2019 STATE OF THE HOMELESS ANNUAL REPORT

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Introduction

Tarrant County Homeless Coalition (TCHC) is pleased to share the 2019 State of the Homeless Report. This report contains the most current and accurate data and analysis available surrounding homelessness in Tarrant and Parker counties. TCHC hopes to convey an understanding of how our system works together, the magnitude of the response and how our shared vision will help us move forward.

Homelessness is not acceptable for anyone. It's not acceptable for our children, for youth aging out foster care, for veterans, for folks with a disability or for elderly persons living on a fixed income. Understanding this, it is important to know our community is making progress toward a better end. We have resources and a dedicated network of organizations working to provide a path to end homelessness. In the fall of 2018, TCHC and the Continuum of Care (CoC) Board of Directors embarked on a strategic planning process to establish a unified vision, mission and community goals. The strategic plan is intended to guide and propel our community forward over the next five years as we embark on a comprehensive campaign to prevent and end homelessness.

The data in this report comes from a number of different sources including, but not limited to, the annual Point-in-Time Count, Homeless Management Information System (HMIS), case manager surveys, other relevant strategic plans and annual performance reports. The 2019 State of the Homeless Report is a powerful resource for understanding the scope and intricacies of homelessness in Tarrant and Parker counties. Thank you for taking the time to read and engage with this critical issue.

Where We Are

Community Vision and Mission

2018 was a year of transformation for our community. With two redesigned and repopulated boards of directors, engaged elected officials, new TCHC leadership and two completed strategic plans, our community is more equipped and better positioned to address the issue of homelessness than ever before. Elected officials, neighborhood representatives, nonprofit service providers, educators, faith groups, and businesses are all sitting at the same table, working together to determine how we significantly move the needle on homelessness in Tarrant and Parker counties. Our community has come together and is moving forward, unified with agreed upon vision, mission and strategic goals.

Vision

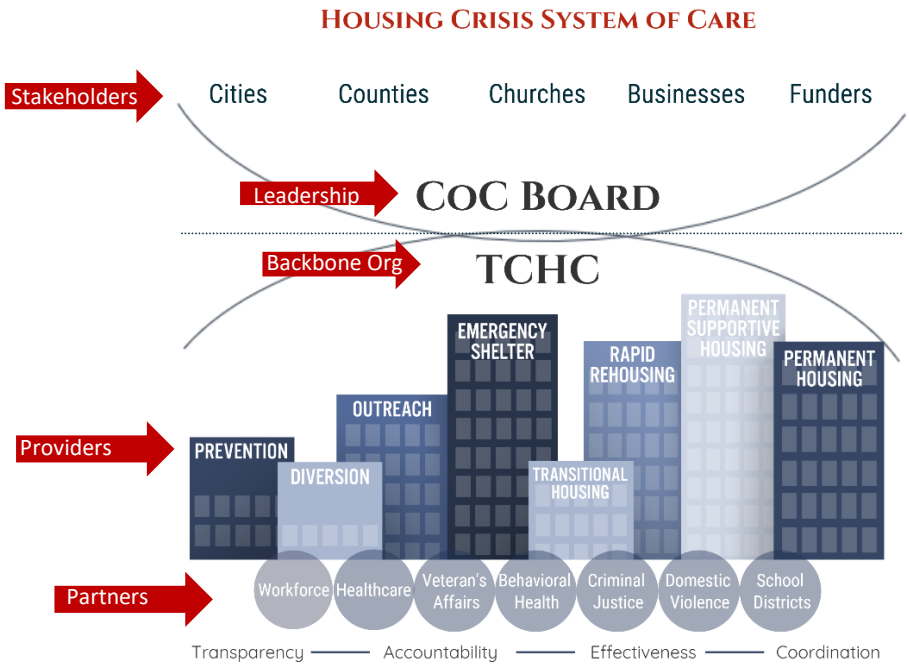
A vibrant community where individuals and families have a place to call home and the resources to live their best lives.

Mission

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

Housing Crisis System of Care

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



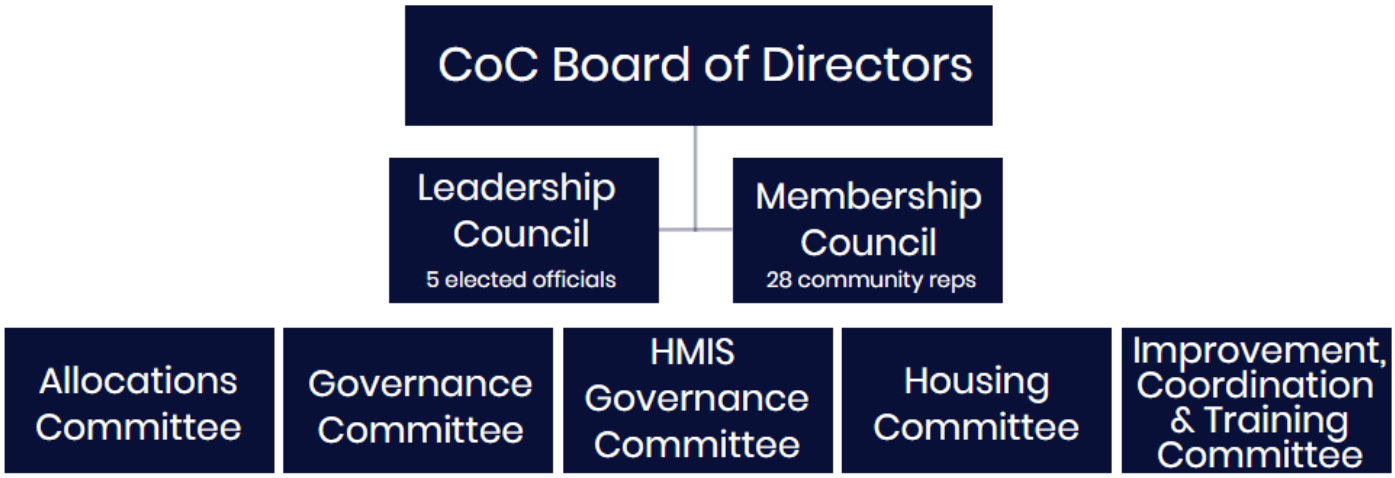
Leadership: CoC Board

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

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

Board Structure

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



Committee Purpose and Alignment

Allocations

Purpose: The Allocations Committee conducts the CoC Program Grant and State ESG project prioritization and prepares allocation recommendations. Committee members cannot currently receive funding and must not have submitted an application for funding.
Strategic Plan Alignment: Goal 5: Committed Resources

Governance

Purpose: The Governance Committee conducts the annual nominations process for the CoC Board of Directors and oversees community engagement efforts. Committee members must include three members of the Leadership Council and three members of the Membership Council.
Strategic Plan Alignment: Goal 4: Engaged Community

HMIS Governance Committee

Purpose: The HMIS Governance Committee oversees the Homeless Information Systems Management, including planning, participation, selection, implementation and ongoing oversight of systems such as ETO, Green River and Outreach Grid.
Strategic Plan Alignment: Goal 2: Data Driven Solutions

Housing Committee

Purpose: The Housing Committee makes recommendations to the CoC Board on the planning, CoC wide policies, procedures, implementation and oversight needed to ensure adequate housing stock and access for those at risk of or experiencing homelessness.
Strategic Plan Alignment: Goal 3: Housing Focused

Improvement, Coordination & Training Committee

Purpose: The ICT Committee oversees the development and implementation of CoC-wide policies, processes and training and oversees all provider workgroups and special population ad hoc subcommittees.
Strategic Plan Alignment: Goal: 1: Effective Response System

System of Care Capacity

We have a system of care in place to help people in need. Everyone from those on the verge of homelessness, to those who have just recently become homeless, to those who are staying in an emergency shelter can all access specific services tailored to meet the needs of the different populations of those who are vulnerable. The System of Care includes over 35 agencies, more than 100 programs and over 300 professionals, all working together to rapidly move people out of homelessness and into a place to call home.

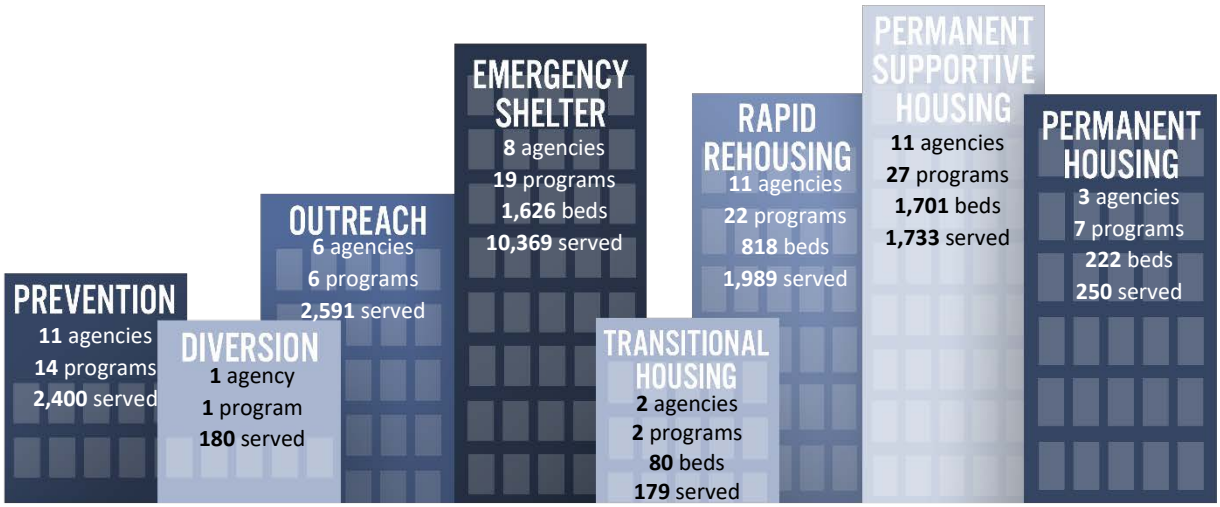
Our system of care is not something that is static. It is shifting and evolving as we work to meet the needs of an ever-changing community. The following charts compare system capacity from 2017 to 2018. 2018 was a year of transformation for our system, realigning efforts and resources to quickly move people out of homelessness. From last year to this year, our system saw shifts in services provided, which is illustrated by the two comparative charts below. Notable trends include:

- Homeless diversion efforts significantly increased. This program was launched in 2017, becoming more established in 2018, with the capacity to serve more. 374 additional people were served in 2018, and we expect that number to continue to increase as diversion expands as a practice and is implemented in agencies throughout the continuum.
- The number of transitional housing programs and people served significantly increased. This increase is due to new programs being implemented, specifically designed to serve populations that transitional housing has been demonstrated as a proven best practice, including victims of domestic violence, youth and veterans. The number of organizations providing transitional housing increased from two to five, serving more than double the number of people than the previous year.
- The number of agencies providing Permanent Supportive Housing remained constant, but the number of programs these agencies offered, and therefore the number of beds available, increased. Despite this increase, fewer people were served in 2018. This decrease is due to individuals staying in programs for a longer period of time, as compared to prior years. To address this, our community is implementing “Move On” strategies for PSH. These nationally recognized strategies work to transition individuals who have been served by a program for a long period of time and have achieved stabilization. Individuals then move into other permanent housing options that are less service-intensive. These strategies will help create flow in our system and make PSH available to more people in need.

In looking at data about people who are staying in emergency shelter, our community recognized that many were working and only in need of short-term assistance to end their homelessness. In 2019, our community added Rapid Exit to address this need and ease the burden on emergency shelters. Our system of care capacity and services offered will continue to change as needs evolve and we move toward the accomplishment of our strategic plan goals and outcomes.

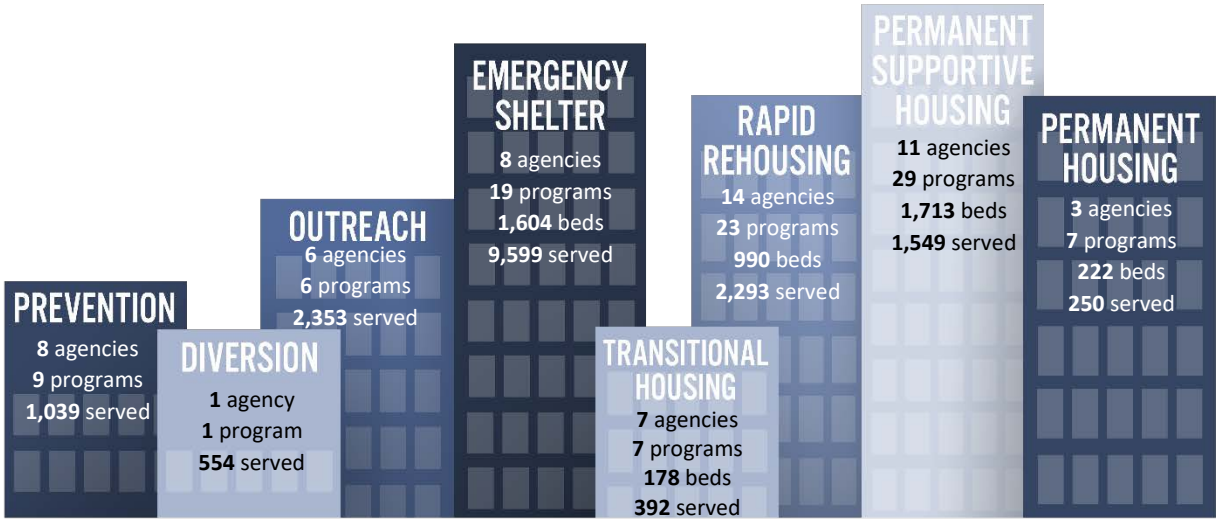
The graphic on the next page details the capacity of each type of intervention in our system of care. Numbers are not unduplicated, as people are often served with more than one type of intervention as they find their way out of homelessness.

2017 Housing Crisis System of Care Capacity



30 agencies | 98 programs | 4,447 beds | 19,691 served

2018 Housing Crisis System of Care Capacity



35 agencies | 101 programs | 4,707 beds | 21,223 served

For our community to have the capacity to respond to anyone who becomes homeless, we must create flow within our system of care. This means that people move into and out of the system- it is not ever static. Additionally, it means that every bed we have is utilized and we are maximizing every resource we have.

On the night of the Point in Time Count, our community had 602 available beds throughout the system- including emergency shelter, rapid rehousing, transitional housing and permanent supportive housing. In comparison, there were 560 people sleeping outside. In theory, and if our system was functioning at the optimum level, we currently have the capacity to have a roof over every person's head, whether it be in emergency shelter or in a housing program.

But it's not that simple. Funding restrictions often dictate who programs can serve with which type of intervention. Additionally, our system is currently working to repurpose beds so we better meet the current need and anticipate emerging needs as they arise. Our partners have demonstrated their flexibility in the past and will continue to change and innovate as needs emerge. For example, a few years ago our community had a shortage of emergency shelter family beds. The shelters came together, made adjustments to their services and we're now able to meet the demand for shelter for families in our community on a nightly basis. We have continued to collaborate and are consistently working to meet the diverse array of needs of the entire population of people experiencing homelessness.

Community Dashboard

Our housing crisis system of care is not only about the pure quantity of services and units, but also looks at how our system is performing throughout the year. The Community Dashboard gives a high-level view of system performance for six key metrics identified to demonstrate progress toward reducing and ending homelessness.

System Performance Measures are important because they ensure a common understanding of both system and project intent and goals, focus on measuring the cumulative impact of programs, help communities gauge their progress toward preventing and ending homelessness and identify areas for improvement. Additionally, system performance measures enable our community to set local goals while also meeting federal requirements set by HUD.

The chart below details the desired outcome of each measure.

Measure	Desired Outcome
Number of people who are homeless	Reduction in the number of people who experience homelessness
Percentage of individuals who moved into permanent housing	Increase in percentage of people who exit to permanent housing, including owning or renting, staying with family, or receiving a housing subsidy
Percentage of people who return to homelessness	Reduction in the percentage of people who return to homelessness 24 months after exit
Average time homeless	Reduction in the average length of time people experience homelessness
Percentage of individuals who retain or increase employment income	Increase the percentage of adults who retain or increase employment income while being served by our system
Percentage of individuals who retain or increase non-employment income	Increase the percentage of adults who retain or increase non-employment income (TANF, SNAP, child support, SSI/SSDI, other benefits) while being served by our system

The measures are interrelated, and when analyzed relative to each other provide a more complete picture of our housing crisis system of care performance. System performance measures can be used for many purposes including analyzing effectiveness of serving homeless persons in our community, identifying gaps in the system, informing systems change and informing the rating and ranking process during the CoC grant competition.

From October 1, 2017 to September 30, 2018, our system of care served an additional 200 people, as compared to the prior year and also saw improvement in the percentage of individuals who increased employment income, which increased by an additional 5%. This 5% increase is significant for our community considering the barriers people experiencing homelessness face when attempting to obtain or improve their employment and earning potential. Recognizing that increasing income is an important step to ending an individual's homelessness, our system of care has incorporated additional economic mobility screening and opportunities into our assessment process.

Our system continues to seek proven solutions to homelessness and providers remain innovative and dedicated to working together. Ending family or individual homelessness requires assistance from a variety of providers within the system of care, with people often touching more than one service to assist them in moving back to housing stability. More than 30 agencies across Tarrant and Parker County work together each day to ensure that people receive tailored services to meet their specific needs.

The next page is a dashboard that will be produced quarterly to show how our community is performing throughout the year. Additionally, in the Core Interventions section, readers will find dashboards for each type of intervention our community offers.

2018 Community Dashboard: Where We Are

1

6,964 people served

2

52% moved into permanent housing

3

19% returned to homelessness

4

7 months average time homeless

5

27% retained or increased employment income

1

49% retained or increased non-employment income

Core Interventions

Our Housing Crisis System of Care is made up of core interventions designed to serve people who have experienced housing instability and homelessness.

Homeless Prevention

Homeless Prevention services provide direct financial assistance to keep people from becoming homeless, typically in the form of rental assistance. Homeless Prevention is considered the most cost-effective way to help those who are at risk of losing their housing and can ultimately reduce a community's need for and reliance upon emergency solutions. *Our community successfully prevented over 1,000 people from becoming homeless in 2018.*

Homeless Diversion

Homeless diversion is an intervention strategy used to keep people from entering homelessness, including accessing emergency shelter. Diversion happens after households have lost their housing and helps to identify immediate alternative housing arrangements and can connect individuals with resources to assist them in securing permanent place to live. *More than 500 individuals and families were diverted away from homelessness to a permanent housing destination in 2018.*

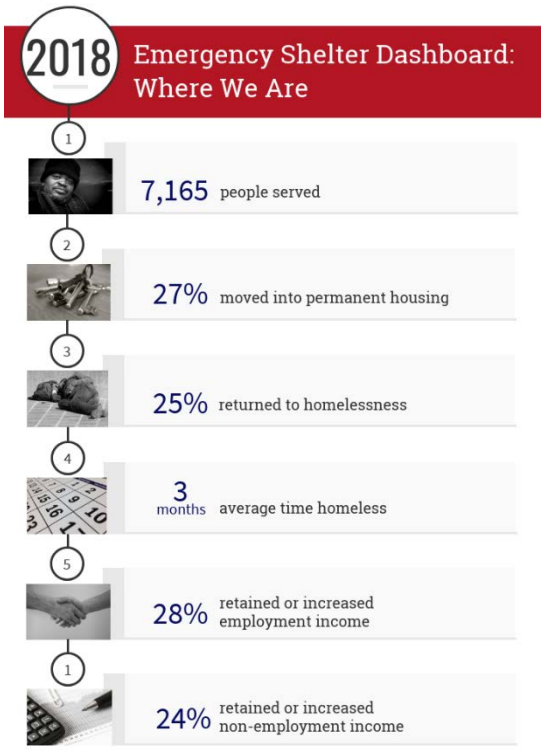
Street Outreach

Street Outreach teams work daily to make relationships with people, helping them take steps to staying inside and ultimately becoming housed again. As Tarrant and Parker counties have experienced explosive growth, unsheltered homelessness has become more visible to community members. 560 individuals were living outside on the night of the count, a decrease of 17 percent from the previous year. *Over the course of the entire year, our community's six outreach teams served 2,353 individuals.*

Emergency Shelter

Emergency shelters (ES) are intended for temporary shelter and crisis relief. Eight agencies in Tarrant County provide emergency shelter 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 programs with 1604 beds available to those experiencing homelessness. On count night, 1,073 people in Fort Worth and 190 people in Arlington were sleeping in emergency shelter. Although this represents a reduction of 22 beds available in emergency shelter from 2017 to 2018, when considering the number of beds available, our community should note that no emergency shelters were at capacity on the night of the count. Emergency shelters had an occupancy rate of 67% on the night of the count, with 531 beds available for people experiencing homelessness.



Safe Haven

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

Safe Haven is designed to meet the immediate medical, emotional, psychological, and psychiatric needs of its guests. Long-term, the program also assists with identifying solutions to resolve legal concerns and substance dependency. While housing placement is an ideal outcome for the program, the main purpose of Safe Haven is to provide a safe and secure place for guests to reside while living with severe mental illness. Safe Haven serves 10 men and 10 women for a total of 20 guests at any given time. *In 2018, PNS Safe Haven served 27 individuals, with 8 exiting the program and 8 new individuals being served.*

Rapid Exit

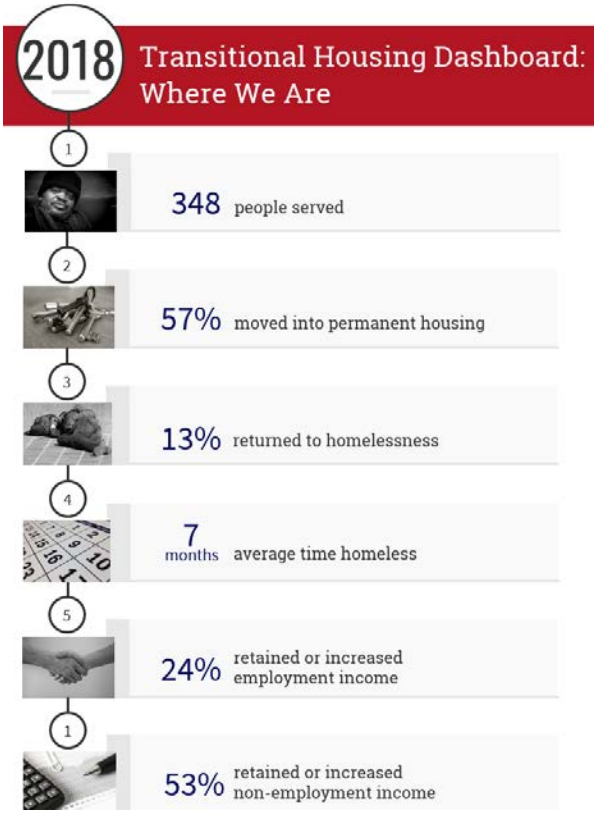
Rapid Exit is a program that seeks to reduce homelessness by quickly connecting clients who need very limited assistance with housing. Rapid Exit is used to assist people who are accessing emergency shelter and employed. Instead of utilizing emergency shelter for three or four months to save for move in expenses such as application fees, administrative fees and security deposits, our community is now providing one time move-in assistance that allows households to quickly exit homelessness. Rapid Exit is an innovative option and has the potential to ease burdens on many other housing systems.

Transitional Housing

Transitional housing (TH) programs provide time-limited housing assistance (2 years or less) and supportive services geared toward self-sufficiency and independence. In 2017, two agencies provided TH for veterans and served 179 people.

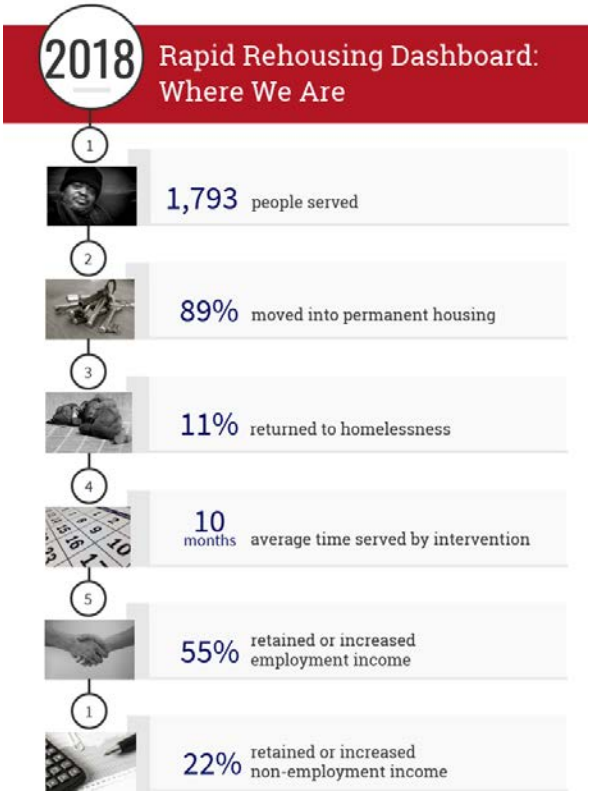
In 2018, five additional agencies received TH funding to serve specialized populations. These new TH programs resulted in a 108% increase in capacity from 2017 to 2018. Although individuals in TH are in housing, they are classified as homeless since housing assistance is temporary. With this increase in new programs, we saw an overall increase in the homeless population.

The use of TH has proven effective for certain specialized populations including those experiencing domestic violence, youth aged 18 to 24, and those dealing with chronic substance use. These recommendations are embraced by the Continuum of Care, as we strive to provide tailored interventions to populations with specific needs.



Rapid Rehousing

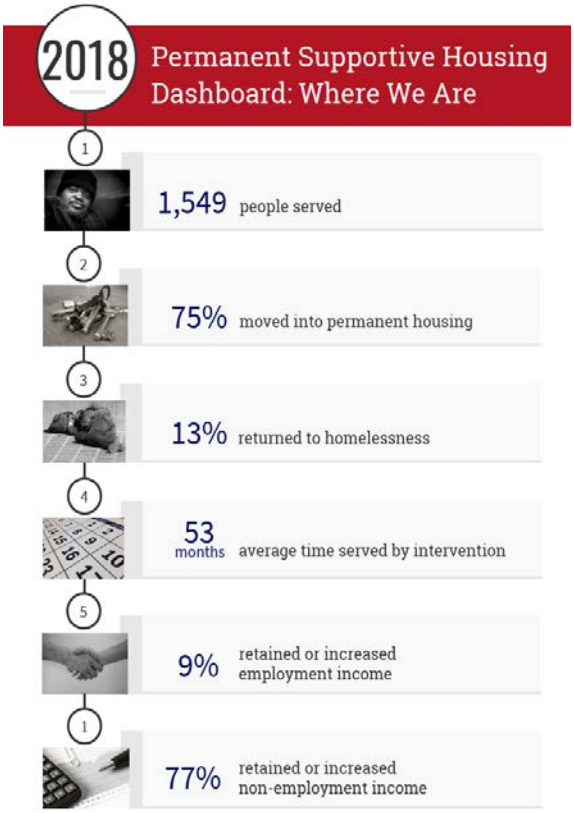
Rapid Rehousing (RRH) quickly connects individuals and families experiencing homelessness to move-in and short-term rental assistance, coupled with case management to help people get back on their feet. These programs reduce the amount of time individuals and families experience homelessness, avoid a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



Rapid Rehousing has been proven to be extremely effective with families and is more cost effective than other long-term interventions such as Transitional Housing. In addition to rental assistance and case management, supportive services include childcare, employment assistance, job training, transportation and more in-depth counseling, all of which can be barriers to long-term stability. Rapid rehousing served more than 1,700 people in 2018, with nearly 90% completing the program and successfully retaining permanent housing.

Permanent Supportive Housing

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



11 agencies operate 29 PSH programs in our housing system of care, which served 1,549 people last year. PSH is designed to be permanent and typically has a low turnover rate. Although our system increased the number of beds available to 1,713, fewer people were served in 2018 than in the previous year due to a longer stay in the program- 53 months.

PSH is best suited for approximately 20% of people experiencing homelessness in our community, and should be reserved for those with the most severe challenges to becoming and staying housed.

Permanent Housing

Permanent Housing (PH) is community-based housing in which formerly homeless individuals and families live independently. PH is often administered by local Public Housing Authorities in the form of Housing Choice Vouchers dedicated to serving homeless populations. Currently our community has three agencies providing this type of permanent housing: Fort Worth Housing Solutions, Arlington Housing Authority and Tarrant County Office of Housing Assistance. Together these agencies oversee seven programs with 222 beds.

2019 Point in Time Count Overview

One way we understand what homelessness looks like on a given night is by conducting an annual Point in Time Count. The 2019 Homeless Point in Time Count was held on Thursday, January 24, 2019, and included identifying and surveying those living outdoors and using HMIS data to identify those living in emergency shelter or transitional housing. Each year the Point in Time Count is held during the last week of January when more than 550 volunteers and 100 Neighborhood Police Officers go out into our community to physically find and survey anyone sleeping outside on that night. This is an incredibly committed group of people who chose to spend what is potentially the coldest night of the year to ensure we get the most accurate information possible about everyone experiencing homelessness.

An important insight we get from the data we collect is why people get pushed into homelessness. Year after year, people report that the two main reasons they become homeless are a lack of income and inability to afford rent. People have stagnant wages and rents are rising at a rate people cannot keep up with. Seeing this trend year after year does point to the reality that Tarrant County has an alarming number of people just on the verge of literal homelessness.

On the night of the count a total of 2,028 people were identified as homeless in Tarrant and Parker counties, representing a 0.6% increase over 2018.

Year	Unsheltered	Emergency Shelter	Save Haven	Transitional Housing	Total	Annual Change
2019	560	1,263	20	185	2,028	+0.6%
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	---

Tarrant County is the 3rd most populous county in Texas and the 15th largest county in the United States[i], with an estimated population of 2,092,419 in 2018[ii]. Homelessness as a percentage of the population continues to decline, which is movement in the right direction, despite an increase of 13 in actual number of people. In comparison to being the 15th largest county, Tarrant County has the 57th largest homeless population- a significant difference in rankings.

Geographic Distribution

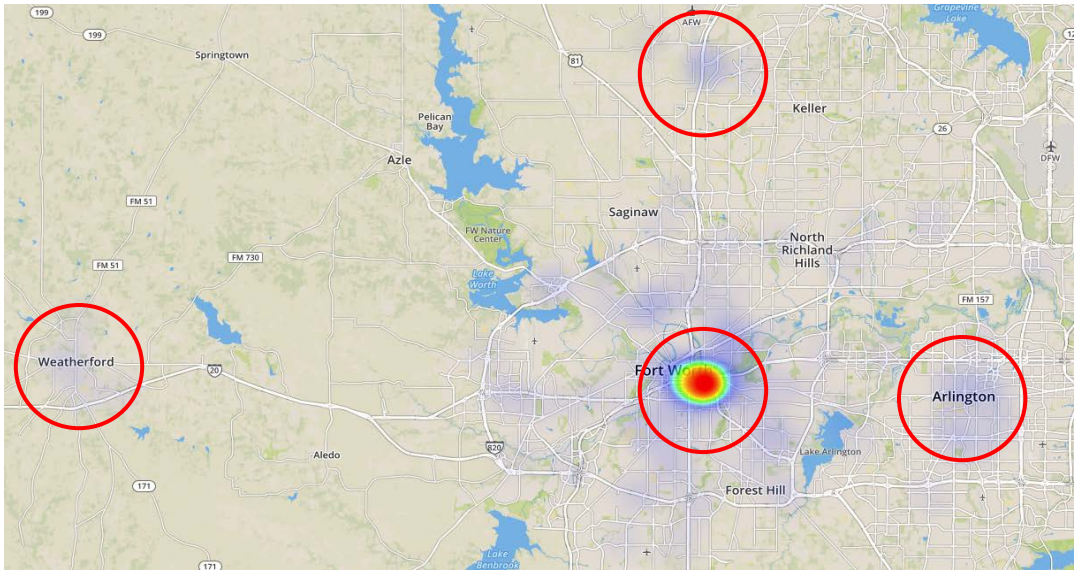
The majority of those experiencing homelessness are located within the City of Fort Worth, as most homeless services are located in Fort Worth. Fort Worth saw an overall decrease of 2%, and saw a significant drop in unsheltered homelessness, dropping from 604 people in 2018 to 484 in 2019- a 17% decrease. Additionally, knowing where our homeless population lived prior to experiencing homelessness and where they have resided since allows us to identify those who have entered our

system of care from other regions. Of the unsheltered individuals and families surveyed during the 2019 Point in time count about their residence prior to homelessness, only 5% reported being from Dallas or somewhere else in Texas.

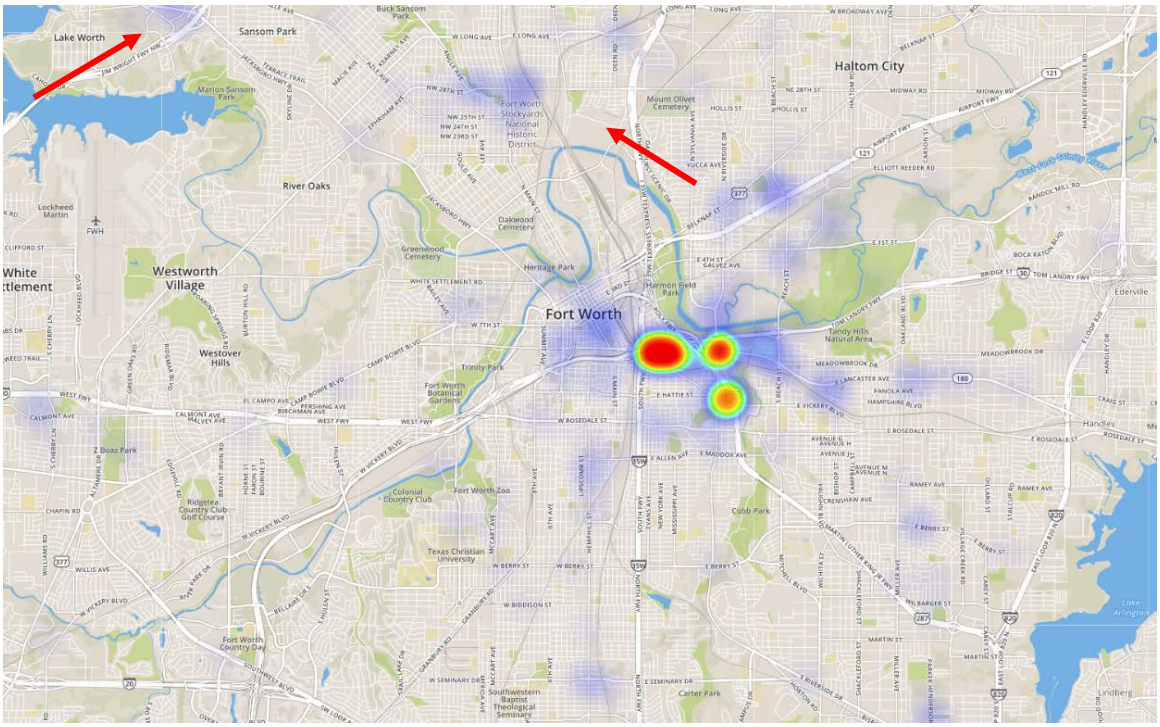
Location	UN	ES	SH	TH	Percent of Total	2019 Total	2018 Total	Annual Change
Fort Worth	484	1,073	20	177	86%	1,754	1,787	-2%
Arlington	47	190	0	8	12%	245	207	+19%
Parker County	11	0	0	0	1%	11	8	+37.5%
NE Tarrant	18	0	0	0	1%	18	13	+38.46%
Total	560	1,263	20	185	100%	2,028	2,015	+0.6%

The included heat maps 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.

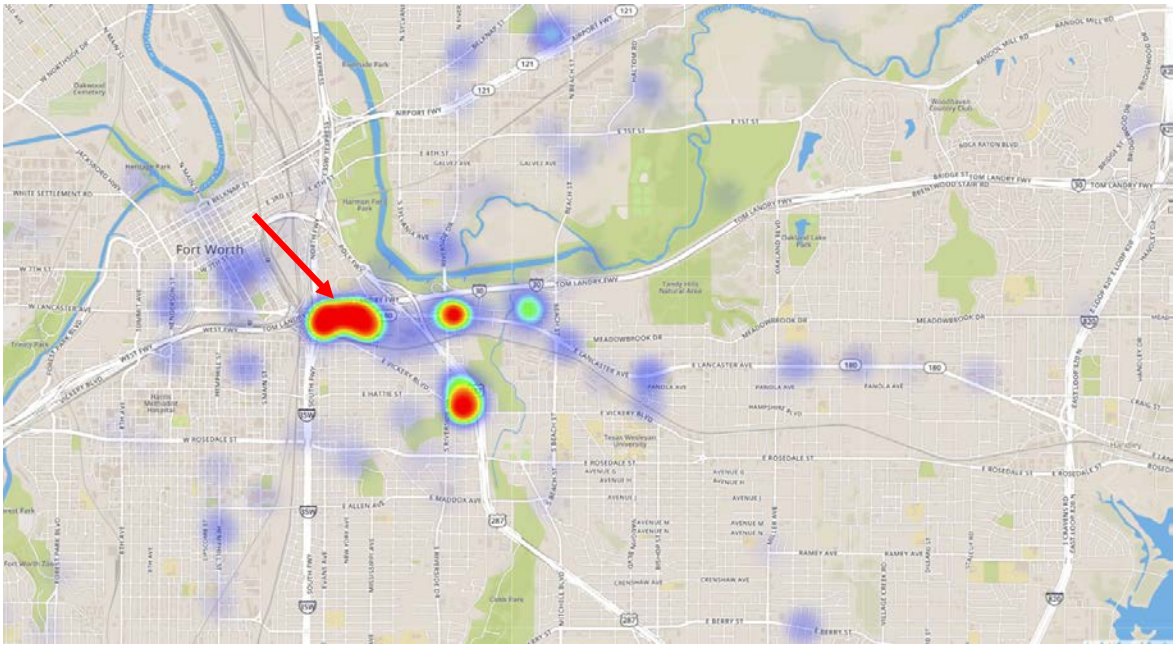
The map below represents the entire continuum of care geographical area. Notable areas that have been circled include Weatherford, Arlington, Fort Worth, and far north Fort Worth. Most of the homeless population resides east of I-35W near Lancaster Avenue in Fort Worth. This area is also where most of the community's homeless services are located.



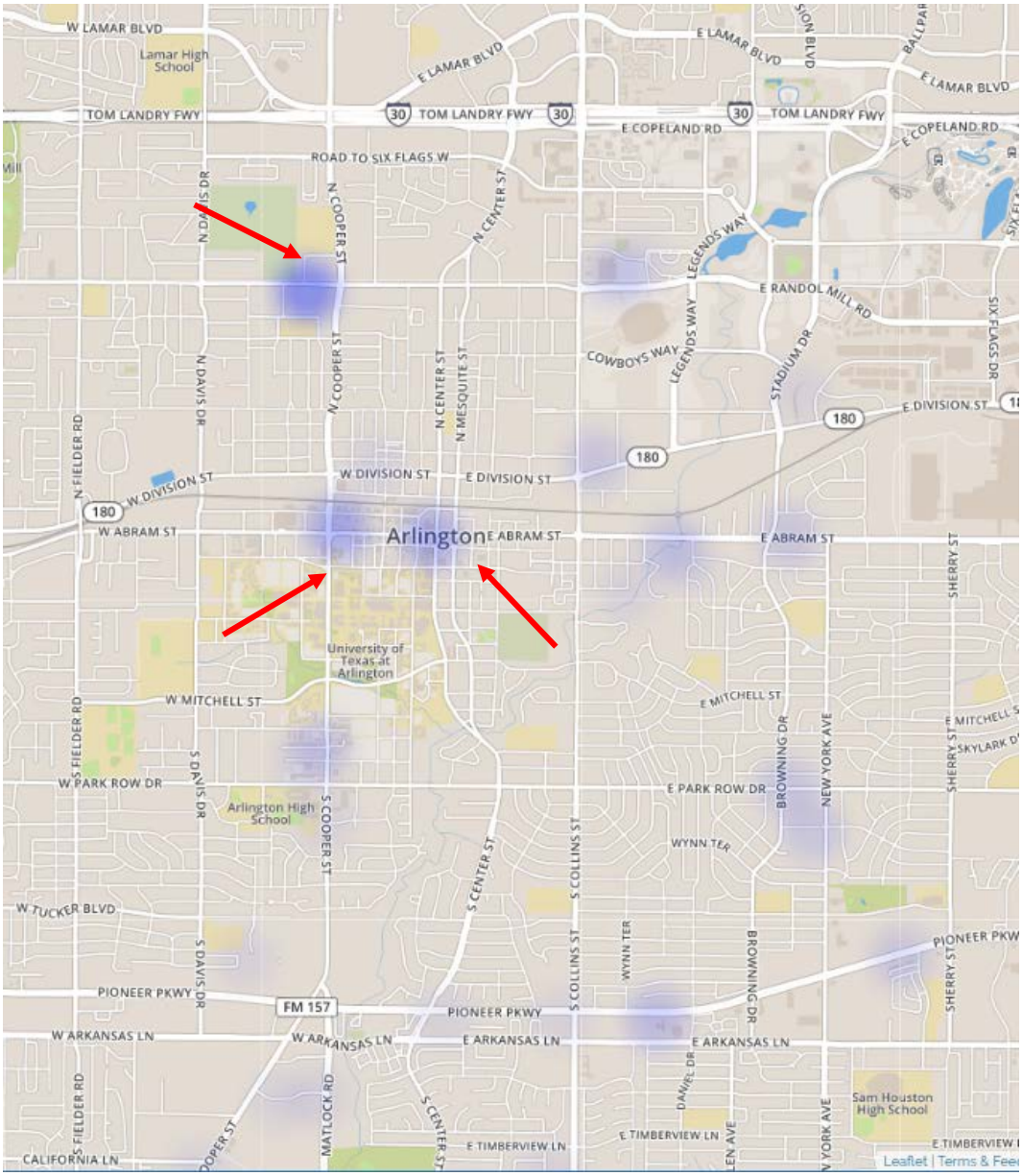
Tarrant County is shown in the map below. From the Point in Time count data, it appears that the homeless population may gradually be moving north/northwest.



The map below 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.

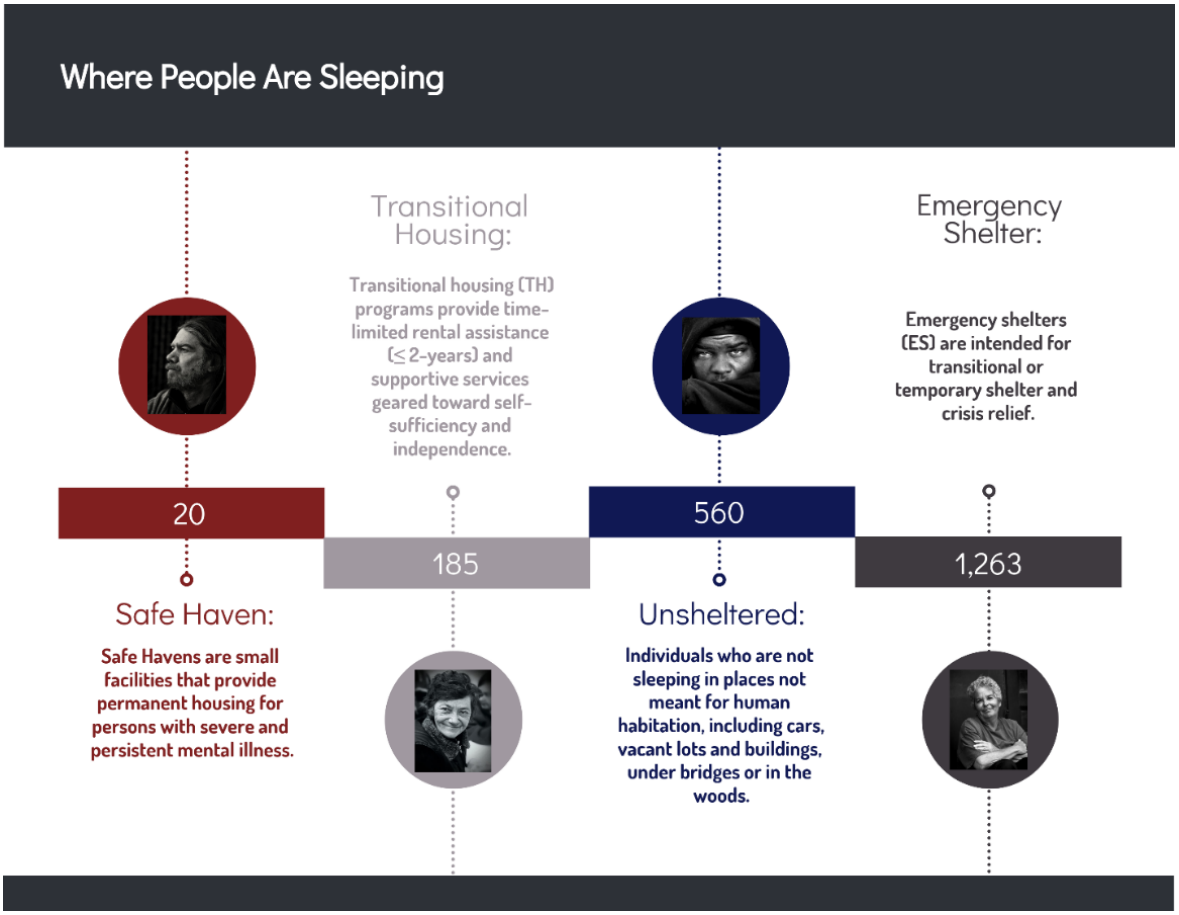


This map represents Arlington's geographic area. The darkest shades of purple are higher concentrations of people experiencing unsheltered homelessness.



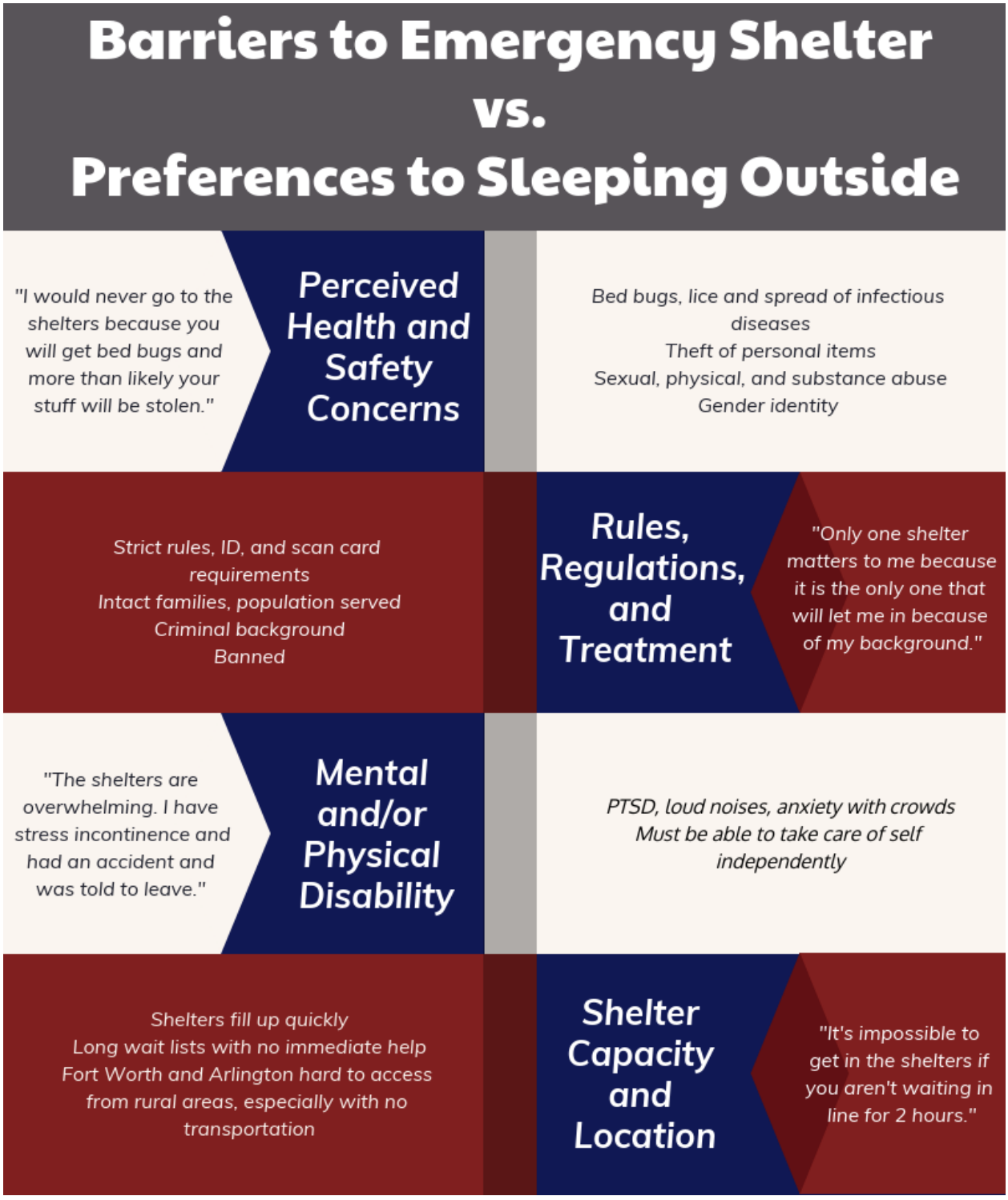
Where people are sleeping

Understanding where people chose to sleep is critical in understanding how our system is functioning to meet the needs of people experiencing homelessness. 60% of people experiencing homelessness on Count night accessed emergency shelter, while 28% were staying in places not meant for human habitation. As previously mentioned, no emergency shelters were at capacity on the night of the count. In theory, if all available resources were fully and appropriately utilized, no one in our community would experience unsheltered homelessness.



Why Some People Sleep Outdoors[iii]

There are a variety of reasons that homeless individuals and families sleep in areas that some may refer to as "unconventional" sleeping arrangements such as cars, bus stops and encampments instead of utilizing the shelter systems. TCHC conducted 8 focus groups of individuals who currently utilize shelters to determine the barriers to shelter they currently face or have faced in the past. Partners also surveyed 72 individuals sleeping along the sidewalks of East Lancaster to ask why they were not utilizing the shelter systems; 13% responded they would access shelter if it was available while the remaining 87% said they would not.


Barriers to Emergency Shelter
vs.
Preferences to Sleeping Outside
"I would never go to the shelters because you will get bed bugs and more than likely your stuff will be stolen."
Perceived Health and Safety Concerns
Bed bugs, lice and spread of infectious diseases
Theft of personal items
Sexual, physical, and substance abuse
Gender identity
Strict rules, ID, and scan card requirements
Intact families, population served
Criminal background
Banned
Rules, Regulations, and Treatment
"Only one shelter matters to me because it is the only one that will let me in because of my background."
"The shelters are overwhelming. I have stress incontinence and had an accident and was told to leave."
Mental and/or Physical Disability
PTSD, loud noises, anxiety with crowds
Must be able to take care of self independently
Shelters fill up quickly
Long wait lists with no immediate help
Fort Worth and Arlington hard to access from rural areas, especially with no transportation
Shelter Capacity and Location
"It's impossible to get in the shelters if you aren't waiting in line for 2 hours."

Where We're Going

Community Strategic Plan

With the goal 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 responses to homelessness. After a successful restructuring, the Continuum of Care Board of Directors set out with the ambitious goal of creating a community wide strategic plan that would unite municipalities, nonprofits, funders, business people, faith groups and invested citizens in their efforts to address homelessness. In addition to an overarching strategic plan, the board identified that they also wanted annual strategic goals to point our community in the right direction, ensuring we were all moving forward together.

The purpose of the strategic planning process was to determine collective community vision, mission and values. Through the planning exercises, collective desired outcomes were arrived at and prioritized to determine areas of impact, goals and respective roles by leadership, staff, partners and stakeholders. The CoC Strategic Plan represents a significant investment by TCHC and its community partners in addressing the issue of homelessness. The strategy outlined in this report will serve as the backbone of all efforts moving forward to plan and implement programs and services designed to prevent and end homelessness in Tarrant and Parker counties.

While several elements of the goals address immediate conditions, the plan is designed to ensure that the CoC is well prepared for growth, expansion and new partnerships far into the future. Working together, our community can achieve our vision of a *vibrant community where every individual has a place to call home and the resources to live their best life*.

How We'll Get There

Community Goals, Values and Competencies

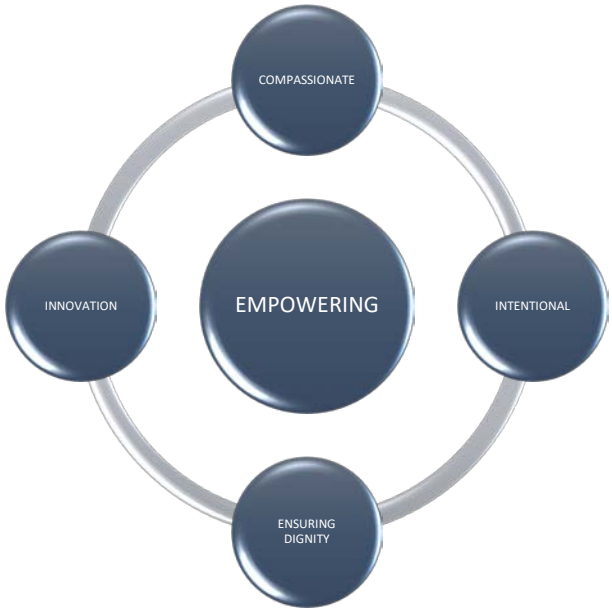
Community strategic goals drive the response to homelessness, helping determine what services are needed to best meet emerging needs and ensure services are efficient and effective. Goals include:

1. **Effective Response System**: To build an effective and efficient housing crisis system of care.
2. **Data Driven Solutions**: To develop better understanding through scope and need through data analysis and data sharing.
3. **Housing Focused**: To ensure adequate housing stock and access.
4. **Engaged Community**: To increase knowledge and community response around the issue of homelessness.
5. **Committed Resources**: To maximize resources by strengthening commitment to support community members at risk of or experiencing homelessness.

These goals will be implemented with an underlying foundation of agreed upon core values and competencies that will propel our community forward.

Core Values

Our community partner agencies possess abundant strengths that will infuse every program and service offered moving forward. These strengths provide the firm foundation that the strategic plan is constructed upon. *Core values* give us guiding principles to bring the highest level of service and support to the clients we serve each day.



Core Competencies

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

Goal 1: Effective Response System

Build an effective and efficient housing crisis system of care.

Goal 1 Strategies

Identify and target priority populations

- Youth
- Veterans
- Chronically Homeless
- Families

Pinpoint and engage in targeted interventions

- Rapid Exit
- Employment Triage
- Expansion of Direct Client Service Fund
- Decrease transitional housing for Veterans, transition to Rapid Rehousing
- Establish baseline metrics and create dashboard

Implement streamlined services

- Identify move-on strategies
- Automate the Coordinated Entry process
- Establish goals and metrics for subcommittees

Ensure capacity to deliver best practices

- Implement the progressive engagement model with people experiencing homelessness
- Pilot Learning Institute

Outcomes

Decrease length of time spent homeless
Increase income
Decrease number of people who return to homelessness
Complete Youth 100-Day Challenge
Increase number of people housed
Decrease unsheltered homelessness

Where We Are

Housing Crisis System of Care

To build the most effective and impactful system of care, our community must have an in-depth understanding of the state of the housing crisis system of care as it currently operates - where are we now, as it relates to homelessness and the populations we serve. This knowledge not only determines the most effective resource allocation, but also allows the CoC to increase its presence and services offered through collaborative relationships with business, civic, faith-based and other partners. Continuous refinement paired with expansion and enhancement of the safety net for those experiencing homelessness is a main tenet of the CoC strategic plan.

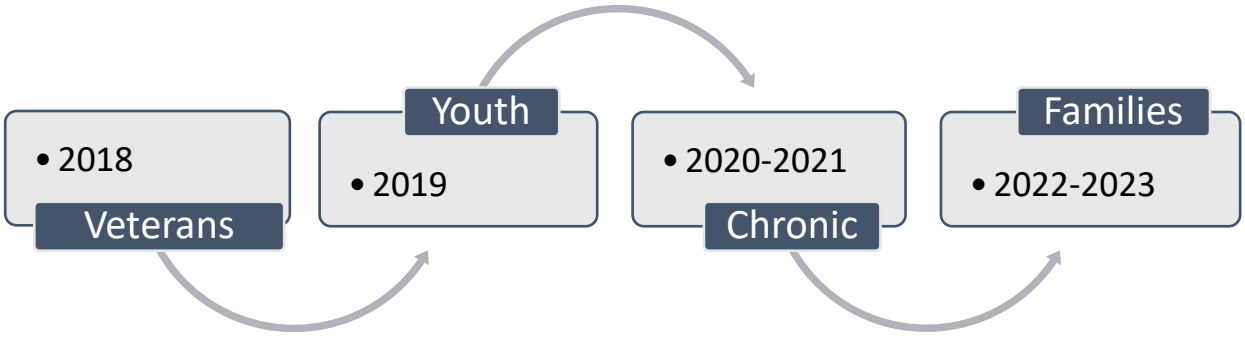
In a recent provider survey, respondents indicated that they felt the system performed well saying, "Our homeless services system is doing great at collaborating between agencies leading to coordination and deduplication of services offered." On the other hand, it was also noted that there was room for improvement: "The homeless services system could do better by being more innovative, identifying gaps in systems and creating more affordable housing."

Where We're Going & How We'll Get There

Continuous evaluation of the system of care allows the CoC to adapt to the changing landscape of homelessness in our community. By establishing programs and services that incorporate targeted interventions, we can streamline services to rapidly and efficiently move people from homeless to housed. Additionally, our community will engage in a coordinated and collaborative effort to identify, target and serve priority populations.

Strategy 1: Identify and target priority populations

Identifying and targeting priority populations has been recognized as a national best practice to move communities closer to ending homelessness by providing client-centered services to specific populations. When our community brings providers who serve specific populations together they get creative, figure out how to best serve anyone in that group, and work to make our system function the best it possibly can to provide tailored services to the population. Priority populations identified for the next three to five years are: veterans, youth, chronically homeless individuals and families.



Veterans

In 2018, TCHC began convening numerous planning sessions with local veteran-related service providers and received technical support from national support staff. The sessions allowed the group to review progress, determine next steps and illustrated a clear path forward to meet benchmark criteria to formally declare an end to veteran homelessness.

In early Spring 2019, TCHC engaged national consultants on next steps required to declare an **end to veteran homelessness** and began the process of putting the steps into action. TCHC, with the Veteran Leadership Taskforce, has the goal to submit a national application declaring our community has reached this ambitious goal by early Summer 2019.

Did You Know?

167 veterans were identified as experiencing homelessness on count night

29 of those identified are chronically homeless

Only **4%** of homeless veterans identified on count night were female

Goal 1 Success: Veterans as a Priority Population

In the fall of 2018, our community came together like never before, successfully completing a 100-in-100 Challenge. The goal: house 100 Veterans in 100 days. The result: our community housed 181 Veterans in 100 days!

The 100-Day Challenge provided our community an opportunity to assess current local efforts and set ambitious 100-day goals around serving and housing veterans at risk of or experiencing homelessness. The Challenge gave our community the opportunity to get to know each veteran by name and identify exactly which housing intervention would best meet their needs. It forced our system and service providers to get creative about how we do things and figure out where the barriers to housing were within our system and processes.

Our housing crisis system of care did not exceed this significant goal alone. It took partnership at numerous levels within our community. Elected officials championed the cause and brought needed attention to the issue of veteran homelessness, including barriers they face getting approved for apartments. The Apartment Association of Tarrant County advocated for housing veterans, encouraging their member properties to give vets a second chance, serving them like they served our country.

The success of the Challenge has led our community to the point where we are well on our way to officially declaring an end to veteran homelessness. Thanks to all the partner agencies, community members, elected officials and others who made this possible!

Homeless Youth

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

On the night of the Point in Time Count, 76 youth were identified as homeless, or 4 percent of the population. Of those, 23 were unsheltered, 41 were accessing emergency shelter, and 12 were in transitional housing programs. Like any other group, all youth experiencing homelessness are not alike. Nine youth were experiencing homelessness while parenting and three identified as transgendered. The population is almost evenly racially divided; 51 percent of youth are black and 49 percent are white. Six youth had been homeless for more than one year. In 2018, our housing crisis system of care served 681 total youth, comprised of 426 youth, 69 parenting youth and 186 unaccompanied youth under 18.

According to the Runaway & Homeless Youth Clearinghouse, the causes of running away and homelessness among young people are many and varied, as are potential consequences. Particularly challenging is that homeless youth may not be connected to formal support services such as child welfare, juvenile justice, and mental health systems; the education system; or youth shelters.

To address youth homelessness our community must have a coordinated community response that involves engaging key community partners, establishing a decision-making structure, leveraging data across systems and designing an organized youth housing and services system that can meet an array of needs presented by the population.

A key to success in youth efforts is our local Youth Action Board- a group of youth with lived experience who come together to guide our community toward solutions that best meet changing needs. Outside of housing, these youth have identified transportation, driving lessons, housing locators and emotional support as some of their most pressing needs. After becoming housed, they identified needing case management and support for six months to a year to get on their feet; help with applying to college, including securing financial aid; and assistance with gaining adult knowledge and skills such as signing contracts, paying bills, securing insurance, managing healthcare and other necessary tasks.

Our community will embark on another 100-Day Challenge this fall, with the focus on homeless youth. Although the process will be similar to the veteran challenge, the youth 100-Day Challenge will bring together a different group of providers who can tailor services to youth experiencing homelessness and address the specific challenges they face when homeless and transitioning to adulthood. The US Department of Education's EdFacts system reported 1,154 unaccompanied homeless youth in all school districts in Tarrant and Parker counties during the '16-'17 school year. One of the primary goals of the 100-Day Challenge will be to understand who these unaccompanied youth are, where they are living and how they can best be served. Our community responds well to challenges and we anticipate success with the challenge, moving our community closer to formally declaring an end to youth homelessness.

Chronic Homelessness

Chronically homeless individuals are people who have experienced homelessness for more than one year or more than four times in three years and have a disability. People experiencing chronic homelessness often face complex and long-term health conditions such as mental illness, substance abuse disorders, physical disabilities and other chronic diseases such as diabetes and heart disease. People experiencing chronic homelessness are considered particularly vulnerable because they often live outdoors or in other living situations not meant for human habitation, which typically intensify or worsen any disabilities or ongoing medical conditions present.

People experiencing chronic homelessness make up approximately 15% of our local homeless population but utilize a much larger share of available resources such as medical care, behavioral health services, jails and emergency response systems. People experiencing chronic homelessness are considered to be highly vulnerable because of the likelihood that they will pass away while experiencing homelessness. This year on

the night of the Count, 295 people were experiencing chronic homelessness- a 4 percent increase from last year.

Permanent Supportive Housing (PSH) is a proven solution to chronic homelessness that has been successfully implemented across the county. PSH is the most service intensive housing program our community has available in our housing crisis system of care, providing long-term rental assistance and supportive services to people who have moved off the street. PSH has been proven to not only help people achieve housing stability, but also improves health and well-being outcomes. Additionally, PSH lowers the burden on public costs previously mentioned such as hospitals, jails, shelters and other emergency services. Individuals experiencing chronic homelessness are prioritized for PSH, which aligns with the community goal of reducing the number of people who are chronically homeless.

Homeless Families

Recognizing the traumatic impact homelessness has on a person, and especially on children, families have been, and continue to be a prioritized population for our community. On any given night in Tarrant and Parker Counties there are 138 families experiencing homelessness- a total of 431 people. The question remains though: how many homeless children is it okay for us to have? TCHC and our community partners believe that one child is one too many. With the goal of no families living on the street, several emergency shelters have increased their capacity to accommodate families of all makeups and sizes.

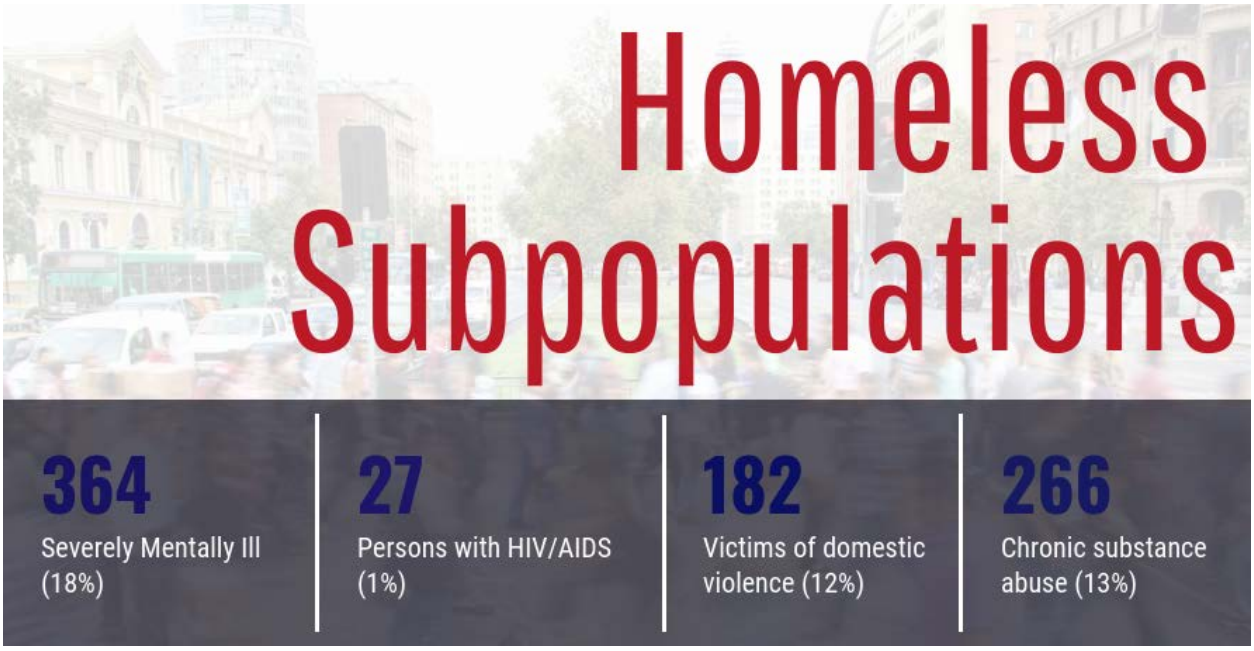
Around 300 children experience homelessness on any given night, nearly all of whom are staying in emergency shelters with their parents. On the night of the count five children, in three families, were found living unsheltered with their parents. Additionally, last year school districts in Tarrant and Parker counties served 4,908 school-aged children who experienced homelessness at some point during the year. According to state data, approximately 86 percent of those students were living doubled up or were in hotels/motels. The Continuum of Care currently works closely with local school districts, ensuring that children and families receive services to meet the entire family's needs. We expect this relationship to be further strengthened with the implementation of a new data system which will enable us to share data about who is being served and collaborate in a more meaningful and effective way.

Our community is working very intentionally to address family homelessness, including putting a leadership focus on the issue. The Family Committee has been created as a subcommittee of the CoC Board to specifically address family homelessness in our community. This group has identified several goals to begin impacting family homelessness including increased efforts to prevent and divert families from becoming homeless, increased landlord engagement, engaging local law schools to assist with evictions, and working with local school districts to truly understand the size and scope of family homelessness.

Families experiencing homelessness do exceptionally well when they receive rapid rehousing assistance. This program provides move-in and short-term rental assistance coupled with case management to help families get back on their feet. Additional services include childcare, employment assistance, job training, transportation and more in-depth counseling, all of which can be barriers to long-term stability. Rapid Rehousing gives families the room to stabilize, regain their footing and practice living each day in a more productive, functional way. Rapid rehousing served more than 1,700 people in 2018, and nearly 90% of those served through our programs have remained housed for two years or more.

Additional Sub-Population Categories

In addition to identifying priority populations, our community continually looks at trends within other subpopulations to determine how best to support partners working with persons experiencing additional challenges. Understanding the number and scope of specific needs helps our community further tailor services and advocate for unmet needs. Specifically, our community tracks the number and percentage of the homeless population with severe mental illness, diagnosed with HIV/AIDS, victims of domestic violence and those with chronic substance abuse. Knowing this information helps our community direct resources where they are most needed and design interventions based on trends in the community.



Strategy 2: Pinpoint and engage in targeted interventions

Research has shown that specific interventions are better suited for certain populations. When our community can tailor services to meet a groups' needs it results in more effective services and a more efficient system of care. Pinpointing and engaging in targeted interventions to address different needs within the homeless population makes the best use of the resources we have to serve those in need.

Rapid Exit and Economic Mobility

With over 450 people on the PSH list and more than 1300 people on the Rapid Rehousing list, our community has recognized that people at the "bottom" of the list are likely never going to be served with a housing intervention and would be much better served in other ways. This is not only a better use of resources, but also moves away from the waitlist model where people get on a list and do just that- they wait. Now, in addition to housing interventions that serve the most vulnerable in our community, we also have targeted interventions addressing income and employment support as a solution to homelessness.

Rapid Exit and Employment and Economic Mobility both reflect a combination of best practices and a commitment to quickly move people out of homelessness. Rapid Exit focuses on people who are staying in emergency shelter and working. Often people find themselves homeless despite being employed, staying in shelter to save for a deposit, first month's rent and other fees associated with moving into a new place. Now, instead of utilizing emergency shelter for three or four months to save for move-in expenses, our community is providing one time move-in assistance that allows households to quickly exit homelessness. Rapid Exit is an innovative option and has the potential to ease burdens on many other housing systems.

Employment and economic mobility is being infused into every part of our system of care and focuses on increasing income available to households experiencing homelessness. This moves our community from solely having a housing discussion to having an overarching services discussion to identify possible options for economic mobility. By increasing people's income, the chances of people becoming and remaining stably housed dramatically improve. This model is being implemented as a result of our community acknowledging the demand for housing assistance far outweighs the supply, and as a system we must provide other solutions to homelessness. We are changing the conversations to help connect people with resources in more efficient ways, with the goal of enhancing income

Strategy 3: Implement streamlined services

Streamlined services ensure people experiencing homelessness are receiving the services that are a best fit for their needs and are being quickly matched with housing interventions well suited to their specific situation. Our community uses progressive engagement, which is the philosophy of providing clients with the least intensive services whenever possible. For example, if a person's homelessness can be ended by providing a deposit and one month's rent, as opposed to waiting on availability in a longer-term program, we should be committed to their return to self-sufficiency as quickly as possible.

Dynamic Prioritization & Creating "Flow"

Expanding our community's understanding of what types of interventions can be offered to people in various stages of homelessness opens us up to the possibility of considering all individuals and all available resources and weighing them against one another on a continual basis. This is dynamic prioritization and is what will move our community away from simply having a "waitlist" where people

are waiting for a housing subsidy that may never be available. Dynamic prioritization is action-oriented, built to utilize all resources available and functions in real time to respond to anyone experiencing homelessness.

Our community does an excellent job identifying and assessing everyone who is experiencing homelessness. We have a system in place to catch people at the front door and ensure that service providers understand their specific situation. After people are assessed and enter the homeless services system, they are put on a list based on vulnerability, which typically dictates which type of housing intervention each individual and family is best suited for. Recognizing that the need for housing assistance far outweighs the resources, our community is changing how a traditional vertical list is used, turning it on its side so that everyone- from top to bottom- is served with an appropriate intervention.

To create "flow" in our system, it must be functioning efficiently and at the ideal state. We are not there yet, but are working to change as needs evolve and redirect resources when and where needed. One way to create flow is to be committed to progressive engagement, or serving people with the least intensive services when possible.

For example, when a person no longer needs the intensive services of PSH they should be given the option to move on to other affordable housing available in our community. This generally happens through the use of a different type of rental subsidy or through affordable units at tax credit properties. Enabling stable tenants of permanent supportive housing who no longer need on-site services to move to an apartment with rental support is a benefit to all involved. It allows the tenant more independence; frees up scarce resources available to serve more chronically homeless households who need the intensive services and rental assistance of PSH; and creates flow by moving people out of the system and allowing others to access the services needed for their situation.

Benefits of progressive engagement are detailed in the table below.

Individual	**Community**
Promotes highest level of choice and independence	Targets limited supportive housing resources to those who need it most WHEN they need it
Provides least intensive service to help return to self-sufficiency	Increases supportive housing capacity without new construction
Potential reduction of time spent homeless	Creates targeting opportunities to address specific populations

Strategy 4: Ensure capacity to deliver best practices

Delivering best practices to people experiencing homelessness results in better system functioning, better program performance and ultimately a reduction in homelessness. Establishing a system-wide standard of care ensures that regardless of where or what type of service a person is seeking they receive consistent high-quality services. Our community has come together and identified agreed upon values and competencies which are the foundation for our standard of care. Core values include innovation, empowerment, ensuring dignity, intentionality, and compassion. Core competencies are Housing First, cultural competence, client-centered, strengths based, and trauma informed practice.

Learning Institute

This structured certificate program, focused on teaching and implementing best practices in our community, will ensure that all professionals working in the field of homelessness are well trained and providing consistent, high quality services. The implementation of the Learning Institute will build capacity within community organizations and will help them implement proven strategies to make their services more effective and interventions more successful. These methods and practices facilitate change and improve outcomes within the population, ultimately improving our community response to homelessness.

The Institute will include four core areas of instruction: administrative, case management, theoretical and soft skills. Additionally, the Institute will include specific programmatic tracks tailored to the participant's role; i.e. emergency shelter, rapid rehousing or permanent supportive housing best practices and interventions, with courses being taught by experts in the specific topic area. Graduates will be given the opportunity to participate in alumni events, mentor future cohorts, present in future training sessions and provide feedback on program design. The program is under currently under development and is scheduled for launch in Summer 2019.

Goal 2: Data Driven Solutions

Better understanding of scope and need through data analysis and data sharing.

Goal 2 Strategies

Increase analysis of key data points to provide an objective perspective for stakeholders.

- System performance measures
- Performance by intervention
- Performance by population
- Coordinated Entry metrics
- Non-CoC grant metrics

Expand partnerships for increased data sharing.

- Internal data systems share data
- Integrate cross systems data: hospitals, jails, ISDs, housing lists, MHMR
- Integrate employment information

Ensure reliable and accurate data quality

- Map and redesign system data entry
- Streamline specific training
- Develop data quality metrics
- Identify secondary data sources and plan for incorporation

Implement cross systems analysis to understand resource utilization.

- Identify high utilizers
- Track employment in HMIS
- Family homelessness analysis

Outcomes

Decrease use of secondary data sources
Increase data quality
Increase capacity for obtaining reports
Increase capacity for comparing program results as well as intervention results

Where We Are

Data Solutions

Data guides decision making in our community, allowing our system of care to be responsive to emerging needs and foreseeable trends. Data accuracy and integrity is a high priority for our community. As the HMIS Administrator for our CoC, TCHC is focused on this at every level- individual client records, program functions and systems level performance. More accurate data leads to increased investment in proven programs, while enhanced data sharing provides a more comprehensive picture of homelessness in our community. Currently 32 organizations utilize a common database that links providers and services together, specific to homelessness.

Data points are so much more than numbers and percentages. Our community uses numerous data sources to paint a clearer and complete picture of what is happening with our housing crisis system of care and with individuals and families who are experiencing homelessness. When used together this valuable information informs strategies and decisions, pointing a way home for many.

Recognizing that data about people's homelessness does not tell the whole story of how well our community is performing, we integrate many other types of data to determine how our community should move forward. Additional data efforts include annual needs and gaps analyses, yearly system mapping, periodic case manager surveys, system modeling, quarterly fatality reviews, and the ongoing use of outreach grid and green river systems- two additional systems used to capture information. All of these efforts help our community know where there might be gaps in knowledge with direct service staff; have an understanding of interventions in the community that may not be fully implemented; have a consistent systems-level view of how and where resources are allocated, including if something needs to change; and allow us to overlay other data with homeless data to create a complete picture of what is happening, on both an individual and community level. We are in the infancy stages of integrating data from hospitals and in the future plan to look at additional data from criminal justice systems, school districts and public housing authorities.

Where We're Going & How We'll Get There

In recent months, TCHC has taken dramatic steps to ensure our community's data is as accurate as possible. Additionally, TCHC has engaged in new partnerships committed to increased communication and enhanced cross-sector data sharing between all stakeholders. Moving forward, TCHC will further those efforts by continually refining the processes and engaging in a comprehensive analysis across all systems to optimize resource allocation.

Strategy 1: Increase analysis of key data points

By increasing analysis of key data points our community can understand resource utilization and potential emerging trends to better design programs and services that meet the most current need. Key action items include determining system performance measures that are meaningful to our community, analyzing performance by intervention type, analyzing performance by specific population, measuring Coordinated Entry metrics and incorporating other programs not funded by the CoC into unified community measures.

System performance measures

Our housing crisis system of care includes nine core interventions, all designed to meet various types of needs. Through these core interventions, our system of care served over 21,000 people in 2018. The Continuum of Care, through TCHC, works to measure how our overall system is performing, then also takes a more in-depth look at how each intervention is performing as compared to the desired community goals. Core interventions include homeless prevention, homeless diversion, rapid exit, street outreach, emergency shelter, transitional housing, rapid rehousing, permanent supportive housing and permanent housing.

Currently our community has six agreed-upon system performance measures. These measures demonstrate how our community is performing throughout the year and give a high-level view of demonstrated progress toward reducing and ending homelessness.

Measure	Definition	10/1/17- 9/30/18 Results
Number of people served	Unduplicated number of people who experienced homelessness during a specific timeframe	6,964
Percentage of people moving into permanent housing	Percentage of individuals leaving homelessness and moving into permanent housing, including owning or renting, staying with family or receiving a rental subsidy (long or short term)	52%
Percentage of people who return to homelessness	Percentage of people who left homelessness and then experienced it again within two years	19%
Length of time homeless	Average amount of time individuals experience homelessness	7 months
Percentage of individuals who see an increase in employment income	Percentage of individuals who see an increase in income from employment specifically	27%
Percentage of individuals who see an increase in non-employment income	Percentage of individuals who see an increase in income from benefits such as TANF, SNAP, child support, SSI/SSDI and Vet benefits	49%

Strategy 2: Expand partnerships for increased data sharing

Data sharing can sometimes be complicated to get started but leads communities to a deeper understanding of how available resources are being utilized. With the expansion of external partnerships to increase data sharing our homeless services system will incorporate data from local hospitals, jails, police departments, school districts and mental health providers. This additional data gives a much broader picture of needs a person may have and services they have accessed.

Green River

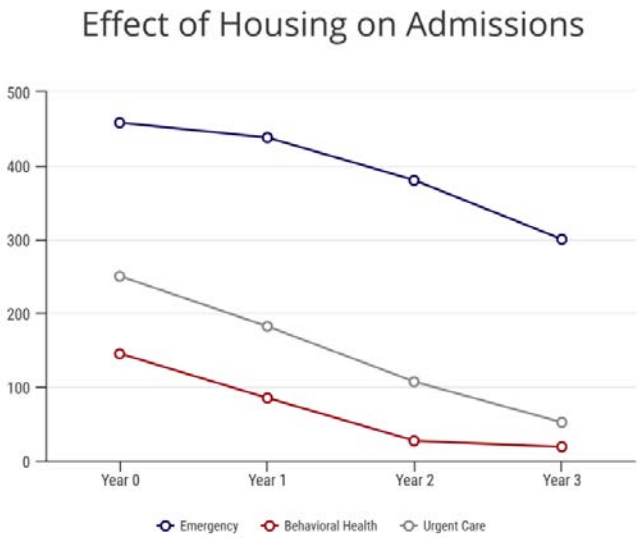
An example of TCHC's commitment to enhancing and streamlining data is its investment with Green River, a software with two primary functions- automating the Coordinated Entry process and serving as a data warehouse to overlay various sources of data with homeless data.

Green River will significantly change the coordinated entry process for our community. The path a household takes to move from homeless to housed starts when they are at the front door of homelessness, and begin the coordinated entry process through shelters, assessors, mobile outreach teams, the Homeless Helpline and other agency partners. All households receive an assessment, and now through Green River will be automatically matched with the intervention that best meets their identified needs. Currently this is a manual process, reliant on human knowledge to ensure the correct match. In addition to matching the most appropriate housing intervention, Green River also provides easy-to-understand dashboards with a clear picture of all services being accessed by individuals experiencing homelessness by using data already being collected by community partners.

Additionally, Green River serves as a data integration platform and analytic data warehouse that allows data systems across the community to talk to one another. For example, with this software we will be able to cross-reference HMIS (homeless) data with healthcare system data, criminal justice data and/or school district data. This allows our community to have a multilevel view of resource use and better understand services accessed across various types of entities in our community. This will significantly improve care coordination, coordinated processes and in-depth analyses of homeless services. Green River is currently in test mode and is expected to launch this summer.

Goal 2 Success Story: Cross Systems Analysis Leads to Housing

Pathways to Housing is a Permanent Supportive Housing program which began in November of 2015 in a public-private partnership between Tarrant County Community Development, The Salvation Army, Amerigroup, JPS Health Network and TCHC. The program was created to provide rental assistance, long-term comprehensive case management, in-home and outpatient health care, and supportive services for 30 chronically homeless high utilizers of the JPS Emergency Room.



Tarrant County Pathways to Housing has seen significant success in implementing permanent supportive housing as a healthcare intervention for chronically homeless individuals who are high utilizers of the JPS Emergency Department in Fort Worth, TX. Patients had an average of 102 encounters annually, with the yearly rates of encounters decreasing each year in the Emergency, Behavioral Health, and Urgent Care departments. Emergency visits have decreased by 30% over the life of the program.

Nearly 70% of participants in the Pathways to Housing program have retained their housing and continued to benefit from these services. Former chronically homeless individuals now have permanent supportive housing, long-term comprehensive case management, and access to healthcare services. Each client who has been housed has shown a decrease in emergency department admissions, resulting in significant cost savings for JPS Emergency Department and Amerigroup.

Data sharing among agencies enabled partners to identify the most appropriate intervention strategy for each patient, leading to the decrease in visits. Due to its demonstrated success, the program is expanding to serve an additional 15 chronically homeless individuals at the end of 2019.

Strategy 3: Ensure reliable and accurate data quality

Without quality data in our community cannot get quality data out; and the inability to get quality data out leaves us in the unfortunate position of not being able to demonstrate how our community is moving forward toward agreed upon goals. To ensure data quality moving forward, our community will map out all sources of data entry that intersect with homeless data; streamline project specific training to ensure agency staff are trained on how to accurately enter data; develop quality metrics to set expectations for programs, agencies and interventions; and identify secondary data sources and how they are incorporated into community reporting.

Data Quality Metrics

Data quality is of the highest importance for our community and it is imperative that everyone who uses data collected has a thorough understanding of what the data represents. Data quality is reported monthly and encompasses three components: accuracy, completeness and timeliness. Data quality can be reported on the community level, by intervention type, by agency and by program.

- *Accuracy:* The accuracy rate demonstrates that the data collected is correct, relevant and represents what it should. Accurate data generally reflects a well-trained and competent workforce, but can also be more challenging to improve, as there is room for human error.
- *Completeness:* Data completeness ensures there are no gaps in the data from what is supposed to be collected and what is actually collected and that all data elements are collected and entered into the correct fields within systems.
- *Timeliness:* All data collected within the Continuum of Care is expected to be entered into HMIS within three business days. When data is received within the expected timeframe information can be utilized efficiently and our community is best equipped to make effective and informed decisions without significant lag time.

Our community is committed to high quality data and ensuring that decisions are fact based and data driven to impact change.

Strategy 4: Implement cross-systems analysis to understand resource utilization

Cross system analysis allows our community to understand how homelessness impacts other systems outside of our housing crisis system of care. With this analysis we can identify high utilizers of both homeless services and other services to potentially provide a housing intervention that relieves the burden on all systems involved, such as jails and hospitals. Additionally, cross systems analysis paints a clearer picture of how our systems intersect with others and how, as a community we can streamline all services available to those in need.

Integration of School District Data

In the 2017/2018 school year the Texas Education Agency identified 4,908 (Tarrant: 4,791; Parker: 117) school aged students as homeless throughout all of Tarrant and Parker county districts. In contrast, last year our housing system of care served 412 children under 18. To have a clearer picture of how these

groups overlap and which students and children are being served by both systems, or possibly overlooked by one or the other, TCHC will integrate school district data with homeless data.

In addition to providing children and students with a higher level of coordinated services, this integrated information will also allow our community to link homeless services that parents are receiving to children identified as homeless in local school districts. Providing families with comprehensive wrap around services to address all of their needs allows our community to specifically tailor services to meet the unique needs of families with school-aged children and younger.

Goal 3: Housing Focused

Ensure adequate housing stock and access.

Goal 3 Strategies

Work collaboratively with local government to prioritize policies and resources to support housing needs.

- CFW Affordable Housing Strategic Plan
- Arlington review of 10-year plan

Commitment with both public and private sector to develop solutions to meet current and projected need.

- Analyze utilization to determine need of people exiting homelessness
- Rapid Exit exits
- Rapid Rehousing units
- PSH units

Educate and support landlords

- Establish landlord engagement program
- Property management track within Learning Institute

Increase healthy and thriving communities that are affordable and accessible

- Determine baseline data
- Create dashboard
- Map out opportunities

Build bridges to increase partnership, cooperation and action around affordable housing in our community.

- Map out who is involved and how
- Identify giving opportunities
- Determine and inform about best ways to help

Outcomes

Increase number of Rapid Rehousing units
Increase number of Permanent Supportive Housing units
Increase number of landlords accepting vouchers

Where we Are

Affordable Housing Gap

By all measures, lack of affordable housing is one of the major issues facing Tarrant and Parker counties. A recent study shows a gap of more than 40,000 units for those residents at 30% Area Median Income (AMI) and below. The Dallas-Fort Worth-Arlington metropolitan area falls in the "10 Most Severe" with a shortage of affordable rental homes with approximately 19 affordable and available homes per 100 renter households. 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.[iv]

Homelessness is a math problem. Rents increase annually, making it increasingly difficult for low income individuals and families to survive. The recommended amount to spend on housing is 30% of a person's gross income. An SSI recipient who earns $750 per month would be able to afford only $250 toward rent to ensure the ability to pay for other needs such as food, utilities and transportation. To afford housing in Tarrant/Parker County a person must earn at least $16.12 for a one bedroom. This means that minimum wage workers ($7.25/hour), must work 89 hours a week to afford rent[v].

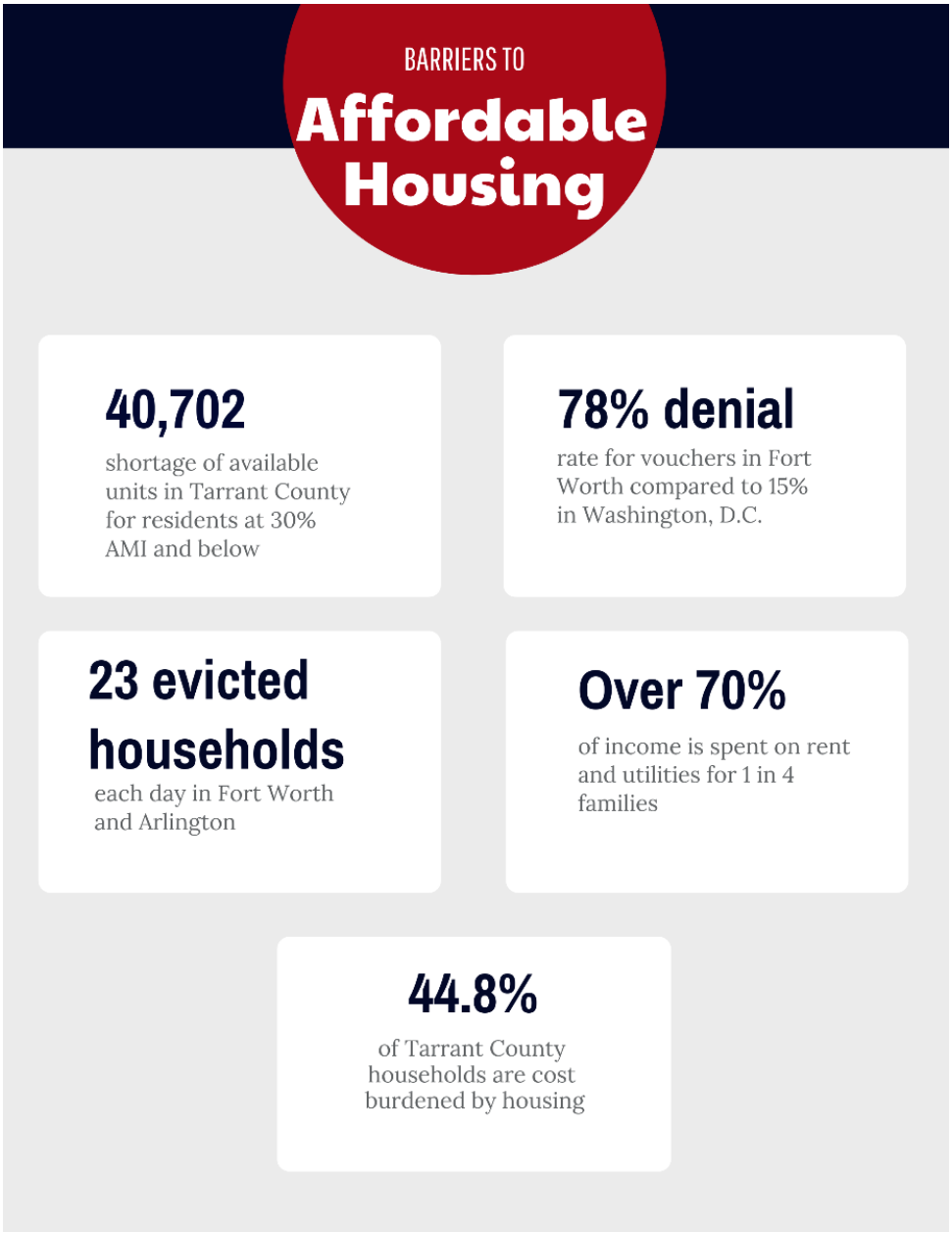
> *"It scares me because my VA Pension only went up $3 a month, but my rent went up $50 a month, my bus pass went up $56 a month and the change in vouchers for zip codes made me pay another $80 a month. If this keeps up, I will be homeless again through no fault of my own."*
>
> *– Robert, Consumer Council Member*

In December 2018, Tarrant County's unemployment rate was 3.3% which was lower than the 3.7% of Texans and 4.0% of individuals across the nation who were unemployed[vi]. 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. 1 in 5 Tarrant families earn less than $35,000 – housing unaffordable to over 100,000 families[vii].

The lack of affordable housing intersects with many social problems, including poverty and homelessness, making it critical to understand the eviction crisis. Many evictions happen because renters do not or cannot pay their rent; however, landlords can evict tenants despite timely rent payments or not having any lease violations. In a recent survey conducted by TCHC, 42% of service providers responded that it was difficult to connect clients to legal services, making options limited when tenants are facing eviction in our community.

According to Eviction Lab, Fort Worth is #50 nationwide and #2 in the State of Texas in number of evictions with 5,741 evictions; Arlington is #4 in Texas with 2,706 evictions. Low-income women, especially poor women of color, families with children and domestic violence victims have a high risk for eviction. According to Eviction Lab, "Evidence strongly indicates that eviction is not just a condition of poverty, it is a cause of it[viii]."

The graphic below describes common barriers to affordable housing experienced by low-income renters in our community[ix].



Where We're Going & How We'll Get There

Our community is working collaboratively to come up with creative solutions to address the severe shortage of affordable housing, with specific focus on housing for those exiting homelessness. Fostering efforts like landlord engagement, advocating for more PSH and RRH units and partnering on creative ways to generate housing stock are some of the ways we are actively moving to address this challenge. Our community is committed to increasing the number of healthy and thriving communities that are both affordable and accessible.

Strategy 1: Work collaboratively with local government to support housing needs.

A community-wide effort will be essential to address the shortage of affordable housing in Tarrant County. Recently both the City of Fort Worth and City of Arlington have taken strategic action to better understand the need. The City of Fort Worth published an Affordable Housing Strategic Plan to begin planning for future population growth beyond the next few years. Arlington is revisiting its 10-year plan to end homelessness and working on strategies to move forward to best meet the emerging needs.

Affordable Housing Strategic Plan

Recently the City of Fort Worth, in partnership with other entities involved and invested in affordable housing completed an affordable housing strategic plan. Partners included City of Fort Worth Neighborhood Services Department and Directions Home program, Fort Worth Housing Finance Corporation, Fort Worth Housing Solutions, Housing Channel, Tarrant County Housing Finance Corporation and Community Development, TCHC and Trinity Habitat for Humanity.

The strategic plan is a framework designed to establish and identify:

1. Baseline data on affordable housing conditions in Fort Worth;
2. Opportunities to fill gaps or reduce overlap;
3. Shared vision and guiding principles for affordable housing initiatives;
4. Roles and responsibilities for each partner;
5. Action steps to move forward;
6. Basis for engaging additional partners; and indicators to monitor progress.

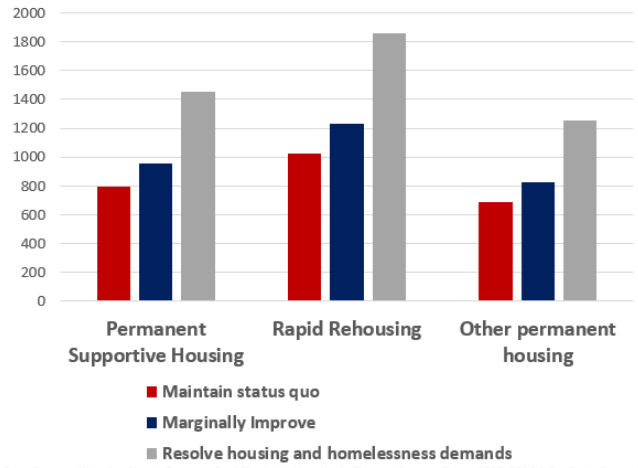
This strategic plan informed the CoC's strategic plan and both will be implemented in partnership, with the overarching goal of creating more affordable and accessible housing for our community. Local boards of directors have approved and signed onto the plan as a show of community commitment.

Strategy 2: Commitment with both public and private sector to develop solutions

The creation of affordable housing is not only about meeting the current need. It is also about being able to look out into the future to know and estimate the supply we will need in the future to accommodate for future population growth, an aging population and other factors that impact the demand for affordable and accessible housing.

System Modeling

Over the past year, our community of service providers embarked on a system right-sizing activity to illustrate and discover how our system should ideally flow. Creating flow within services is critical to being able to serve both those currently experiencing homelessness and those who will experience it in the future. This activity also looks at our current inventory of services to better see how our system should be adjusted to meet actual need, as opposed to perceived need by providers, funders or municipalities.



Data Source: "Housing Needs Forecast for Affordable Housing in Tarrant County, Texas 2017-2026." OraCode Consulting, Inc.

System modeling can also project outflow, including how many units of various types of housing and interventions are needed for people exiting homelessness. This also takes into consideration households leaving housing assistance programs, who likely need either a mainstream housing subsidy or to significantly increase their income to facilitate access to available affordable units. 330 permanent supportive housing units and 763 rapid rehousing units are needed at this time to accommodate everyone in our system of care. It is estimated by 2026, Fort Worth will need an additional 1,450 permanent supportive housing units and 1,860 rapid rehousing units[x]. As our community continually monitors how our system flows, it is important to note that this is not a static number and fluctuates based on demand and various market factors present in our area.

Strategy 3: Educate and support landlords

Ending homelessness requires more than simply having a certain number of units of affordable housing available. The other part of the equation is increasing the number of landlords and property owners willing to lease to people exiting homelessness. Many landlords have negative perceptions of voucher holders, and because of these stereotypes they reject participation in the program overall. As a community, it is important to change this perception and support landlords. Support systems include launching a landlord engagement program and providing training to landlords to better equip them to work with people exiting homelessness as new tenants. As we better support landlords, the CoC will also be asking them to consider lowering barriers and taking action to do things such as revising tenant screening policies so that a prior eviction or criminal offense does not keep someone from accessing housing.

Landlord Engagement

Across the country, communities have found that engaging private market landlords has become key in their efforts to end homelessness. In 2019 TCHC will launch a Landlord Engagement program to reduce barriers and increase housing options for individuals and families experiencing homelessness by increasing engagement with private market landlords including outreach, recruitment, education, continued cultivation, ongoing support, risk mitigation and recognition of landlords to increase affordable housing access for those experiencing homelessness.

Our Landlord Engagement program design is modeled after proven programs in other cities around the country. Program components include a Landlord Liaison, establishment of a Landlord Line for immediate assistance and troubleshooting, creation of a risk mitigation fund and launching a rental unit inventory database to track available affordable housing units. Additionally, specialized training will be offered to landlords to support them in efforts to house people who have exited homelessness. Landlord Engagement efforts began on a community level during the 100-Day Challenge last fall and continue to be further developed into a structured program expected to formally launch this summer.

Strategy 4: Increase healthy and thriving communities.

Creating affordable housing is no simple task. It takes numerous partners with cooperation from both the public and private sector required. Our community must first understand our current stock of housing, including available units, units in the pipeline and units that are sunsetting. Additionally, a collaborative mapping of areas of opportunity will facilitate community interests coming together to meet the need of both physical units and services needed to support people exiting homelessness.

Opportunities to Increase the Housing Pipeline

The key to success for our community meeting the demand for affordable and accessible housing for all is to start getting creative with how we create housing. The traditional model of 1 unit for 1 person in a large multi-family development will never meet the existing need for affordable housing. Our community must start thinking differently about how we raise capital, the types of housing being built and how we sustain that housing to keep it affordable for years to come.

Creating a variety of housing types to meet various needs at different stages in life is critical and can help meet the diverse needs of people who need affordable housing. For example, shared housing is proven model that allows people who have more housing than they need to share housing with those in who need housing. Additionally, host homes provide safe, supportive transitional housing and support for homeless youth by connecting them with caring adults willing to provide safe housing and support. In addition to providing different types of housing our community must also provide new opportunities to allow community members to invest in a portfolio of housing options to meet the need in our community.

Strategy 5: Build bridges to increase partnerships

Affordable housing is not only about providing a roof over community member's heads; it's also about ensuring that everyone has the resources to live their best life. Increasing partnerships around affordable housing starts with understanding which agencies are providing services beyond housing as well as identifying existing gaps and how the community at-large can be part of the solution.

Impacting Homelessness in a Different Way

Changing our community's thinking about the way people and groups can impact homelessness takes time. Housing development is a different way for congregations, corporations and healthcare organizations to be involved in the solution to homelessness. As a community we must begin to identify opportunities where we can easily increase cooperation and action around affordable housing. For example, if churches have unused land, would a congregation consider building? Additionally, when healthcare companies realize a financial benefit from housing their high utilizers, does it present new opportunities for investment? With these new possibilities, affordable housing can be created and supported in innovative ways, beneficial to everyone involved.

Goal 4: Engaged Community

Increase knowledge and community response around the issue of homelessness.

Goal 4 Strategies

Increase the capacity of partners and stakeholders to influence the conversation around homelessness

- Quarterly updates to elected officials and civic leaders
- Conduct deskside briefings with key elected officials
- Create a cross-sector of elected, civic and private individuals to collaborate on PSH projects

Strengthen engagement to increase the community's understanding of the issue

- Publish quarterly newsletter
- Create speaker's bureau
- Hold workshops at faith-based organizations, neighborhood associations and other groups

Mobilize the community to support efforts to combat homelessness

- Establish a tiered membership campaign
- Create an education campaign including traditional and social media to increase awareness and motivate individual giving and volunteerism

Outcomes

Establish awareness in community leaders of all sectors to inspire robust action
Educate the community on the impact of homelessness and ways to turn the tide
Create a robust communication infrastructure for the free flow of information and inspiration
Drive a community-wide culture of ownership around bringing an end to homelessness
Increase awareness through traditional media relations and social media engagement

Where We Are

Community Education and Response

Homelessness is a community-wide issue and it will take the entire community coming together to create reasonable, viable solutions. However, there are many misconceptions about the overall issue, as well as about people who experience homelessness. Currently all partners serving those who experience homelessness each have their own message about how to reduce and end homelessness, how to best support the effort, and what people should do when they encounter someone on the street. This creates a disjointed message and leaves citizens feeling like they're not sure what they should do.

TCHC and the CoC are implementing a strategy to increase and reinforce the capabilities of our partners to engage effectively and persuasively on the issues touching homelessness. An important piece of that strategy is fully partnering with community leaders so that they can make the most informed decisions about the pertinent issues. By mobilizing the community with one unified message, we will take dramatic strides to influence the conversation around homelessness.

Where We're Going & How We'll Get There

One of the main directives of the CoC is to educate and mobilize individuals around the issue of homelessness. To effectively do this, the CoC will need to build the skills and experience necessary to enable the Board to effectively engage with and adapt to the changing needs of our community and its respective stakeholders. The CoC will play a critical role in providing a framework of messaging as well as education and support so partner organizations can fully realize their power to collectively affect change regarding homelessness in our community.

Strategy 1: Increase the capacity of partners and stakeholders to influence the conversation.

Engaging elected officials is key to significantly impacting the issue of homelessness. To create such an environment, nonprofits and other advocates must be equipped to strategically influence the conversation. Moving forward, elected officials, and the community at-large, will be provided with quarterly updates on homelessness and deskside briefings will be conducted with key elected officials to encourage policy to support efforts to end homelessness. Additionally, our community will create a cross-sector of elected officials, civic and private individuals who convene to collaborate on permanent supportive housing projects.

Quarterly Leadership Report

TCHC began producing the Quarterly Leadership Report in the fall of 2018 and was created in an effort to further transparency and help all community partners involved have a clearer understanding around what is happening with homeless services in our community. The report also helps readers get a good sense of the magnitude of work being done by partner organizations, how our community response changes as new needs emerge, progress being made on community outcomes, challenges faced in responding to people experiencing homelessness and stories of success highlighting how well our system does work. Reports are available on the TCHC website: www.ahomewithhope.org.

Strategy 2: Strengthen engagement to increase the community's understanding of the issue.

Increasing the community's understanding of homelessness will propel our community forward in the way we address homelessness, including the community's response and how to be involved. To further engagement and education, TCHC will publish a quarterly newsletter highlighting progress being made; create a speakers' bureau to get advocates in front of key business and civic audiences; and hold workshops at faith-based organizations, neighborhood associations and other community groups.

Call to Action

By joining in the campaign to reduce and end homelessness, you can become a powerful force for change. Each of us can play a role in the community solution to end homelessness by contributing our time, talent and treasure. By partnering with TCHC and our partners, you can make a meaningful and lasting impact on the lives of people from our community. Here are three ways you can make a difference in the lives of your neighbors.

Donate

Every dollar you give has a ripple effect in our community, increasing the capacity of every partner agency we serve. When you donate to TCHC, you financially support the coordination of a community-wide system of care which delivers vital programs and services to some of our most vulnerable neighbors. Your financial resources can change lives in our community.

Partner agencies can also use your financial contributions, but also need items to help people survive homelessness and thrive when they become housed again. Put together welcome home baskets for people who have recently moved into a place to live; supplies help them turn an empty apartment into a place to call home. Our local shelters are almost always in need of basic supplies such as shampoo and conditioner, soap, baby diapers and wipes, infant formula and nonperishable food. Finally, street outreach teams work to build relationships with people to move them off the street and are often in need of sunscreen, bug spray, hand sanitizer, band-aids, water bottles and chapstick. You can impact every part of our system by giving back financially or with needed items.

Volunteer

When you donate your time and talent to TCHC or the more than 30 partner agencies we serve, you will directly help change someone's life. For a complete list of partner agencies, and volunteer opportunities, please contact our Community Engagement Coordinator at tchc@ahomewithhope.org.

Advocate

By advocating for change, you will amplify the voice of the homeless. You can advocate for change by:

- Registering to vote
- Dispelling myths about homelessness
- Sharing your ideas about community solutions to homelessness
- Staying up to date on how local, state and national policies impact homelessness and housing

Visit www.ahomewithhope.org to learn more about how you can become involved. When we unite as a community, we can transform lives and ensure that every individual has a place to call home.

Goal 4 Success Story: Consumer Council

The Consumer Council was established by TCHC as a way to receive input on issues surrounding homelessness such as availability and effectiveness of services, needs and gaps in our system and potential barriers to exiting homelessness. The Council currently has 11 members who were formerly homeless or are currently experiencing homelessness. They meet regularly to discuss matters relevant to the homeless community and make recommendations. TCHC has a staff liaison that facilitates meetings and regularly communicates with the Consumer Council to have a free exchange of information and ideas to improve the system of care.

TCHC values the insight the Consumer Council provides as the CoC strives to be client centered in all services provided and views the Consumer Council as an integral part of its continuing operations.

MEET DEBORAH

Deborah has been a dedicated member of the Consumer Council for two years, giving back with her experience and changing the way we provide services in our community.

Prior to becoming homeless, Deborah lived stably in an Arlington mobile home park she managed and called home for 14 years. With no warning, the park was abruptly sold causing all employees to lose their jobs. Having no means to move or sell her home, at 50 years old, Deborah left the mobile home park with her three dogs, a van and nowhere to go. Unaware of homeless services in our community, she spent the first six months living in her van, surviving with only the things she had with her. Eventually her van gave out in Fort Worth, resulting in a no way to get around and no where to live. Unable to take her dogs into the shelters, she chose to camp in the woods with her four-legged companions.

Thankfully, with the help of the JPS street outreach team, Deborah was able to move off the street and into a place to call home in December of 2015. She became a certified community health worker and passionate advocate on issues affecting the homeless. When asked about her journey, she stated, "All I can say is never give up. Never give up on hope. Never give up on pushing through because you never know what the next moment or God has in store for you."

Strategy 3: Mobilize the community to support efforts to combat homelessness.

Our community can be mobilized in a number of ways to impact the issue of homelessness. Engaged citizens often want to know how they can help and what they can be involved with to create community change. By creating an education campaign, using both traditional and social media, the CoC will increase awareness and motivate individual giving and volunteerism.

Membership Campaign

In conjunction with education efforts, TCHC will launch a membership campaign this fall, giving people a concrete way to show support for the issue. Initiating a membership campaign has two primary purposes: to build consensus and buy in for community efforts around homelessness and to create a revenue stream to support those efforts.

Membership benefits potentially include:

- First access to reports and publications
- Access to educational experiences
- Decal to show commitment to ending homelessness
- Recognition in annual report
- Recognition on TCHC website
- Featured corporate members online and in e-news
- Coordination/support for charitable drives
- Team training

Membership provides the community with the opportunity to formally and publicly support overarching efforts to end homelessness.

Goal 5: Committed Resources

Maximize resources by strengthening commitment to support community members at risk of or experiencing homelessness.

Goal 5 Strategies

Commitment to be performance driven.

- Use cross-system data to conduct high utilization analysis to inform program structure for high risk populations
- Develop and incorporate metrics to identify populations at risk for mortality
- Develop studies and tools that optimize supportive services
- Develop priority population metrics
- Develop community performance dashboards
- Develop infrastructure to maintain performance metrics and dashboards

Ensure continuous quality improvement.

- Identify all major processes then assign owners, map processes, identify metrics and use to inform policies
- Create and implement monitoring plans
- Identify tools to measure client well-being outcomes
- Identify tools to measure client satisfaction

Invest in partnerships to expand services.

- Inventory existing partnerships
- Assess partnerships, address gaps and strengthen relationships
- Identify opportunities to expand business community partnerships
- Identify resources for performance-based measurement projects
- Explore innovative funding models
- Monitor alignment of funding with system needs and provide feedback

Outcomes

Increase in overall system dollars

Increase percentage of programs meeting performance thresholds

Shifts in resource allocation to align with priorities and system needs

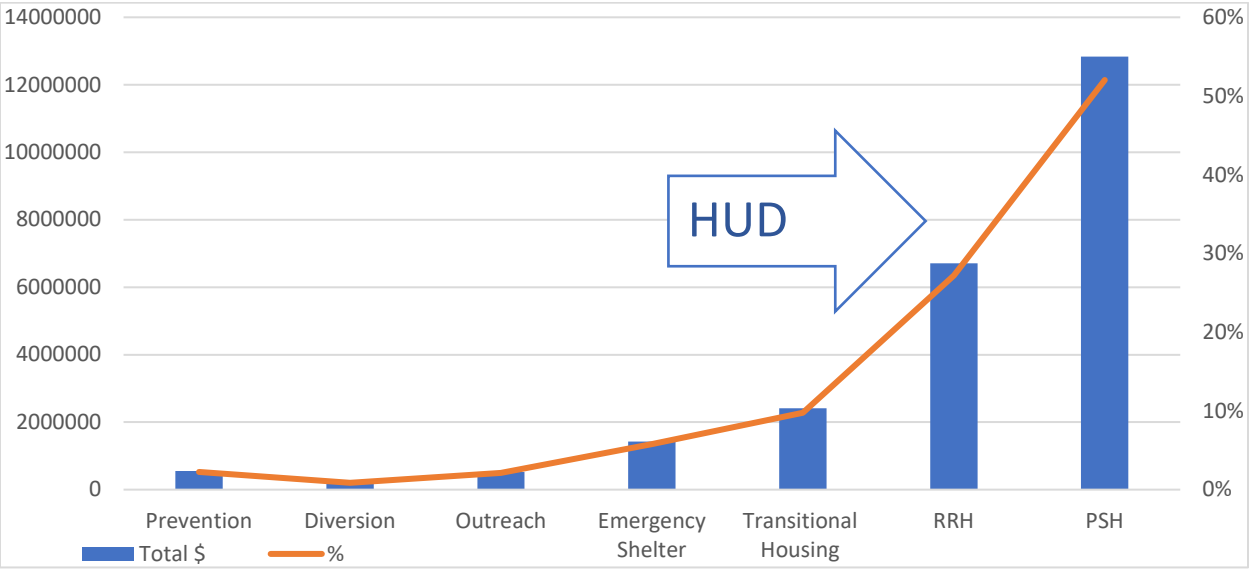
Where We Are

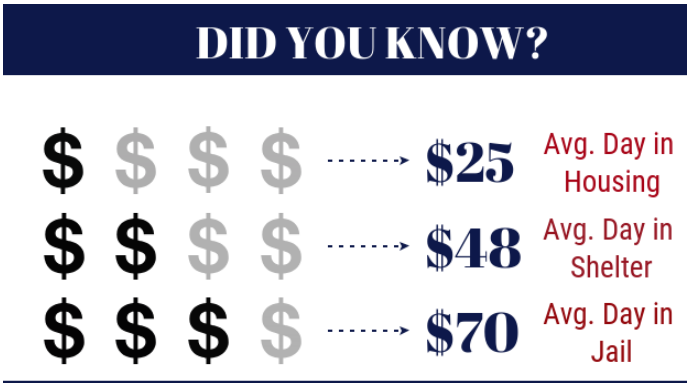
Funding and Investment

The Continuum of Care has a finite amount of resources to utilize at any given time, making it imperative that existing resources are used efficiently to maximize their impact and affect real change. Of equal importance is seeking out and investing in new and expanded partnerships to develop new solutions. TCHC and the CoC are committed being good stewards of the resources available to impact community change and to create new and significant resource streams to collectively impact the issue of homelessness. This combination will allow us to make a larger and sustainable difference in transforming people's lives in our community.

Currently, the vast majority of our system of care funding comes from HUD. This is critical support, and we should not leave money on the table, but we cannot solely rely on these dollars alone to support needed interventions. Our community must have a deep understanding of how much of each intervention we need to create flow in our system of care and invest resources accordingly. For example, if we believe that 25% of people experiencing homelessness could have been helped with prevention and diversion then we must invest more in those interventions.

The chart below depicts current levels of funding for each intervention in our community, with the recognition that most HUD funding supports our two primary housing programs, rapid rehousing and permanent supportive housing.





In addition to understanding where financial resources are being directed, our community must also grasp that homelessness has a larger impact on public services outside of homeless services. The bottom line is that homelessness is expensive. Comparatively, housing is not. The average nightly cost of permanent housing is much lower than the cost of a night in emergency shelter, jail or a hospital. It is generally recognized that it costs around $35,000 per year to keep someone homeless and accessing emergency services, as opposed to less than $15,000 per year to permanently house that same person. Based on these numbers, housing is clearly the more fiscally responsible choice for our community.

Where We're Going & How We'll Get There

To move the needle on homelessness and impact every system that touches our system of care, our community must be committed to being performance driven and cost effective in our interventions. If an established intervention is not performing and meeting the identified need in our community, we must be willing to take a hard look at things and potentially redirect resources to interventions that are showing better results. Our community should not simply continue to offer interventions because we have for many years or because they tell a good story. Instead we should invest in the most effective and impactful interventions that are meeting a specific identified need for various populations. Additionally, homelessness will not be solved solely by our system of care, so investing in partnerships that expand services in new and innovative ways will be prioritized.

Strategy 1: Commitment to be performance driven to make the biggest impact.

Continuing to move our community forward through performance driven strategies will ensure we make the biggest impact with limited resources. Being performance driven is not only about looking at how specific programs, agencies and interventions are performing, but is also about being committed to using research and best practices to serve specific populations with tailored interventions to meet their specific needs. With the commitment to be performance driven, our community will use cross system utilization analysis to inform program structure for high-risk populations, develop and incorporate metrics to identify populations at risk of mortality, develop studies and tools that optimize supportive services, develop priority population metrics, create community performance dashboards and ensure infrastructure is in place to maintain performance metrics and dashboards.

Performance Workgroup

To align performance across different funding sources, a Performance Workgroup has been established to begin identifying local performance measures. The Performance Workgroup reports to the Allocations Committee, a standing committee of the CoC Board, and is the driving force behind the CoC becoming a performance-driven community.

Local performance measures will be used throughout the CoC to measure consistency and success among projects, including how these projects are contributing to local needs. Aligning performance measures will help identify gaps in funding within the community to strategically allocate funds.

Performance measures are not only established for housing programs, but for every intervention our community offers for those at risk of or experiencing homelessness. Each metric is important because they all roll up and impact our agreed upon community goals and outcomes. For example, as a community, our goal is that people are not homeless for more than 60 days. Last year the average time spent homeless was 7 months, based on how long people spent on the street and in shelter- a significant difference from the community goal. The difference can be addressed by monitoring length of stay in emergency interventions and understanding if those interventions move us toward or away from our community goal. In tracking performance, the Performance Workgroup will make funding and program recommendations to move our community toward achieving goals.

Goal 5 Success Story: Improved CoC Score and Ranking

When it comes to resources, how high we score on our collaborative application to HUD for housing funds has a significant impact on how much money our community is awarded on an annual basis. A higher score generally means more funding because our community is ranked above and performs better than other communities across the United States. This year TCHC, with our community, achieved a huge success when our CoC score improved by 37 points over last year. Our high score is a reflection of improvement in our CoC governance, data quality management, community performance and overall collaboration.

2018 was truly a year of transformation for our community and our improved score and high rank is a demonstration of that change. We recognize that these efforts were not easy, and some were not quick, but our community rose to the challenge, coming together to make a visible impact. The continuous committee meetings, in-depth and sometimes difficult board discussions, piles of grant reviewing, inputting of data and daily hard work is literally paying off. This increased score meant an award of more than $13.3M, an increase of over $1M from the previous year.

Strategy 2: Ensure continuous quality improvement

Like any large system, our housing crisis system of care has a staggering number of processes in place to function. Continuous quality improvement seeks to improve the provision of services with an emphasis on future results and performance. Using our data to understand interventions and uncover any existing problems allows us to address issues and maintain quality as we move forward. To ensure continuous quality management within our system of care our community will:

- Identify all major processes, including assigning owners, mapping processes, creating metrics and using those to inform policies;
- Create and implement monitoring plans;
- Identify tools to measure client well-being outcomes; and
- Identify tools to measure client satisfaction.

Monitoring and Evaluation of Programs

TCHC, on behalf of the CoC, has implemented a monitoring plan that demonstrates an intentional and systematic approach to improving program performance. TCHC provides midterm monitoring reports of CoC projects to measure and review progress in HUD compliance and achieving project goals established by the program and the CoC Board of Directors. Programs funded through the Continuum of Care grant are required to complete a midterm monitoring review which reviews the following topics:

- HUD Compliance
- Desk Review
- Performance Review
- HMIS Compliance

An on-site review is conducted to discuss results and complete the midterm project review. A final report provides data and an opportunity for organizations to analyze and create strategies for improvement for the remainder of the program year. Monitoring reports are incorporated into the CoC Board structure and are shared with the CoC Board of Directors, respective committees and included in funding competition materials. Monitoring program performance ensures all programs in our community are making positive impact and helping our community move toward agreed upon goals. The table below details information reviewed during routine monitoring.

Monitoring Topic	Information Reviewed
HUD Compliance	▪ Standard Operating Procedures ▪ Financial Policies and Procedures ▪ Violence Against Women Act (VAWA) Policy ▪ Antidiscrimination / Fair Housing Policy ▪ Termination Policy
Desk Review	▪ Documentation participants are entered into HMIS or comparable database ▪ Documentation participant was screened via the coordinated entry system ▪ Documentation of ongoing assessment of services ▪ Documentation of initial and follow-up Housing Quality Standards inspections ▪ Leasing – is there an occupancy agreement, lease or sublease in the file (for individual units)
Performance Review	▪ A review of the program's Annual Performance Report (APR) to date ▪ A review of grant management and financials ▪ A review of project goals as determined in the initial application ▪ A review of the organization's CoC and CES participation
HMIS Compliance	▪ Agreements & Certifications ▪ Data Quality Checks ▪ Release of Information (ROI) ▪ User Authentication, per HMIS policies ▪ Hard Copy Data ▪ Security Officer ▪ Virus Protection and Firewall ▪ Physical Access ▪ Data Disposal ▪ Software Security

Strategy 3: Invest in partnerships to expand opportunities.

As previously mentioned, HUD and its funding are not going to solve homelessness for our community. It will take additional resources and new partnerships that expand opportunities to address homelessness from a variety of directions and interventions. To successfully complete this expansion and look at new ways to address homelessness our community must inventory existing partnerships; assess those partnerships and any gaps that exist; identify opportunities to expand business community partnerships; identify resources for performance-based measurement projects; explore innovative funding models; and continuously monitor alignment of funding with system needs and provide feedback accordingly. These efforts will lead to an increase in overall systems dollars, increase the number of programs meeting performance standards and shift resource allocation to align with priorities and system needs.

FUSE Collaboration

TCHC joined the Frequent Users Systems Engagement (FUSE) Collaboration created by the Corporation for Supportive Housing (CSH) in 2018. The objective of the FUSE Collaboration is to stabilize frequent users of homelessness, health and justice services, and end the revolving door. FUSE follows a housing first model and focuses on providing high utilizers with stable housing prior to addressing their needs through case management.

Communities across the nation have used FUSE as a jumping off point to incorporate the Pay for Success model of funding into their revenue streams. Pay For Success is a relatively new concept that has addressed numerous social issues including recidivism, early childhood education and homelessness. Pay for Success is an approach to contracting that ties payment for service delivery to the achievement of measurable outcomes- organizations only get paid if their programs meet outcomes and positively impact the social issue they are addressing. This model is performance driven and is a means to ensure that high-quality, effective services are working for those experiencing homelessness. The model moves away from solely looking at volume and short term outputs and moves our community toward longer-term and sustainable change. Additionally, it is a way to bring new revenue into the system, potentially from payors who have not traditionally interacted with the homeless services system of care.

Appendices

History, Scope & 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[xi]) was signed into law in 2009 by President Obama to provide additional resources and opportunities for communities to address the issue of homelessness. The HEARTH Act expanded the definition of homelessness and combined several HUD (Housing and Urban Development) programs into a single Continuum of Care program. The HEARTH Act mandates that communities quantify the level of need in their area and the effectiveness of community-wide interventions. The Point-in-Time Count (PIT Count) accomplishes both of these tasks.

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

Counts and surveys have been completed in:

1994	2006	2014	2019
1997	2007	2015	
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 Report

Bed Utilization

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

Consumer

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

Continuum of Care

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

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

Continuum of Care Strategic Plan

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

Chronic Homelessness

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

Unaccompanied Youth

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

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

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

Definitions of Homelessness

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

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

Housing Types

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

Housing Type	Description	Homeless or Permanent Housing
Unsheltered (UN)	Includes people living in places not intended for human habitation, such as in cars, vacant lots/ buildings, under bridges, or in the woods	Homeless
Emergency Shelter (ES)	Are intended for short-term lodging and crisis relief; TX-601 ES include: ACH Child & Family Services, Arlington Life Shelter, Center for Transforming Lives, Presbyterian Night Shelter, SafeHaven of Tarrant County, The Salvation Army – Arlington, The Salvation Army Mabee Center, Union Gospel Mission	Homeless
Transitional Housing (TH)	Programs provide time-limited rental assistance (≤ 2-years) and supportive services geared toward self-sufficiency and independence	Homeless

Rapid Exit (RE)	Rapid Exit provides one time, limited financial assistance to those with income potential and minimal barriers to quickly exit homelessness and return to permanent housing	Permanent Housing
Permanent Supportive Housing (PSH)	PSH combines rental assistance and a package of robust supportive services tailored to the needs of tenants with complex and often compound barriers to getting and keeping housing	Permanent Housing
Rapid Re-housing (RRH)	RRH provides short- and mid-term rental assistance intervention to help people quickly exit homelessness and return to permanent housing	Permanent Housing
Safe Haven (SH)	Safe Havens are small facilities that provide permanent housing for persons with severe and persistent mental illness. Locally, the only Safe Haven facility is operated by the Presbyterian Night Shelter—and should not be confused with the organization, SafeHaven of Tarrant County which provides ES for victims of domestic violence.	Permanent Housing
Permanent Housing (PH)	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 Housing Authorities in the form on Housing Choice Vouchers dedicated to serving homeless populations.	Permanent
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

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 24, 2019. "PIT Count" requirements derive from the HEARTH Act and are described in the Continuum of Care Program Interim Rule (CoC Interim Rule[xiii]). Further guidance for local Continuums is provided in HUD Methodology Guides[xiv] and Notices[xv]. Tarrant County Homeless Coalition developed the 2019 PIT Count methods to conform with HUD requirements and align with best practices.

Methodology

Sheltered PIT Count Methods

The TX-601 Homeless Management Information System was used to conduct the sheltered PIT count of homeless individuals and families who were spending the night of January 24, 2019 in an emergency shelter or transitional housing program. The data was reviewed to the client record level to ensure de-duplication with personal identifiers. Additionally, bed stays, enrollments and exit data is reviewed for accuracy for the night of the PIT Count. HMIS data meets the required HUD data standards and produces comprehensive PIT Count data.

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

Unsheltered PIT Count Methods

During the 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 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. 550+ volunteers in teams of 2-5 persons participated in the blitz count, deploying at the same time from five 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.

In 2019, TX-601 utilized a mobile application that allowed volunteers to conduct the voluntary client surveys directly from their smart phones. The app allowed for full interviews as well as for collecting observation level data. Additionally, the app permitted 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 by street outreach staff.

Limitations

While significant efforts were undertaken to ensure the 2019 PIT count was as comprehensive and accurate as possible, limitations include but are not limited to concerns about the completeness of the dataset. Tarrant and Parker Counties total 1,807 square miles (1.16M acres). Although the 550+ volunteers and nearly 100 police officers who assisted with the 2019 count were able to canvass a significant portion of the CoC geography—including all 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 unsheltered count is voluntary; therefore, not all data elements were captured for each person counted.

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

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

Data Sources for Report

Annual point in time count (PIT)

The PIT Count is a Department of Housing and Urban Development (HUD) required activity for communities receiving HUD funding.[xvi] The PIT Count provides a one day snapshot on the number of persons who are literally homeless. The 2019 PIT Count occurred on January 24, 2019.

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. [1]

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.

Service Provider Survey

Service providers throughout TX-601 were asked to complete an anonymous survey via Survey Monkey to assist with the community analysis. The survey consisted of 21 questions relating to successes and barriers of housing and supportive services. The survey was completed by 107 respondents representing 38 different organizations. Of the 107 participants, 57% provide direct client services and %% are in management roles.

Client-Centered Focus Groups

TCHC staff facilitated a series of focus groups at 7 locations that provide services to those who are experiencing homelessness. During the focus groups, 95 participants shared their perspectives on capacities and gaps in the existing system, along with current needs and potential solutions. Participants were 53% female, 47% male, ranging in age from 10-68 years. Participants recorded their length of time homeless between 3 days to 8 years.

Data Charts

Total Homeless Population

Year	Unsheltered	Emergency Shelter	Save Haven	Transitional Housing	Total	Annual Change
2019	560	1,263	20	185	2,028	+0.6%
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	---

Homeless Geographic Distribution

Location	UN	ES	SH	TH	Percent of Total	2019 Total	2018 Total	Annual Change
Fort Worth	484	1,073	20	177	86%	1,754	1,787	-2%
Arlington	47	190	0	8	12%	245	207	+19%
Parker County	11	0	0	0	1%	11	8	+37.5%
NE Tarrant	18	0	0	0	1%	18	13	+38.46%
Total	560	1,212	20	185	100%	2,028	2,015	+0.6%

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

Homeless Demographics

Gender	UN	ES	SH	TH	2019 Total	Percent of Total
Male	409	771	10	109	1299	64%
Female	148	489	10	76	723	36%
Transgender	3	3	0	0	6	0.15%

Race	UN	ES	SH	TH	2019 Total	Percent of Total
Black / African American	203	679	6	87	975	48%
White	344	559	9	96	1008	50%
Asian	5	11	5	1	22	0.01%
American Indian / Alaska Native	7	11	0	1	19	0.01%
Native Hawaiian / Other Pacific Islander	1	3	0	0	4	0.00%

Ethnicity	UN	ES	SH	TH	2019 Total	Percent of Total
Hispanic	88	136	2	44	270	13%
Non-Hispanic	472	1127	18	141	1758	87%

Age	UN	ES	SH	TH	2019 Total	Percent of Total
Children Under 18	5	220	0	61	286	14%
Youth 18 - 24	23	44	0	16	83	4%
Adults 25 & Over	532	999	20	108	1659	82%

Unsheltered Homeless Population

Year	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2019	484	47	11	18	560	-17.4
2018	604	53	8	13	678	74%
2017	342	29	12	7	390	-0.92%
2016	341	61	6	15	423	---

Residence Prior to Homelessness

Residence Prior to Homelessness	Percent of total	Number
Tarrant or Parker County	82%	179
Dallas, TX	5%	12
Elsewhere in TX	5%	11
Out of State	8%	17

Top Reasons for Becoming Homeless

Reason for Experiencing Homelessness	Women
Unemployed	19%
Unable to pay rent / mortgage	18%
Domestic Violence	11%
Reason for Experiencing Homelessness	Men
Unemployed	21%
Unable to pay rent / mortgage	15%
Addictions / Substance Abuse	12%

Unsheltered Homeless Demographics

Gender	Total	Percent of Total
Male	409	73%
Female	149	27%
Transgender	3	0.61%

Race	Total	Percent of Total
Black / African American	203	36%
White	344	61%
Asian	5	1%
American Indian / Alaska Native	7	2%
Native Hawaiian / Other Pacific Islander	1	0.22%

Ethnicity	Total	Percent of Total
Hispanic	88	16%
Non-Hispanic	472	84%

Age	Total	Percent of Total
Children Under 18	5	1%
Youth 18 - 24	23	4%
Adults 25 and over	532	95%

Emergency Shelter Homeless Population

Year	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2019	1,073	190	0	0	1,263	+3%
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	---

Emergency Shelter Homeless Demographics

Gender	Total	Percent of Total
Male	771	61%
Female	489	39%
Transgender	3	0.24%

Race	Total	Percent of Total
Black / African American	679	54%
White	559	44%
Asian	11	0.87%
American Indian / Alaska Native	11	0.87%
Native Hawaiian / Other Pacific Islander	3	0.24%

Ethnicity	Total	Percent of Total
Hispanic	136	11%
Non-Hispanic	1,127	89%

Age	Total	Percent of Total
Children Under 18	220	18%
Youth 18 - 24	44	3%
Adults 24 & Over	999	79%

Safe Haven Homeless Population

Year	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2019	20	0	0	0	20	0%
2018	20	0	0	0	20	0%
2017	20	0	0	0	20	0%
2016	20	0	0	0	20	---

Safe Haven Homeless Demographics

Gender	Total	Percent of Total
Male	10	50%
Female	10	50%
Transgender	0	0%

Race	Total	Percent of Total
Black / African American	6	30%
White	9	45%
Asian	5	25%
American Indian / Alaska Native	0	0%
Native Hawaiian / Other Pacific Islander	0	0%

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

Age	Total	Percent of Total
Children Under 18	0	0%
Youth 18 - 24	0	0%
Adults 24 & Over	20	100%

Transitional Housing Homeless Population

Year	Fort Worth	Arlington	Parker County	NE Tarrant	Total	Annual Change
2019	177	8	0	0	185	+108%
2018	89	0	0	0	89	-60%*
2017	100	61	0	59	220	-47%
2016	173	134	0	100	407	---

Transitional Housing Homeless Demographics

Gender	Total	Percent of Total
Male	109	59%
Female	76	41%
Transgender	0	0%

Race	Total	Percent of Total
Black / African American	87	46%
White	96	52%
Asian	1	1%
American Indian / Alaska Native	1	1%
Native Hawaiian / Other Pacific Islander	0	0%

Ethnicity	Total	Percent of Total
Hispanic	44	24%
Non-Hispanic	141	76%

Age	Total	Percent of Total
Children Under 18	61	33%
Youth 18 - 24	16	9%
Adults 24 & Over	108	53%

Rapid Rehousing Population

January 24, 2019	Total Persons
Total	849

Rapid Rehousing Demographics

Gender	Total	Percent of Total
Male	314	42%
Female	426	57%
Transgender	1	0.13%

Race	Total	Percent of Total
Black / African American	495	67%
White	239	32%
Asian	1	0.13%
American Indian / Alaska Native	5	0.67%
Native Hawaiian / Other Pacific Islander	1	0.13%

Ethnicity	Total	Percent of Total
Hispanic	130	18%
Non-Hispanic	611	82%

Age	Total	Percent of Total
Children Under 18	394	52%
Youth 18 - 24	50	7%
Adults 25 & Over	297	41%

Veteran Status	Total	Percent of Total
Veteran	65	9%
Non-Veteran	676	91%

Permanent Supportive Housing Population

January 24, 2019	Adults	Children	Total Persons
Total	1365	230	1595

Permanent Supportive Housing Demographics

Gender	Total	Percent of Total
Male	931	58%
Female	663	42%
Transgender	1	0.06%

Race	Total	Percent of Total
Black / African American	885	56%
White	689	43%
Asian	4	0.25%
American Indian / Alaska Native	12	1%
Native Hawaiian / Other Pacific Islander	5	0.31%

Ethnicity	Total	Percent of Total
Hispanic	127	9%
Non-Hispanic	1438	91%

Age	Total	Percent of Total
Children Under 18	230	14%
Youth 18 - 24	51	3%
Adults 25 & Over	1314	83%

Veteran Status	Total	Percent of Total
Veteran	375	24%
Non-Veteran	1220	76%

Homeless Veterans

	UN	ES	SH	TH	Percent of Total Homeless	2019 Total	2018 Total	Annual Change
Veterans	32	61	1	74	8%	168	159	5%

Veteran Demographics

Gender	Total	Percent of Total Vets
Male	161	96%
Female	7	4%
Transgender	0	0%

Race	Total	Percent of Total Vets
Black / African American	67	40%
White	97	57%
Asian	1	1%
American Indian / Alaska Native	3	2%
Native Hawaiian / Other Pacific Islander	0	0%

Ethnicity	Total	Percent of Total Vets
Hispanic	13	7%
Non-Hispanic	155	93%

Household	Total	Percent of Total Vets
Veteran Only	166	99%
Veteran with Child	2	1%

	UN	ES	SH	TH	Total	Percent of Total Vets
Chronically Homeless Veterans	19	12	1	0	32	19%

Chronically Homeless

	UN	ES	SH	TH	Percent of Total Homeless	2019 Total	2018 Total	Annual Change
Chronically Homeless	116	188	16	0	16%	320	283	+12%

Families & Children

Total Number of **Persons (Adults & Children)**	UN	ES	SH	TH	Percent of Total Homeless	Total	Annual Change
2019	10	333	0	88	21%	431	+5%
2018	9	388	0	13	20%	410	-31%
2017	28	431	0	138	30%	597	+6%
2016	25	291	0	243	29%	559	---

Family Households	Total	Average Size	Annual Change
2019	138	3.12	+4%
2018	133	3.10	-32%
2017	195	3.05	+6%
2016	183	4.21	---

Households by Type	UN	ES	SH	TH	Total
Family Households: Adult & Child	4	126	0	3	133
Households Parenting Youth: 18-24	0	7	0	2	9

Children (<18)	2019 Total	2018 Total	Annual Change
Unsheltered	5	5	0%
Emergency Shelter	212	254	-17%
Transitional Housing	59	10	100%
Safe Haven	0	0	0%
Total	276	269	3%

Unaccompanied Youth

	UN	ES	SH	TH	Percent of Total Homeless	2019 Total	2018 Total	Annual Change
Youth under 18	0	8	0	2	0%	10	10	0%
Youth 18-24	23	33	0	10	3%	66	77	-14%

Youth Demographics

Gender	Total	Percent of Total Youth
Male	35	46%
Female	38	50%
Transgender	3	4%

Race	Total	Percent of Total Youth
Black / African American	37	51%
White	38	49%
Asian	1	0%
American Indian / Alaska Native	0	0%
Native Hawaiian / Other Pacific Islander	0	0%

Ethnicity	Total	Percent of Total Youth
Hispanic	5	7%
Non-Hispanic	71	93%

	UN	ES	SH	TH	Percent of Total Youth	Total	2018 Total	Annual Change
Chronically Homeless Youth	6	0	0	0	8%	6	8	-25%

Parenting Youth

	UN	ES	SH	TH	Percent of Total Homeless	2019 Total	2018 Total	Annual Change
Youth under 18	0	0	0	0	0%	0	0	0%
Youth 18-24	0	7	0	2	0.4%	9	5	+45%

Parenting Youth Demographics

Gender	Total	Percent of Total Parenting Youth
Male	0	0%
Female	9	100%
Transgender	0	0%

Race	Total	Percent of Total Parenting Youth
Black / African American	7	78%
White	2	22%
Asian	0	0%
American Indian / Alaska Native	0	0%
Native Hawaiian / Other Pacific Islander	0	0%

Ethnicity	Total	Percent of Total Parenting Youth
Hispanic	0	0%
Non-Hispanic	9	100%

	UN	ES	SH	TH	Percent of Total Youth	Total	2018 Total	Annual Change
Chronically Homeless Youth	0	0	0	0	0%	0	2	-100%

Other Homeless Subpopulations

Sub-Population	UN	ES	SH	TH	Percentage of Total Homeless Population	2019 Total	2018 Total	Annual Change
Severely Mentally Ill	114	210	20	20	18%	364	356	+2%
Persons with HIV/AIDS	14	10	0	3	1.33%	27	17	+58%
Victims of Domestic Violence	21	154	0	7	9%	182	199	-9%
Chronic Substance Abuse	101	141	2	22	13%	266	221	+20%

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	2018 Homeless Population	2017 Total Population	Rate of Homelessness
Parker County	8	133,463	0.00%
Harris County	4,143	4,652,980	0.09%
Tarrant County	**2,007**	**2,054,475**	**0.10%**
Fort Worth	1,787	874,168	0.20%
Arlington	207	396,394	0.05%
NE Tarrant	13	584,366	0.00%
Franklin County, OH	1,807	1,291,981	0.14%
Mecklenburg County, NC	1,668	1,076,837	0.15%
Bexar County	3,066	1,958,578	0.16%
Dallas County	4,140	2,618,148	0.16%
Travis County	2,147	1,226,698	0.18%
King County, WA	12,112	2,188,649	0.55%

Fair Market Rent[xvii]

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.

FMR Small Area Rents By Unit Bedrooms – Fort Worth-Arlington, TX HUD Metro					
	Efficiency	**One-Bedroom**	**Two-Bedroom**	**Three-Bedroom**	**Four-Bedroom**
Final FY 2019 FMR	**$809**	**$911**	**$1,138**	**$1,551**	**$1,965**
Final FY 2018 FMR	$780	$891	$1,118	$1,536	$1,956
Percentage Change	4% ↑	2% ↑	2% ↑	1% ↑	.5% ↑

Living Wage[xviii]

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	$11.75	$23.84	$27.44	$9.47	$13.00	$14.99	$17.45
Poverty Wage	$5.84	$7.91	$9.99	$3.96	$5.00	$6.03	$7.07
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	$2,994	$4,413	$6,644	$5,489	$6,832	$8,822	$10,741
Child Care	$0	$5,512	$8,317	$0	$5,512	$8,317	$11,122
Medical	$2,174	$7,820	$7,477	$5,906	$7,477	$7,559	$7,278
Housing	$8,832	$12,648	$12,648	$10,056	$12,648	$12,648	$17,424
Transportation	$4,623	$8,424	$9,905	$8,424	$9,905	$11,459	$11,329
Other	$2,824	$4,697	$5,099	$4,697	$5,099	$5,935	$5,808
Required annual income after taxes	$21,446	$43,513	$50,089	$34,571	$47,473	$54,740	$63,702
Annual taxes	$2,992	$6,070	$6,987	$4,823	$6,622	$7,636	$8,886
Required annual income before taxes	$24,438	$49,583	$57,077	$39,393	$54,095	$62,376	$72,589

**Expenses are based on living wage data in Tarrant County*

About TCHC

Shared Community Vision

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

Mission

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

TCHC Board of Directors

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Teimesha Taylor, Assessor / Navigator

Mary Tenorio, Intern

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550+ Count Night Volunteers

ACH Child and Family Services

Arlington Housing Authority

Arlington Councilmember Victoria Farrar-Myers

Arlington Mayor Jeff Williams

Arlington Police Department

Appledore

Beth Van Duyne, HUD Regional Administrator

Catholic Charities Fort Worth

Center of Hope

Center for Transforming Lives

City of Arlington

City of Fort Worth

City of Grand Prairie

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Fort Worth Mayor Betsy Price

Fort Worth Police Department

Jay Semple, Catholic Charities

JPS Health Network

MHMR Tarrant County

PATH Team

Presbyterian Night Shelter

SafeHaven of Tarrant County

Tarrant County Hands of Hope

TCHC Consumer Council

TCU Center for Urban Studies

The Salvation Army Mabee Center

The Salvation Army Mobile Canteen

Union Gospel Mission

University Christian Church

Endnotes

i. https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
ii. Estimated 2018 population retrieved from https://www.dshs.state.tx.us/chs/popdat/st2019.shtm
iii. Lancaster Study and 2019 Focus Groups
iv. 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
v. Living wage information retrieved from https://reports.nlihc.org/oor/texas
vi. Unemployment rates retrieved from https://ycharts.com/indicators/tarrant_county_tx_unemployment_rate https://www.bls.gov/eag/eag.tx.htm
vii. United Way Community Assessment 2018-2019: https://www.unitedwaytarrant.org/communityassessment/
viii. https://evictionlab.org/rankings/#/evictions?r=United%20States&a=0&d=evictionRate&lang=en
ix. Fort Worth Affordable Housing Strategic Plan; Urban Institute: A Pilot Study of Landlord Acceptance of Housing Choice Vouchers
x. Housing Needs Forecast for Affordable Housing Data Chart from City of Fort Worth Housing Strategic Plan
xi. https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf
xii. https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/
xiii. https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf
xiv. https://www.hudexchange.info/resource/4036/point-in-time-count-methodology-guide/
xv. https://www.hudexchange.info/resource/5110/notice-cpd-16-060-2017-hic-and-pit-data-collection-for-coc-and-esg-programs/
xvi. PIT Count information can be found on the HUD exchange https://www.hudexchange.info/programs/hdx/guides/pit-hic/#general-pit-guides-and-tools
xvii. 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.
xviii. Terms and charts on the living wage were retrieved from the MIT Living Wage Calculator: http://livingwage.mit.edu/counties/48439

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