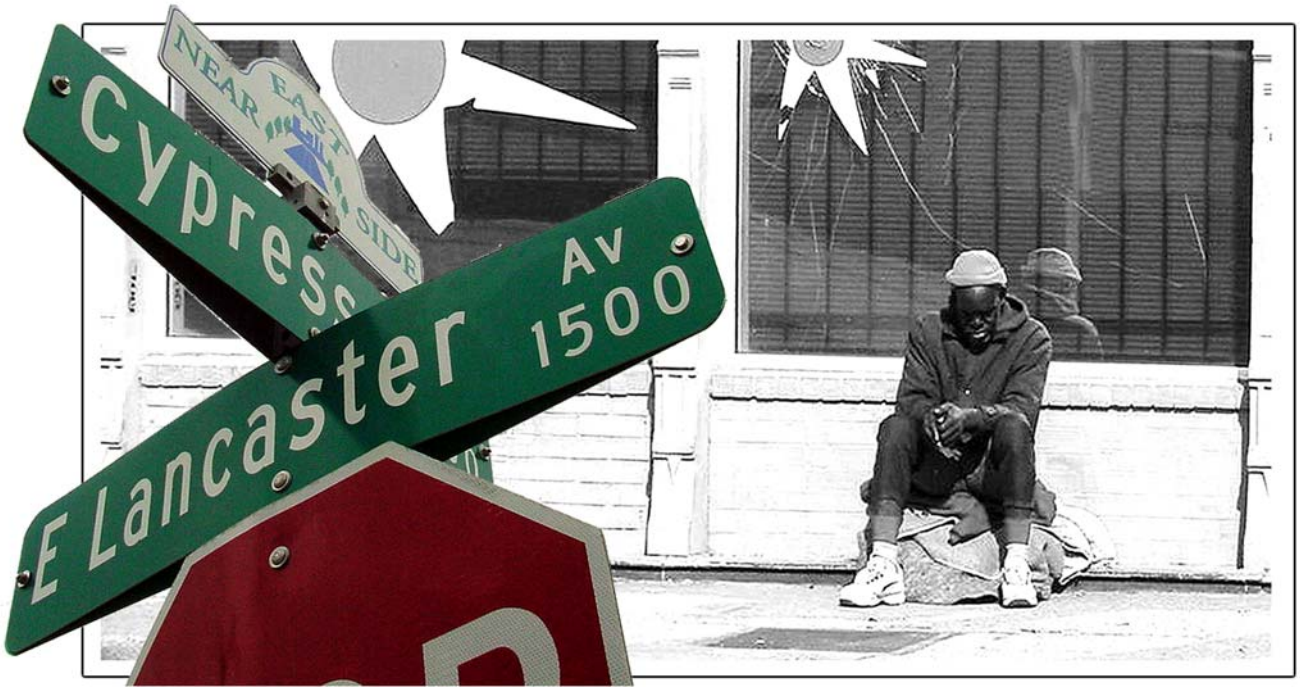

2004
TARRANT COUNTY
HOMELESS SURVEY

Prepared by the Tarrant County Community Development Division in cooperation with the Tarrant County Homeless Coalition
May 1, 2005

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TABLE OF CONTENTS

I. Executive Summary 8

II. Introduction 10

III. General Homeless Population 19

IV. Chronically Homeless Population 32

V. Ex- Offender Population 36

VI. Trends 38

VII. Homeless Data by Gender 40

VIII. Homeless Children 49

IX. Health Care Needs and Services 54

X. Focus Groups 63

XI. Conclusion 66

Appendix A: Survey and estimate Methodology 69
Appendix B: Bibliography 74
Appendix C: Survey Instrument 75

INDEX OF TABLES AND CHARTS

Figure 1	Homeless Population Estimates	16
Figure 2	Demographic Information for the Total Population Surveyed	19
Figure 3	Place Respondent was Living When Becoming Homeless	20
Figure 4	Length of Time In Tarrant County	21
Figure 5	Age When First Became Homeless	21
Figure 6	Prior Residence	22
Figure 7	Shelter Use In Tarrant County	23
Figure 8	Primary Reasons for Homelessness	24
Figure 9	Secondary Reasons for Homelessness	25
Figure 10	Primary Reasons for Remaining Homeless	26
Figure 11	Marital Status	27
Figure 12	Adults with Children	28
Figure 13	Sources of Income	29
Figure 14	Employment Status	29
Figure 15	Monthly Income	30

Figure 16	Length of Time Unemployed	30
Figure 17	Ability to Work	31
Figure 18	Reasons for Inability to Work	31
Figure 19	Length of Time Currently Homeless	33
Figure 20	Recidivism Rates	33
Figure 21	Disabilities	33
Figure 22	Types of Disabilities	34
Figure 23	Unaccompanied Individuals	34
Figure 24	Incidence of Chronic Homelessness	34
Figure 25	Chronic Homelessness by Area	35
Figure 26	Involvement in the Criminal Justice System	36
Figure 27	Jail and Prison Time by Gender	37
Figure 28	Jail and Prison Time by Race	37
Figure 29	Homeless Trends since 1991	39
Figure 30	Male Population – Demographic Information	41
Figure 31	Male Population – Reasons for Homelessness	42
Figure 32	Male Population – Previous Night's Location	42

Figure 33	Male Population – Monthly Income	43
Figure 34	Male Population – Income Sources	43
Figure 35	Male Population – Reasons for Remaining Homeless	44
Figure 36	Female Population – Demographic Information	45
Figure 37	Female Population – Reasons for Homelessness	46
Figure 38	Female Population – Previous Night's Location	46
Figure 39	Female Population – Monthly Income	47
Figure 40	Female Population – Income Sources	47
Figure 41	Female Population – Reasons for Remaining Homeless	48
Figure 42	Children – Location of Respondents' Children	50
Figure 43	Children – School Attendance	51
Figure 44	Children – Daily Location of Children not in School	51
Figure 45	Children – Accessibility of Services	52
Figure 46	Children – Payment for Medical Care	52
Figure 47	Children – Need for Mental Health Services	53
Figure 48	Children – Availability of Mental Health Services	53
Figure 49	Children – Mental Health Providers	53

Figure 50	Medical – Accessibility of Medical Care	55
Figure 51	Medical – Accessibility of Medical Care by Gender	55
Figure 52	Medical – Accessibility of Medical Care by Race	56
Figure 53	Medical – Medical Service Providers	56
Figure 54	Medical – Method of Payment for Medical Care	56
Figure 55	Dental – Accessibility of Dental Care	57
Figure 56	Dental – Dental Care Providers	57
Figure 57	Dental – Method of Payment for Dental Care	57
Figure 58	HIV/AIDS – Time Since Most Recent HIV Test	58
Figure 59	HIV/AIDS – Prevalence and Treatment	58
Figure 60	Mental Health – Prevalence by Gender	59
Figure 61	Mental Health – Treatment by Gender	59
Figure 62	Mental Health – Prevalence and Treatment by Race	60
Figure 63	Substance Abuse – Prevalence and Treatment by Gender	61
Figure 64	Substance Abuse – Treatment by Race	62

EXECUTIVE SUMMARY

"Safe, affordable housing:" That's what the group of homeless individuals gathered at The Presbyterian Night Shelter agreed upon as their number one, overriding need. The group was gathered as part of a focus group being facilitated by Fort Worth Mayor Mike Moncrief on December 6, 2004. The results of that meeting are a part of the analysis that follows in this study of the 2004 Tarrant County Homeless Survey.

The simplicity of the request made at that focus group belies what those working with the homeless community have come to understand: resolving the condition of homelessness is not simple. The multifaceted problems that homelessness raises are as difficult to solve as they are unacceptable to live with. Our community is aided in the struggle by the fact that people in a position to make a difference, Mayor Moncrief chief among them, have made a commitment to help find the solutions.

The recent efforts of the Mayor's Advisory Committee on Homelessness have brought together a disparate group of individuals--stakeholders who were on the periphery of the issue or working independently, and the long-term homeless service providers and advocates. Partnerships of this kind are vital to creating the synthesis in the community that will be needed to incorporate difference-making interventions. The committee's recommendations will be folded into a "Ten-Year Plan to End Chronic Homelessness" that will eventually cover the entire Tarrant area.

Numerous cities across America have adopted 10-year plans. It has become popular for Mayors to stand up, plan in hand, and announce their good intentions. But, their sincerity only becomes evident when the good intentions are followed up by funding and implementation. When planning takes place but is not followed by specific action, the problem not only remains unresolved, but community resources also are wasted. Formulating a workable plan requires leveraging enormous amounts of time and energy from stakeholders. If those stakeholders perceive their efforts as fruitless, then they are not likely to come back to the issue as a coalition.

In 2004, the point-in-time number of homeless in Tarrant County--5,278--continues to increase at a rate that outpaces the growth of the overall county population. The percentage of women has increased as has the percentage of homeless children. When those increases are considered against the fact that the community has increased the number of transitional and permanent supportive housing units every year since 2001, it is clear that the problem of homelessness in Tarrant County is worsening exponentially.

A common sentiment that ran through all four of the focus groups, conducted as follow-ups to the survey (p.63), was that it is impossible to choose a priority need because the needs are all interrelated--a job requires a permanent address, affording an apartment requires a job. And so with health care, transportation and on and on; without one basic necessity, the other is also unattainable. That is why planning for and offering a continuum of services is the best approach for addressing homelessness. Federal Housing and Urban Development dollars, which fund the local Continuum of Care (CoC), provides for such a collective approach. These funds have provided for most categories of established need. It is clear, however, that the CoC process alone cannot do the job. Again, a larger coalition and new resources are required to make an impact on the number of homeless in Tarrant County.

The majority of homeless persons have fallen victim to circumstances that spiraled out of control. In the process they have destroyed most of their relationships and burned most of their bridges. What they crave then is what the focus group at Presbyterian Night Shelter indicated: "a safe, affordable place to live." What they also often need is help rebuilding what they destroyed on their way down. A system that offers both housing and supportive services has the best opportunity for success.

Tarrant County, home to two major metropolitan cities and over 1.5 million individuals, is one of the more dynamic counties in the country. All indications point toward continued growth and ever expanding economic opportunities. An escalating homeless population should not be part of that scenario. Addressing the trends this study describes is essential to the Tarrant area realizing its full potential and providing all of our citizens a safe, affordable place to live.

INTRODUCTION

History

In May 1994, the Tarrant County Homeless Coalition (TCHC) and Emergency Assistance of Tarrant County (EATC) collaborated on a community-wide homeless survey to determine service needs for homeless persons living in Tarrant County. While it was not the first attempt, the results of that survey provided the first legitimate snapshot of homelessness in Tarrant County, providing data that could realistically be used to leverage support and funding for homeless programs. The resulting document also provided data to be used by local governments in their Consolidated Planning process and for other long-term and short-term human services planning.

Subsequent surveys of the homeless population were completed in 1997, 2000 and 2002. Those surveys followed the format and methodology of the 1994 survey and have provided the community with a longitudinal perspective of the changing trends in the homeless population over the past ten years in Tarrant County. Each survey relied on a one-night shelter count, a survey of transitional housing participants, and, in the earlier surveys, a week-long survey of persons "at-risk" of becoming homeless by HUD definitions.

Regular survey updates have become a requirement for several of the federal programs that provide funding for homeless programs including Community Development Block Grant (CDBG), Emergency Shelter Grant (ESG), Supportive Housing Program (SHP), Housing Opportunities for Persons With AIDS (HOPWA) and HOME. Beyond those requirements, the information gathered through the surveys is vital to adopting strategies that adequately address the needs of the homeless population in Tarrant County. A needs survey provides a snapshot of where the community is in its efforts to address the needs of the homeless population and provides a road map for finding ways to reduce the number of homeless families and individuals. Without reliable, quantitative, verifiable data, a community cannot know

with any certainty where the gaps in services are, which interventions are working best and which populations are in greatest need.

Performance measures are increasingly a primary component of compliance for the major funding streams. Agencies now need to show not only that a need exists, but also show how they plan to meet the need and then demonstrate with hard numbers how they met the need. The homeless survey helps accomplish two of those criteria: defining need and showing results.

Since 1995, federal funding from Stewart B. McKinney Act homeless grants has enabled the community to establish a continuum of services for homeless individuals and families. While the continuum has been an effective tool in combating homelessness in Tarrant County, it is increasingly clear that relying on federal funds alone to solve the problem is neither sufficient nor practical. Notwithstanding the fact that the federal money is always subject to being cut or eliminated, those dollars are not sufficient to do much more than stem the tide. In addition, federal dollars always come with strings attached, target national priorities that may not be in concert with local needs, and do not fund certain aspects of the homeless problem, such as prevention activities. In order to make a true impact on the number of street homeless, local resources must be made available.

Since 1995 the community has been able to add transitional housing units that now house 942 formerly homeless persons, and permanent supportive housing units that now house 978 formerly homeless persons. In addition, there are supportive services targeted at homeless persons who have specific needs including services for substance abuse, mental health issues, employment services, domestic violence, HIV/AIDS and primary health care.

2004 Instrument and Process

In 2004, 911 surveys were completed, more than in any previous year. Such a wide sampling adds to the validity and reliability of the data and the projections drawn from it. As always, the survey is designed to gather as much reliable data as possible from the families and individuals who experience homelessness daily and to use that

data to improve and update services and to fill gaps in services where they exist.

The 2004 survey instrument (attached as ***Appendix C***) has been revised and updated to more efficiently capture data on target populations. Questions were added to the 2004 instrument aimed at collecting more data on the chronically homeless, mentally ill and substance abusers. The overall instrument however, was reduced by more than twenty questions from the 2002 survey. The primary reason for this was to reduce the time it takes surveyors to give the survey and increase the likelihood that the survey would be completed in its entirety. Experience tells us that the longer the survey process takes the less reliable the answers are. The 2004 survey took between eight to twelve minutes to administer. A survey committee of providers and research specialists was convened to review the 2002 instrument and make revisions. The result is an instrument that, while leaner, still captures the relevant data, and allows for longitudinal comparisons with previous year's data.

The 2004 survey was conducted over a three-week period in October and November. Three weeks out from survey night, surveys were distributed to agencies providing transitional and permanent housing services. All of the shelter and street surveys were conducted on shelter night, November 4, 2004 (see survey locations under "Survey Methodology" in ***Appendix A***).

The surveyors who were sent to unsheltered locations were sent in teams of three or more, all of which had members experienced in homeless outreach. Safety was a primary concern, and the police department participated with extra patrols in the survey areas. Fort Worth police officers who regularly patrol the shelter areas participated in the planning for survey night and were highly visible in the "Community of Hope," the shelter area where the majority of the surveys were conducted.

At target locations, all available persons who self-identified as homeless were asked to participate in the survey. All participants were assured that participation was voluntary and in no way tied to services. No names appeared on survey documents, and confidentiality for participants was assured. To avoid duplication, the surveys

were conducted in specific locations between 3:00 p.m. and 7:00 p.m., utilizing more than 80 volunteers.

All surveys were secured by Tarrant County Community Development (CDD) staff and delivered to be entered into a Statistical Package for Social Services (SPSS) program. The responses were entered and frequencies were run in SPSS by a team headed by Jack Greener, Ph.D., a research scientist with Texas Christian University's Institute of Behavioral Research. Further analyses were completed by Alejandro Rodriguez, Ph.D., with the University of Texas at Arlington School of Urban and Public Affairs and Bob Lorick with UTA's Institutional Research and Planning Department. The survey instrument, methodology and analysis are consistent with HUD standards.

Tarrant County Numbers

Following the 1994 survey, the 1995 Tarrant County Continuum of Care placed the number of homeless persons at 1,733 on any given night and 5,500 per annum. The 1990 U.S. Census figure estimated 1,358 total homeless persons in Tarrant County. A 1995 study conducted by the University of Texas at Arlington estimated the number of homeless persons to be between 1,800 and 2,200 homeless persons on any given night and 5,000 to 7,000 on an annual basis. The 1997 survey estimated 2,683 homeless persons in Tarrant County on any given night, with an annualized estimate of 6,000. Estimates based on the 2000 survey showed that on any given night 3,781 persons were likely to be homeless with an annualized estimate of 7,700. The 2000 U.S census counted 2,954 homeless persons in Tarrant County. In 2002 the estimates continued to rise with 4,375 likely to be homeless at any one point in time and an annualized estimate of 8,631.

To date, all of the accepted figures for homeless populations are extrapolations using formulas included in HUD's *Practical Methods for Counting Homeless People*. Past surveys completed by the Tarrant County Homeless Coalition or planners from the county's jurisdictions have used those formulas in conjunction with interactions and feedback from consumers and providers.

In 2004, the decision was made to eliminate the use of multipliers to derive a population estimate. This decision was made for a variety of reasons, the first being that the author this methodology used in previous years, Dr. Martha Burt of the Urban Institute, revised her opinion on the use of multipliers. It is now generally accepted that more reliable methods of determining the number of homeless persons in a geographic area are both desirable and available. Many communities are moving to straight counts or counts in conjunction with samplings to gain their numbers. The 2004 estimate is a combination of counts (sheltered, transitional and permanent supportive housing populations) and regressions (unsheltered population) for the point-in-time number.

Past surveys and counts also relied on multipliers to estimate the annualized number of homeless. In 2004, the community was fortunate to be able to make use of a recent publication by the Corporation for Supportive Housing, again featuring the recognized expert, Dr. Martha Burt of the Urban Institute. This publication outlines a much more scientifically valid method of calculation for annualized estimates based on point-in-time numbers (Burt & Wilkins). The estimate also relies on data from the 2004 homeless needs survey conducted on November 4, 2004.

For the purposes of this estimate the HUD definition of homelessness was used. The definition includes persons living on the street, in shelters, in transitional housing programs specifically for homeless persons, and in permanent supportive housing programs for homeless persons with disabilities. HUD does not consider persons "doubling up" or in imminent danger of homelessness as homeless and neither does this estimate.

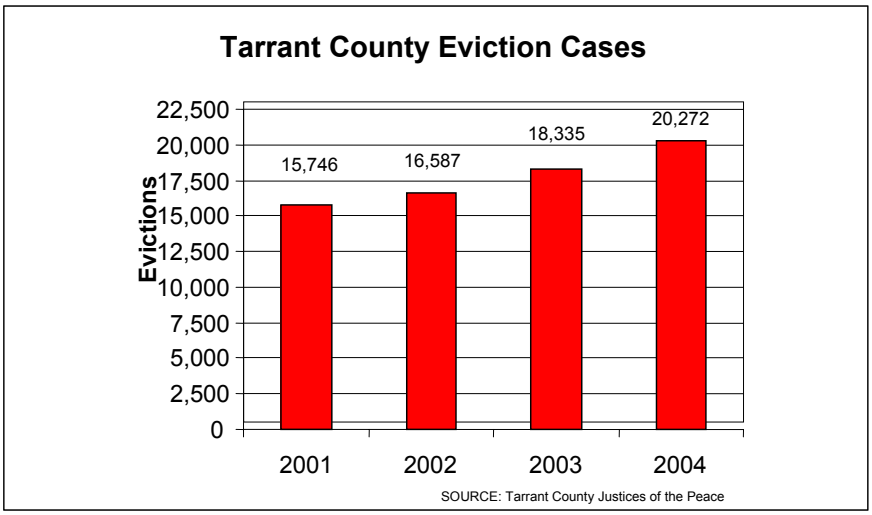
The chronic homeless estimates are also based on HUD's definition of chronically homeless. This definition includes individuals who have been homeless for a year or more or have had four episodes of homelessness in the past three years and who have a disability. The survey methodology and the methodology for arriving at all of the population estimates can be found in ***Appendix A.***

Population group estimates are based on findings of the survey results and reported shelter occupancy rates during January 2005. The demographics of the

unsheltered populations were estimated to be the same as the approximately 117 persons interviewed in the survey who had spent the previous night on the street. The demographics of the sheltered count are based on the percentage of males and females who took the survey at a shelter location. This percentage includes Women's Haven and the Women's Shelter, domestic violence shelters that have a disproportionate number of females in their population. The number of children was derived from shelter, transitional and permanent supportive housing counts and a percentage based on the number of those who reported being unsheltered and also reported they had children living with them.

The 2004 survey indicates that there are a higher percentage of homeless women (45.7% up from 41.8%) and a higher number of adults with children (40.1% compared with 34.5%) than in 2002. In addition, more of the adults with children have the children with them on the street (62.2% up from 45.3%) from 2002.

The factors that have contributed locally to increased homelessness include a shortage of housing assistance units, including the closing of the Section 8 waiting lists in Fort Worth and Tarrant County. At the same time there has been an increase in the availability and consequently the affordability of apartments, due in part to a sharp increase in the number of evictions since 2001.



The unemployment rate went up in 2003 and 2004 but is currently near the same rate as 2002. The fact that apartment rents are going down or remaining

stagnant yet fewer people are able to afford an apartment indicates that the number of individuals and families who are cost burdened is likely higher than in previous years. In many instances, minimum-wage jobs do not provide enough income for families to afford a permanent place to live.

Despite the increases in housing and services, the overall homeless population continues to rise. The numbers in this survey tell the story. It is up to the community to see the picture drawn here and decide together what is not working, and what we might do differently to affect the trend of an ever-increasing population of homeless individuals and families.

FIGURE 1A. HOMELESS POPULATION ESTIMATES 2002

Demographics	Sheltered		Unsheltered		Transitional		Permanent		Total
	Count	%	Count	%	Count	%	Count	%	
Adult Men	726	51%	1,127	77%	113	14%	259	38%	**2,225**
Adult Women	456	32%	337	23%	314	39%	286	42%	**1,393**
Children	242	17%	0	0%	379	47%	136	20%	**757**
TOTAL	1,424	100%	1,464	100%	806	100%	681	100%	**4,375**

FIGURE 1B. HOMELESS POPULATION ESTIMATES 2004

Demographics	Sheltered		Unsheltered		Transitional		Permanent		Total
	Count	%	Count	%	Count	%	Count	%	
Adult Men	706	48%	1,366	73.5%	218	23%	276	28%	**2,617**
Adult Women	549	38%	434	23%	310	33%	394	40%	**1,715**
Children	234	14%	69	3.5%	414	44%	308	32%	**946**
TOTAL	1,489	100%	1,869	100%	942	100%	978	100%	**5,278**

Current Trends

The estimated number of homeless persons living in Tarrant County has increased in every category since 2002. One of the more disturbing trends is the increase in the number of children who accompany their homeless parents. In 2000, 29% of those with children had them with them. In 2002, that number jumped to 45%

and in 2004 the number jumped again to 62%. That increase can be attributed in part to an increase in the number of persons in transitional and permanent housing and in the emphasis the community has placed on keeping families together. Despite these clarifications, the reality is that no matter their current status, all of those children were homeless at some point.

One sign of progress in dealing with the homeless issue is seen in the increase in the shelter population versus those in transitional or permanent supportive housing. While the shelter population grew only incrementally, the transitional housing population has grown by 14.5% and the permanent supportive housing by over 30%. The overall homeless population continues to grow at a rate faster than the overall Tarrant County population.

A large proportion of the homeless population in Tarrant County is centered on the near-east side of downtown Fort Worth. This area is home to four shelters, and several providers have offices in the area. It has been suggested that the ease of service this arrangement provides, along with the fact that Fort Worth is a major railroad and busing center, draws homeless to Fort Worth from other areas. The validity of that hypothesis is difficult to determine through the survey results. Three-quarters of those surveyed said their homelessness originated in the Tarrant County area. An additional 6.9% cited origination areas within the Metroplex including 4.1% from Dallas. Half stated areas in the city of Fort Worth as the place they first became homeless.

There is no question that the vast majority of homeless in the Tarrant area pass through the shelter area on the near-east side of Fort Worth. The majority of those surveyed (82.7%) were surveyed in Fort Worth and 10.2 % were surveyed in Arlington. Slightly more than seventy-five percent of those surveyed said they had been in Tarrant County for over a year, with 43% saying they have been in the county ten years or longer. Almost 15% said they have been in Tarrant County less than six months.

Unemployment/loss of job was given as the primary reason for homelessness in the male population (37.8%) and as the secondary reason in the female population. Domestic violence continues to be the primary reason for homelessness among the female population. Twenty-three percent listed domestic violence as the primary

reason, 11.9% listed it as the secondary reason, and 43% listed domestic violence as a contributing factor. Alcohol/drug abuse was the second most cited reason for homelessness in the male population.

The majority of respondents (54.4%) were between the ages of 31 and 50 when they first became homeless, 12.4% became homeless after the age of 51. Forty-six percent said they have some form of mental health problem while 31% indicated they were currently receiving mental health services. Twenty-six percent indicated they have an alcohol or drug abuse problem, and 37.5% answered that they had been in a substance abuse program at some point.

Among the male population, 62.8% reported that they have served a term in jail compared to 37.6% in the female population. Sixty-four percent of the total population indicated they had no job with 37% reporting they had been unemployed for over a year, and 24% reporting they had been unemployed for over five years. Thirty-five percent indicated that they are unable to work. Within that population the top two reasons given were permanent physical disability (45.6%) and mental illness (17%). Forty-one percent of the female population receives food stamps compared to only 12% of the male population.

Thirty-percent of those surveyed indicated that they rarely, never or haven't tried to access medical care. Fifty-one percent reported they were currently taking prescribed medications 15% reported that they were not taking medications that had been prescribed, with 42% of that group indicating they were unable to afford those medications. Of those who indicated that they were HIV positive, 47.9% reported that they were not currently receiving treatment.

The following charts and tables provide a detailed look at the specifics of homelessness in Tarrant County. The initial tables are for the general population followed by categorical breakdowns that include men, women, children and the chronic population. The methodologies for all numbers cited in this survey can be found in ***Appendix A***.

GENERAL HOMELESS POPULATION

FIGURE 2. DEMOGRAPHIC INFORMATION FOR THE TOTAL POPULATION SURVEYED

Demographic Information	Count	Percent
Gender:		
Male	492	54.3%
Female	414	45.7%
Race/Ethnicity:		
Caucasian	365	42.4%
African American	332	38.6%
American Indian/Alaskan Native	14	1.6%
Asian/Pacific Islander	4	0.4%
African American and Caucasian	52	6.0%
Other	94	10.9%
Hispanic Population	102	11.4%
Age:		
0-12	1	0.1%
13-18	16	1.8%
19-25	81	9.3%
26-30	79	9.1%
31-35	113	13.0%
36-40	119	13.7%
41-50	268	30.9%
51-64	179	20.6%
Over 65	11	1.3%
Employment Status:		
Employed	317	35.9%
Unemployed	567	64.1%
Monthly Income:		
$100 or less	320	36.9%
$101-$500	205	23.6%
$501-$1,000	247	28.5%
$1,001-$2,000	84	9.7%
More than $2000	12	1.4%
Marital Status:		
Single	446	50.0%
Married	72	8.1%
Separated	108	12.1%
Divorced	224	25.1%
Widow/er	2	3.3%
Domestic Partnership	13	1.5%
Adults with Children:		
Adults with children	352	40.1%
Adults with live-in children	219	24.9%
Number of children living with a homeless parent	444	
Where did you sleep last night:		
Emergency Shelter	357	41.0%
Domestic Violence Shelter	45	5.2%
Street	72	8.3%
Prison/Jail	1	0.1%
Substance Abuse Facility	13	1.5%
Friend's Home	31	3.6%
Relative's Home	15	1.7%
Hotel/Motel	26	3.0%
Hospital	4	.5%
Mental Health Facility	2	.2%
Transitional Housing	229	26.3%
Permanent Housing	75	8.6%
Military Service	148	16.8%

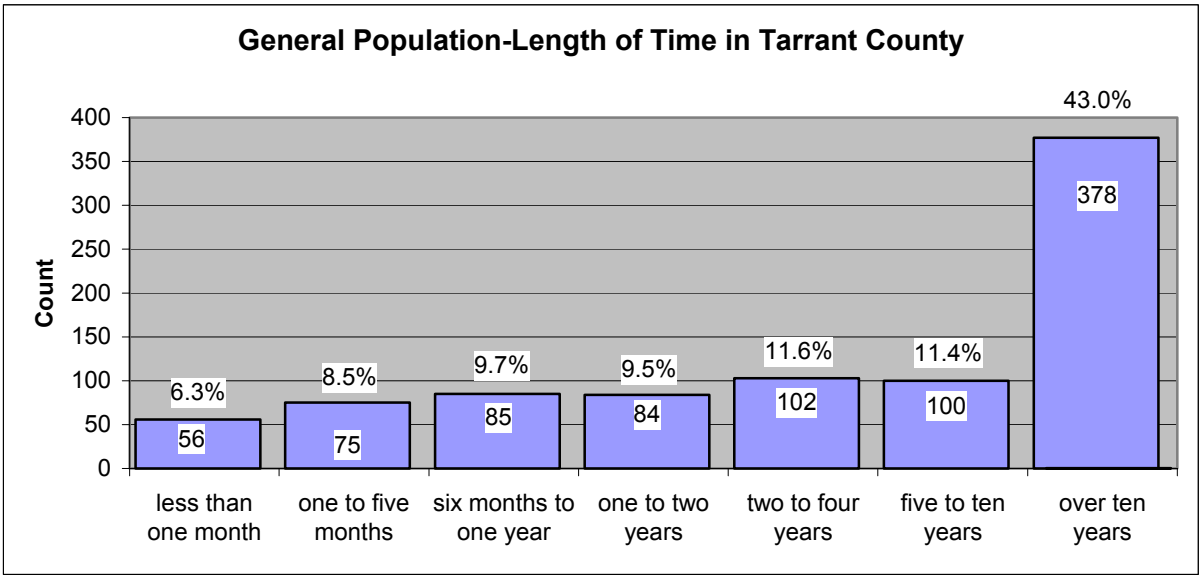
FIGURE 3. PLACE RESPONDENT WAS LIVING WHEN BECAME HOMELESS

Where were you living when you became homeless?	Count	Percent
Fort Worth	454	45.4%
Arlington	90	9.0%
Northeast Tarrant County	48	4.8%
Northwest Tarrant County	12	1.2%
Southeast Tarrant County	10	1.0%
Southwest Tarrant County	8	0.8%
Outside Tarrant County	149	14.9%
Outside Texas	96	9.6%

Almost 25% of respondents came from outside of Tarrant County.

Man outside the Presbyterian Night Shelter

FIGURE 4. LENGTH OF TIME IN TARRANT COUNTY



The number of persons homeless for a year or more rose 8.3% from 2002.

FIGURE 5. AGE WHEN FIRST BECAME HOMELESS

How old were you when you first became homeless?	Count	Percent
0-12 years	5	0.6%
13-18 years	63	7.1%
19-25 years	117	13.3%
26-30 years	105	11.9%
31-40 years	257	29.1%
41-50 years	223	25.3%
51-65 years	109	12.4%
Over 65 years	3	0.3%
Total	882	100%

38% of the respondents became homeless after age 40.

FIGURE 6. PRIOR RESIDENCE

Before you became homeless, where were you staying?	Count	Percent
Owned Home	102	11.6%
Rented Home	114	12.9%
Rented Apartment	286	32.4%
With Parents	99	11.2%
With Other Family	117	13.3%
With Friends	103	11.7%
Foster Family	4	0.5%
County/City Jail	11	1.2%
State/Federal Prison	25	2.8%
Hospital (Medical)	3	0.3%
Mental Illness Facility	1	0.1%
Substance Abuse Facility	7	0.8%
Half-way House	10	1.1%
Total	882	100%

Almost 57% of respondents were in a home or apartment prior to becoming homeless.

The courtyard at the Day Resource Center

FIGURE 7. SHELTER USE IN TARRANT COUNTY

Shelter	Count	Percent
Arlington		
The Salvation Army	29	1.9%
Arlington Life Shelter	65	4.4%
The Women's Shelter	55	3.7%
Fort Worth		
Women's Haven	87	5.8%
PNS Lowden-Schutts Building	109	7.3%
The Salvation Army – Family Center	20	1.4%
The Salvation Army – Emergency Shelter	138	9.3%
Union Gospel Mission	286	19.3%
The Bridge	10	.6%
Presbyterian Night Shelter	670	44.9%
PNS Safe Haven	20	1.4%
Total	**1489**	**100%**

The Presbyterian Night Shelter and Union Gospel Mission facilitate over 64% of emergency shelter residents. 41% of survey respondents indicated they had spent the previous night in an emergency shelter.

Lining up for lunch at Union Gospel Mission

FIGURE 8. PRIMARY REASONS FOR HOMELESSNESS

Reason	Male		Female		General	
	Count	Percent	Count	Percent	Count	Percent
Divorce	42	9.2%	43	10.9%	85	9.9%
Unemployment	173	37.8%	59	14.9%	234	27.3%
Unable to Afford Housing	46	9.3%	73	18.4%	119	13.9%
Moved to Seek Work	17	3.7%	8	2.0%	25	2.9%
Family/Personal Illness	32	7.0%	35	8.8%	67	7.8%
Alcohol/substance Abuse	65	14.2%	42	10.6%	107	12.5%
Welfare Time Limits	0	0.0%	1	0.3%	1	0.1%
Domestic Violence	2	0.4%	90	22.7%	92	10.7%
Physical Disabilities	27	5.9%	7	1.8%	34	4.0%
Mental Illness	15	3.3%	11	2.8%	26	3.0%
Housing Benefits Terminated	2	0.4%	6	1.5%	8	0.9%
Aged Out of Foster Care	0	0.0%	4	1.0%	4	0.5%
Criminal History	23	5.0%	9	2.3%	32	3.7%
Catastrophic Event	14	2.8%	8	2.0%	22	2.6%
Total	458	100.0%	396	100.0%	856	100.0%

The primary reasons for homelessness continue to be unemployment in the male population and domestic violence in the female population. 23% of females reported domestic violence as the primary cause, 11.9% listed it as the secondary cause and 43% listed domestic violence as a contributing factor.

FIGURE 9. SECONDARY REASONS FOR HOMELESSNESS

Reason	Male		Female		General	
	Count	Percent	Count	Percent	Count	Percent
Divorce	21	6.5%	43	13.5%	64	10.0%
Unemployment	99	30.6%	76	23.9%	176	27.4%
Unable to Afford Housing	48	14.8%	55	17.3%	103	16.0%
Moved to Seek Work	11	3.4%	2	0.6%	13	2.0%
Family/Personal Illness	26	8.0%	22	6.9%	48	7.5%
Alcohol/substance Abuse	49	15.1%	42	13.2%	91	14.2%
Welfare Time Limits	1	0.3%	1	0.3%	2	0.3%
Domestic Violence	4	1.2%	38	11.9%	42	6.5%
Physical Disabilities	18	5.6%	7	2.2%	25	3.9%
Mental Illness	22	6.8%	11	3.5%	33	5.1%
Housing Benefits Terminated	3	0.9%	7	2.2%	10	1.6%
Aged Out of Foster Care	0	0.0%	1	0.3%	1	0.2%
Criminal History	13	4.0%	8	2.5%	21	3.3%
Catastrophic Event	9	2.8%	5	1.6%	14	2.2%
Total	324	100.0%	318	100.0%	643	100.0%

FIGURE 10. PRIMARY REASONS FOR REMAINING HOMELESS

What is the number one reason for you remaining homeless?	Count	Percent
Lack of Affordable Housing	119	13.9%
Substance Abuse	107	12.5%
Mental Illness	26	3.0%
No Job	234	27.3%
Divorce	85	9.9%
Criminal History	32	3.7%
Family Member/Personal Illness	67	7.8%
Lack of job Skills/Training	14	2.0%
Domestic Violence	92	10.7%
Physical Disabilities	34	4.0%
Welfare Time Limits	1	.1%
Housing Benefits Terminated	8	.9%
Catastrophic Event	22	2.6%
Aged Out of Foster Care	4	.5%
Moved to Seek Work	25	2.9%
Total	856	100%

Women outside the Presbyterian Night Shelter

Outside the Fort Worth Homeless Veterans Program

FIGURE 11. MARITAL STATUS

What is your marital status?	Count	Percent
Single (never married)	446	50.0%
Married	72	8.1%
Separated	108	12.1%
Divorced	224	25.1%
Widow/er	29	3.3%
Domestic Partnership	13	1.5%
Total	892	100.0%

Only 8% of survey respondents are currently married.

FIGURE 12. ADULTS WITH CHILDREN

Do you have children under the age of 18?	Count	Percent
Adults with Children	352	40.1%
Adults with Live-in Children	219	24.9%

62% of respondents reported they had children with them, up from 45% in 2002.

Children in a room at Union Gospel Mission

FIGURE 13. SOURCES OF INCOME

From which of the following services do you get income?*	Count	Percent
Job(s)	369	41.8%
Family/Friends	115	13.0%
Food Stamps	227	25.7%
Social Security	36	4.1%
Pension	5	0.6%
Unemployment Benefits	7	0.8%
Child Support	55	6.2%
Asking for Money	25	2.8%
TANF	49	5.5%
SSI	93	10.5%
SSDI	39	4.4%
Veteran's Benefits	16	1.8%
Selling Blood Plasma	15	1.7%
Illegal Activity	11	1.2%
Otherwise Self-employed	27	3.1%
Workman's Comp	2	.2%
No Income	181	20.5%

Respondents could indicate more than one source of income.

FIGURE 14. EMPLOYMENT STATUS

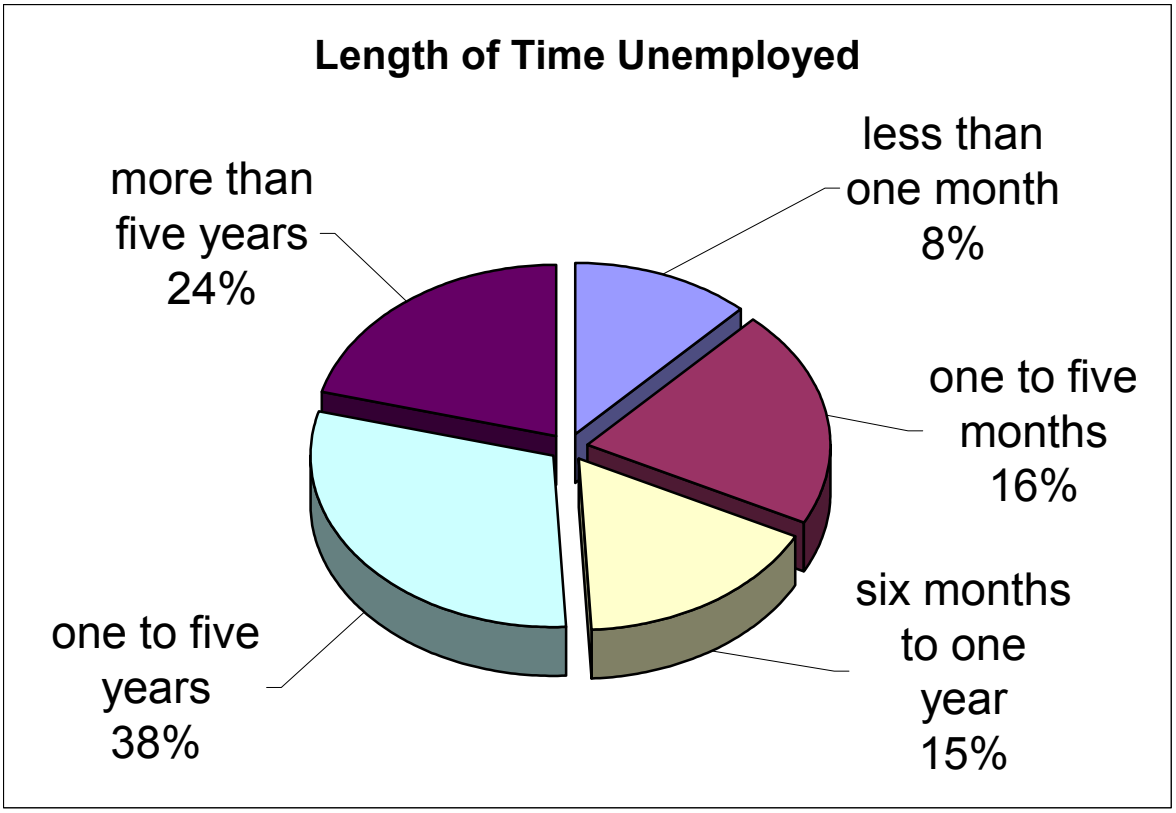
Do you have a job?	Count	Percent
Employed	317	35.9%
Unemployed	567	64.1%
Total	884	100.0%

Unemployment was cited as the primary reason for remaining homeless among men.

FIGURE 15. CURRENT MONTHLY INCOME

What is your current monthly income?	Count	Percent
$100 or less	320	37%
$101 - $500	205	23%
$501- $1,000	247	28.5
$1,001- $2,000	84	10%
More than $2,000	12	1.5%

FIGURE 16. LENGTH OF TIME UNEMPLOYED*



*Represents only those who responded negatively to the question "Do you have a job."

FIGURE 17. ABILITY TO WORK

Are you able to work?	Count	Percent
Yes	412	64.8%
No	224	35.2%
Total	636	100.0%

FIGURE 18. REASONS FOR INABILITY TO WORK

Why are you unable to work?*	Count	Percent
Permanently Physically Disabled	118	45.6%
Temporarily Physically Disabled	25	9.7%
Mental Illness	44	17.0%
Substance Abuse	13	5.0%
Poor Health/Illness	25	9.7%
Lack of Identification	1	0.4%
Lack of US Citizenship	4	1.5%
Don't Want to Work	5	1.5%
Under Age	3	1.2%
Lack of Child Care	3	1.2%
Lack of Skills/Training	4	1.5%
Lack of Permanent Address	2	0.8%
Lack of Proper Clothing	1	0.4%
Criminal Background	4	1.5%
No Transportation	8	3.1%
Total	259	100.0%

*Represents only those who reported that they were unemployed and unable to work.

CHRONICALLY HOMELESS

The homeless population that has received the most national focus over the past two years is the chronically homeless. HUD considers a chronically homeless person to be an unaccompanied, disabled individual who has been on the street for a year or more, or who has had 4 or more episodes of homelessness over the past three years. This emphasis has been spearheaded by the U.S. Department of Housing and Urban Development's (HUD) decision to make the chronically homeless a priority in the Continuum of Care (CoC) application. This includes a requirement that jurisdictions who apply for CoC funds develop Ten Year Plans to End Chronic Homelessness. It is also an emphasis of national non-profits like the National Alliance to End Homelessness. The chronically homeless population in Tarrant County is estimated at 1,076 which represent 20.4% of the total homeless population.

Chronically homeless individuals generally require an elaborate continuum of services and more intensive case management than the episodically or marginally homeless. Because of their extended stay on the street, many have acclimated to an existence with little or no supportive services and are thus often distrustful of mainstream or specialized services, and resistant to treatments that might benefit them.

Chronically homeless individuals are also less apt to seek treatment for their primary needs and those who find their way into a program are often routed there because of an arrest or a serious medical episode. Case management for the chronically homeless population requires an intensive approach, from treatment of their disability, to obtaining and maintaining housing, to accessing mainstream resources and to maintaining all of these once they are initiated.

Many of the most visible homeless, those who spend a good amount of time on the street, are chronically homeless or on their way to becoming chronically homeless. Thus, when we talk of reducing the number of street homeless, we are, for the most part, talking about addressing the needs of the chronic population. To the extent that reducing the most visible homeless is a priority for the community, stakeholders need to understand the magnitude of the cost and the labor resources required.

FIGURE 19. LENGTH OF TIME CURRENTLY HOMELESS

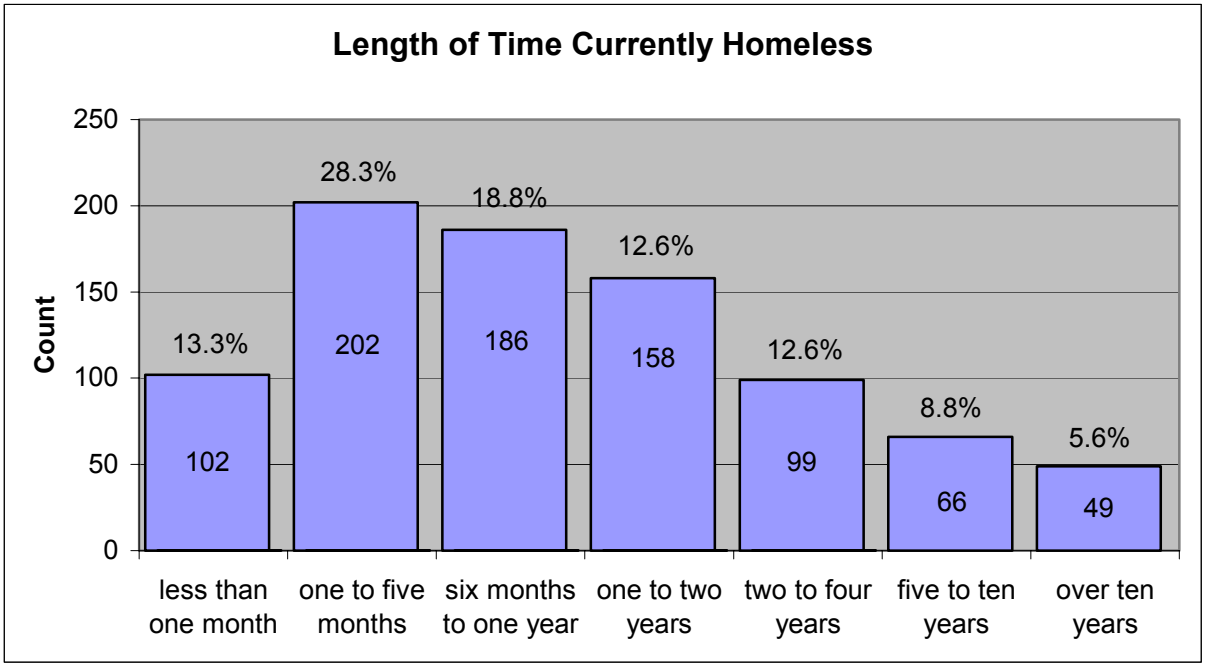


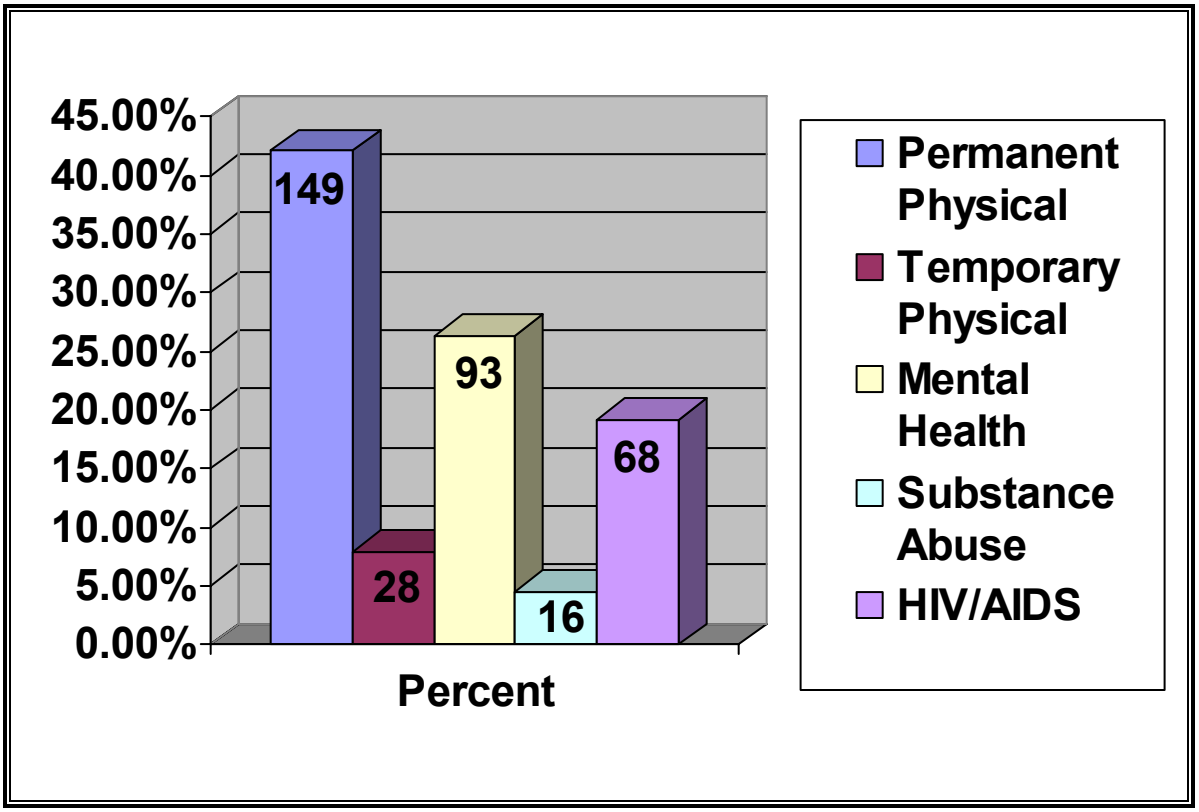
FIGURE 20. RECIDIVISM RATES

Number of Times Homeless in the Past Three Years	Count	Percent
Once	545	68.2%
Twice	138	17.3%
Three times	54	6.8%
Four times or more	62	7.8%
Total	799	100.0%

FIGURE 21. DISABILITIES

Are You Disabled?	Count	Percent
Yes	344	38.4%
No	552	61.6%
Total	896	100.0%

FIGURE 22: TYPES OF DISABILITIES*



*Only respondents who stated that they had a disability answered this question.

FIGURE 23. UNACCOMPANIED INDIVIDUALS

Do you have any family members with you?	Count	Percent
Yes	208	23.7%
No	671	76.3%
Total	879	100.0%

FIGURE 24. INCIDENCE OF CHRONIC HOMELESSNESS

Number of Chronically Homeless	Count	Percent
Chronically Homeless	1,076	20.3%
Otherwise Homeless	4,202	79.7%
Total	5,278	100.0%

FIGURE 25. CHRONIC HOMELESSNESS BY AREA

Number of Chronically Homeless*	Count	Percent
Fort Worth	1,006	93.4%
Arlington	70	6.6%
Total	1,076	100.0%

The estimated number of chronically homeless persons in Tarrant County is 1,076, which represents 20.4% of the total homeless population.

Asleep outside the Presbyterian Night Shelter Safe Haven

**HUD's definition for chronically homeless includes unaccompanied disabled individuals who have been homeless for a year or more, or have had four or more episodes of homelessness in the past three years.*

EX-OFFENDER POPULATION

According to the Texas Department of Criminal Justice, Tarrant County has an estimated ex-offender population of 150,000. In 2004, there were 5,230 parolees residing in the county on any given day. During that same year, there were 2,200 revocations of parole resulting in a 42% recidivism rate. Nationally, it is expected that 97% of all prisoners will eventually be released and that two thirds of these individuals will be rearrested within three years (Report of the Re-entry Policy Council).

Those who have served time in prison and jail are significantly more likely to have a history of substance abuse, poverty and mental illness than the general population. Two thirds of these individuals have no high school diploma. In addition, many employers and rental properties will not accept applicants with a criminal history. Due to these and other contributing factors, ex-offenders run a high risk of becoming homeless. In 2004, 85% of clients at Texas Inmate Services, a non-profit agency that assists Tarrant County ex-offenders and their families with re-entry, were either homeless or at risk of becoming homeless. The Fort Worth Police Department reported that in 2003 a total of 949 arrests occurred where the individual gave an emergency shelter as their address.

FIGURE 26. INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Have you served time in jail?	Count	Percent
Yes	458	51.3%
No	435	48.7%
Have you served time in prison?		
Yes	219	24.6%
No	670	75.4%
Are you currently on parole?		
Yes	41	4.6%
No	841	95.4%
Are you currently on probation?		
Yes	53	6.0%
No	833	94.0%

Over half of survey respondents had spent time in jail.

FIGURE 27. JAIL AND PRISON TIME BY GENDER

	Male		Female	
Jail Time	**Count**	**Percent**	**Count**	**Percent**
Yes	302	62.8%	154	37.6%
No	179	37.2%	256	62.4%
Prison Time				
Yes	164	34.2%	55	13.5%
No	316	65.8%	352	86.5%

62.8% of males spent time in jail compared to 37.6% of the women.

FIGURE 28. JAIL AND PRISON TIME BY RACE

	Afr. American		Caucasian		Other Races	
Jail Time	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Yes	184	57.1%	172	52.3%	52	48.6%
No	138	42.9%	163	48.7%	55	51.4%
Prison Time						
Yes	103	32.3%	64	19.2%	27	25.0%
No	216	67.7%	269	80.8%	81	75.0%

Texas Inmate Services provides housing and case management services for ex-offenders.

TRENDS

Collecting data that can be looked at longitudinally is vital to strategic planning for homeless populations. Tarrant County has been collecting usable data since 1991, but the data from the 1997, 2000, 2002 and 2004 is the most comparable. The surveys for those years are built off one another, and to the extent possible, the content and kinds of questions have remained the same. There have been revisions to each survey based on changing priorities, emerging needs or requests for specific data, but the basic questions are still asked and asked in the same way.

The following chart tracks some of the changes in the Tarrant County homeless population over the past 13 years. In 2004, the percentage of homeless women is the highest it has been since 1997. The number of persons who say they have a mental health problem and the number who say they have a substance abuse problem are both the highest reported since concrete data has been collected. The number of homeless veterans is the lowest it has ever been, but only by a small percentage. However, the number of homeless veterans has decreased by 15% since 1991 (combat troops began returning home from Desert Storm in March 1991).

Since 1997, the average age of the survey respondent has steadily increased to a high in 2004 of 41 years of age. The primary reason reported for being homeless has been unemployment for men and domestic violence for women in every year data has been collected.

This section on trend analysis is based exclusively on the 1991, 1994, 1997, 2000, 2002 and 2004 surveys and does not include information from the population estimates in **Table 1**.

FIGURE 29. HOMELESS TRENDS SINCE 1991

		1991	1994	1997	2000	2002	2004
Total Number Surveyed		439	632	564	463	705	911
Gender	Male	72.7%	59.5%	51.1%	63%	57.9%	54.3%
	Female	27.3%	40.4%	48.0%	37%	41.8%	45.7%
Ethnicity	African American	37.4%	30.5%	36.7%	35.7%	43.7%	38.6%
	American Indian	6.6%	2.4%	2.8%	2.6%	4.1%	1.6%
	Asian	1.1%	0.9%	1.1%	0.6%	0.4%	0.3%
	Caucasian	47.4%	52.4%	50.4%	48.1%	45.1%	42.4%
	Hispanic	7.5%	12.7%	7.1%	10.6%	8.2%	11.4%
Age	Average Age	NA	37 years	37 years	39 years	Data Not Obtained	41 years
Mental Health	Received Services	Data Not Available	Data Not Available	Data Not Available	34.0%	39.0%	48.0%
Substance Abuse	Received Services	Data Not Available	Data Not Available	43.8%*	30.0%	34.8%	37.5%
Time Homeless	Less than 1 Month	36.2%	25.0%	22.9%	18.0%	13.3%	11.8%
	1 Month to 5 Months	31.0%	28.8%	28.8%	25.0%	28.3%	23.4%
	6 Months to 1 Year	8.2%	13.1%	15.3%	14.4%	18.8%	21.6%
	1 Year to 2 Years	N/A	N/A	N/A	13.0%	12.6%	18.3%
	2 Years to 5 Years	N/A	N/A	N/A	11.0%	12.6%	11.5%
	5 Years to 10 Years	N/A	N/A	N/A	9.0%	8.8%	7.7%
	More than 10 Years	N/A	N/A	N/A	9.0%	5.6%	5.7%
Employment	Employed	30.1%	51.7%	45.9%	51.6%	31.5%	35.9%
	Full Time	20.3%	26.9%	26.6%	27.4%	16.5%	23.1%
	Part Time	16.6%	13.4%	12.6%	16.0%	6.8%	13.6%
	Day Labor/Irregular	0.0%.	7.6%	6.7%	8.5%	10.0%	9.5%
	Unemployed	67.2%	44.3%	54.1%	46.9%	67.8%	64.1%
Veteran	Yes	31.4%	17.4%	17.7%	21.5%	20.4%	16.8%
	No	68.6%	75.8%	82.3%	77.2%	79.6%	83.2%
Children	Adults With Children	NA	40.8%	46.6%	66%	34.5%	40.1%
Top Reason Homeless	Male	Data Not Available	Data Not Available	Unemploy-ment	Unemploy-ment	Unemploy-ment	Unemploy-ment
	Female	Data Not Available	Data Not Available	Change in Family Status	Domestic Violence	Domestic Violence	Domestic Violence
Rate of Recidivism	Adults who have been homeless previously	Data Not Available	Data Not Available	Data Not Available	36.5%	29.6%	31.9%

*This percentage includes those had received services or felt they needed services.

GENDER

The interventions employed to prevent and address active homelessness are necessarily different. If the community is going to be successful in identifying appropriate interventions, it is important to understand how the causes and effects of homelessness breakdown across gender lines.

The last two surveys have seen a percentage increase both in the number of homeless women and the number of homeless women with children. The potential reasons for these increases are many. Among the most likely is the lingering effects of welfare reform, the closing of Section 8 waiting lists, the dissolution of the family unit, and the increasing inability of minimum wage jobs to cover basic housing costs.

For the past three surveys, the number one reason for becoming homeless has remained the same for men and women. For women, having programs in place to respond to all aspects of domestic violence remains the top priority, while a lack of jobs remains the top concern among men. Over 9% more men than women reported that they have some sort of disability. Thirty-one percent more women have some family member living with them on the street and that member is most often a child. In addition 40% more women than men reported having a child under the age of 18. Eight-percent more men indicated they have or have had a serious mental health problem, while almost 10% more reported they have or have had a substance abuse problem.

The rate of recidivism for both the male and female population is up considerably. Sixteen-percent more males have had a previous episode of homelessness than in 2002, and 10% more females reported a previous episode. It is clear that the interventions currently in place are not guaranteeing long-term self sufficiency for either population.

Male Population

FIGURE 30. MALE POPULATION - DEMOGRAPHIC INFORMATION

Demographic Information	Count	Percent
Total Number of Men Surveyed	492	54.3%
Prior Homelessness (Recidivism Rate)	423	46.4%
Rate of Recidivism		
Once in 3 years	278	65.7%
Twice in 3 years	81	19.1%
Three times in 3 years	27	6.4%
Four or more times in 3 years	37	8.7%
Length of Time Homeless		
Less than 1 month	47	10.2%
1 – 5 months	104	22.5%
6 months – 1 year	88	19.0%
1 – 2 years	77	16.6%
2 – 5 years	68	14.7%
5 – 10 years	40	8.6%
Over 10 years	39	8.4%
Disability		
Yes	207	24.8%
No	277	57.2%
Marital Status		
Single (never married)	262	53.3%
Married	30	6.1%
Separated	46	9.5%
Divorced	124	25.7%
Widower	12	2.5%
Domestic Partnership	8	1.7%
Parental Status		
Respondents with children*	100	21.1%
Respondents without children	373	78.9%
Race/Ethnicity		
Caucasian	188	40.8%
African American	189	41.0%
American Indian/Alaskan Native	7	1.5%
Asian/Pacific Islander	4	0.9%
African American and Caucasian	30	6.5%
Other	43	9.4%
Hispanic Population	46	9.5%

*This number does not reflect males whose children actually live with them.

FIGURE 31. MALE POPULATION – REASONS FOR HOMELESSNESS

Reason	Count	Percent
Divorce	42	9.2%
Unemployment	173	37.8%
Unable to Afford Housing	46	9.3%
Moved to Seek Work	17	3.7%
Family/Personal Illness	32	7.0%
Alcohol/substance Abuse	65	14.2%
Welfare Time Limits	0	0.0%
Domestic Violence	2	0.4%
Physical Disabilities	27	5.9%
Mental Illness	15	3.3%
Housing Benefits Terminated	2	0.4%
Aged Out of Foster Care	0	0.0%
Criminal History	23	5.0%
Catastrophic Event	14	2.8%
Total	458	100.0%

FIGURE 32. MALE POPULATION – PREVIOUS NIGHT'S LOCATION

Where did you spend last night?	Count	Percent
Emergency Shelter	242	51.8%
Domestic Violence Shelter	2	0.4%
On the Street	69	14.8%
Prison/Jail	1	0.2%
Substance Abuse Facility	0	0.0%
Friend's Home	19	4.1%
Relative's Home	6	1.3%
Hotel/Motel	14	3.0%
Hospital	2	0.4%
Mental Health Facility	0	0%
Transitional	78	16.7%
Permanent Housing	34	7.3
Total	467	100.0%

FIGURE 33. MALE POPULATION – MONTHLY INCOME

Monthly Income	Count	Percent
$100 or less	205	44.1%
$101-$500	107	23.0%
$501-$1,000	123	26.5%
$1,001-$2,000	23	4.9%
More than $2,000	7	1.5%
Total	465	100.0%

FIGURE 34. MALE POPULATION – INCOME SOURCES

Source of Income*	Count	Percent
Job(s)	198	41.6%
Family/Friends	43	9.0%
Food Stamps	58	12.2%
Social Security	24	5.0%
Pension	4	0.8%
Unemployment	4	0.8%
Child Support	3	0.6%
Asking for Money	13	2.7%
TANF	3	0.6%
SSI	52	10.9%
SSDI	18	3.8%
Veteran's Benefits	13	2.7%
Selling Blood/Plasma	8	1.7
Illegal Activity	7	1.5%
Self-Employed	21	4.4%
Workman's Compensation	1	0.2%
No Income	125	26.3%
Total	595	100.0%

*Respondents could provide more than one answer to the question "What are your sources of income?"

Man outside The Salvation Army

FIGURE 35. MALE POPULATION – REASONS FOR REMAINING HOMELESS

Reasons for Remaining Homeless	Count	Percent
Lack of Affordable Housing	68	14.8%
Substance Abuse	44	9.6%
Mental Illness	29	6.3%
No Job	166	36.2%
No Childcare	0	0.0%
No Transportation	11	2.4%
Unable to get Housing (criminal history)	11	2.4%
Unable to get Housing (credit history)	2	0.4%
Lack of job Skills/Training	11	2.4%
In hiding (domestic violence)	0	0.0%
Poor Health	29	6.3%
Lack of Family Support System	9	2.0%
Prefer to be Homeless	5	1.1%
Other	73	15.9%
Total	458	100.0%

Female Population

FIGURE 36. FEMALE POPULATION – DEMOGRAPHIC INFORMATION

Demographic Information	Count	Percent
Total Number of Women Surveyed	414	45.7%
Previous Homeless (Rate if Recidivism)	373	40.9%
Rate of Recidivism		
Once in 3 years	265	71.0%
Twice in 3 years	57	15.3%
Three times in 3 years	26	7.0%
Four or more times in 3 years	25	6.7%
Length of Time Homeless		
Less than 1 month	55	13.9%
1 – 5 months	97	24.5%
6 months – 1 year	98	24.7%
1 – 2 years	79	19.9%
2 – 5 years	31	7.8%
5 – 10 years	26	6.6%
Over 10 years	10	2.5%
Disability		
Yes	136	33.3%
No	273	66.7%
Marital Status		
Single (never married)	182	44.7%
Married	42	10.3%
Separated	62	15.2%
Divorced	100	24.6%
Widower	16	3.9%
Domestic Partnership	5	1.2%
Parental Status		
Respondents with children*	252	62.7%
Respondents without children	150	37.3%
Race/Ethnicity		
Caucasian	176	44.2%
African American	142	35.7%
American Indian/Alaskan Native	7	1.8%
Asian/Pacific Islander	0	0.0%
African American and Caucasian	22	5.5%
Other	51	12.9%
Hispanic Population	56	13.7%

*This number does not reflect females whose children actually live with them.

FIGURE 37. FEMALE POPULATION – REASONS FOR HOMELESSNESS

Reason	Count	Percent
Divorce	43	10.9%
Unemployment	59	14.9%
Unable to Afford Housing	73	18.4%
Moved to Seek Work	8	2.0%
Family/Personal Illness	35	8.8%
Alcohol/substance Abuse	42	10.6%
Welfare Time Limits	1	0.3%
Domestic Violence	90	22.7%
Physical Disabilities	7	1.8%
Mental Illness	11	2.8%
Housing Benefits Terminated	6	1.5%
Aged Out of Foster Care	4	1.0%
Criminal History	9	2.3%
Catastrophic Event	8	2.0%
Total	396	100.0%

FIGURE 38. FEMALE POPULATION – PREVIOUS NIGHT'S LOCATION

Where did you spend last night?	Count	Percent
Emergency Shelter	114	28.4%
Domestic violence Shelter	42	10.4%
On the Street	3	0.7%
Prison/Jail	0	0%
Detox Center	0	0%
Substance Abuse Facility	13	3.2%
Friend's Home	12	3.0%
Relative's Home	9	2.2%
Hotel/Motel	12	3.0%
Hospital	2	0.5%
Mental Health Facility	2	0.5%
Transitional Housing	151	37.6%
Permanent Housing	41	10.2%
Group Home	1	0.2%
Total	402	100.0%

FIGURE 39. FEMALE POPULATION – MONTHLY INCOME

Monthly Income	Count	Percent
$100 or less	114	28.4%
$101-$500	98	24.4%
$501-$1,000	124	30.8%
$1,001-$2,000	61	15.2%
More than $2,000	5	1.2%
Total	402	100.0%

FIGURE 40. FEMALE POPULATION – INCOME SOURCES

Source of Income*	Count	Percent
Job(s)	171	42.2%
Family/Friends	71	17.5%
Food Stamps	169	41.7%
Social Security	12	3.0%
Pension	1	0.2%
Unemployment	3	0.7%
Child Support	52	12.8%
Asking for Money	12	3.0%
TANF	46	11.4%
SSI	41	10.1%
SSDI	21	5.2%
Veteran's Benefits	3	0.7%
Selling Blood/Plasma	7	1.7%
Illegal Activity	4	1.0%
Self-Employed	6	1.5%
Workman's Compensation	1	0.2%
No Income	55	13.6%

*Respondents could provide more than one answer to the question "What are your sources of income?"

Woman walking near the "Community of Hope"

FIGURE 41. FEMALE POPULATION – REASONS FOR REMAINING HOMELESS

Reasons for remaining homeless*	Count	Percent
Lack of Affordable Housing	127	33.2%
Substance Abuse	29	7.6%
Mental Illness	16	4.2%
No Job	72	18.8%
No Childcare	2	0.5%
No Transportation	3	0.8%
Unable to get Housing (criminal history)	6	1.6%
Unable to get Housing (credit history)	6	1.6%
Lack of job Skills/Training	12	3.1%
In hiding (domestic violence)	31	8.1%
Poor Health	12	3.1%
Lack of Family Support	18	4.7%
Prefer to be Homeless	5	1.3%
Other	43	11.3%
Total	382	100.0%

*Respondents could provide more than one answer to the question "What services do you need?"

CHILDREN

The information that follows concerns the section of the survey for those who answered positively to having children under the age of 18. As disturbing a social ill as homelessness is for most, the idea of a homeless child is particularly distressing. Children who spend extended time on the street are almost certain to suffer long-term deleterious effects. In the short-term homeless children are less likely to be in school, less likely to have appropriate nutrition, less likely to receive appropriate medical care and are at a much higher risk for personal injury.

Of the total homeless population questioned for this survey, 40% reported they have children under the age of 18. Of that group 62.6% report that the child is currently accompanying them. In addition, 37.4% of respondents indicated that they had one or more children living with another parent, relative or friend. Seven-percent indicated that they had children in foster care based on a Child Protective Service placement. The number of children of homeless parents identified by this survey alone is 444, and this survey is only a sampling.

By far, the majority of single parents with children are women. Only 9.5% of the survey population reported being currently married. Seventy-seven percent indicated that their child was currently attending school, an increase of 15% from 2002. Twenty-eight percent of children not in school spend the day at the YMCA, which has a daycare program for homeless children.

Seventy-five percent of respondents indicated that they were able to access medical care for their children when needed. Sixty-percent indicated that they paid for healthcare with Medicaid, while only 3.8% indicated that they paid for their healthcare with CHIP, the federally sponsored healthcare program for children.

FIGURE 42. CHILDREN – LOCATION OF RESPONDENTS' CHILDREN

Location	Count	Percent
Other Parent	42	43.2%
Relative	40	41.2%
Friend	3	3.2%
Foster Family (CPS)	8	8.2%
Foster Family (Other)	4	4.2%
Children's Home	0	0.0%
TOTAL	97	100%

Homeless woman and child outside Presbyterian Night Shelter

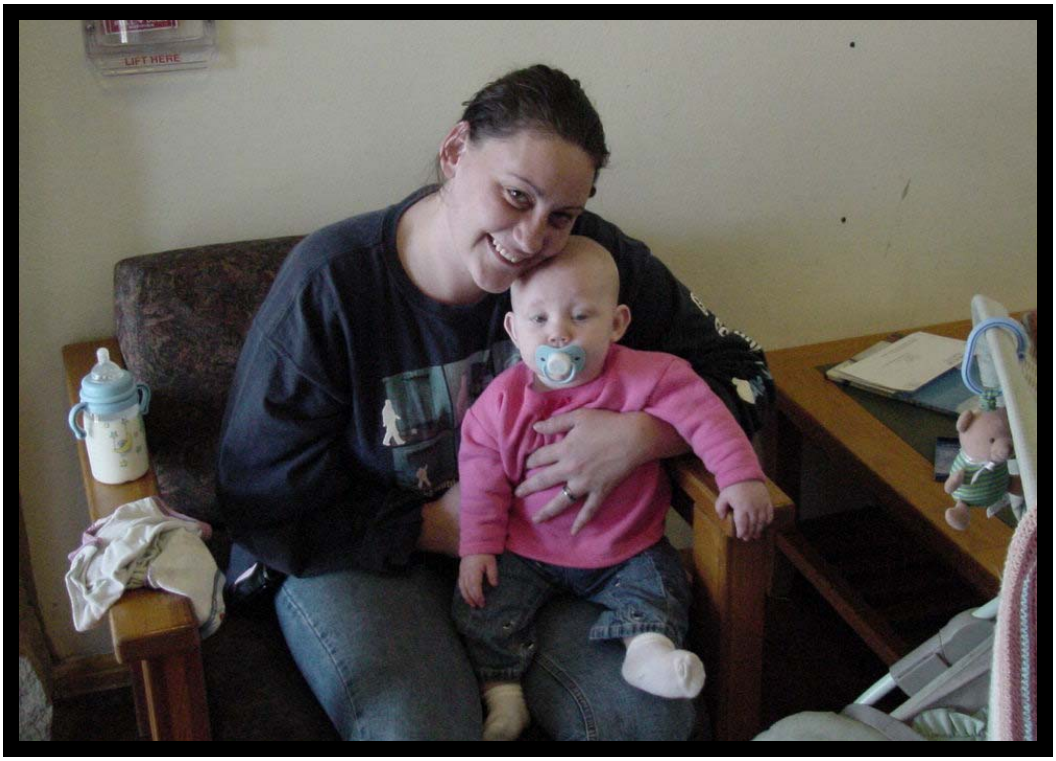
FIGURE 43. CHILDREN – SCHOOL ATTENDANCE

Does your child attend school?	Count	Percent
Yes	194	76.7%
No	59	23.3%
Total	253	100.0%

FIGURE 44. CHILDREN – DAILY LOCATION OF CHILDREN NOT IN SCHOOL

If not, where does he/she spend the day?*	Count	Percent
Custodial Parent	39	28.9%
Non-Custodial parent	3	2.2%
Other Relative	18	13.3%
Friend	4	3.0%
YWCA	38	28.1%
Private Child Care	39	28.9%
Total	141	104.4%*

*Respondents were allowed to choose more than one answer



Woman and her child at the Lowden-Schutts program for women and children

FIGURE 45. CHILDREN – ACCESSIBILITY OF SERVICES

Has your child been able to receive…?	Always	Mostly	Some-times	Rarely	Never	Have Not Tried
Medical Care	72.8%	17.1%	4.9%	2.8%	2.4%	N/A
Dental Care	35.0%	14.3%	3.4%	7.6%	14.8%	24.9%
Immunizations	94.3%	N/A	N/A	N/A	3.2%	N/A
Mental Health Care*	76.3%	N/A	N/A	N/A	23.7%	N/A

*Respondents were asked, "Does your child need mental health care?"

Family at Union Gospel Mission

FIGURE 46. CHILDREN – PAYMENT FOR MEDICAL SERVICES

How do you pay for your child's medical care?*	Count	Percent
Own Money	22	7.0%
Medicaid	190	60.5%
Insurance	53	16.9%
Medicare	4	1.3%
Veteran's Benefits	3	1.0%
Family/Friends	9	2.9%
Charitable Organization	1	0.3%
CHIP	1	0.3%
Don't Pay	49	15.6%
Total	332	105.8%*

*Respondents were allowed to choose more than one answer

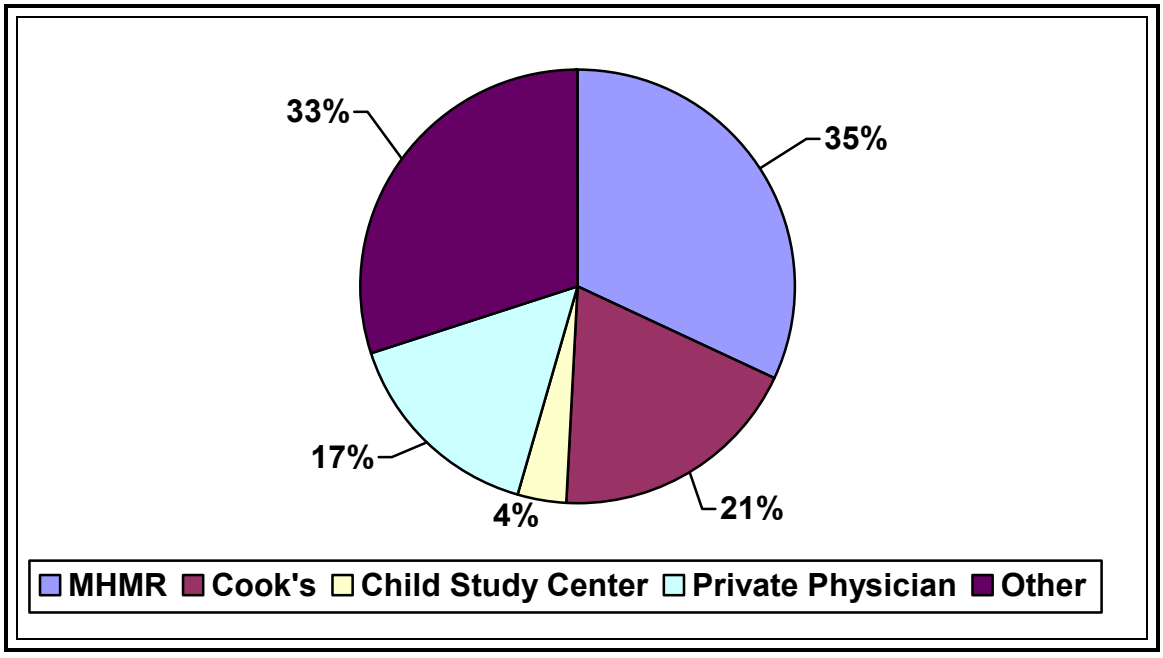
FIGURE 47. CHILDREN – NEED FOR MENTAL HEALTH SERVICES

Does your child need mental health services?	Count	Percent
Yes	57	17.9%
No	233	73.3%
Don't Know	28	8.8%
Total	318	100.0%

FIGURE 48. CHILDREN – AVAILABILITY OF MENTAL HEALTH SERVICES

Has your child been able to get mental health services?	Count	Percent
Yes	50	76.9%
No	15	23.1%
Total	65	100.0%

FIGURE 49. CHILDREN – MENTAL HEALTH PROVIDERS



HEALTH CARE NEEDS AND SERVICES

Once a person is on the street or otherwise without a home, the ability to access health care becomes problematic. Notwithstanding the concomitant effects of homelessness (e.g., lack of financial resources, transportation), gaining access to medical resources when you do not have a permanent address presents a variety of problems.

Those problems range from scheduling appointments and receiving mail to overcoming the stigma of homelessness to gain access to certain segments of the medical establishment. Those who do gain access beyond emergency and other basic services often rely on case managers or some other outside party to help them gain entrance.

The percentage of respondents who indicated they are "always" able to see a doctor when ill fell from over 50% to 44% between the 2002 and 2004 surveys. The number who reported that they were "never" able to see a dentist fell from over fifty percent to thirty-one percent. The 2004 survey indicates women have better access to medical doctors than men. Forty-four percent of respondents reported that they receive medical services at John Peter Smith Hospital and 50% indicated that they "never" pay for medical services. Forty-six percent indicated they had been tested for HIV with the last year. Forty-eight percent of those who tested positive are not currently receiving treatment.

Medical Care

FIGURE 50. MEDICAL – ACCESSIBILITY OF MEDICAL CARE

Have you been able to see a doctor when sick?	Count	Percent
Always	394	44.3%
Mostly	124	13.9%
Sometimes	101	11.3%
Rarely	75	8.4%
Never	81	9.1%
Have Not Tried	115	12.9%
Total	890	100.0%

Respondents who said that the question was not applicable indicated they had not needed to see a doctor since they had been homeless.

FIGURE 51. MEDICAL – ACCESSIBILITY OF MEDICAL CARE BY GENDER

Have you been able to see a doctor when sick?	Females		Males	
	Count	Percent	Count	Percent
Always	189	45.7%	205	42.9%
Mostly	70	17.1%	54	11.3%
Sometimes	46	11.1%	55	11.5%
Rarely	36	8.8%	38	7.9%
Never	38	9.2%	43	9.0%
Have Not Tried	31	7.6%	83	17.4%
Total	410	100.0%	478	100.0%

Females report a higher rate of health care usage than males. This is not unusual when compared to the whole community, as females tend to utilize medical care more than males. Medical care was listed as a need by males, suggesting that it is perhaps not as readily available to the male homeless population as it is to the female homeless population.

FIGURE 52. MEDICAL – ACCESSIBILITY OF MEDICAL CARE BY RACE

Have you been able to see a doctor when sick?	Always	Mostly	Some-times	Rarely	Never	Have not Tried
African American	44.2%	13.7%	10.9%	7.2%	8.1%	15.9%
Caucasian	48.9%	12.3%	10.8%	8.1%	7.8%	12.0%
Other	33.6%	15.9%	13.1%	11.2%	11.2%	15.0%
General Population	44.3%	13.9%	11.3%	8.4%	9.1%	12.9%

FIGURE 53. MEDICAL – MEDICAL SERVICE PROVIDERS

Where do you receive medical care?	Count	Percent
Private Physician's Office	108	12.6%
Salvation Army Clinics	57	6.6%
John Peter Smith Clinics	381	44.4%
Emergency Room	70	8.2%
City/County Health Department	34	4.0%
Veteran's Hospital	36	4.2%
Other Clinic/Hospital	68	7.9%
Not Applicable	104	12.1%
Total	858	100.0%

FIGURE 54. MEDICAL – METHOD OF PAYMENT FOR MEDICAL CARE

How do you pay for medical care?	Count	Percent
Own Money	106	12.7%
Medicaid	152	18.2%
Insurance	52	6.2%
Medicare	21	2.5%
Veteran's Benefits	29	3.5%
Family/Friends	8	1.0%
Charitable Organization	50	6.0%
Don't Pay	417	49.9%
Total	835	100.0%

Dental Care

FIGURE 55. DENTAL – ACCESSIBILITY OF DENTAL CARE

Have you been able to see a dentist?	Count	Percent
Always	141	16.1%
Mostly	69	7.9%
Sometimes	65	7.4%
Rarely	76	8.7%
Never	278	31.7%
Have Not Tried	247	28.2%
Total	876	100.0%

FIGURE 56. DENTAL – DENTAL CARE PROVIDERS

Where do you receive dental care?	Count	Percent
Private Dentist's Office	101	18.7%
Salvation Army Clinics	37	6.9%
John Peter Smith Clinics	101	18.7%
Dental Health Arlington	3	0.6%
Mission Arlington	9	1.7%
City/County Health Department	25	4.6%
Veteran's Hospital	9	1.7%
Baylor University Dental Clinic	14	2.6%
Not Applicable	241	44.6%
Total	540	100.0%

FIGURE 57. DENTAL – METHOD OF PAYMENT FOR DENTAL CARE

How did you pay for dental care?	Count	Percent
Own Money	74	14.4%
Medicaid	45	8.8%
Insurance	21	4.1%
Medicare	8	1.6%
Veteran's Benefits	7	1.4%
Family/Friends	7	1.4%
Charitable Organization	53	10.3%
Don't Pay	298	58.1%
Total	513	100.0%

HIV/AIDS

FIGURE 58. HIV/AIDS – TIME SINCE MOST RECENT HIV TEST

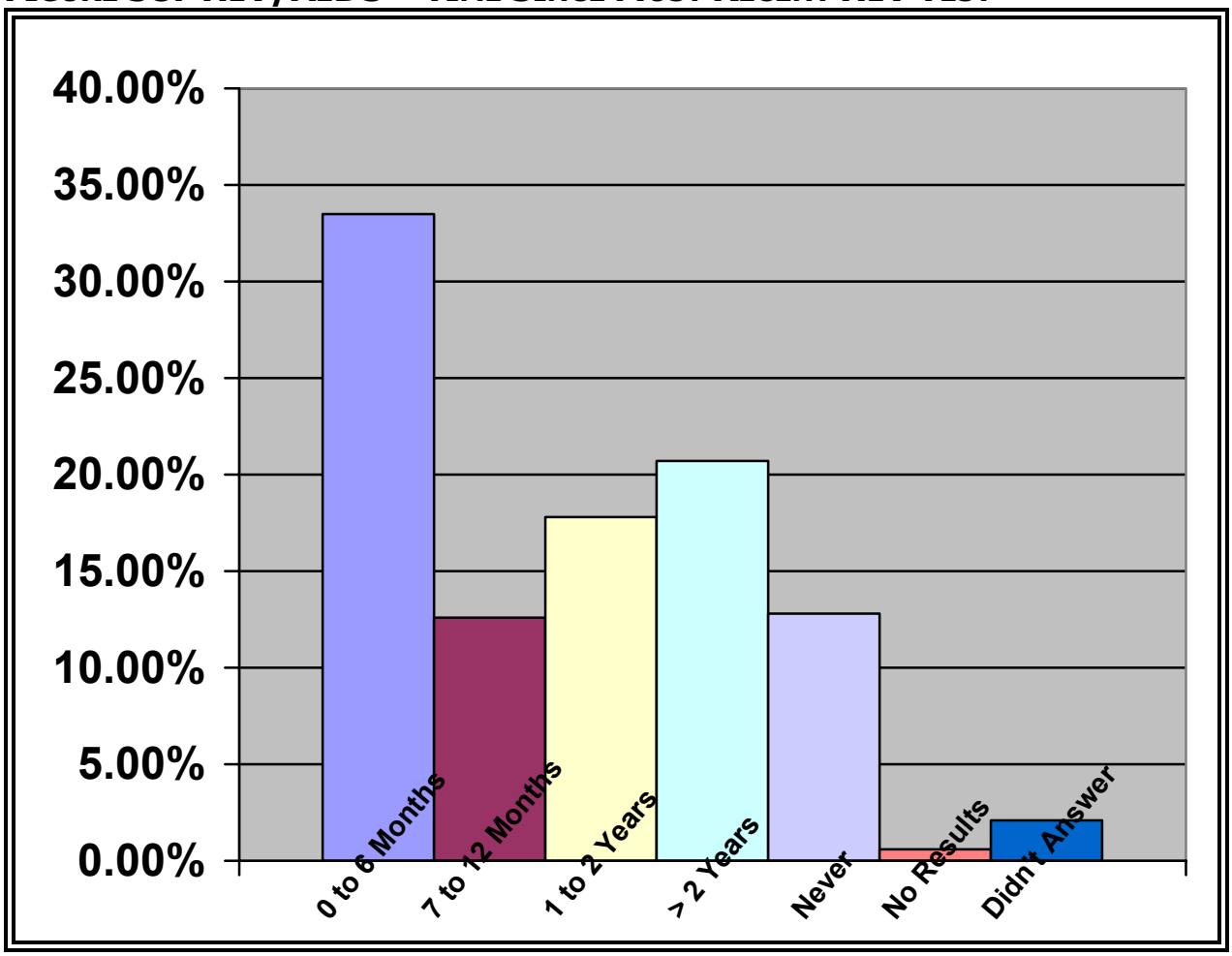


FIGURE 59. HIV/AIDS – PREVALENCE AND TREATMENT

Ever test positive for HIV?	Count	Percent
Yes	118	13.7%
No	744	86.3%
If yes, are you being treated?	**Count**	**Percent**
Yes	101	52.1%
No	17	47.9%

Mental Health Care

FIGURE 60. MENTAL HEALTH – PREVALENCE BY GENDER

Do you feel you have one of the following mental health problems?	Male		Female		General Population	
	Count	Percent	Count	Percent	Count	Percent
Serious Depression	158	33.3%	168	41.3%	326	36.9%
Serious Anxiety	77	16.2%	89	21.9%	166	18.8%
Hallucinations	35	7.4%	18	4.4%	53	6.0%
Violent Behavior	24	5.1%	16	3.9%	40	4.5%
Suicidal Thoughts	34	7.2%	22	5.4%	56	6.3%
Other	23	4.9%	35	8.6%	58	6.6%
No	272	57.4%	202	49.6%	476	53.9%

FIGURE 61. MENTAL HEALTH – TREATMENT BY GENDER

Have you received…?	Male		Female		General Population	
Previous Mental Health Treatment	Count	Percent	Count	Percent	Count	Percent
Yes	168	36.3%	249	61.5%	417	48.0%
No	295	63.7%	156	38.5%	452	52.0%
Current Mental Health Treatment						
Yes	107	23.7%	166	41.2%	273	31.9%
No	345	76.3%	237	58.8%	583	68.1%

Presbyterian Night Shelter Safe Haven

FIGURE 62. MENTAL HEATH – PREVALENCE AND TREATMENT BY RACE

Previous Mental Health Treatment	Yes		No	
	Count	Percent	Count	Percent
African American	124	39.5%	190	60.5%
Caucasian	177	54.1%	150	45.9%
Other	49	48.5%	52	51.5%
Current Mental Health Treatment				
African American	75	24.1%	236	75.9%
Caucasian	128	40.3%	190	59.7%
Other	26	26.0%	74	74.0%
Ever Felt that you Needed Treatment				
African American	129	39.9%	194	60.1%
Caucasian	182	56.0%	143	44.0%
Other	41	38.7%	65	61.3%

Substance Abuse

FIGURE 63. SUBSTANCE ABUSE – PREVALENCE AND TREATMENT BY GENDER

Need	Male		Female		General Population	
Previous Substance Abuse Treatment	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Yes	204	43.5%	122	30.6%	326	37.5%
No	265	56.5%	277	69.9%	544	62.5%
Current Substance Abuse Treatment						
Yes	35	7.6%	52	13.2%	87	10.2%
No	423	92.4%	342	86.8%	767	89.8%
Ever Felt that You Needed Treatment*						
Yes	148	31.1%	87	21.4%	235	26.6%
No	328	68.9%	320	78.6%	650	73.4%

*The last question was only answered if the respondent had not previously or was not currently receiving substance abuse treatment.

Outside the Presbyterian Night Shelter

FIGURE 64. SUBSTANCE ABUSE – TREATMENT BY RACE

Previous Substance Abuse Treatment	Yes		No	
	Count	Percent	Count	Percent
African American	135	43.1%	178	56.9%
Caucasian	124	37.9%	203	62.1%
Other	30	28.6%	75	71.4%
Current Substance Abuse Treatment				
African American	26	8.4%	283	91.6%
Caucasian	39	12.2%	280	87.8%
Other	7	6.7%	98	93.3%

Near the Day Resource Center

FOCUS GROUPS

Focus groups were conducted at The Day Resource Center, Women's Haven of Tarrant County and Presbyterian Night Shelter in Fort Worth and at the Arlington Life Shelter in Arlington.

Day Resource Center Focus Group

Circumstances Leading to Homelessness:

- Loss or death of family members
- Crisis
- Alcohol or drug use
- Desire for freedom
- Juvenile kicked out of home
- Mental health issues
- Job loss
- Lack of transportation
- Depression or emotional instability
- Criminal background

Top Five Needs: Housing, Substance abuse treatment, Transportation, Employment and job training (including special needs of ex-offenders), Case management

Women's Haven Focus Group

Circumstances Leading to Homelessness:

- Domestic violence
- Eviction or behind on bills
- Forced to stay with estranged husband
- Drugs
- Imprisonment
- Financial Problems
- Lack of citizenship
- Controlling partner
- Emotional abuse
- Loss of self-esteem
- Drug and alcohol abuse by partner
- Rape
- Cost burdened

Top Five Needs: Transportation, Housing, Employment/Income, Childcare, Legal Services

Arlington Life Shelter Focus Group

Circumstances Leading to Homelessness:

- Loss of job
- Loss of Section 8
- Loss of home through crisis
- Physical illness
- No savings
- Taking care of older parent
- Depleted resources
- Domestic violence

Top Five Needs: Transportation, Housing, Transportation, Employment, Medical care, Overcoming stigma of homelessness

Presbyterian Night Shelter Focus Group

On December 6, 2004, Mayor Mike Moncrief met with several residents of the Presbyterian Night Shelter. This focus group was held as part of the Mayor's Task Force on Homelessness. All participants in the focus group were Presbyterian Night Shelter clients. The consensus number one priority for this group was having access to quality, affordable, safe housing. What follows is the balance of their suggestions, observations, concerns and general comments.

- Need to address special financial needs of those with mental health issues or other disabilities
- Continue to have a strong police presence in the surrounding shelter area, especially after dark
- Some shelter residents have a regular monthly income but still live at the shelter
- Need employment assistance or a temp service for shelter residents (this could be used under the conditions of receiving case management and other supportive services)
- Need transportation in order to hold down a job
- Employment assistance should be conditional on willingness to work and participate
- It would be nice if prospective employers could come to the shelter (i.e. a job fair)
- More assistance for elderly/aging residents
- Adequate daycare is not available without financial assistance, and free daycares have long waiting lists
- Criminal record prohibits getting housing or jobs. The way the community treats ex-offenders prevents self-improvement.
- Some shelter residents have the means to get out, but choose that lifestyle because they don’t want to have responsibilities
- It costs $5 every time you go anywhere on the bus, just to get somewhere and come back. There are only a limited number of free passes given by the shelter each month, and routes do not always cover needed areas. An alternate form of transportation is needed.
- Residents need assistance in applying for Medicaid and other benefits
- Many residents have reason to believe they are eligible for benefits, but are still being denied them (One woman has a child with cerebral palsy and has been denied multiple times)
- Some people who were once eligible for benefits are still receiving them even though they may not meet the requirements any longer
- Day labor (“labor halls”) need reform
    - You might have work one day, but not the next
    - Some labor halls operate illegally: SLS Labor Service runs unsafe vans
- Alcohol and drugs absorb the income of many shelter residents
- Would like education and job skills training available at shelter
    - Many need resume/application assistance
- People who are not utilizing assistance/benefits to improve themselves should let others have a chance with them (i.e. Section 8 is full)
- Residents need assistance getting documents and identification
- There should be conditions on residence in the shelter. For example, people who have a regular monthly income for a certain length of time should have to pay some amount of rent (distinguish between regular and day labor income)
- Some people do pay rent (attendees were unsure who or under what circumstances)
- There is a need for affordable housing. Regular income is not enough to get housing and meet other needs. One man receives $425 a month.

- There is a need for permanent jobs as opposed to day labor or temporary employment
- Residents need counseling in order to help them make the transition back into society
- "We are a disposable society"
- There are disparities in opportunities available for those with different criminal convictions. For example, drug offenders cannot work in health care or get food stamps ever again, but murderers can.
- Residents want collaboration between homeless citizens and city administrators on these issues.
- Residents envision a "portal of entry" where they discover available resources and job opportunities. For example in Colorado Springs:
    - Appointment with employment counselor on 3rd day at shelter
    - Counselors have connects with local businesses and are able to get employment
    - Use of old motels, etc. to create affordable rental housing
- Need to center assistance efforts in the Community of Hope so that they are accessible to homeless persons
- Need transportation to JPS every day so that homeless persons can get to their appointments or receive emergency care.
    - Shelters call 911 several times a week because of lack of transportation
    - What about a shuttle from shelters to JPS twice a day?
- Some residents feel that the Task Force plan does not incorporate the homeless perspective. The insights and knowledge of homeless people are the "missing piece"
- Need computer skills to function in this digital society
- Affordable housing opportunities should be available across the community
- Some residents question ethics of mandating TB screening to get some services. Others feel it is necessary to be protected from a health threat.
- Food stamp fraud takes place all of the time. People sell their stamps for drugs.
- State hospital puts people out on the street who are incapacitated. They need discharge planning.
- What about developing contracts with community businesses to employ regular shelter residents?
- Need assistance for homeless children in order to end cycle of poverty, drugs, crime, etc.
- "If you really want to do it [get out of homelessness], you can"
- Need more lighting around the shelter area and a four way stop in front of the shelter on Cyprus
- Hopelessness is prevalent in the shelter
- The focus should be on prevention
- Residents need a place to store belongings while searching for employment
- Day labors don't provide transportation to work sites, except for SLS, which is unsafe.
- It is important to stay in contact with your family, but living with them or accepting too much help can damage relationships. Also, residents want to be independent – "I can do it on my own"
- Overcrowding in the shelter, especially on cold nights (there are 700+ people). They need more beds.

CONCLUSION

The trends in the Tarrant County homeless community that this document describes are not new. The numbers are generally up from the last survey, which were up from the survey before that. The increases in the homeless numbers are outpacing the general population growth. Without effective intervention, homelessness will continue grow and continue to infringe on the quality of life for all of the citizens of Tarrant County. Despite some success in bringing money (mostly federal) into the community, it is clear that current efforts are swimming against the tide.

Without new and innovative interventions, and likely without new funding streams, the root causes of homelessness will not be sufficiently addressed--addressed in a way that will stop the increases Tarrant County continues to see. The Continuum of Care money, $7 million in 2003 and $6.9 million in 2004, have enabled the community to develop a strategy for covering all the categories of the homeless--men women-children-DV-HIV-Vets- chronic populations. But every category is still underserved, both with services and housing.

The community's ability to make a significant impact in the number of homeless individuals and families living in shelters and on the street will require a dramatic shift in service delivery--a shift toward serving more of the long-term homeless. In part, that will mean that agencies now serving the homeless population will have to concentrate more on serving the street and shelter populations, but that will require more than just a willingness to do so.

The difficulty and cost of serving the shelter populations with transitional and permanent supportive housing (particularly at PNS, UGM and DRC) makes it prohibitive for many agencies to serve the population effectively. Serving a more chronic population will necessarily mean that fewer overall participants will be served. Several of the agencies have federal grants that require a specific

number of participants to be served over the course of the grant term. Serving those harder to serve clients would limit their ability to achieve those numbers.

When asked to give the primary reason for remaining homeless, the number one reason among men was the lack of a job, while women stated the inability to afford housing, an obvious extension of a lack of income. In the focus groups that followed up on the survey data, it was stated several times that the reasons for homelessness were difficult to separate out: lack of transportation led to lack of employment which led to an inability to pay rent. Conversely, the lack of a permanent address (and with it, no place to clean and store clothes or otherwise prepare for a work day) led to an inability to find work. It is clear that homelessness is the result of a convergence of events and circumstances that play into and off of one another.

The reasons for homelessness are multifaceted and the solutions must be multifaceted as well. Thus, any community serious about reducing the number of homeless must make a continuum of resources available that can address several problems at the same time. Providing housing without addressing possible other needs (employment, transportation, childcare, substance abuse or mental-health treatment, for example) will not work. And, treating symptoms absent a stable living situation makes the likelihood for long-term success for program participants much lower.

The numbers in this report clearly show that the condition of homelessness has embedded itself in our community. As the issue becomes increasingly political and the money to support interventions is spread thinner, it becomes harder to find interventions that will get to the roots of the problem. The plethora of forces aligned against satisfactory interventions-stigma, political concerns, funding cuts, nimbyism, competing priorities--can be daunting. Despite these barriers, it remains the obligation of those in a position to facilitate a solution to continue working to implement needed changes. Our ability to reduce the number of homeless individuals and families in Tarrant County relies a great deal on the resolve of those who count themselves as leaders in the community.

APPENDIX A

METHODOLOGY FOR ESTIMATING TOTAL NUMBER OF HOMELESS PERSONS

TARRANT COUNTY HOMELESS POPULATION – POINT IN TIME ESTIMATE

Area	Unsheltered	Sheltered	Transitional	Permanent	Non-Service Users	TOTAL
Fort Worth	265	1340	577	816	886	3884
Arlington	49	149	152	77	161	588
Urban County	58	0	213	85	450	806
TOTAL	372	1489	942	978	1497	5278

This survey relies on an one night estimate point prevalence, that is, the number of individuals who are homeless at a single point-in-time. All of the main emergency shelters were contacted and asked to report the number of homeless persons served during the month of January 2005. This number was then divided by 31 to arrive at an average daily count.

The transitional and permanent supportive housing numbers are based on counts performed in October 2004. The unsheltered homeless figures are based on a regression performed by Alejandro Rodriguez, Ph.D., using unsheltered numbers from the past three previous surveys. Below is the formula for the unsheltered numbers.

Model	Y^	a Constant	b Coefficient	X (Year to forecast)	bX	t (90%) two-tail	Standard error of the estimate	n (# of years)	Mean year	R square	SD
Unsheltered-Ft Worth	265	76.667	47	4	188	6.314	18.779	3	2	0.926	1
Unsheltered-Arlington	49	11	9.5	4	38	6.314	1.225	3	2	0.992	1
Unsheltered-Urban County	58	22.333	9	4	36	6.314	0.816	3	2	0.996	1
Non-Service Users-Ft Worth	886	316.333	142.5	4	570	6.314	90.223	3	2	0.833	1
Non-Service Users-Arlington	161	51	27.5	4	110	6.314	6.124	3	2	0.976	1
Non-Service Users-Urban Co	450	70.333	95	4	380	6.314	66.953	3	2	0.801	1

	Lower bound	Upper bound	R square	Sig
Unsheltered-Ft Worth	48	481	0.926	0.175
Unsheltered-Arlington	35	63	0.992	0.058
Unsheltered-Urban County	49	68	0.996	0.041
Non-Service Users-Ft Worth	-154	1926	0.833	0.268
Non-Service Users-Arlington	90	232	0.976	0.099
Non-Service Users-Urban Co	-321	1222	0.801	0.294

High/Low Shelter Counts

All of the main emergency shelters were contacted and asked to report on their highest and lowest occupancy rates (and the months that these highs and lows occurred) during the previous year.

HIGH AND LOW SHELTER COUNTS

Shelter	High	Low
Arlington		
Arlington Life Shelter	82	60
The Women's Shelter	69.23	46.71
Fort Worth		
Day Resource Center	237	200
Presbyterian Night Shelter (PNS)	769	416
PNS Lowden-Schutts	112	103
The Bridge	12.6	5
Union Gospel Mission	278	234
Women's Haven	87	70

Annualized Estimates

Methodology

Calculations for the annualized estimates of homeless persons are based on the Corporation for Supportive Housing's *Estimating the Need: Projection from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing* (Burt & Wilkins 2005). In the section entitled, "Projecting to an Annual Estimate When You Have No Personal Information," a formula is provided for calculating an annual estimate based on (1) the estimated number of homeless at a given point-in-time (A) (2) the number of homeless who were counted in emergency shelters (B) (3) the average length of stay (LOS) for all contributing emergency shelters (C) and (4) an estimate of recidivism rates for shelter stays (D). The formula is expressed:

A + ((B * 365/C) * (1-D))

The formula accounts for duplication in (1-D) which subtracts persons who may have more than one shelter stay over the course of the year, and accounts for lag time in filling a vacated bed. The point-in-time numbers are based on counts conducted in January 2005 for all homeless shelters and transitional and permanent housing programs in Tarrant County. The unsheltered numbers were extrapolated from longitudinal data from the 1997, 2000 and 2002 Tarrant County homeless surveys. The average length of stay and the recidivism rate were based on estimates and information from contributing emergency shelters.

A + ((B * 365/C) * (1-D)) = 4300 + ((1489 * 365/35) * (1-.5))

4300 = point-in-time count (5278) minus permanent supportive housing census (978)
1489 = point-in-time emergency shelter count
365 = days in the year
35 = average length of stay in emergency shelters
.5 = percentage of clients with more than one shelter stay

Total Annualized Estimate of Homeless Population: 12,064

Survey Methodology

The survey targeted two separate categories of the homeless population:

- sheltered/unsheltered; and
- transitional/permanent supportive housing.

Two different methodologies were used to gather information from each targeted group based on the nature and mobility of each homeless category.

One-Night Blitz Study

The one-night blitz study of an entire community is designed to avoid the possibility of double counting. To further guard against the potential of double counting the 2004 needs survey assigned volunteer teams to specific geographic areas. These areas were far enough apart and the survey started late enough in the day that the likelihood of any individual being interviewed in more than one geographic area, was considered remote. In addition, each survey participant was asked if they had already taken the survey. The 2004 survey was conducted between the hours of 3:00 p.m. and 7:00 p.m. on November 4, 2004.

Transitional/Permanent Supportive Housing

The homeless who currently reside in transitional or permanent housing are much easier to track. Homeless persons in Transitional Housing can stay there for up to two years. Homeless persons in Permanent Supportive Housing are homeless persons with disabilities and may remain housed indefinitely. This group of individuals was surveyed over a three week period prior to survey night.

TRANSITIONAL HOUSING TABLE

Transitional Housing	Women	Men	Children	TOTAL
Open Arms Home	15		14	29
Women's Shelter (SHP)	14		29	43
Women's Shelter (non-SHP)	2		4	6
Salvation Army (First Choice)	7		12	19
Salvation Army (Simon)	16	21		37
Women's Haven	29		59	88
VOA FAITH	5	1	2	8
AIDS Outreach Center	5	3	10	18
Cornerstone Assistance Network	23	20	29	72
Texas Inmate Services	3	4	1	8
YWCA	33			33
Community Enrichment Center	71	6	138	215
MHMR	6	6	11	23
GRACE	15	1	22	38
Tarrant County	5	3	14	22
Arlington Housing Authority	20	4	54	78
Samaritan House (Genesis)	7	9	9	25
Cenikor	31	140		171
All Church Home	3		6	9
Total	**310**	**218**	**414**	**942**

PERMANENT SUPPORTIVE HOUSING TABLE

Permanent Housing	Women	Men	Children	TOTAL
Volunteers of America	22		36	58
AIDS Outreach Center	2	3	2	7
Shelter Plus Care, Fort Worth	326	211	225	762
Shelter Plus Care, Arlington	25	15	37	77
Samaritan House	12	39		51
MHMR	7	8	8	23
Total	**394**	**276**	**308**	**978**

SURVEY GEOGRAPHICAL LOCATIONS

Survey Night Sheltered Locations		
Presbyterian Night Shelter	Arlington Life Shelter	Broadway Baptist Agape Meal
Union Gospel Mission	Women's Haven	Salvation Army
Mission Arlington	Arlington Women's Shelter	Day Resource Center
Survey Night Unsheltered Locations		
E. Lancaster 1-35 to Pine Street	E. Lancaster Pine St. to Riverside Dr.	E. Lancaster Riverside Dr. to Beach St.
Downtown Fort Worth	Northside Stockyards	Community of Hope to Vickery
Arlington Life Shelter	Arlington, parks--camps	Beautiful Feet Ministries
Permanent and Transitional Housing Locations		
Women's Haven	Salvation Army SIMON	Women's Shelter
AIDS Outreach Center (Fort Worth and Arlington)	YWCA	Salvation Army First Choice
Tarrant County	Open Arms Home	Arlington Life Shelter
Cornerstone	Community Enrichment Center	GRACE
Center of Hope	Volunteers of America	

APPENDIX B

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APPENDIX C

Tarrant County
2004 Survey of the Homeless Population

Hello, my name is _____, and I am helping the Tarrant County Homeless Coalition do a survey of our community. Your answers to this survey will help the Homeless Coalition and local service providers better understand the needs in our area and will help get more money for services.

Have you taken a survey already this evening?

Participation in this survey is voluntary. You do not have to be interviewed. If you agree to participate, your name will not be used in any way.

This survey is strictly confidential.

We ask that you take this survey only once. If somebody else asks you to take the survey later, just tell them that you have already taken it. Would you be willing to take about 15 minutes and answer a few questions?

Surveyor: _____

1. Date: _____

2. Survey Location:

1. Presbyterian NS
2. Union Gospel Mission
3. Salvation Army
4. Women's Haven
5. Arlington Life Shelter
6. The Bridge
7. Other Shelter
8. Transitional Housing
9. Permanent Housing
10. Unsheltered
11. Community Meal

3. Survey City _____

4. What is your date of birth _____

5. Sex (Observation Only)

1. Female
2. Male

6. Are you Hispanic or Latino?

1. Yes
2. No

7. What is your Racial Background?

1. American Indian/Alaskan Native
2. Asian
3. Black of African American
4. Native Hawaiian or other Pacific Islander
5. White
6. American Indian or Alaskan Native and White
7. Asian and White
8. Black or African Amer. and White
9. Amer. Indian or Alaskan Native and Black or African Amer.
10. Other

8. Have you ever served in active duty for the U.S. Military or as part of the Reserves?

1. Yes
2. No

9. Where were you living when you first became homeless?

1. City: _____ ZIP Code:_____

10. How long have you been living in Tarrant County?

a. 1 week or less
2. 2-4 weeks
3. 1 to 3 months
4. 4 to 5 months
5. 6 months to 1 year
6. 1 to 2 years
7. 2 years or more, but less than 5 years
8. 5 years or more, but less than 10 years
9. 10 years or longer

11. Where did you spend last night?

1. Emergency Shelter
2. Domestic Violence Shelter
3. Place not meant for human habitation (street, car, tent, abandoned building, park)
4. Prison/Jail
5. Detox Center
6. Substance Abuse Treatment Facility
7. With a Friend
8. With a Relative
9. Hotel/Motel
10. Hospital (non psychiatric)
11. Mental Health Facility
12. Transitional
13. Permanent Housing
14. Group home

12. How long have you been homeless?

1. Less than 1 month
2. 1 – 5 months
3. 6 months to 1 year
4. More than 1 year and less than 2 years
5. More than 2 years and less than 5 years
6. 5 – 10 years (skip to 14)
7. Over 10 years (skip to 14)

13. How many times have you been Homeless in the last three years?

1. 1
2. 2
3. 3
4. 4 or more

14. Are you disabled?

1. Yes
2. No

15. If yes, what kind of disability do you have?

1. Permanently Physically Disabled
2. Temporarily Physically Disabled
3. Mental Illness
4. Chronic Substance Abuse
5. HIV/AIDS

16. Do you receive Social Security Disability Insurance (SSDI)?

1. Yes
2. No

17. What is your current marital status?

1. Married
2. Divorced
3. Separated
4. Widow/er
5. Single
6. Domestic Partnership

18. Do you have children under the age of 18 (living with you or not)? If Yes, go to Children Section (Page 17, ITEM 63); if No, go to Q19)

1. Yes
2. No

19. Do you have family members living with you now?

1. Yes
2. No

20. If yes, which family members live with you?

1. Wife/ Husband
2. Domestic partner
3. Children
4. Other family

21. How old were you when you first became homeless?

1. 0 – 12
2. 13 – 18
3. 19 – 25
4. 26 – 30
5. 31 – 40
6. 41 – 50
7. 51 -- 65
8. over 65

22. Before you became homeless this time, where were you staying?

1. Owned Home
2. Rented Home
3. Rented Apartment
4. With Parents
5. With other family
6. With Friends
7. Foster Family*
8. In county/city jail*
9. State/Federal Prison*
10. Hospital (medical)*
11. Mental Illness Treatment Facility*
12. Substance Abuse Treatment Facility*
13. Half-Way House*

IF * Answer Questions 23 ; Otherwise skip to Q 24

23. Before you left this facility, did you receive assistance finding a place to stay?

1. Yes
2. No

24. Do you feel that you have a mental health problem including any of the following?

a. Serious Depression
3. Serious Anxiety
4. Hallucinations
5. Violent Behavior
6. Thoughts of Suicide
7. No
8. Other _____

25. Do you feel that this mental health problem will last for a long time and limits your ability to live on your own?

1. Yes
2. No

26. Have you ever received mental health services (counseling, medication, inpt. Hosp.)?

1. Yes
2. No

27. Are you currently receiving mental health services?

1. Yes
2. No

28. Do you feel that you have a problem with alcohol or drugs?

1. Yes
2. No

29. If yes, do you feel that this problem will last for a long time and limits your ability to live on your own?

1. Yes
2. No

30. Have you ever been in an alcohol or drug abuse treatment program?

1. Yes
2. No

31. Are you currently in an alcohol or drug abuse treatment program?

1. Yes
2. No

32. What is the Primary reason you became homeless?

1. Separation /Divorce
2. Unemployment/ lost job
3. Unable to afford housing
4. Moved to seek work
5. Family member or personal illness
6. Alcohol/Drug Abuse
7. Welfare Time Limits
8. Domestic Violence
9. Physical Disabilities
10. Mental Illness
11. Housing Benefits Terminated
12. Aged out of Foster Care
13. Criminal History
14. Catastrophic event

33. Is there another factor that contributed to you becoming homeless?

1. Separation/ Divorce
2. Unemployment/ lost job
3. Unable to afford housing
4. Moved to seek work
5. Family member or personal illness
6. Alcohol/Drug Abuse
7. Welfare Time Limits
8. Domestic Violence
9. Physical Disabilities
10. Mental Illness
11. Housing Benefits Terminated
12. Aged out of Foster Care
13. Criminal History
14. Catastrophic Event

34. Has domestic violence or intimate partner violence contributed to your being homeless?

a. Yes
b. No

35. Have you ever served a sentence in jail?

1. Yes
2. No

36. Have you ever served a sentence in prison?

a. Yes
b. No

37. Are you currently on parole?

a. Yes
b. No

38. Are you currently on probation?

a. Yes
b. No

39. Do you have a job?

1. Yes (skip to Q43)
2. No (go to Q40)

40. How long have you been unemployed?

1. 1 month or less
2. 1 – 5 months
3. 6 months to a year
4. 1-5 years
5. More than 5 years

41. Are you able to work?

1. Yes
2. No

42. If no, why are you unable to work?

1. Permanently Physically Disabled
2. Temporarily Physically Disabled
3. Mental Illness
5. Substance Abuse
6. Poor Health/Illness
7. No Identification
8. Lack of USA citizenship documentation
9. Don't want to work
10. Under Age
11. Lack of Child Care
12. Lack of Skills/Training
13. Lack of Permanent Address
14. Lack of Proper Clothing
15. Criminal Background or History
16. No transportation
17. Language barrier

43. If yes, to Q39 what best describes your work schedule?

1. Regular Full-Time
2. Regular Part-Time
3. Day Labor
4. Other part-time

44. From which of the following sources do you get income? (mark as many as apply)

1. Job/Jobs
2. Family/Friends
3. Food Stamps
4. Social Security
5. Pension
6. Unemployment
7. Child Support
8. Asking for money
9. TANF
10. SSI
11. SSDI
12. Veterans Benefits
13. Selling Blood/Plasma
14. Illegal activity
15. Self-employed
16. Workman's Comp
17. No Income

45. Have you been denied benefits in the last year?

1. Yes, TANF sanctions, ineligible
2. Yes, TANF (time limits)
3. Yes, SSDI
4. Yes, food stamps
5. Yes, other
6. Section 8 or Public Housing
7. No

46. What is your current monthly income?

1. $100 or less
2. $101 - $500
3. $501 - $1,000
4. $1,001- $2,000
5. More than $2,000

47. What is your Primary form of transportation?

1. Own Car
2. Other's car
3. Public Transportation
4. Bicycle
5. Walking
6. MITS/ Red Cross
7. Wheelchair
8. Shelter/ Agency

48. Since you have been homeless, have you been able to see a doctor when you are sick?

1. Always
2. Mostly
3. Sometimes
4. Rarely
5. Never
6. Haven't tried

49. Where do you receive medical care?

1. Private Physician's Office
2. The Salvation Army Clinic
3. John Peter Smith Clinics
4. Emergency Room
5. City/County Health Department
6. Veteran's Services
7. Other_____
8. Not Applicable

50. How do you pay for medical care?

1. Own money
2. Medicaid
3. Insurance
4. Medicare
5. Veterans Benefits
6. Family/ Friends
7. Charitable Org
8. Don't Pay

51. Are you currently taking prescribed medicines?

1. Yes
2. No

52. Have you been prescribed medicines that you aren't taking?

1. Yes
2. No

53. If yes, why are you not taking the medications?

1. Can't Afford
2. Don't Want To
3. No Access to Physician for Refill
4. Sell to Others
5. Side Effects
6. Not eligible for services at JPS
7. No Insurance

54. How long ago has it been since you were tested for HIV?

1. 0-6 months
2. 7- 12 months
3. One to two years ago
4. More than two years ago
5. I have never tested for HIV
6. I tested but didn't get my results
7. Decline to answer

55. Have you ever tested positive for HIV/AIDS?

1. Yes
2. No

56. If yes, are you receiving treatment?

1. Yes
2. No

57. Since you have been homeless, have you been able to see a dentist when needed?

1. Always
2. Mostly
3. Sometimes
4. Rarely
5. Never (Go to Q60)
6. 6. Haven't tried (Go to Q60)

58. Where do you receive dental care?

1. Private Dentist's Office
2. The Salvation Army Clinic
3. John Peter Smith Clinics
4. Dental Health Arlington
5. Mission Arlington
6. City/County Health Department
7. Veteran's Hospital
8. Baylor University Dental Clinic
9. Not Applicable

59. How do you pay for dental care?

1. Own money
2. Medicaid
3. Insurance .
4. Medicare
5. Veteran Benefits
6. Family/Friends
7. Charitable Org
8. Don't Pay

60. Have you ever been in foster care?

1. Yes
2. No

61. What is the Number One reason for you remaining homeless?

1. Lack of Affordable Housing
2. Substance Abuse
3. Mental Illness
4. No Job
5. No child care
6. No Transportation
7. Unable to get housing—Criminal History
8. Unable to get housing—Credit History
9. Lack of Job Skills/Training
10. In Hiding—Domestic Violence
11. Poor Health
12. Lack of Family Support System
13. Prefer to be homeless
14. Other_____

62. What is your usual occupation?

1. Skilled manual labor
2. Semi-skilled manual labor
3. Unskilled manual labor
4. Clerical, teller, secretary, sales
5. Administrative, business owner
6. Manager, nurse, teacher
7. Executive
8. Student
9. Homemaker
10. Other _____

****

CHILDREN'S SECTION

(To be answered for children under the age of 18)

63. How many children do you have who are under age 18?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. More than 6

64. How many children live with you?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. More than 6

65. With whom do the children who are not with you live? (circle all that apply)

1. Other Parent
2. Relative
3. Friend
4. Foster Family (CPS)
5. Foster Family (other)
6. Children's Home

66. Do your children attend school?

1. Yes
2. No

67. If No, why not?

1. Too Young (go toQ70)
2. No address
3. No transportation
4. 4. No immunization
5. No adequate clothes
6. 6. No school supplies

68. How many schools has this child attended?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. More than 6

69. Is this child enrolled in free breakfast/lunch programs at school?
1. Yes
2. No

70. If your children are too young for school, where do they spend the day? (circle all that apply)
1. Custodial parent
2. Non-custodial parent
3. Other relative
4. Friend
5. Child Care YWCA
6. Child Care Private

71. How many meals per day do your children eat?
1. 1
2. 2
3. 3
4. 4 or more

72. Since you have been homeless, have your children been able to see a doctor when sick?
1. Always
2. Mostly
3. Sometimes
4. Rarely
5. Never

73. Where do your children receive medical care?Private Physician's Office
1. The Salvation Army Clinic
2. John Peter Smith/ Clinics
3. City/County Health Department
4. Emergency Room
5. Not Applicable

74. How do you pay for your children's medical care? (circle all that apply)
1. Own money
2. Medicaid
3. Insurance
4. Medicare
5. Veteran's Benefits
6. Family/Friends
7. Charitable Org
8. CHIP
9. Don't Pay

75. Has your child been prescribed medications?
1. Yes
2. No

76. If yes, are you giving the medications?
1. Yes
2. No

77. If no, why are they not receiving the medications?
1. Can't Afford
2. Don't Want To
3. No Access to Physician for Refill
4. Sell to Others
5. No Insurance

78. Since you have been homeless, have your children been able to see a dentist?
1. Always
2. Mostly
3. Sometimes
4. Rarely
5. Never
6. Never Tried

79. Where do your children receive dental care?
1. Private Dentist's Office
2. The Salvation Army Clinic
3. John Peter Smith Clinics
4. Emergency Room
5. City/County Health Department
6. Veteran's Hospital
7. Baylor University Dental Clinic
8. Not Applicable

80. Have your children received all of their immunizations?
1. Yes
2. No
3. Don't know

81. Do your children need mental health care services?
1. Yes
2. No
3. Don't know

82. If Yes, have you been able to get these services for your children?
1. Yes
2. No

83. If Yes, where do your children receive mental health care services?
1. MHMR
2. Cook Children's
3. Child Study Center
4. John Peter Smith
5. UNTHSC

RETURN TO P.6, ITEM 19 AND COMPLETE THE SURVEY.