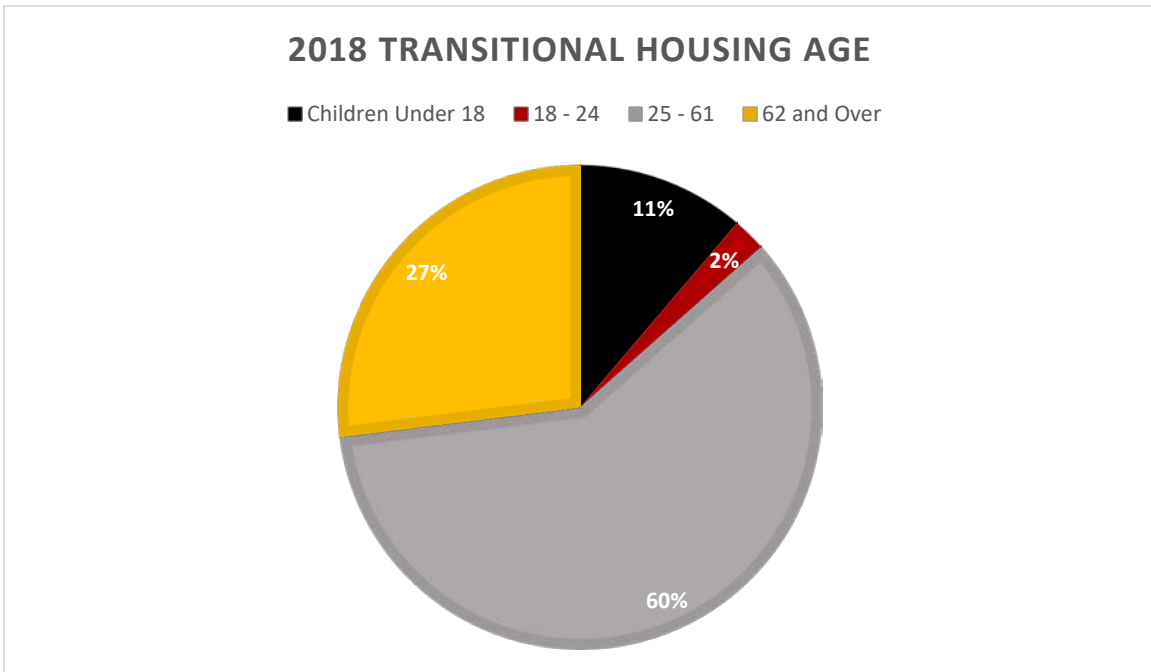
In Transitional Housing on count night, 95% of participants identified as Non-Hispanic and 5% identified as Hispanic.

2018 TRANSITIONAL HOUSING ETHNICITY
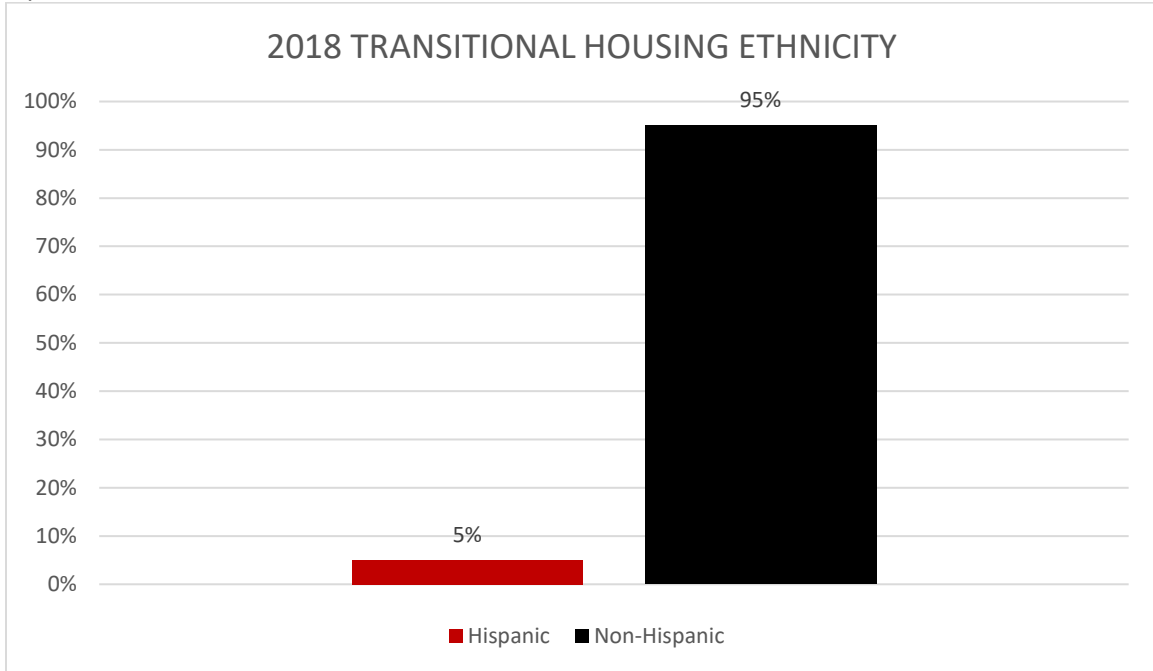
The racial breakout of residents in Transitional Housing was 64% African American and 34% White.

2018 TRANSITIONAL HOUSING RACE
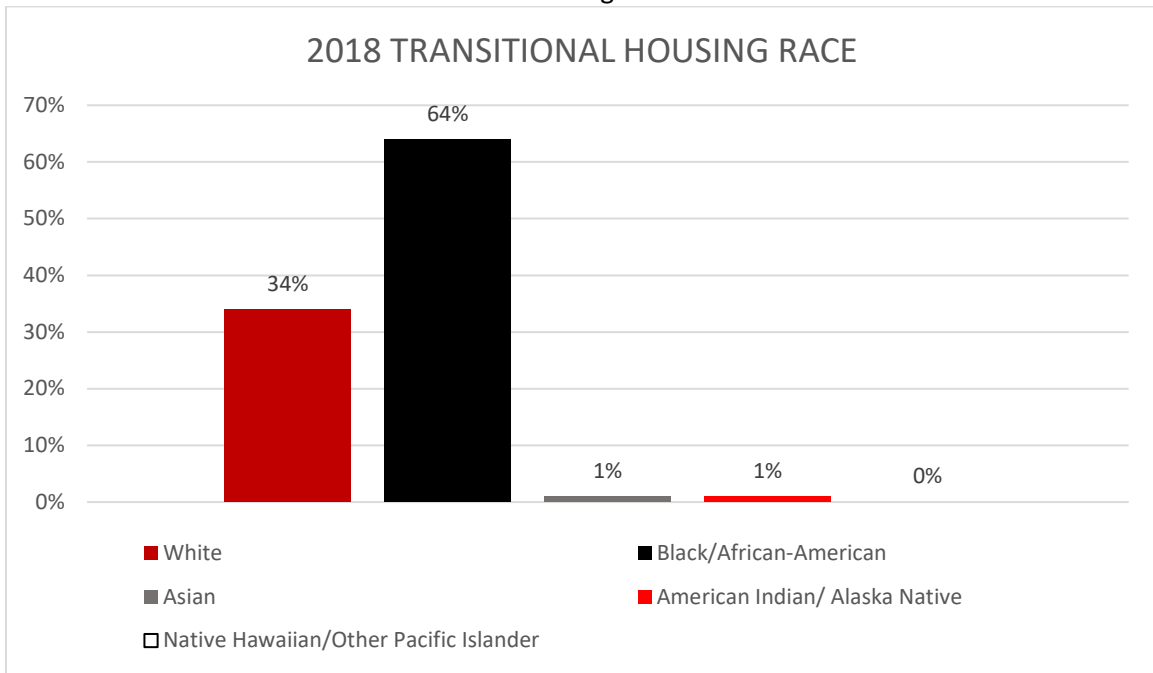
Rapid Rehousing

Rapid Rehousing (RRH) quickly connects individuals and families experiencing homelessness to permanent housing through assistance that may include the use of time-limited financial assistance and targeted supportive services to help resolve immediate challenges and barriers. Rapid Rehousing is an important component of a communities' response to homelessness. These programs reduce the amount of time individuals and families experience homelessness, avoid a near-term return to homelessness, and link them to community resources to achieve long-term housing stability.

The system of care has 22 RRH programs with 789 beds between eleven agencies including the Community Enrichment Center, the Center for Transforming Lives, Tarrant County Community Development, SafeHaven of Tarrant County, Arlington Housing Authority, Presbyterian Night Shelter, the Salvation Army Mabee Center, MHMR Healthy Community Collaborative, Catholic Charities, Family Endeavors and DRC-Solutions.

1,783 people served	76% Exited to Permanent Housing	9% Returned to Homelessness	7 months is the average length of stay	34% Increased or Retained Employment Income at Exit	42% Increased or Retained Other Income at Exit
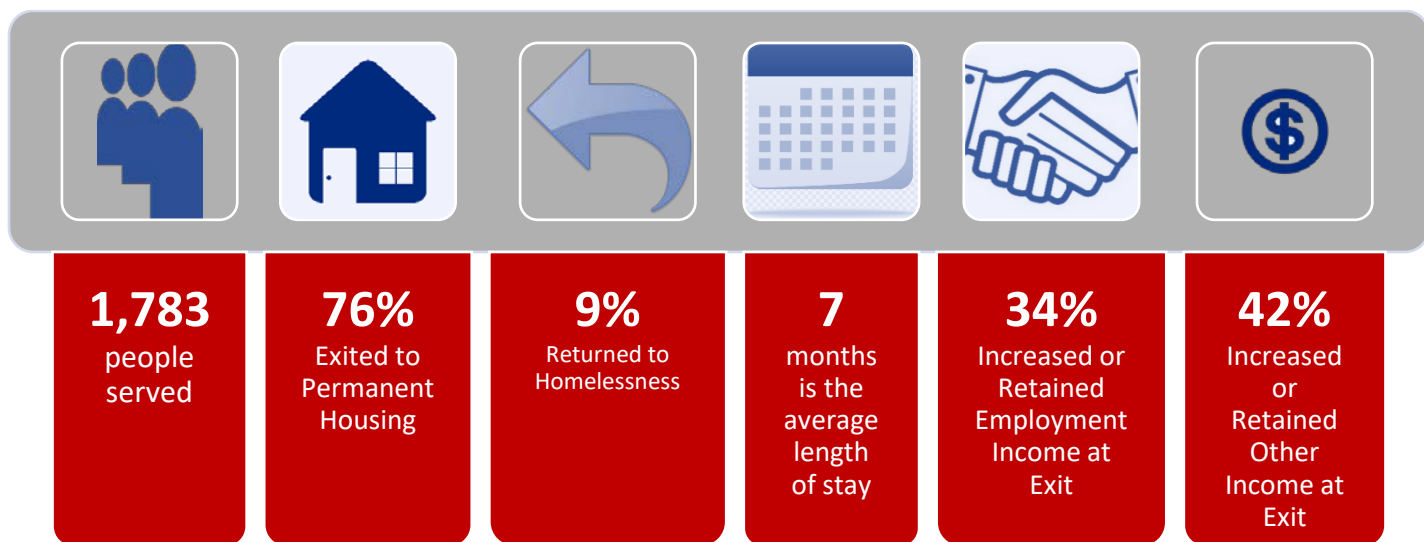
2018 Point in Time Individuals in Rapid Re-housing

A total of 617 individuals were residing in a Rapid Rehousing program on the night of the count.

364 Adults **+** 253 Children **=** 617 Total Persons

Rapid Rehousing participants consisted of 56% females and 44% males.

2018 RAPID REHOUSING GENDER

■ Male ■ Female ■ Transgender
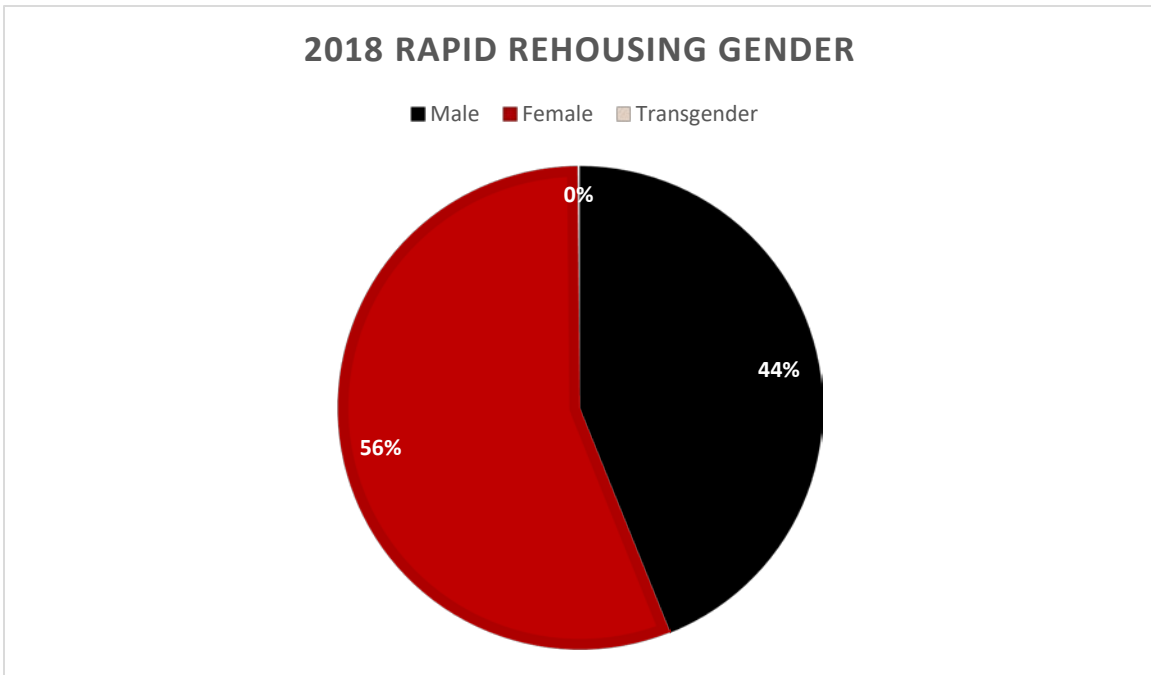
The age breakdown for those in Rapid Rehousing on the night of the Homeless Count was 40% children under the age of 18, 8% youth ages 18 to 24 years, 39% ages 25 to 61 and 13% ages 62 and over.

2018 RAPID REHOUSING AGE

■ Children Under 18 ■ 18 - 24 ■ 25 - 61 ■ 62 and Over
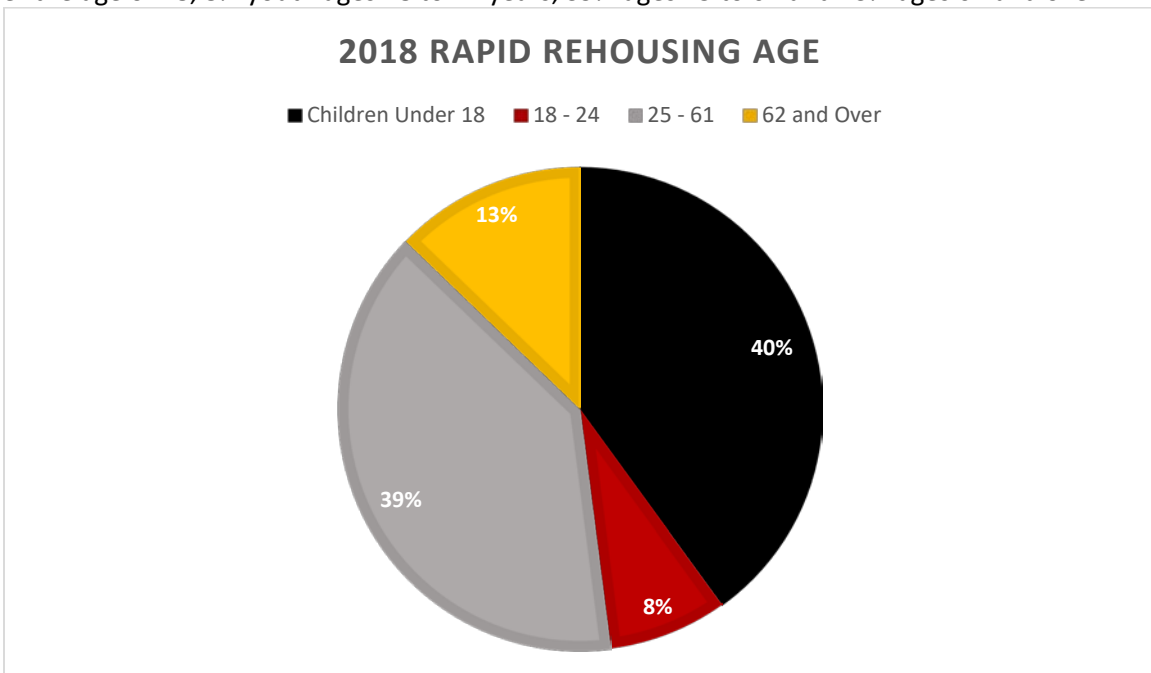
In Rapid Rehousing on count night, 93% of participants reported being Non-Hispanic and 7% reported being Hispanic.

2018 RAPID REHOUSING ETHNICITY

Legend: ■ Hispanic ■ Non-Hispanic
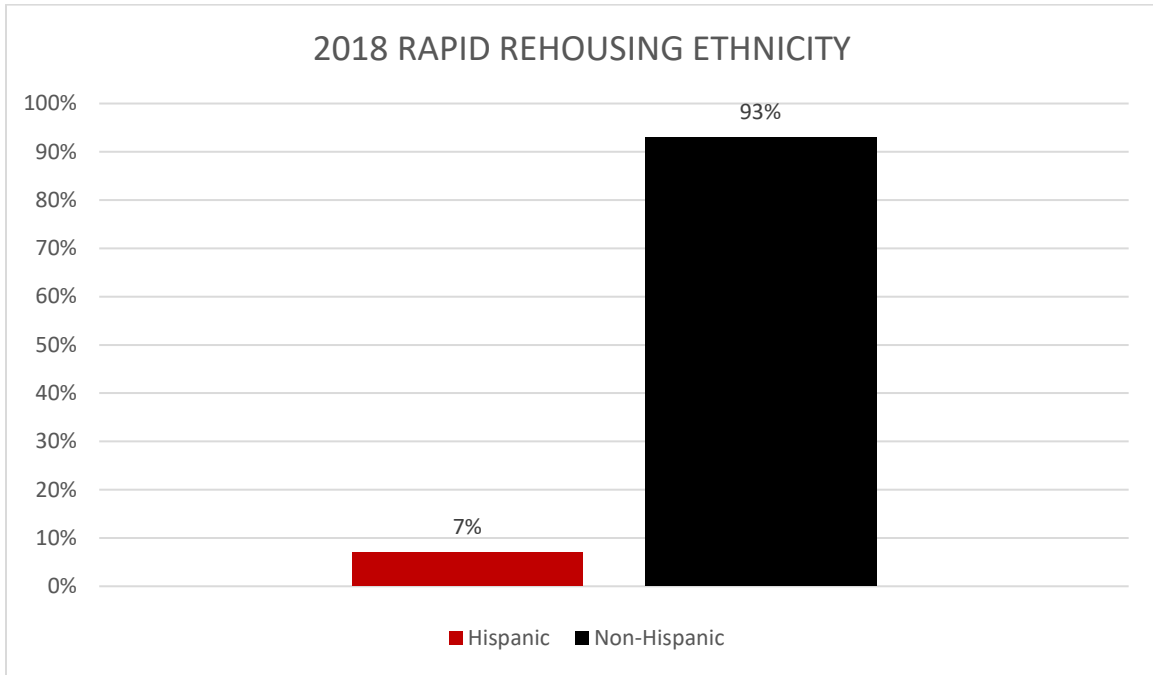
In Rapid Rehousing on count night, 73% of residents were African American and 26% were White.

2018 RAPID REHOUSING RACE

Legend:
■ White
■ Black/African-American
■ Asian
■ American Indian/ Alaska Native
□ Native Hawaiian/Other Pacific Islander
■ Data Not Collected
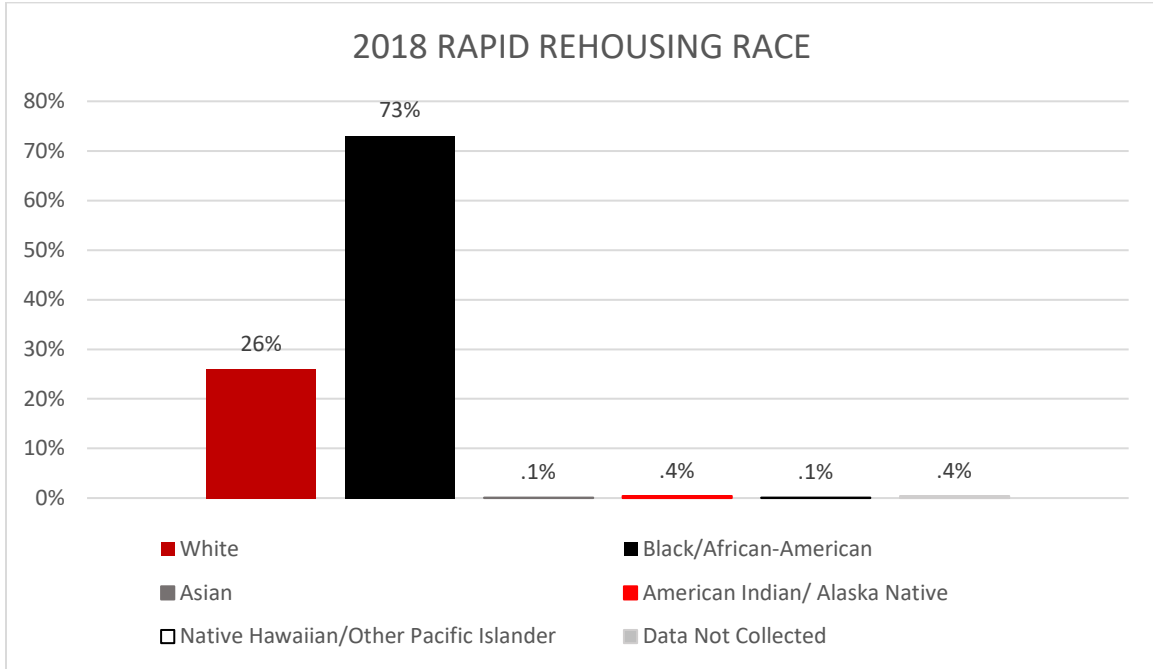
Permanent Supportive Housing

Permanent Supportive Housing (PSH) combines rental assistance and supportive services tailored to the needs of tenants with complex barriers to getting and keeping housing. PSH is designed for people with a disabling condition (i.e., serious mental illness, physical disability, substance or alcohol use) who need support to live stably. Supportive services can include case management, substance abuse or mental health counseling, advocacy, and assistance in locating and maintaining employment. PSH is a proven solution for people who have experienced chronic homelessness as well as other people with disabling conditions, including people leaving institutional and restrictive settings.

The system has 27 PSH programs, and 1,700 PSH beds among eleven agencies, including Fort Worth Housing Solutions, Arlington Housing Authority, Presbyterian Night Shelter, the Salvation Army Mabee Center, Recovery Resource Council, MHMR of Tarrant County, Tarrant County Community Development, the Samaritan House, DRC-Solutions, Catholic Charities and Cornerstone Assistance Network. The point in time data captures only those actively enrolled in a program but does not capture those in process of finding an apartment, this gap may cause the PSH utilization to appear lower than it is.

1,253 people served	**57%** Exited to Permanent Housing	**9%** Returned to Homelessness	**48** months is the average length of stay	**13%** Increased or Retained Employment Income at Exit	**67%** Increased or Retained Other Income at Exit
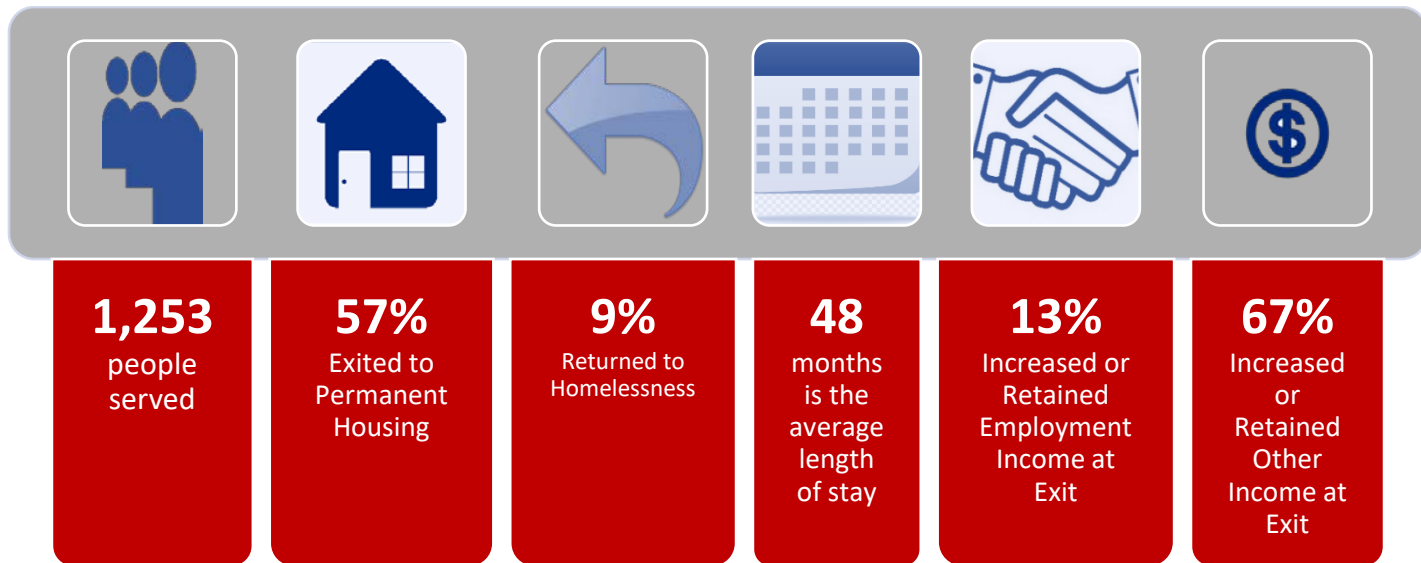
2018 Point in Time Individuals in Permanent Supportive Housing

A total of 1,605 people were living in Permanent Supportive Housing on January 25, 2018.

1,316 Adults ➕ 289 Children 🟰 1,605 Total Persons

On count night, 54% of Permanent Supportive Housing residents were male and 46% were female.

2018 PERMANENT SUPPORTIVE HOUSING GENDER

■ Male ■ Female ■ Transgender

0%

46%

54%
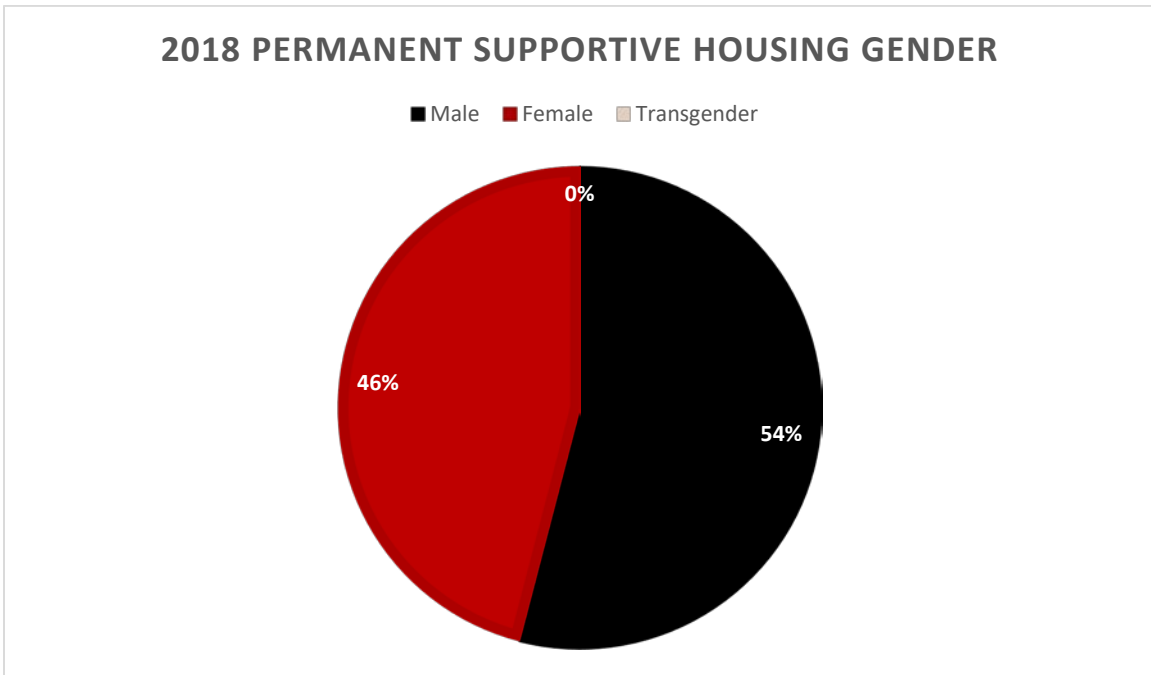
The age breakout of those living in Permanent Supportive Housing is 18% children under 18, 5% youth aged 18 to 24, 65% ages 25 to 61 and 12% ages 62 and over.

2018 PERMANENT SUPPORTIVE HOUSING AGE

■ Children Under 18 ■ 18 - 24 ■ 25 - 61 ■ 62 and Over

12%

18%

5%

65%
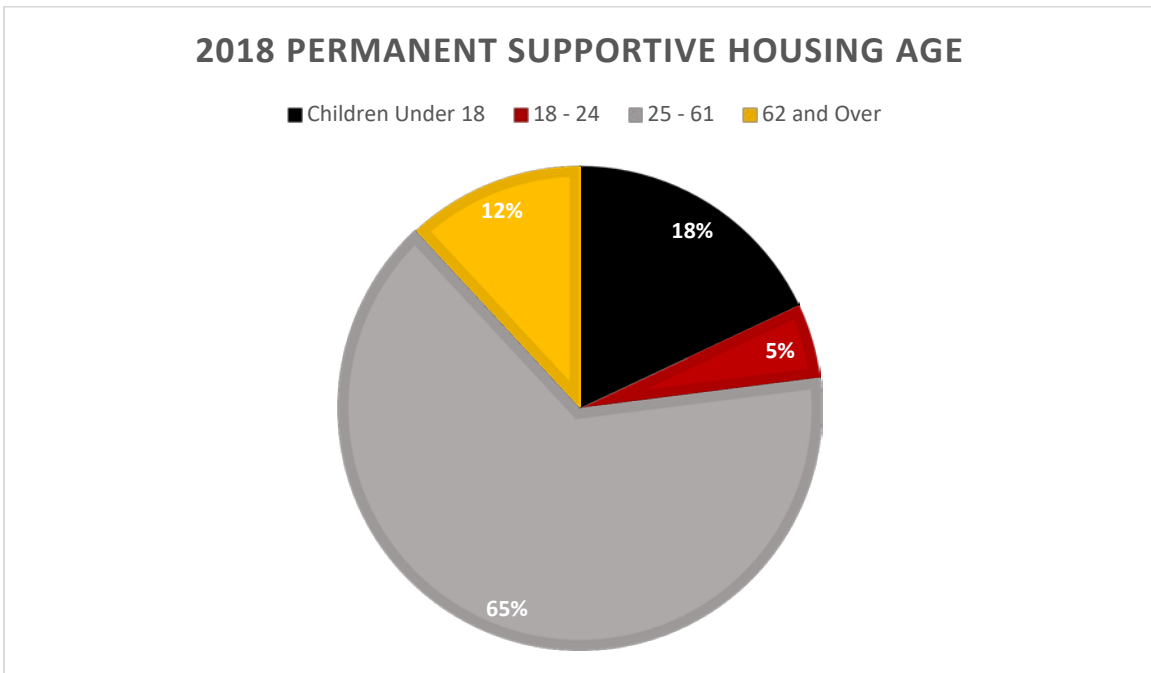
In Permanent Supportive Housing on count night, 92% of residents were Non-Hispanic and 8% were Hispanic.

2018 PERMANENT SUPPORTIVE HOUSING ETHNICITY

[Bar chart showing: Hispanic 8%, Non-Hispanic 92%. Y-axis from 0% to 100%.]

Legend: ■ Hispanic ■ Non-Hispanic
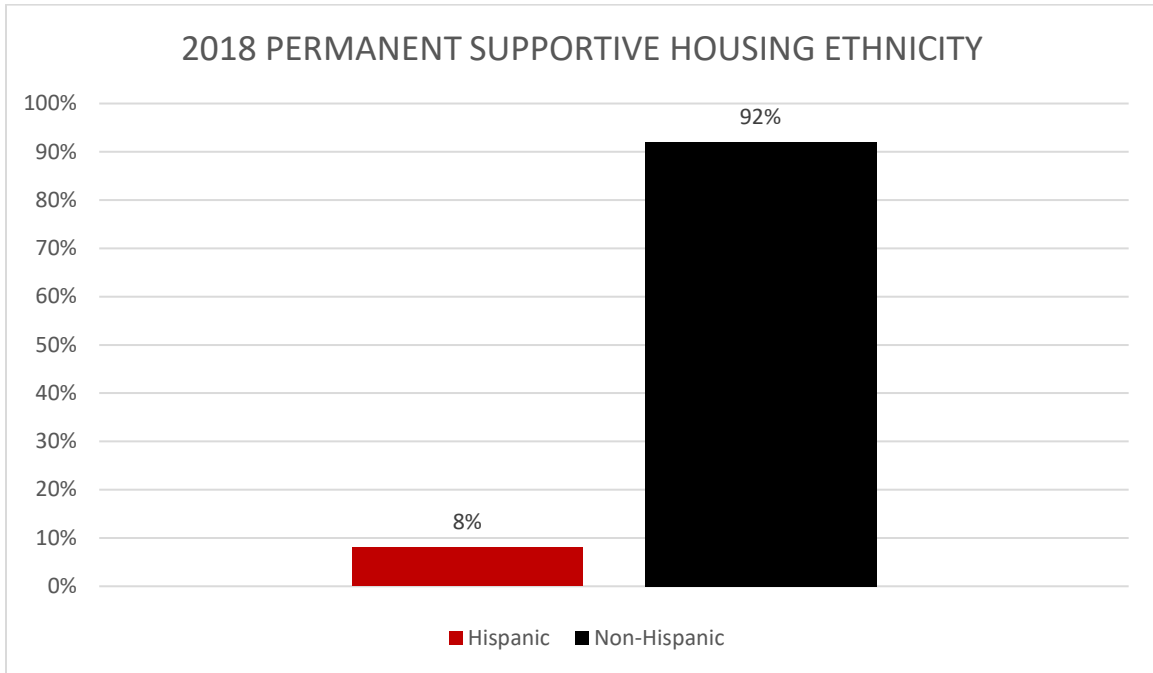
In Permanent Supportive Housing on count night, 57% of residents were African American and 42% were White.

2018 PERMANENT SUPPORTIVE HOUSING RACE

[Bar chart showing: White 42%, Black/African-American 57%, Asian .5%, American Indian/Alaska Native .5%, Native Hawaiian/Other Pacific Islander .07%. Y-axis from 0% to 60%.]

Legend:
■ White   ■ Black/African-American
■ Asian   ■ American Indian/ Alaska Native
□ Native Hawaiian/Other Pacific Islander
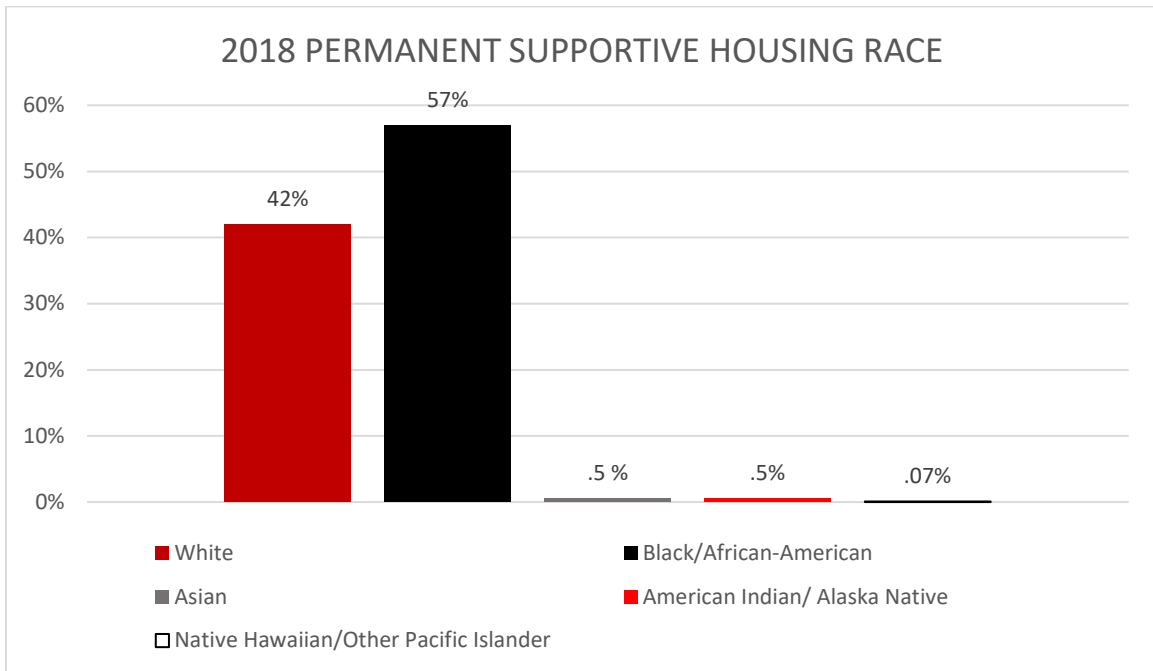
Permanent Housing

Permanent Housing (PH) may 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 Housing Authorities in the form on Housing Choice Vouchers dedicated to serving homeless populations. The current system has identified three agencies including Fort Worth Housing Solutions, that oversee seven programs inclusive of 222 beds.

Homeless Subpopulations

Veterans

Ending Veteran Homelessness in the Continuum of Care is possible, and can be achieved in 2018. To declare an end to Veteran Homelessness, the community must drive down the number of Veterans experiencing homelessness to as close to zero as possible, while also building and sustaining systems that can effectively and efficiently address Veterans' housing crises in the future. Essentially, these efforts are created, maintained and measured by a set of criteria and benchmarks established by the United States Interagency Council on Homelessness (USICH). The declare an end to Veteran Homelessness, the community must successfully reach all goals in the established criteria and benchmarks.

In March 2018, a 1-day Workshop was held to review progress made over the past year in the effort to end Veteran Homelessness. In 2017, the community established a Veteran's Leadership Taskforce, created Veteran specific policies to identify and quickly house all Veterans, established a Veteran's Housing Fund, integrated Veteran housing programs into Coordinated Entry and held a Veteran Assessment Blitz to quickly identify and assess Veterans for housing.

Throughout 2018, the community will complete a Veterans Gaps Analysis, continue to enhance the By Name List, create Emergency Shelter policies to allow immediate shelter when needed, improve front line staff training on Veteran resources and declare an end to Veteran homelessness.

The 2018 total of homeless Veterans was 159, a 15% decrease from 2017.

	UN	TH	ES	SH	Rate	2018 Total	2017 Total	Annual Change
Veterans	31	66	61	1	8%	**159**	186	**-15%**

Most homeless Veteran households, 99%, are Veterans only without children.

Veteran Household	Total	Percent of Total
Veteran Only	157	**99%**
Veteran with Child	2	**1%**

There are 33 Veterans, or 21%, who are Chronically Homeless.

	UN	TH	ES	SH	Rate	2018 Total
Chronically Homeless Veterans	12	0	20	1	**21%**	33

96% of Veterans in the homeless system are male, while 4% are female. It is likely there are more female Veterans in the system, but they do not identify themselves as Veterans at the point of entry.

2018 VETERANS GENDER

■ Male   ■ Female   ☐ Transgender

4%

96%
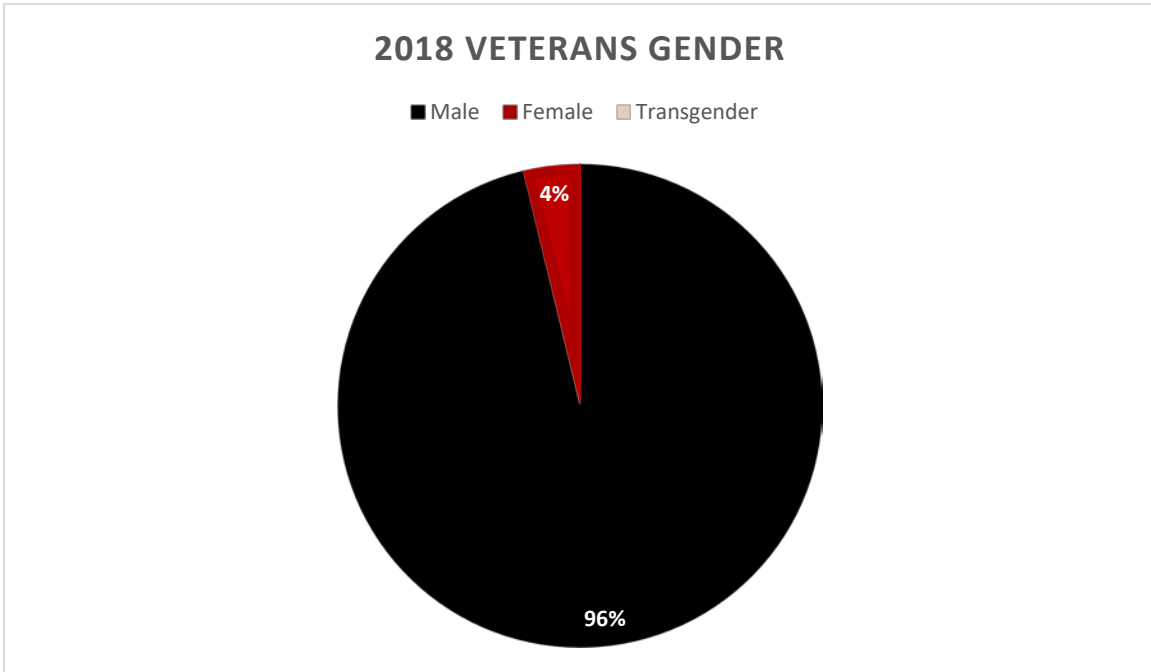
91% of homeless Veterans are Non-Hispanic, 6% are Hispanic.

2018 VETERANS ETHNICITY
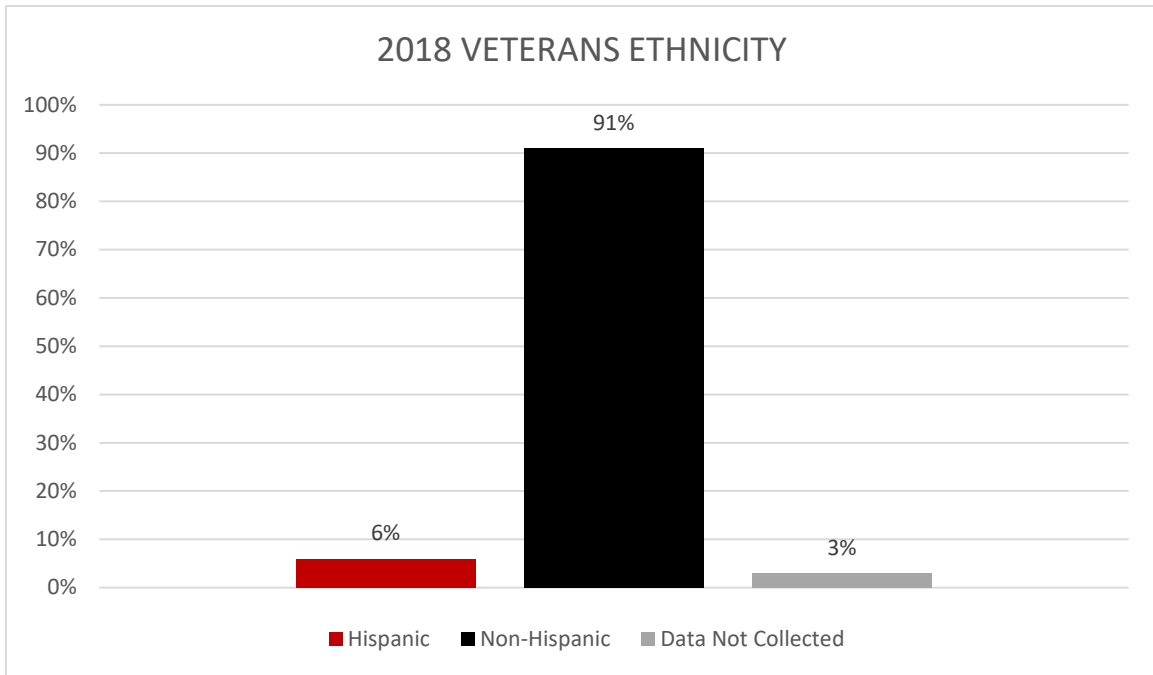
53% of homeless Veterans are African American, 46% are White.

2018 VETERANS RACE
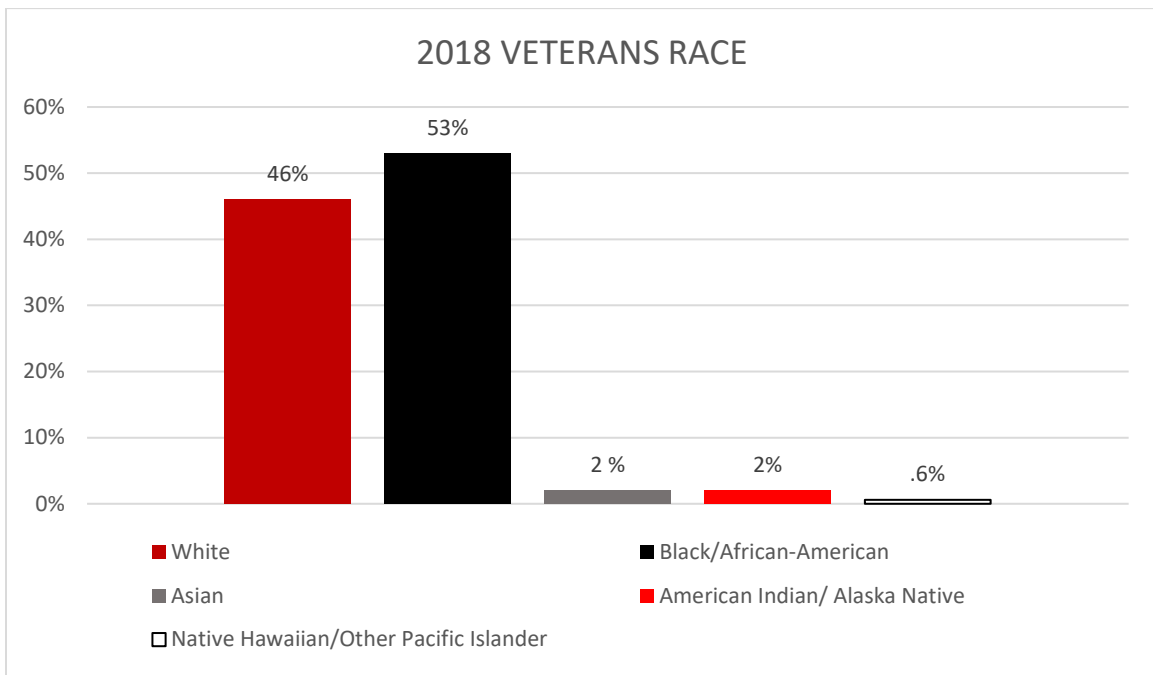
Veterans in housing programs are not included in the overall homeless number since they are considered permanently housed. On the night of the Homeless Count, 74 Veterans were residing in Rapid Rehousing programs, or 12% of all Rapid Rehousing participants.

2018 RAPID REHOUSING VETERAN STATUS
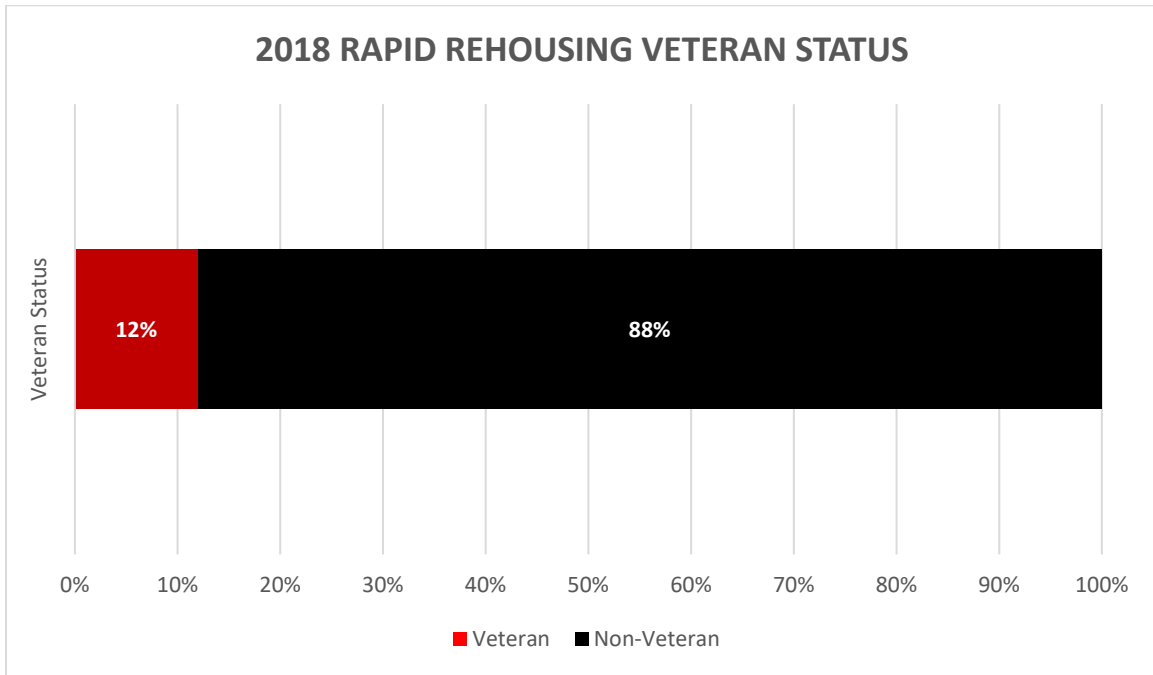
417 Veterans were living in Permanent Supportive Housing programs on the night of the Homeless Count, or 26% of the total Permanent Supportive Housing participants. 321 of those Veterans were in a Department of Veterans Affairs funded program, Veterans Affairs Supportive Housing or VASH.

2018 PERMANENT SUPPORTIVE HOUSING VETERAN STATUS
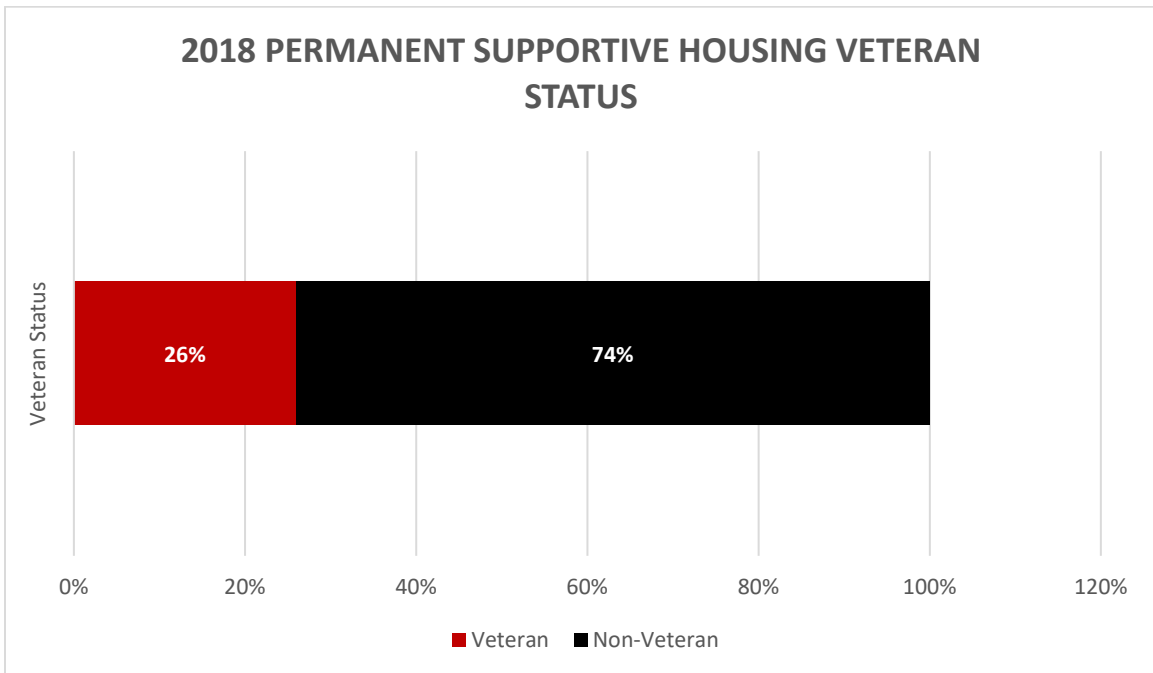
Chronic Homelessness

Although a significant increase in chronic homelessness has been seen over the past year, TCHC believes the community is still headed towards ending chronic homelessness. Possible reasons for this increase include low PSH unit turnover, leaving fewer affordable housing options for newly homeless individuals. Also, the conversion of three transitional housing programs into emergency shelter, which led to a change in homeless status and more accurate reporting from HMIS may have led to the overall increase.

	UN	TH	ES	SH	Rate	2018 Total	2017 Total	Annual Change
Chronically Homeless	107	0	162	14	14%	**283**	220	**+29%**

Families and Youth

The number of homeless families saw a substantial decrease from 2017 to 2018. The primary cause of this decrease is the loss of the community's last HUD funded Transitional Housing program that served families, the Transitional Housing decrease was 89%.

Families living outdoors and in Emergency Shelter also saw a decrease over the course of the year. The primary factor leading to this change may be the full implementation of the Coordinated Entry System which is intended to identify and quickly house individuals in the system of care.

Persons in Families	UN	ES	TH	SH	Total	Change
2018	9	388	13	0	**410**	**-29%**
2017	28	431	121	0	580	3.76%
2016	25	291	243	0	559	-0.7%
2015	0	302	261	0	563	-45.60%
2014	0	319	716	0	1035	-6.59%
2013	0	355	753	0	1,108	30.05%

The majority of household types identified on Count Night included adults without children.

Households by Type	UN	ES	TH	SH	Total
Family Households: Adult & Child	4	126	3	0	**133**
Households Adults Only	611	791	74	20	**1,495**
Households Parenting Youth: 18-24	0	5	0	0	**5**
Unaccompanied Youth: 18-21	26	27	2	0	**55**
Children Only: 18 & Under	0	10	0	0	**10**

The total number of families identified on Count night decreased by 30% between 2017 to 2018, likely due to the implementation of Coordinated Entry which quickly identifies and rapidly houses homeless families.

Family Households	Total	Average Size	Annual Change
2018	**133**	**3.7**	**-30%**
2017	190	3.05	3.8%
2016	183	4.21	.55%
2015	182	3.09	-43.3%
2014	321	3.22	-4.5%
2013	336	3.30	3.1%
2012	326	2.61	12.03%
2011	291	3.16	--

The total number of children under 18 identified on Count Night decreased by a total of 71% from 2017 to 2018. One primary driver in this change is due to the closure of Transitional Housing programs that are no longer funded by HUD Continuum of Care funds.

Children (<18)	2018 Total	2017 Total	Annual Change
Unsheltered	5	17	-71%
Emergency Shelter	265	295	-11%
Transitional Housing	10	80	-88%
Safe Haven	0	0	0%
Total	**280**	392	**-29%**

Additional Sub-Population Categories

In 2018, 356 people, or 18% of the total homeless population self-reported a severe mental illness (SMI), a 36% increase from 2017. 17 individuals, or .8% of the total homeless population reported an HIV/AIDS diagnosis, an 11% decrease from 2017. 199 individuals, 5% of the homeless population are victims of domestic violence, a 22% decrease from 2107. Finally, 221 individuals, or 11% of the total homeless population reported chronic substance abuse, a 36% increase from 2017. The 36% increase of SMI and chronic substance abuse may be due to a higher number of individuals self-reporting this information on count night. The Counting Us App, the mobile survey tool used on count night, increased reporting capabilities through its user-friendly interface which allowed volunteers to more efficiently record responses. This tool may also be responsible for the reported increase in SMI and chronic substance abuse.
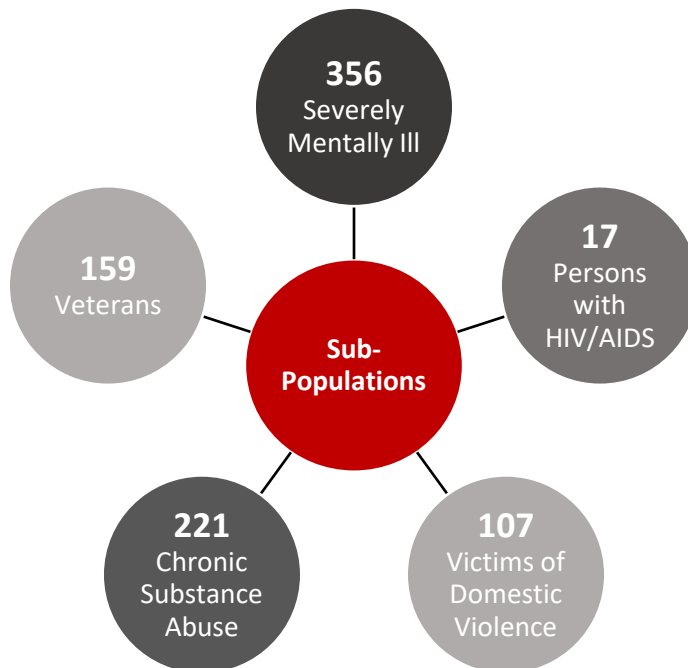
Best Practices

Coordinated Entry

Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD set a deadline of January 23, 2018, for implementation of a fully functional Coordinated Entry System for continuums of care. Over the past year, a small group of local service providers met on a regular basis with the task of meeting the full implementation deadline. The group was instrumental in refining processes already in place, creating and updating marketing material, updating the operations manual, and educating the system on the changes. The work of the committee, strong collaboration and communication among partner agencies contributed to achieving the goal of a fully functional Coordinated Entry System.

The path a household takes to get from homelessness to housing starts with access to the Coordinated Entry System. These access points include shelters, mobile outreach teams, a Homeless Helpline, and partner agencies. At the access point, the household receives an assessment which is used to determine the most appropriate housing intervention to meet their needs. System Navigators work with participants on the Coordinated Entry by-name list, starting with those who are most vulnerable. Work by the System Navigators includes gathering required documents, attending intake meetings with the participant, and, where needed, assist with the housing search. Once participants complete navigation they are assigned to a housing agency as beds become available. With their housing case manager, participants develop a service plan to achieve self-sufficiency and housing stability.

Housing First

The local system of care places a high priority for Housing First programs. Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) are two common program models in our community that follow the Housing First approach. There are 32 PSH and RRH programs within our system of care that use this approach. Although these programs differ in implementation, the core concept remains the same. People placed in RRH and PSH programs that utilize Housing First access housing faster and are more likely to remain stably housed. On average, clients in RRH programs exit homelessness within two months and remain housed. PSH programs have shown to be cost efficient because people are less likely to use emergency services once they are housed compared to those who are homeless.[6]

Housing First is a flexible and responsive approach designed to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without requiring them to address all their problems such as sobriety, treatment or service participation requirements before accessing housing. Supportive services are offered to support individuals and families with well-being and housing stability but participation in these services is not required. Housing First has shown to be particularly effective with chronically homeless individuals and other high need populations, but the approach can be tailored to anyone.

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[6] Housing First information gathered from the National Alliance to End Homelessness on:
http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf

What Happens to Some Homeless Individuals

The term "high utilizer" is becoming common in conversations and research surrounding homelessness. Persons experiencing homelessness often become frequent users of emergency rooms, jails, and other high cost public services due to the environment they are living in. For some, this becomes a cycle, or what some call a revolving door, which is difficult to escape from, especially if they remain homeless.
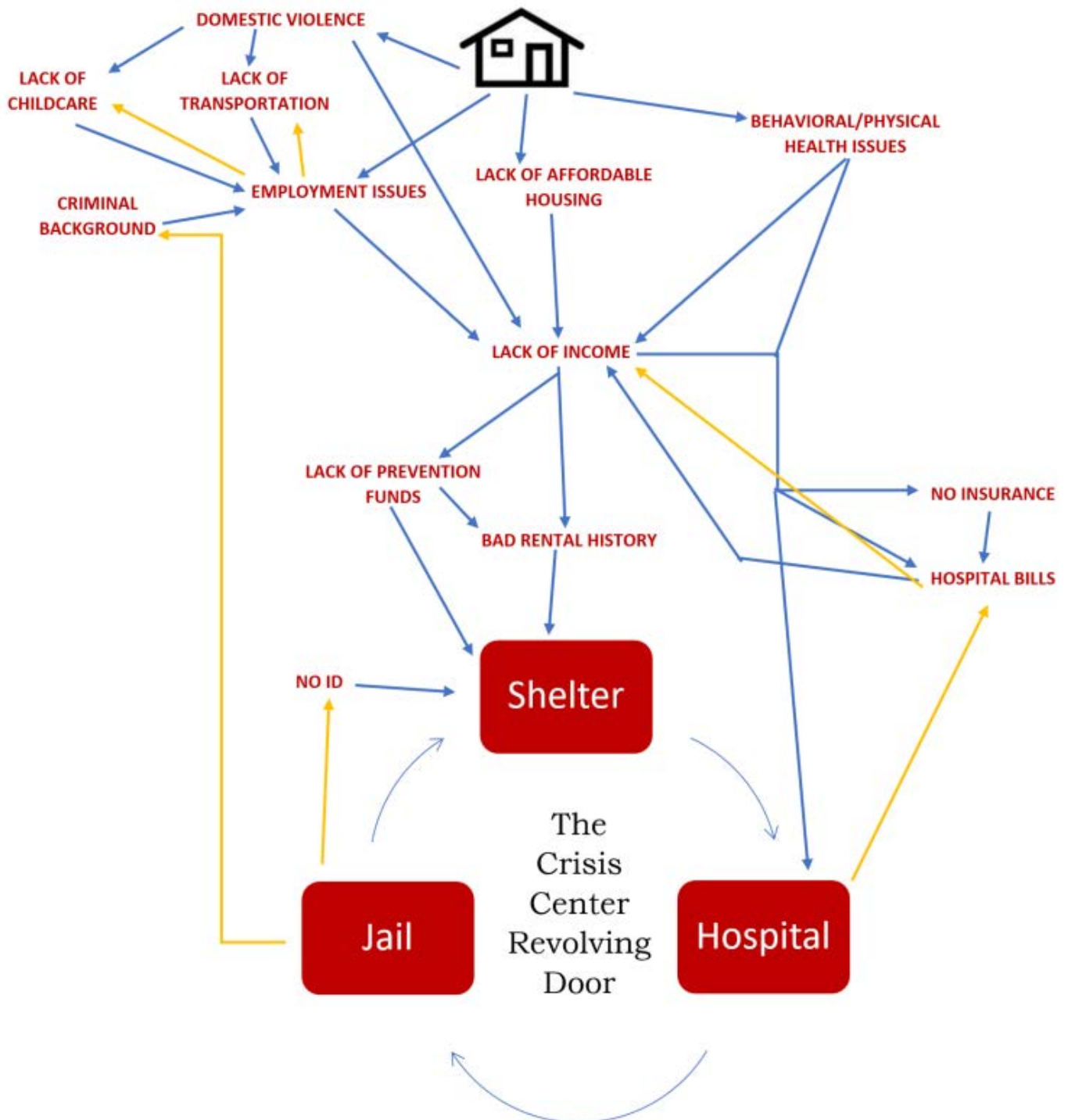
How do we end the revolving door? Housing First
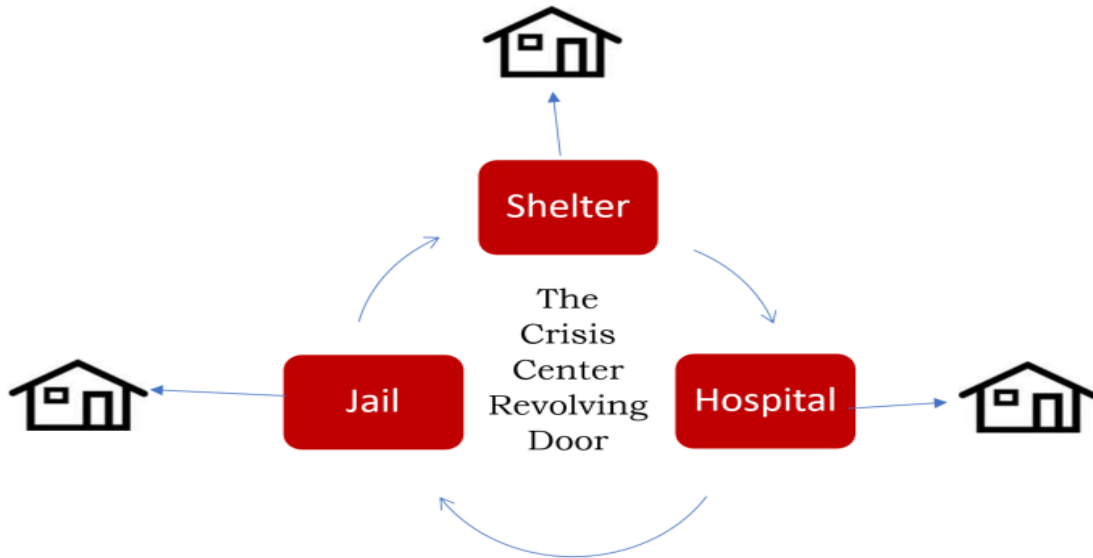
The best way to end someone's homelessness is getting them into a home. Housing First is an evidence-based intervention that allows a person to be housed without any preconditions of recovery. Individuals are unable to focus on mental health or substance abuse recovery if they are worried about where their next meal will come from or for their safety. Once the person is housed, they can be offered supportive services to address further needs. An overwhelming amount of evidence shows that stability in permanent housing can be achieved by all people experiencing homelessness when offered the appropriate level of services[7].

The Cost Benefit to Providing Housing

Stable housing, or lack thereof, has an impact on almost every social determinant of health. Many individuals experiencing homelessness have higher health costs than the general public due to the environment in which they are living. Another growing area of concern is the criminalization of homelessness that accrues a significant amount of costs. Based on the statistics below[8], it can be argued that providing housing is a cheaper option than arresting or providing shelter.

Avg. Day in Jail

$82

Avg. Shelter Night

$36.19

Avg. Day in Housing

$19.40

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[7] Housing First Information gathered from the United States Interagency Council on Homelessness on https://www.usich.gov/solutions/housing/housing-first

[8] Jail Cost was gathered from Tarrant County News Update for March 2017 which can be found at http://www.tarrantcounty.com/content/dam/main/county-judge/Newsletters/Update_February_2017.pdf

Employment, Income and Access to Mainstream Benefits

A stable source of income is necessary to secure housing and prevent a return to homelessness. Employment programs and mainstream benefits are critical components for individuals striving to obtain and retain housing. Federal, state, and local programs like TANF, Medicaid, and Housing Choice Vouchers, as well as traditional employment opportunities, are vital in the effort to end homelessness[9]. SSI-SSDI, Outreach, Access, and Recovery, or SOAR, is a program designed to increase access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance abuse disorder[10]. The system of care plans to evaluate and ultimately implement the SOAR program in the continuum to assist clients in need of ongoing disability income.

The system of care has established an employment and education workgroup to coordinate employment services in our community. In the upcoming year, a VISTA volunteer will lead the efforts to connect individuals in Coordinated Entry with employment services, collaborate with agencies who provide employment services, and develop/enhance employment resources. Additionally, trainings throughout the year will provide information and resources for case managers and program managers to get their clients connected to mainstream benefits.

Analysis and Discussion

Causes & Impediments

Many different aspects of a person's life could lead to homelessness. A belief that often surrounds homelessness is that people living on the streets have mental health or substance abuse issues, but the situation is much more complex. A consistent trend from year to year is that the primary cause of homelessness for local individuals and families is the inability to afford rent and unemployment. While behavioral health issues, if left untreated, could be the cause of someone's unemployment and subsequently their inability to afford rent, most of the 10,200 adults who receive treatment each month from MHMR Tarrant do not become homeless. Shortages of affordable housing, low-cost child care, public transportation, and background-friendly employers also hinder the ability of low-income households to thrive.

Employment and Poverty

Poverty in the United States continues to grow despite many efforts across the country. The U.S. government defines poverty through the Federal Poverty Guidelines[11], located below. Earning an income above these guidelines does not ensure that someone will not struggle or become homeless. The living wage calculator gives a better understanding of the income needed to live in Tarrant County. Dr. Amy K. Glasmeier of the Massachusetts Institute of Technology has defined the living wage as the

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[9] Benefit information retrieved from the U.S. Department of Housing and Urban Development: https://www.huduser.gov/portal/publications/StrategiesAccessBenefitsServices.pdf

[10] https://soarworks.prainc.com/

[11] Federal Poverty Guidelines Retrieved from https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines

wage needed to cover basic family expenses (basic needs budget) plus all relevant taxes exclusive of publicly provided income or housing assistance.

2018 Federal Poverty Guidelines								
Persons in Household	1	2	3	4	5	6	7	8
	$12,140	$16,460	$20,780	$25,100	$29,420	$33,740	$38,060	$42,380

Living Wage Calculations[12]

The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). All values are **per adult in a family** unless otherwise noted. The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. We have converted it to an hourly wage for the sake of comparison. Expenses are based on living wage data in Tarrant County.

Hourly Wages	1 Adult	1 Adult 1 Child	1 Adult 2 Children	2 Adults	2 Adults 1 Child	2 Adults 2 Children	2 Adults 3 Children
Living Wage	$11.03	$23.16	$26.23	$9.19	$12.40	$14.59	$16.86
Poverty Wage	$5.00	$7.00	$9.00	$3.00	$4.00	$5.00	$6.00
Minimum Wage	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25

Annual Expenses	1 Adult	1 Adult 1 Child	1 Adult 2 Children	2 Adults	2 Adults 1 Child	2 Adults 2 Children	2 Adults 3 Children
Food	$2,986	$4,394	$6,613	$5,474	$6,807	$8,786	$10,702
Child Care	$0	$5,478	$8,266	$0	$5,478	$8,266	$11,054
Medical	$2,203	$7,679	$7,398	$5,772	$7,398	$7,456	$7,126
Housing	$8,052	$11,676	$11,676	$9,240	$11,676	$11,676	$16,056
Transportation	$4,236	$8,754	$9,189	$8,754	$9,189	$11,032	$10,989
Other	$2,656	$4,294	$4,736	$4,294	$4,736	$6,059	$5,620
Required annual income after taxes	$20,133	$42,275	$47,879	$33,534	$45,285	$53,275	$61,547
Annual taxes	$2,808	$5,897	$6,679	$4,678	$6,317	$7,432	$8,586
Required annual income before taxes	$22,941	$48,173	$54,558	$38,212	$51,602	$60,706	$70,132

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[12] Terms and charts on the living wage were retrieved from the MIT Living Wage Calculator: http://livingwage.mit.edu/counties/48439

In December 2017, Tarrant County's unemployment rate was 3.2% which was lower than the 3.9% of Texans and 4.1% of individuals across the nation who were unemployed[13]. Employment in the metroplex remains strong in comparison to other major employment centers across the United States. However, employment does not necessarily pull someone out of poverty.

Fair Market Rent[14]

Each year HUD sets a fair market rent (FMR) for communities across the nation. FMRs are the amount that HUD deems appropriate for low-income families to pay for housing.

FY 2018 FMR Small Area Rents By Unit Bedrooms – Fort Worth-Arlington, TX HUD Metro					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final FY 2018 FMR	$780	$891	$1,118	$1,536	$1,956
Final FY 2017 FMR	$671	$770	$973	$1,338	$1,702
Percentage Change	14% ⬆	13.6% ⬆	13% ⬆	12.9% ⬆	13% ⬆

Homelessness is a math problem. As seen in the table above, FMRs increase annually, making it increasingly difficult for low income individuals and families to survive. A person making minimum wage of $7.25/hr, working 30 hours per week would make approximately $870/month gross income. Since the recommended amount to spend on housing is 30% of the gross income, that person would be able to afford only $261 toward rent to ensure the ability to pay for other needs such as food, utilities, transportation, etc.[15] The Living Wage for one adult living in Tarrant County is approximately $10.13. It is important to note that the living wage still does not guarantee an appropriate amount of income in today's competitive economy.

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[13] Unemployment rates retrieved from
https://ycharts.com/indicators/tarrant_county_tx_unemployment_rate
https://www.bls.gov/eag/eag.tx.htm
[14] FMR can be found on https://www.huduser.gov/portal/datasets/fmr.html. The average of FY2018 FMR Small Area Rents in Tarrant County was used for this report.
[15] Information retrieved from *Housing Needs Forecast for Affordable Housing in Tarrant County, Texas* published by OrgCode Consulting, Inc.

**Recommended Average Cost
of Living at FMR**

- Housing
- Other Living Expenses

30%

70%

**Cost of Living for
Someone Relying on Full
Amount of SSI at FMR**

20%

- Housing
- Other living Expenses

80%
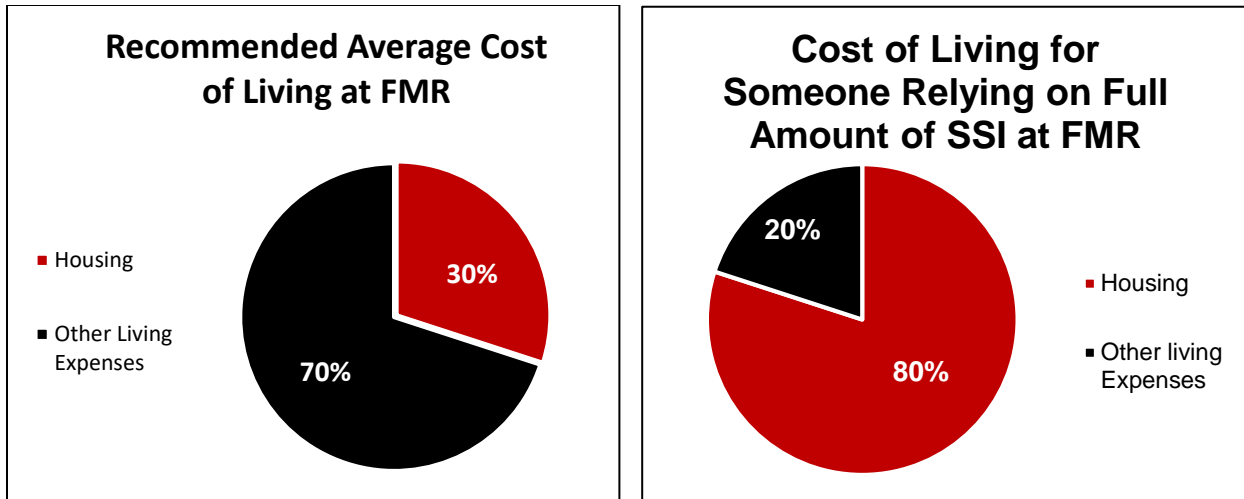
Affordability of rent is also difficult for individuals relying solely on Social Security Income (SSI/SSDI). Many chronically homeless individuals find themselves relying on the $750 per month income which does provide the necessary amount for even an efficiency apartment.[16]

With an increasing FMR, low-wage employment does not provide adequate income to afford housing. To afford a one or two-bedroom apartment, an employee earning minimum wage in Tarrant County must work 2.6 full time jobs a total of 100 hours worked per week; or they must earn a housing wage of $18.71 per hour for a two-bedroom apartment at FMR.[17]

Housing Gap

The Dallas-Fort Worth-Arlington metropolitan area falls in the "10 Most Severe" with a shortage of affordable rental homes, there are approximately 19 affordable and available homes per 100 renter households. Additionally, nationwide, the number of homes renting for $2000 or more per month increased by 97% from 2005 to 2015 while numbers renting for $800 or less declined by 2%, only further burdening those in need of stable and secure housing.[18] This report makes it no secret that Tarrant County is lacking in permanent, affordable housing options and population increases create more competition for those existing options.

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[16] Social Security Income information retrieved from: https://www.ssa.gov/oact/cola/SSI.html
[17] Affordable Housing information retrieved from *Out of Reach 2017* published by the National Low Income Housing Coalition: http://nlihc.org/sites/default/files/oor/OOR_2017.pdf
[18] Housing gap information retrieved from *The Gap: A Shortage of Affordable Homes* published by the National Low Income Housing Coalition: http://nlihc.org/sites/default/files/gap/Gap-Report_2018.pdf

Get Involved

Homelessness as 100 people in Tarrant County

16 would be Veterans

28 would be under the age of 18

14 would be Female

35 would struggle with mental illness
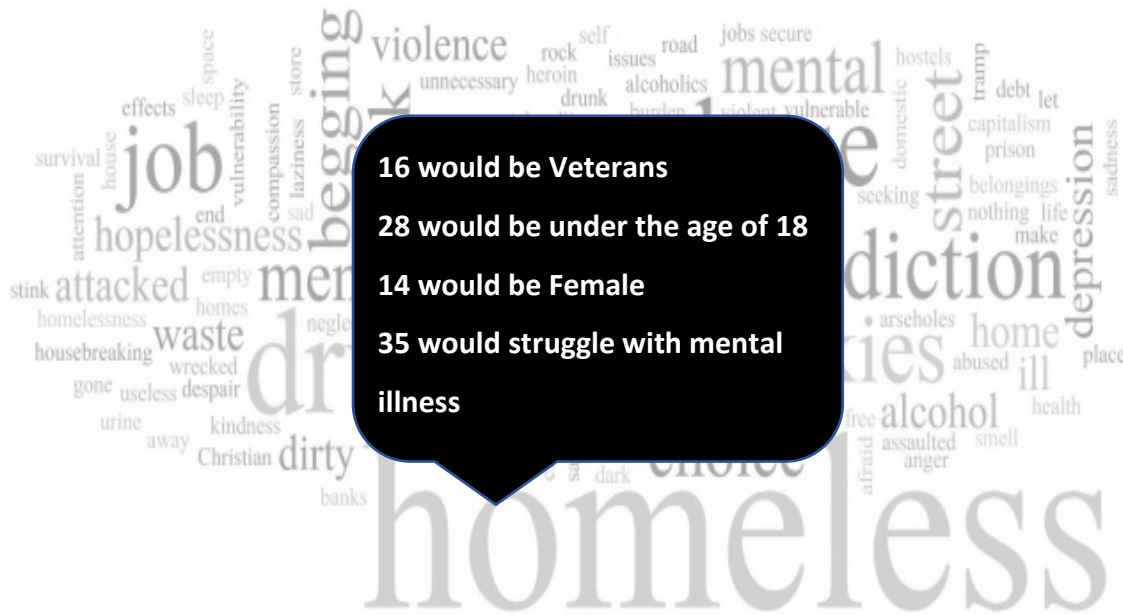
The graphic above depicts common words used when describing the events of homelessness[19]. These words can be used to describe everyone in some way. You can be part of the community solution to end homelessness by breaking down stereotypes and helping people understand that homelessness is something that happens to people, not something that defines who they are.

You can impact homelessness in our community in many ways: give your financial resources, share your time and talent or answer the call to action to advocate. Whether you give your time, talent or treasure, your decision to make an impact on the issue of homelessness touches all the agencies we serve and bring together. Explore the opportunities to give below and make an impact today.

Donate

Give financially to support the coordination of a community-wide response to homelessness. Every dollar given has a ripple effect in our community, increasing the capacity of every agency we serve. We strive to make our community a better place by building a Housing Crisis System of Care and impacting all who are touched by this issue.

Here's how your financial resources can change lives in our community:

- $5 supplies a one-day bus pass, allowing people to get to jobs, interviews, healthcare and other appointments
- $25 enables one TCHC volunteer to utilize the *Counting Us* app for the annual Point-in-Time Count
- $50 purchases household basics such as lightbulbs, paper towels, toilet paper, cleaning supplies for an individual moving off the street

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[19] Word Cloud image retrieved from *The Journal .ie*'s Homeless Series

- $100 provides two hours of mental health services
- $250 allows TCHC to provide 10 hours of education to community and civic groups
- $500 pays an apartment deposit to move a family off the streets
- $1,000 provides training for 15 partner agency staff members

Organizations serving the community need a variety of items to help them get people off the streets and establish a place to call home. TCHC can connect you to one of our partners who can use items you have to give.

Welcome Home Baskets

Help people moving out of homelessness create a home where they live. Fill a new laundry basket with essentials needed to turn an empty apartment into a place to call home.

- Pots and pans
- Plates
- Glasses/mugs/cups
- Silverware
- Dish soap
- Bed sheets (twin or full)
- Towels/washcloths

- Shower curtain
- Bath/kitchen cleaner
- Laundry detergent
- Paper towels
- Toilet paper
- Trash bags
- Broom/mop

Strengthen the safety net

Our local shelters are always in need of the following items.

- Soap, shampoo, and deodorant
- Feminine hygiene products
- Diapers/wipes
- Laundry detergent
- Bras and underwear
- Socks

- Shoes- men/women/children
- Nonperishable food
- Infant formula and baby food
- Children's play supplies

Build relationships through outreach

Outreach teams work year-round to establish relationships and connect people with needed services.

- Bug spray
- Sunscreen
- Anti-bacterial gel
- Band-aids
- Refillable water bottles
- Socks
- Chapstick

Volunteer

When you give your time to TCHC or one of our partners you are changing lives. Whether it be through serving a meal, sorting donations, providing care for children experiencing homelessness or using your professional skills, we WILL put you to work!

TCHC primarily uses skills-based volunteers, drawing on the professional expertise of community members have to impact our work in homelessness. We are looking for people who have experience in communications, marketing, systems mapping and planning, data management and public speaking. Working with over 40 organizations, TCHC's partners have a wide array of volunteer opportunities available.

Advocate

Being an advocate for the issue of homelessness helps make change in our community. From staying up-to-date with policy briefs to engaging with your elected officials, everything makes a difference.

You can advocate for change by:

- Registering to vote
- Dispelling myths about homelessness
- Sharing your ideas about community solutions to homelessness
- Know your elected officials and let them know your thoughts
- Stay up to date on how local, state and national policies impact homelessness and housing

Be part of the change and ensure everyone in our community has a chance to call somewhere home. Contact tchc@ahomewithhope.org for information on how to get involved and to donate, volunteer or advocate.

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[20]) 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**
1997	**2007**	**2015**
2000	**2009**	**2016**
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 this Report

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

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[20] https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf

as its "Lead Agency", "HMIS Administrator", and "Collaborative Applicant". The service area of TX-601 includes Tarrant and Parker Counties.

Chronic Homelessness

HUD first used the term chronically homeless in 2002 to refer to unaccompanied adults who had a disabling condition and who had been homeless in a place not meant for human habitation or in an emergency shelter for either 12 months continuously or over at least four occasions in the prior three years. The current definition of chronically homeless is [21]:

> CHRONICALLY HOMELESS MEANS: (1) A "HOMELESS INDIVIDUAL WITH A DISABILITY," AS DEFINED IN SECTION 401(9) OF THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT (42 U.S.C. 11360(9)), WHO: (I) LIVES IN A PLACE NOT MEANT FOR HUMAN HABITATION, A SAFE HAVEN, OR IN AN EMERGENCY SHELTER; AND (II) HAS BEEN HOMELESS AND LIVING AS DESCRIBED IN PARAGRAPH (1)(I) OF THIS DEFINITION CONTINUOUSLY FOR AT LEAST 12 MONTHS OR ON AT LEAST 4 SEPARATE OCCASIONS IN THE LAST 3 YEARS, AS LONG AS THE COMBINED OCCASIONS EQUAL AT LEAST 12 MONTHS AND EACH BREAK IN HOMELESSNESS SEPARATING THE OCCASIONS INCLUDED AT LEAST 7 CONSECUTIVE NIGHTS OF NOT LIVING AS DESCRIBED IN PARAGRAPH (1)(I). STAYS IN INSTITUTIONAL CARE FACILITIES FOR FEWER THAN 90 DAYS WILL NOT CONSTITUTE AS A BREAK IN HOMELESSNESS, BUT RATHER SUCH STAYS ARE INCLUDED IN THE 12-MONTH TOTAL, AS LONG AS THE INDIVIDUAL WAS LIVING OR RESIDING IN A PLACE NOT MEANT FOR HUMAN HABITATION, A SAFE HAVEN, OR AN EMERGENCY SHELTER IMMEDIATELY BEFORE ENTERING THE INSTITUTIONAL CARE FACILITY; (2) AN INDIVIDUAL WHO HAS BEEN RESIDING IN AN INSTITUTIONAL CARE FACILITY, INCLUDING A JAIL, SUBSTANCE ABUSE OR MENTAL HEALTH TREATMENT FACILITY, HOSPITAL, OR OTHER SIMILAR FACILITY, FOR FEWER THAN 90 DAYS AND MET ALL OF THE CRITERIA IN PARAGRAPH (1) OF THIS DEFINITION, BEFORE ENTERING THAT FACILITY; OR (3) A FAMILY WITH AN ADULT HEAD OF HOUSEHOLD (OR IF THERE IS NO ADULT IN THE FAMILY, A MINOR HEAD OF HOUSEHOLD) WHO MEETS ALL OF THE CRITERIA IN PARAGRAPH (1) OR (2) OF THIS DEFINITION, INCLUDING A FAMILY WHOSE COMPOSITION HAS FLUCTUATED WHILE THE HEAD OF HOUSEHOLD HAS BEEN HOMELESS.

Homelessness Definitions

The Federal Government has five definitions of homelessness that approach living situations in different ways. This report uses 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.

To fully understand homelessness, it is imperative to understand the differing definitions of homelessness. Typically, people consider persons to be homeless if they are living and sleeping on the street, outdoor encampment, or car, in a shelter for the homeless, or in government subsidized transitional housing. Although this is a valid understanding, it leaves out homeless persons who are "couch surfing" from house to house or living out of motels for an extended period. It also leaves out those who are incarcerated or fleeing from domestic violence. Like these public definitions of homelessness, federal agencies also have various definitions of homelessness to match the various missions. The definitions can be found in the table below. With the large amount of definitions surrounding homelessness, data and numbers are easily mismatched or incorrectly portrayed.

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[21] https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/

Federal Homelessness Definition & Count Table

Federal Agency	Definition	Count
Housing and Urban Development (HUD) Hearth Act 2009[22]	*Category 1*: Literally Homeless - Individuals and families who lack a home or a permanent residence, including: • Having a nighttime residence that is on public or private property that is not meant for human habitation. EX. Parks, woods, highways, etc. • Is living in a public or privately owned shelter designated for to provide temporary living arrangements which include congregate shelters (multiple beds in one facility where those who are homeless can stay temporarily), Hotels and motels paid for by charitable organizations, or by federal, state, and local government programs. • Is exiting an institution where a person has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. This basically means that if a person was living in a place that is not meant for human habitation is habitually not having a stable living situation. *Category 2:* Imminent Risk of Homelessness - Individual or family who will imminently lose their primary nighttime residence meaning that the individual or family is at risk of being homeless. This is provided that: • Residence will be lost within 14 days of the date of application for homeless assistance; • No subsequent residence has been identified; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing *Category 3*: Homeless under other Federal statutes - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: • Are defined as homeless under the other listed federal statutes; • Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homes assistance application; • Have experience persistent instability as measured by two moves or move during in the preceding 60 days; and • Can be expected to continue in such status for an extended period of time due to special needs or barriers *Category 4*: Fleeing/Attempting to Flee Domestic Violence - Any individual or family who: • Is fleeing, or is attempting to flee, domestic violence; • Has no other residence; and • Lacks the resources or support networks to obtain other permanent housing	**These numbers represent category 1 and 4 only ** **January 2017** **United States: *553,742*** **Texas: *23,548***

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[22] Information on the Hearth Act retrieved from:
https://www.hudexchange.info/resources/documents/S896_HEARTHAct.pdf

Department of Health and Human Services (Runaway and Homeless Youth Act) 2017	This statute defines homelessness as individuals who are, "not more than 21 years of age… for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement." (RHYA). This definition ONLY includes youth who are unaccompanied by families or caregivers and not families, nor relatives.[23]	**2017 HUD PIT nearly 41,000 unaccompanied youth.**
Department of Health and Human Services Section 330 of the Public Health Service Act 2011	The term "homeless individual" means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing. [24] The department of Health and Human Services also utilizes the homeless definitions from the Hearth Act.	
Department of Health and Human Services/ Bureau of Primary Health Care Program Assistance Letter	An individual may be homeless if that person is: • A person who is "doubled up," a term that refers to a situation where individual is unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members • Previously homeless individuals where are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return • Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness	
Department of Education Section 725(2) of the McKinney-Vento Act 2016	Under the McKinney-Vento Act, the Department of Education defines homeless children and youths as individuals who lack a fix, regular, and adequate nighttime residence and includes children and youth who are: • sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up housing = multifamily homes); • living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; • living in emergency or transitional shelters; or • abandoned in hospitals; • have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; • living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and • Migratory children who qualify as homeless because they are living in circumstances described above.	2014-2015 School Year: **Nationally: 1,263,323** **Local (Region 11): 11,674**[25] **Tarrant County: 7,548** **2016-2017 School Year:** **State: 116,000**

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[23] Definition for the Runaway and Homeless Youth Act retrieved from: http://youth.gov/youth-topics/runaway-and-homeless-youth/federal-definitions

[24] The Department of Health and Human Services definition can be found at https://bphc.hrsa.gov/technicalassistance/taresources/hchfaq2011.pdf

[25] State and Local numbers for Department of Education came from TEA: http://www.lbb.state.tx.us/Documents/Publications/Issue_Briefs/3088_Homeless_Students.pdf

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
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 Havens (SH)	Safe Havens are small facilities that provide permanent housing for persons with serve 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)	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 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	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: 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 Methods and Limitations

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 on January 25, 2018. "PIT Count" requirements derive from the HEARTH Act and are described in the Continuum of Care Program Interim Rule (CoC Interim Rule[26]). Further guidance for local Continuums is provided in HUD Methodology Guides[27] and Notices[28]. Tarrant County Homeless Coalition developed the 2018 PIT Count methods to conform with HUD requirements and align with best practices. The methods were approved by the Fort Worth/ Arlington/ Tarrant County Continuum of Care Board of Directors on January 29, 2018.

Point-in-time Count Methods

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 25, 2018 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 systems 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 night of the unsheltered PIT Count, TX-601 canvassed as much of the CoC geography as possible with the available volunteers. TX-601 produces PIT Count route-maps that are prioritized with the aid of reconnaissance from street outreach workers and law enforcement so that routes with known and suspected encampments are covered before volunteers are dispatched to canvass routes with no known or suspected encampments. 480+ volunteers in teams of 2-5 persons participated in the blitz count, deploying at the same time from four locations after all shelters had ceased intake.

Duplicated data is prevented by utilizing personal identifying information, conducting the blitz count, and interviewing those who were willing to volunteer their information. All volunteers return their results on the night of the count which ended at approximately 2:00 am.

New in 2018, TX-601 utilized a mobile application that allowed volunteers to conduct voluntary client surveys directly from their smart phones. The app allowed for full interviews as well as for collecting observation level data. The app allowed for faster and more accurate data collection, complete data sets with improved data quality and possibilities for enhanced data analysis. The technology allowed for GPS tracking which led to more accurate location plotting, removing a barrier to follow up.

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[26] https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf
[27] https://www.hudexchange.info/resource/4036/point-in-time-count-methodology-guide/
[28] https://www.hudexchange.info/resource/5110/notice-cpd-16-060-2017-hic-and-pit-data-collection-for-coc-and-esg-programs/

Point in Time Count Limitations

While significant efforts were undertaken to ensure the 2018 PIT count was as comprehensive and accurate as possible, acknowledged limitations include but are not limited to concerns about the completeness, accuracy, and backward compatibility of the dataset. Tarrant and Parker Counties total 1,807 square miles (1.16M acres). Although the 480+ volunteers and nearly 100 police officers who assisted with the 2018 count were able to canvass a good portion of the CoC geography—including all of the highest priority count routes—geographic coverage was not 100%.

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 street 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, as discussed above 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.

In the coming months, TCHC will work with HUD, HUD technical assistance consultants, and our HMIS software provider to finalize 2018 PIT Count data. Discrepancies are not anticipated; however, HUD will have the final say in the official numbers recorded for our CoC for 2018.

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

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.[29] The PIT Count provides a one day snapshot on the number of persons who are literally homeless. The 2018 PIT Count occurred on January 25, 2018.

Housing inventory count (HIC)

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 the HIC are emergency shelter, transitional housing, permanent supportive housing, safe haven, and other permanent housing programs. [30]

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.

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[29] PIT Count information can be found on the HUD exchange https://www.hudexchange.info/programs/hdx/guides/pit-hic/#general-pit-guides-and-tools

[30] Information on the HIC can be found at: https://wwwhudexchange.info/programs/hdx/guides/pit-hic/#general-pit-guides-and-tools

Data Charts

2018 TOTAL HOMELESS POPULATION

	Unsheltered	Emergency Shelter	Safe Haven	Transitional Housing	Total	Annual Change
2018	678	1,228	20	89	**2,015**	**+5%**
2017	390	1,294	20	220	1,924	-0.70%
2016	423	1,088	20	407	1,938	+1.25%
2015	217	1,245	20	432	1,914	-21.07%
2014	184	1,273	20	948	2,425	+1.46%
2013	281	1,126	18	965	2,390	+10.19%
2011	136	1,193	20	927	2,169	-<1%
2009	195	1,148	20	818	2,181	--

2018 HOMELESS GEOGRAPHIC DISTRIBUTION

Location	UN	ES	SH	TH	Percent of Total	2018 Total	2017 Total	Annual Change
Fort Worth	604	1,074	20	89	89%	**1,787**	1,594	**+12%**
Arlington	53	154	0	0	10%	**207**	252	**-18%***
Parker County	8	0	0	0	.4%	**8**	12	**-33%**
NE Tarrant	13	0	0	0	.6%	**13**	66	**-80%**
Total	678	1,228	20	89	100%	**2015**	1,924	**+5%**

2018 TOTAL HOMELESS DEMOGRAPHICS

Gender	UN	ES	TH	SH	2018 Total	Percent of Total
Male	388	651	73	9	**1,121**	**56%**
Female	144	575	16	11	**747**	**37%**
Transgender	1	2	0	0	**3**	**.14%**

Age	UN	ES	TH	SH	2018 Total	Percent of Total
Children under 18	5	264	10	0	279	14%
18-24	33	69	2	0	104	5%
25-61	605	805	53	15	1,478	73%
62 and over	35	90	24	5	154	8%

Ethnicity	UN	ES	TH	SH	2018 Total	Percent of Total
Hispanic	53	133	4	2	192	10%
Non-Hispanic	253	1,095	85	18	1,451	72%

Race	UN	ES	TH	SH	2018 Total	Rate
White	320	539	30	7	896	44%
Black/African-American	200	677	57	8	942	47%
Asian	8	8	1	5	22	1%
American Indian / Alaska Native	20	3	1	0	24	1%
Native Hawaiian / Other Pacific Islander	3	1	0	0	4	.2%

REGIONAL ANALYSIS

Geography	2017 Homeless Population	2016 Total Population	Rate of Homelessness
Parker County	12	130,150	0.01%
Harris County	3,605	4,589,928	0.08%
Tarrant County	**1,941**	**1,945,320**	**0.10%**
Dallas County	3,379	2,574,984	0.13%
Franklin County, OH	1,691	1,264,518	0.13%
Bexar County	2,743	1,928,680	0.14%
Mecklenburg County, NC	1,476	1,054,835	0.14%
Travis County	2,036	1,199,323	0.17%
King County, WA	11,643	2,149,970	0.54%

Geography	2017 Homeless Population	2017 Total Population	Rate of Homelessness
Tarrant County	1,941	1,966,440	**0.10%**
Fort Worth	1,594	815,430	**0.20%**
Arlington	252	382,230	**0.07%**

Geography	2016 Total Population	2017 Total Population	Population Rate from 2016-2017	Homelessness Rate from 2016-2017
Tarrant County	1,945,320	1,966,440	+1.09%	**-1.0%**
Fort Worth	806,380	815,430	+1.12%	**+7.0%**
Arlington	380,740	382,230	+0.39%	**-24.0%**

2018 Unsheltered Homeless Population

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	604	53	8	13	**678**	**+74%**
2017	342	29	12	7	390	-0.92%
2016	341	61	6	15	423	+95%
2015	166	34	1	16	217	+18%
2014	161	16	1	6	184	-35%
2013	247	28	1	5	281	--

2018 UNSHELTERED HOMELESS DEMOGRAPHICS

Age	Total	Percent of Total
Children under 18	5	**.75%**
18-24	33	**5%**
25-61	605	**90%**
62 and over	35	**5%**

Gender	Total	Rate
Male	388	**57%**
Female	144	**21%**
Transgender	1	**.15%**
Gender Non-Conforming	1	**.15%**

Ethnicity	Total	Percent of Total
Hispanic	53	**8%**
Non-Hispanic	247	**36%**

Race	Total	Percent of Total
White	320	**47%**
Black/African American	200	**30%**
Asian	8	**1%**
American Indian/ Alaska Native	20	**3%**
Native Hawaiian/ Other Pacific Islander	3	**.45%**

Residence Prior to Homelessness	Percent of total
Tarrant or Parker County	**26%**
Dallas, TX	2%
Elsewhere in TX	5%
Out of State	5%
Data Not Collected*	62%

2018 EMERGENCY SHELTER HOMELESS POPULATION

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	1,074	154	0	0	**1,228**	**-5%**
2017	1132	162	0	0	1,294	1.19%
2016	950	138	0	0	1,088	-13%
2015	1,112	133	0	0	1,245	--

2018 EMERGENCY SHELTER DEMOGRAPHICS

Age	Total	Percent of Total
Children under 18	264	**21%**
18-24	69	**6%**
25-61	805	**66%**
62 and over	90	**7%**

Gender	Total	Percent of Total
Male	651	**53%**
Female	575	**47%**
Transgender	2	**.16%**

Ethnicity	Total	Percent of Total
Hispanic	133	**11%**
Non-Hispanic	1,095	**89%**

Race	Total	Percent of Total
White	539	**44%**
Black/African American	677	**55%**
Asian	8	**1%**
American Indian/ Alaska Native	3	**.2%**
Native Hawaiian/ Other Pacific Islander	1	**.1%**

2018 SAFE HAVEN HOMELESS POPULATION

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	**20**	**0**	**0**	**0**	**20**	**0%**
2017	20	0	0	0	20	0%
2016	20	0	0	0	20	0%
2015	20	0	0	0	20	0%
2014	20	0	0	0	20	0%
2013	18	0	0	0	18	+11%

2018 SAFE HAVEN HOMELESS DEMOGRAPHICS

Age	Total	Percent of Total
Children under 18	0	0%
18-24	0	0%
25-61	15	100%
62 and over	5	25%

Gender	Total	Percent of Total
Male	9	45%
Female	11	55%
Transgender	0	0%

Ethnicity	Total	Percent of Total
Hispanic	2	10%
Non-Hispanic	18	90%

Race	Total	Percent of Total
White	7	35%
Black/African American	8	40%
Asian	5	25%
American Indian/ Alaska Native	0	0%
Native Hawaiian/ Other Pacific Islander	0	0%

2018 TRANSITIONAL HOUSING HOMELESS POPULATION

	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2018	89	0	0	0	**89**	**-60%**
2017	100	61	0	59	220	-46.5%
2016	173	134	0	100	407	-6%
2015	187	112	0	133	432	--

2018 TRANSITIONAL HOUSING HOMELESS DEMOGRAPHICS

Age	Total	Percent of Total
Children under 18	10	11%
18-24	2	2%
25-61	53	60%
62 and over	24	27%

Gender	Total	Percent of Total
Male	73	82%
Female	16	18%
Transgender	0	0%

Ethnicity	Total	Percent of Total
Hispanic	4	5%
Non-Hispanic	85	95%

Race	Total	Percent of Total
White	30	34%
Black/African American	57	64%
Asian	1	1%
American Indian/ Alaska Native	1	1%
Native Hawaiian/ Other Pacific Islander	0	0%

2018 RAPID REHOUSING POPULATION

January 25, 2018	Adults	Children	Total Persons
Total	364	253	**617**

2018 RAPID REHOUSING DEMOGRAPHICS

Age	Total	Percent of Total
Under 18	247	**40%**
18-24	49	**8%**
25-61	242	**39%**
62 and over	79	**13%**

Gender	Total	Percent of Total
Male	271	**44%**
Female	345	**56%**
Transgender	1	**.1%**

Ethnicity	Total	Percent of Total
Hispanic	43	**7%**
Non-Hispanic	574	**93%**

Race	Total	Percent of Total
White	161	**26%**
Black/African American	451	**73%**
Asian	1	**.1%**
American Indian/ Alaska Native	3	**.4%**
Native Hawaiian/ Other Pacific Islander	1	**0.1%**

Veteran Status	Total	Percent of Total
Veteran	74	**12%**
Non-Veteran	543	**88%**

![tchc — Tarrant County Homeless Coalition]

2018 PERMANENT SUPPORTIVE HOUSING POPULATION

January 25, 2018	Adults	Children	Total Persons
Total	1,316	289	**1,605**

2018 PERMANENT SUPPORTIVE HOUSING DEMOGRAPHICS

Age	Total	Percent of Total
Under 18	289	18%
18-24	80	5%
25-61	1,045	65%
62 and over	191	12%

Gender	Total	Percent of Total
Male	867	54%
Female	738	46%
Transgender	0	0%

Ethnicity	Total	Percent of Total
Hispanic	128	8%
Non-Hispanic	1,477	92%

Race	Total	Percent of Total
White	674	42%
Black/African American	915	57%
Asian	8	.5%
American Indian/ Alaska Native	8	.5%
Native Hawaiian/ Other Pacific Islander	0	0.07%

Veteran Status	Total	Percent of Total
Veteran	417	26%
Non-Veteran	1,188	74%

2018 HOMELESS VETERANS

	UN	TH	ES	SH	Rate	2018 Total	2017 Total	Annual Change
Veterans	31	66	61	1	8%	**159**	186	**-15%**

2018 VETERAN DEMOGRAPHICS

Gender	Total	Percent of Total
Male	153	**96%**
Female	6	**4%**
Transgender	0	**0%**

Race	Total	Percent of Total
White	73	**46%**
Black/African American	85	**53%**
Asian	3	**2%**
American Indian/ Alaska Native	3	**2%**
Native Hawaiian/ Other Pacific Islander	1	**.6%**

Ethnicity	Total	Percent of Total
Hispanic	9	**6%**
Non-Hispanic	144	**91%**

Veteran Household	Total	Percent of Total
Veteran Only	157	**99%**
Veteran with Child	2	**1%**

	UN	TH	ES	SH	Rate	2018 Total
Chronically Homeless Veterans	12	0	20	1	**21%**	**33**

2018 CHRONICALLY HOMELESS

	UN	TH	ES	SH	Rate	2018 Total	2017 Total	Annual Change
Chronically Homeless	107	0	162	14	14%	**283**	220	**+29%**

2018 FAMILIES AND YOUTH

Persons in Families	UN	ES	TH	SH	Total	Change
2018	9	388	13	0	**410**	**-29%**
2017	28	431	121	0	580	3.76%
2016	25	291	243	0	559	-0.7%
2015	0	302	261	0	563	-45.60%
2014	0	319	716	0	1035	-6.59%
2013	0	355	753	0	1,108	30.05%

Households by Type	UN	ES	TH	SH	Total
Family Households: Adult & Child	4	126	3	0	**133**
Households Adults Only	611	791	74	20	**1,495**
Households Parenting Youth: 18-24	0	5	0	0	**5**
Unaccompanied Youth: 18-21	26	27	2	0	**55**
Children Only: 18 & Under	0	10	0	0	**10**

Children (<18)	2018 Total	2017 Total	Annual Change
Unsheltered	5	17	-71%
Emergency Shelter	265	295	-11%
Transitional Housing	10	80	-88%
Safe Haven	0	0	0%
Total	**280**	**392**	**-29%**

Family Households	Total	Average Size	Annual Change
2018	**133**	**3.7**	**-30%**
2017	190	3.05	3.8%
2016	183	4.21	.55%
2015	182	3.09	-43.3%
2014	321	3.22	-4.5%
2013	336	3.30	3.1%
2012	326	2.61	12.03%
2011	291	3.16	--

2018 OTHER HOMELESS SUBPOPULATIONS

Sub-Population	UN	TH	ES	SH	Rate	2018 Total	2017 Total	Annual Change
Severely Mentally Ill	106	19	212	19	18%	**356**	261	**+36%**
Persons with HIV/AIDS	7	1	9	0	.8%	**17**	19	-11%
Victims of Domestic Violence	26	10	71	0	5%	**107**	254	**-58%**
Chronic Substance Abuse	100	15	103	3	11%	**221**	162	**+36%**

About TCHC

Mission

Tarrant County Homeless Coalition leads, coordinates, and develops strategies and resources to end homelessness.

Purpose

Tarrant County Homeless Coalition believes everyone in our community deserves a safe and decent place to call home. Our purpose is to make sustainable community-wide change by providing service and support to anyone impacted by the issue of homelessness including partner agencies, community groups, municipalities, faith groups, businesses, and those who are experiencing homelessness.

TCHC Board of Directors

Debby Kratky, Chair	Krystle Gandhi
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Matt Canedy	Dr. Frank Lonergan
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Lauren King, Development Director	Joel Marshall, Scan Card Assessor

Acknowledgments

The Tarrant County Homeless Coalition is grateful to the many organizations and individuals who helped to make Count Night, this Report, and the State of the Homeless Address & Public Forum possible.

480+ Count Night Volunteers

ACH Child and Family Services

Arlington Housing Authority

Arlington Mayor Jeff Williams

Arlington Police Department

Fort Worth City Council Member Carlos Flores

Catholic Charities

Center of Hope

Center for Transforming Lives

City of Arlington

City of Fort Worth

Community Enrichment Center

Consumer Council

Continuum of Care Board of Directors

Craftwork Coffee Co.

Deborah Kratky

Devan Allen

Dr. James Petrovich, TCU

Dr. Kyle Walker, TCU

Fort Worth Police Department

Hands of Hope

JPS Health Network

PATH

Presbyterian Night Shelter

SafeHaven of Tarrant County

Scott Murdock, TCU

TCU Center for Urban Studies

The Salvation Army Mabee Center & Canteen

Union Gospel Mission

University Christian Church

Arlington City Council Member Victoria Farrar-Myers

"Progress is impossible without change, and those who cannot change their minds cannot change anything." – George Bernard Shaw

Tarrant County Homeless Coalition
1201 E. 13th St.
Fort Worth, TX 76102

www.ahomewithhope.org

Main Line: 817-509-3635
Helpline: 817-996-8800

Social media: @thetchc