10-Year Plan to End

Chronic Homelessness

City of Arlington, Texas

Adopted by Arlington City Council
September 2, 2008

City of Arlington
Ten Year Plan to address Chronic Homelessness

Task Force on Homelessness
The Task Force Steering Committee would like to thank the following individuals and organizations for their participation in the planning process.

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Ten Year Plan to address Chronic Homelessness

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Executive Summary:

Homeless Study in Arlington, Texas

The Task Force on Chronic Homelessness determined that it was important to gain a better understanding of the chronically homeless population in Arlington before it could begin to develop a strategy to address the needs of persons that are chronically homeless.

The City of Arlington and the Arlington Housing Authority commissioned a study performed by the University of Texas at Arlington. The research design utilized in this study included information gathered from a variety of stakeholders, all of whom share an interest in addressing homelessness in Arlington. People experiencing homelessness were included as the primary source of information. The study also included service providers and members of the general public.

The primary objective of the study was to develop a better understanding of the needs and capacities of people who are homeless in Arlington from the multiple perspectives of key stakeholders. The study gathered both quantitative and qualitative information through in-depth interviews, focus groups, and community surveys. A copy of the study, titled "An Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas", was completed by the University of Texas at Arlington's School of Social Work October 2007.

On any given night more than 250 persons are homeless in the City of Arlington. The UTA study reports that 62% are male, 56% Caucasian (non-Hispanic), 78% between the age of 30 and 50, 62% high school graduates or higher, and 16% disabled. The homeless survey performed in January 2007 indicated that at least 12 persons were chronically homeless in Arlington. However, we believe the actual number of homeless persons in Arlington is higher.

The majority of the study participants, (56%) were homeless for less than 6-months. Although 45% of the respondents indicated their primary reason for homelessness is unemployment. For many people who are homeless in Arlington, the path into homelessness is a complex and multifaceted one.

10-year Homelessness Plans are a national "best practice" recommended by the United States Interagency Council on Homelessness, the National Alliance to End Homelessness and the Department of Housing and Urban Development. Plans like this one have been adopted by each the 50 largest cities in the United States and are documenting success in reducing the incidence and duration of homelessness.

The homeless problem in Arlington is unique to Arlington. As a result, it requires a solution that best fits Arlington. Although the homeless and chronically homeless population in Arlington is a fraction of homelessness experienced by our neighboring cities of Dallas and Fort Worth the number of homeless is

relative on a per capita basis (i.e.; national, state and local data indicates that approximately 1 percent of the respective population is homeless).

The Arlington plan establishes a goal to end chronic homelessness while it is in its infancy, rather than manage the problem as numbers increase.

Recommendations include a strategy that connects the dots of existing resources to develop a cohesive three pronged system that:

1. Locates and identifies persons who are chronically homeless and engages them by establishing communication and trust.

2. Rapidly re-housing persons that are chronically homeless to remove them from the streets, vacant buildings, outdoor encampments, and other places not meant for human habitation.

3. Establishing a caring relationship through individualized case management to ensure that the chronically homeless person is appropriately situated in safe, decent housing and connected to the various support services that may be required.

The plan provides a unique opportunity to end chronic homelessness in Arlington while conserving valuable city resources and avoiding the creation of a facility or an environment that attracts the homeless to Arlington

Successful implementation of this plan will require the efforts of many organizations and individuals: local, state and federal government, the business community, faith-based organizations, foundations, homeless services providers, volunteers, donors, landlords, employers and persons who are homeless.

The City of Arlington currently budgets zero general fund dollars on direct services or shelter for the homeless. Implementation of this 10-year plan to end chronic homelessness will require additional financial resources. The amount of resources required is contingent on the level of plan implementation. The plan includes high, medium, and low-cost implementation strategies that are designed to provide a return on investment in terms of real and human capital.

The Arlington 10-year plan to end chronic homelessness focuses its attention on serving a portion of the overall homeless population, what the US Department of Housing and Urban Development defines as Chronic Homeless. Nationally, it is estimated that the number of chronic homeless represents 10 percent of the overall homeless population. We applaud the faithful and outstanding work performed by local Arlington Churches and faith-based organizations, non-profits and generous private citizens that provide critical and essential care, emergency shelter and supportive services to the homeless in Arlington. We commend the Arlington Life Shelter, SafeHaven Women's Shelter, Salvation Army, and the Community Enrichment Center for their outstanding work in providing shelter to Arlington's homeless. Without their caring support and the generosity of the faith based community and concerned citizens the number of chronically homeless would be significantly higher.

Acknowledgements:

- Mayor Robert Cluck, Council Member Mel LeBlanc, members of the City Council, and City Manager Jim Holgersson

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- Homelessness 10-Year Plan Task Force Members

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- Local organizations including the Arlington Public Library, Arlington Fire Department, Arlington Life Shelter, Mission Arlington, SafeHaven, and The Salvation Army and the Arlington Housing Authority

- Tim Jones, Sheryl Kenny and other Homeless Task force members for their contributions to the plan document.

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The City of Arlington:
The 10-year plan to end chronic homelessness is designed for the City of Arlington. The City of Arlington is a community of approximately 370,000 citizens centrally located in the heart of the Dallas – Fort Worth Metroplex. The City of Arlington is the 7th largest city in Texas and the 49th largest city in the United States. Arlington is home to the Texas Rangers' Baseball Ballpark in Arlington and the theme parks Six Flags Over Texas, Hurricane Harbor and the new Dallas Cowboys' football stadium. Arlington is a vacation destination for more than 6 million visitors annually.

Introduction

In 2001, the federal government adopted the goal of ending chronic homelessness in ten years. President Bush reactivated the Interagency Council on Homelessness directing the development of a new ***strategy*** to better coordinate the nation's response to homelessness.

As a result, more than 200 communities have followed the federal lead in developing local ten year plans to end chronic homelessness. 48 of the 50 most populated US cities have developed ten year plans, including Arlington's neighbors to both the east and west.[1]

Although the federal government initiated this goal seven years ago, we believe that the City of Arlington is currently poised to significantly reduce the number of chronic homeless residing in our community through implementation of the strategies identified herein.

Under the direction of Mayor Robert Cluck and City Manager James Holgersson, the City formed an interdepartmental task force to develop a strategy to end chronic homelessness. The task force was later expanded to include those who provide services to our homeless population and other stakeholders in Arlington and Tarrant County.

It is our vision that the City of Arlington's ten year response to chronic homelessness will be a compassionate, collaborative, and comprehensive approach. Our goal is to maximize the wide spectrum of services that currently exist. By coordinating efforts, we will be able to prevent under utilization of services while improving communication among providers and those in need.

Because homelessness involves people, there is no "cookie-cutter" approach to effectively address every individual situation that each life encounters. This plan calls for the identification, collaboration and expansion of services that effectively and efficiently link citizens in need, with neighbors who are willing to serve. This plan is structured around the following goals:

1. End Chronic Homelessness in Arlington.
2. Decrease the length of time anyone is homeless in Arlington.
3. Capitalize upon existing resources.
4. Initiate outreach and individualized case management services.
5. Organize education and prevention strategies.
6. Mitigate the negative impact of chronic homelessness on the community.

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[1] The City of Fort Worth has developed a 10-year plan to end chronic homelessness however at the time of the development of this document the Fort Worth plan was a draft and was not yet acted on for adoption by the City Council.

Chronic Homelessness – Miss P's Story:

Miss P is a classic example of an individual that is "chronically homeless". She and her dog, Blackie, have lived in the woods and on the streets of Arlington for many years. Miss P was sent to an asylum by her family when she was a child, when she reached the age of eighteen, she was released – to the street. Years later, she followed her sister to Texas, and called Arlington her home.

Miss P is approximately 52 years of age although she appears to be in her 70's. She is an alcoholic who suffers from depression, and no longer has contact with her family. Many citizens and business owners have routinely provided life necessities such as food and clothing for Miss P and Blackie over the years. As her alcoholism worsened, the 911 calls became a common occurrence. Not only did the City and its citizens incur the cost of police and detention services for Miss P, but also incurred costs associated with animal control for her beloved friend, Blackie.

A judge finally ordered that Miss P would no longer receive social security payments unless someone would serve as her payee, to manage her money. A citizen named Susan, who had been providing necessities for Miss P, accepted that role. Susan and other citizens that assist Miss P contacted the Arlington Housing Authority to inquire about housing for the homeless. Arlington Housing Authority staff assisted Susan and Miss P in completing an application for rental assistance and to locate a suitable privately-owned apartment for Miss P.

After living in the woods for many years, she moved overnight into a furnished apartment. Although Miss P was able to move into a safe, decent, affordable apartment, Miss P had been chronically homeless for so many years that she no longer remembered the life skills necessary to adapt to her new environment.

Miss P would park her shopping cart, overflowing with dumpster treasures, next to her neighbor's vehicles in the parking lot of her new apartment. A lack of housekeeping skills resulted in an infestation of bugs. Miss P had to be taught to bathe on a regular basis, and was in need of medical care for a gangrene infection in her foot.

The intervention strategy with Miss P is an example of the "Housing First" model of addressing the needs of chronically homeless individuals. Only after Miss P's most critical need for housing was stabilized was she able to begin to address the other areas of her life that need attention. A local veterinarian took care of her dog Blackie (at no cost) while Miss P recovered from surgery addressing her gangrened foot. During her hospital stay, Adult Protective and Regulatory Services (APRS) and Mission Arlington tore out the bug infested carpet and replaced it with vinyl flooring and replaced the furniture. On an ongoing basis the Mission provides groceries, toiletries and house cleaning once a week.

It has been several years now since Miss P and Blackie have moved from the woods to an apartment. Calls to 911 are virtually non-existent because Miss P no longer panhandles in business parking lots. When she drinks it is in the privacy of her own home. She lives in a safe, clean environment and receives the critical care she needs. Having a safe place to call home is something every citizen needs and deserves.

Chronic Homelessness – Eric's Story

Eric was one of the first homeless persons living on the streets of Arlington served by the Arlington Life Shelter's new Outreach Case Manager. Eric doesn't have a permanent spot where he lives, but moves from camp to backyard shed to door overhang depending on who he meets and the weather. Eric had a negative experience with a shelter in the early 90's when he first became homeless and has lived on the streets of Arlington ever since. Every now and then he gets a job, but this usually lasts only a week or two because of communication problems with a supervisor or co-workers.

Through sharing many bottles of cold water and conversation, Johnny (Arlington Life Shelter's case manager) was able to get Eric into the shelter for some food. Several weeks later, Eric returned for more food and a cold shower. When JPS held a dental clinic at the shelter, Eric was one of the first people in line. With Johnny's help, Eric is now working on getting his driver's license renewed and a copy of his forklift operator's license. Eric is not ready to try shelter life again, but has been very interested in guidance from Johnny in getting his life back together.

Eric's story underscores the value and the power of developing relationships with persons that are chronically homeless. Professional caring relationships such as this is a critical element of case management – an essential part of the cure of homelessness.

Homeless Prevention – Family Story

Approximately ten years ago, Mission Arlington began an after school program for children living in motels in the motel district. A young girl named Krista, age 11, was invited by a friend to attend Mission Arlington's after school activities. Mission Arlington staff learned that Krista, her mom, and two brothers were living in a nearby motel room.

The family is not the *'typical'* resident in the motel district. Mom did not engage in drugs or alcohol, she had a college education, and had maintained a job for many years. She was a single mom with three children struggling financially because of a lack of sufficient income to support a family of four or the security deposit and full month's apartment rent. The Mission staff learned the family was being evicted from their motel room for lack of payment and they had nowhere else to go.

The family connected with a friend who permitted them to stay for a little while, until a remedy could be found. Unfortunately, this friend lived on the other side of town, which meant another change in schools for the children. As a result of their financial and housing instability, Krista and her brothers have attended eight different schools in the Arlington Independent School District (AISD). This reality revealed itself in both behavioral issues, aptitude and scores. It is difficult to place a dollar value on the educational time a child loses as a result of instability. Instability costs money.

Mission Arlington staff referred the family to the Arlington Housing Authority for rental housing assistance. The Arlington Housing Authority and Mission Arlington staff assisted the family in completing an application for rental assistance through the Tenant Based Rental Assistance Program. The family qualified and was accepted into the program! Mission Arlington staff helped the family shop for a suitable apartment. Fortunately, one apartment manager had a readily available apartment and even donated a dining room set from her own home. While mom was at her job working, Mission Arlington filled the apartment with furniture, sheets, pots, pans and food; so that the family could make their new apartment a *home. Sometime later, w*hen their car broke down, the Mission donated a vehicle to the mother so that she could maintain transportation to her place of employment and continue to provide for the family.

Almost ten years later, the family is doing well. Both Krista and her twin brother graduated from high school and attend college. Krista desires to complete her college degree and major in Social Work, so that she too can help families who are in need. Last year, Krista was hired by the records division of the Police department, and is working to pay her way through the University of Texas at Arlington.

Over the past ten years, the family has relied on the care and assistance from their support network. When mom was diagnosed with a brain tumor earlier this year, Mission Arlington received one of the first calls, because the family knew that their friends will be there to walk alongside them during this difficulty as they have so faithfully done in the past.

Most people in the USA enjoy the comfort of the home that they rent or own.

A home is a Safe place, a Shelter from the storm, rain, heat in summer, cold in winter.

Home is:

A place to rest

A place to **plan for the future**

A place to prepare meals

A place to **eat**

A place to **shower and shave**

A place to **watch football**

A place to enjoy family

A place to read and study

and play

A place to **store family memories**

A place to **park our shoes**

It's where we do life!

Unfortunately, some Americans lack a place to call home.

- 2 to 3.5 million persons are homeless in the USA[2]
- 200,000 persons are homeless in Texas [3]– 1% of its population
- 4,042 persons are homeless in Tarrant County[4] – less than 1% (0.25%)
- **532 persons are homeless in Arlington[5] – less than 1% of the population (0.14%)**

How do people become homeless?

According to the University of Texas at Arlington study homeless individuals in Arlington report the following as the reasons they became homeless. (Persons surveyed indicated more than one reason.)

- Loss of employment   45%
- Family Issues   39%
- Alcohol and Drug Use   31%
- Other   30%
- Domestic Violence   11%
- Housing Costs   12%
- Mental Illness   12%
- Lack of Transportation   11%
- Lifestyle Choice   10%
- Combinations of the above[6]

Where do people go when they become homeless?

- Pay by the day Motels (not considered homeless by HUD definition)
- Overnight stays with friends (not considered homeless by HUD definition)
- Emergency shelters
    o Arlington Life Shelter
    o Salvation Army
    o SafeHaven

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[2] U S Interagency Council on Homelessness
[3] Texas Department of Housing and Community Affairs
[4] Tarrant County Homeless Coalition Homeless Count 1/25/2007
[5] City of Arlington Homeless Count 1/25/2007
[6] University of Texas at Arlington Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas October 2007 does not specify a percent but states that the majority of persons surveyed became homeless due to a combination of the above issues.

- Makeshift outdoor shelter
- "Under the bridge"
- Homeless encampment in a secluded field or wooded area
- Rental housing assistance in privately owned rental units funded principally by HUD homeless assistance programs administered and operated by the Arlington Housing Authority, the Samaritan House Genesis Program, Tarrant County Community Development, and other providers.

What factors present challenges to exit homelessness?[7]
- Limited opportunity to eat a healthy diet
- Lack of sleep
- Limited access to basic hygiene
- Shoes kept on for long periods of time out of fear they will be stolen
- Exposure to the elements when living outdoors
- Increased risk of violence, such as assault, rape or robbery
- Absence of family or other social support
- Lack of health insurance and inability to afford needed medications
- No place to rest to facilitate recovery when sick
- Inability or difficulty keeping medications
- Focus on basic survival needs
- Lack of transportation and phone access

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[7] University of North Texas Health Science Center, Center for Community Health, A Plan to Deliver Health Care to the Homeless of Tarrant County, 2008

Existing Emergency Shelter / Transitional / Housing Resources:

Arlington Life Shelter 89 beds
Salvation Army   52 beds
SafeHaven   72 beds
TOTALS   213 Emergency Shelter beds

    *The above emergency shelters receive some annual financial support from the City through the federally funded Emergency Shelter Grant.

Arlington Housing Authority's – Non-Emergency Housing resources for the homeless:

Program Type	FY08 Allocation[8]	Budget	Contract End Date
2007 SPC[9]	15	$ 110,916	05/15/09
2000 SPC	8	$ 270,720	07/22/11
2005 SHP[10]	28	$ 253,783	09/30/09
TBRA[11]	50	$ 400,000	06/30/08
Total	**101**	**$ 1,035,419**	

The **Community Enrichment Center** provides transitional housing at 17 units representing 51 beds at scattered site locations in Arlington.

The U.S. Interagency on Homelessness estimates that approximately 10% of the homeless population is "chronically" homeless.

The City of Arlington does a outstanding job of helping homeless persons with emergency shelter, case management, support services, and assistance in obtaining gainful employment as a result of the outstanding work provided by the dedicated staff and supporters of the Arlington Life Shelter, SafeHaven, Salvation Army and the Community Enrichment Center.

The City of Arlington has few direct resources for homeless prevention, intervention and housing for the chronically homeless. The purpose of this Plan is to address the gaps in resources and develop a cohesive strategy to address the needs of persons who are chronically homeless in Arlington.

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[8] Allocation data is reflected in number of units (not number of beds)
[9] SPC is an acronym for the HUD funded Shelter Plus Care (SPC) program – a program targeting rental housing assistance for homeless persons
[10] SHP is an acronym for the HUD funded Supportive Housing Program (SHP) - a program targeting rental housing assistance for homeless persons
[11] TBRA is an acronym for the Tenant Based Rental Assistance (TBRA) program – a program designed to provide rental assistance with a local preference for homeless persons

What is HUD's definition of homelessness?

According to HUD, a person is considered homeless only when he/she resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings.

What is HUD's definition of Chronic Homelessness?

HUD defines chronic homelessness as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in emergency shelter during that time.

What are the characteristics of individuals experiencing chronic homelessness?

- Unaccompanied individuals
- Homeless for a year or more or multiple times over a several year period
- Disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability
- Frequent histories of hospitalization, unstable employment, and incarceration
- Average age – early 40s[12]

Individuals experiencing chronic homelessness consume a disproportionate amount of mainstream resources
Individuals experiencing chronic homelessness are heavy users of costly public resources, including:

- Emergency medical services: ambulance & EMT services
- Primary health care facilities and multi-day hospital stays
- Behavioral health care: psychiatric treatment & detox facilities
- Justice system: Police, law enforcement, corrections, and courts

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[12] University of Texas at Arlington Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas October 2007

Why is the Arlington community concerned about persons who experience homelessness?

- Moral reasons to respond to homelessness; providing one of the basic needs of life (shelter) is the right thing to do

- Spiritual reasons to respond to homelessness; it is important to care for those who cannot help themselves

- Cultural reasons to respond to homelessness; a community is only as strong as its weakest link. Addressing homelessness is a step in the process of building equitable communities

- Economic consequences of homelessness; persons who are homeless cost each community hidden costs of services provided by police, fire, code enforcement, incarceration, public schools, hospital and ambulance services and lost revenue to retail and entertainment businesses

The following section highlights three media reports on homelessness:

➢ **EDITORIAL – *DOING THE MATH TO REDUCE HOMELESSNESS***
"What cities are discovering is that it's more cost-efficient – and humane – to provide these individuals a long-term residence up front and assign them visiting case workers, rather than allowing them to rack up hefty tabs as 'frequent fliers' to city and private services." **Christian Science Monitor Editorial, June 2006**

➢ ***SAVE MONEY; SAVE LIVES***
"The consequences of (the Bush) Administration's efforts to date are amazing – significant percentage drops in such cities as San Francisco, Philadelphia, Miami, Dallas, Denver and Portland, Oregon . . . You save money this way, but here's the real gold: You save lives." **Scripps Howard News Services January 9, 2007**

➢ ***COST BENEFIT ANALYSIS STUDIES***
Nothing is driving or sustaining political will more than understanding the economics of chronic homelessness. Providing housing with support services is less costly than homeless people randomly ricocheting through expensive public health and law enforcement systems. The cost of doing nothing is expensive.
Philip Mangano, U S Interagency Council on Homelessness

Myths and Misconceptions

1. **Myth: People become homeless because they are lazy.**

   Fact: There are many reasons why people become homeless. The homeless community includes teenagers who have been kicked out of home or who are running away from abusive parents and women escaping abusive relationships and fearing for their safety and that of their children. It includes the working poor who live in their cars or in shelters. It includes people who cannot work for health reasons. Being homeless is not easy–homeless people often spend their days trying to find a place to stay, access services, or find enough food. It takes an enormous amount of creative energy and persistence to survive.

2. **Myth: People who are homeless should just "get a job."**

   Fact: It is very difficult, if not impossible, for homeless people to get meaningful employment without a fixed address and access to a telephone. Many potential employers hear "no fixed address" or "homeless" and right away buy into the stigma and misconceptions surrounding homelessness, so they won't offer employment to the individual. Others won't or can't hire someone they can't easily get in touch with via a phone call. When homeless people are offered work, it is often dangerous, manual labor and very low paying, making financial security impossible.

3. **Myth: Many services exist for homeless people.**

   Fact: Services are indeed available, but accessing them is difficult. Many homeless people have no idea what is available or whom to contact. Often, no one is guiding them through the system–they are left alone to navigate the maze themselves. Housing providers are often spread throughout the city; yet homeless people often have difficulty with transportation. Even when they know who to call, that contact is often unavailable. And because they don't have easy access to a telephone, homeless people often can't call back, or the potential housing providers or employers can't contact them. The situation is made more confusing and frustrating by the application process to get housing. The applicant might have to give the same information over and over. There is a need for a standardized application process for all housing providers. Providers need to share this information with one another so clients do not need to go from place to place, filling out the same information. Housing providers need to work with other service providers so potential clients know what options are available.

4. **Myth: Homeless people are drunks/addicts/crazy people who can't be helped.**

Fact: Homeless people with substance abuse or mental health issues do not represent everyone who is homeless. Many of these people are in treatment and are trying to improve their lives. But any significant recovery is impossible without a safe, stable home life. As a result, many who successfully complete treatment relapse. Stability at home is often overlooked by service providers who deal with substance abuse or mental health issues. Much more must be done in this area to make recovery possible and long lasting. Stability in housing is critical in the success of any treatment model.

5. Myth: It is easy to identify homeless people.

Fact: There are many people one would never suspect are homeless–they often look and act like the average person. These people often have a hard time getting the help they need because they fear the stigma attached to homelessness or they are turned away by service providers because they do not look as though they need help. Often, these "hidden homeless" fall through the cracks until their situation worsens or until they develop serious mental health or addiction issues.

6. Myth: Homeless people are not capable of leading productive lives.

Fact: Many homeless people have been teachers, lawyers, accountants, and so on, who were, at some point in their lives, well-respected members of society. Then there are the working poor, who are living in their cars or on someone's couch, but who do work. Everyone is capable of making a contribution to society, but many people lack the opportunity to prove themselves, due to the stigma attached to homelessness.

7. Myth: Service providers are trained to deal with homelessness, so they are the experts.

Fact: Although trained service providers usually mean well, they often don't really understand the issues and problems homeless people deal with every day. It's hard to call someone an expert on homelessness unless they have experienced the crisis firsthand. This is what we would like to see–homeless people included in the policymaking process so services can be more appropriate and effective.

A. Myth: Homeless people are not my responsibility.

Fact: Homeless people are part of the community. And everyone is responsible for the community where they live. Together we can build the kind of community in which we all want to live. Please join us in making our community a better place.[13]

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[13] *Taken from: "Get a job!" Eight myths and misconceptions about people who are homeless*
PHILLIP HOZER, A MEMBER OF VOICES FROM THE STREET

Homeless Study in Arlington, Texas

The Task Force determined that it was important to gain a better understanding of the chronically homeless population in Arlington before it could begin to develop a strategy to address the needs of persons that are chronically homeless.

The City of Arlington and the Arlington Housing Authority commissioned a study performed by the University of Texas at Arlington. The research design utilized in this study included information gathered from a variety of stakeholders, all of whom share an interest in addressing homelessness in Arlington. People experiencing homelessness were included as the primary source of information. The study also included service providers and members of the general public.

The primary objective of the study was to develop an understanding of the needs and capacities of people who are homeless in Arlington from the multiple perspectives of key stakeholders. The study gathered both quantitative and qualitative information through in-depth interviews, focus groups, and community surveys. A copy of the study, titled "An Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas", completed by the University of Texas at Arlington's (UTA) School of Social Work October 2007, is attached as Exhibit 1. The conclusions and recommendations of the UTA study are summarized as follows:

Conclusions:

1. Homelessness is a serious issue for persons in Arlington who are homeless, as well as for service providers, the general public, and the local business community.

2. People who are homeless in Arlington continue to encounter barriers including a lack of viable employment, opportunities for affordable housing, social stigma, lack of transportation, threats to their personal safety, a lack of substance abuse treatment, legal entanglements, isolation and lack of social support, and medical and mental health problems. Many have a multitude of the problems referenced herein.

3. **Individuals that are homeless desperately want to improve their lives.**

4. **Many have been self sufficient in their past.**

5. Some are so entrenched in homelessness that they are resistant to seek help

6. Persons who are chronically homeless tend not to function well in programs with rigid rules and a high level of structure

7. The causes of homelessness include a combination of personal and environmental factors – complex interrelationships between poverty, local economic opportunities, experiences of trauma and victimization, mental health, substance use, health, and other factors.

8. Service providers and members of the general public are concerned about people who are homeless in Arlington and do wish to assist them.

Recommendations:[14]

The recommendations of the University of Texas at Arlington study are presented in no particular order:

1. Maximize community resources, assets, and opportunities
2. Consider hiring a homelessness coordinator
3. Prioritize outreach, housing, substance abuse treatment, employment services, mental health services, and assistance with securing benefits
4. Provide public transportation
5. Implement increased outreach efforts prioritizing long term engagement and wrap-around services
6. Apply for federal and or state funding
7. Consider developing a drop-in center and or a one-stop service center
8. Develop specialized employment programs including training, job placement, and financial management education
9. Create an additional emergency shelter facility
10. Increase the stock of accessible and affordable housing for homeless persons in Arlington
11. Rapid intervention to help newly homeless clients return to the labor market and or permanent housing as quickly as possible
12. Capitalize on the linkage existing between the Arlington Police Department and homeless service providers
13. Focus efforts on Arlington's chronically homeless
14. Develop a homeless court program in the City of Arlington
15. Embark on a public awareness program about homelessness

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[14] An Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas, University of Texas at Arlington, School of Social Work, October 2007

Part I.   Current situation in Arlington

B. Enumeration Data

HUD defines a chronically homeless person as an unaccompanied, disabled individual. According to this strict definition, an individual must be:

- o Single
- o Disabled
- o Continuously homeless for one year or more
- o With at least four episodes of homelessness within the past year.

Enumeration Data

The following data was comprised by the Tarrant County Homeless Coalition. The Tarrant County Homeless Coalition organizes an annual count of homeless persons in Tarrant County as part of a HUD requirement for homeless funding. The data is a point in time snapshot that estimates the number of unduplicated homeless persons on any given night.

Date of Count	Tarrant Co	Arlington	% of Tarrant Co
1994	1,733	149	9%
1997	2,683	201	7%
2000	3,781	370	10%
2002	4,375	466	11%
2004	5,278	588	11%
2006	4,208	558	13%
2007	4,042	532	13%
2008	3,577	398	11%

National research confirms that approximately 10% of the homeless population is chronically homeless.[15]   Based on the count performed in Tarrant County on January 2007, which identified 532 persons as homeless and applying the nationally recognized formula, we may conclude that 10% or 53 persons are "chronically homeless" in Arlington on any given night. [16]

Point in Time Count

In January of each year, the City of Arlington participates in HUD's point in time chronic homeless count. The purpose of the national survey is to gather specific demographic data regarding the chronic homeless. Participating cities must conduct data collection on a specified date and within provided time frames. The

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[15] U.S. Interagency Council on Homelessness
[16] Tarrant County Homeless Coalition March 2007

count was conducted in the evening of January 25, 2007. Citizen volunteers visited encampments, and bridges. Twelve unsheltered chronically homeless persons were counted.

While it is difficult to know with a high degree of accuracy the exact number of homeless or chronically homeless persons in Arlington on any given night the count conducted on January 25, 2007 identified 532 homeless persons and 12 unsheltered chronically homeless persons in Arlington. In preparation of the January 2007 survey persons visited homeless encampments to provide advance notice that individuals would be visiting the encampment the next evening to perform a survey. In retrospect we believe that this courtesy notice affected the count of chronic homeless because surveyors found homeless encampments vacant on count night.

The count performed in 2008 consisted of a different methodology. Unlike the 2007 survey the 2008 count was designed to identify only persons that were temporarily residing in emergency homeless shelters. The results of the survey on January 25, 2008 identified 398 homeless persons located in emergency homeless shelters or temporary transitional housing in Arlington.[17] The 2008 survey did not attempt to identify unsheltered chronic homeless.

The 2007 Tarrant County enumeration data demonstrated that at least 12 persons in Arlington were unsheltered chronically homeless. We believe that the actual count of persons that are chronically homeless in Arlington is higher. The U.S. Interagency Council on Homelessness indicates that approximately 10% of the homeless population is chronically homeless, which suggests that the number of persons that are chronically homeless in Arlington may be 53 persons based on the 2007 survey and 40 persons based on the 2008 survey. Although we are uncertain about the precise number we believe that the actual number of persons that are chronically homeless in Arlington is higher than 12 persons.

We believe the count underscores the unique homeless situation in Arlington. The number and location of camps indicates a sporadic presence of homeless, as opposed to neighboring cities, where large numbers of homeless gather.

The count data is refutable as it indicates its' own unreliability. Many homeless were obviously established in encampments, but could not be counted because January weather in Texas does not restrict them to a shelter or encampment and due to the advanced warning given to persons at encampments to notify the homeless and to safeguard surveyor volunteers.

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[17] Revised 2008 homeless count data provided by Tarrant County Homeless Coalition 6/2/2008

University of Texas at Arlington research

Early in the task force meetings, it was determined that a comprehensive study of the homeless situation in Arlington was needed. At the time, there was no information regarding homelessness available that included feedback from our citizens who were homeless.

The University of Texas at Arlington's School of Social Work interviewed 100 homeless individuals and conducted 50 surveys with support service providers and members from the community. They gathered basic demographic data including: experience, knowledge, opinion, and perception.

UTA's Findings:

1. Experiences with Homelessness

   - 60% of the sample had been homeless less than 6 months, 5% had been homeless between 6 and 12 months, and 35% of the sample had been homeless for 12 months or more.
   - Of those homeless for longer than 1 year, 54% (19) had been homeless less than 3 years, 11% (4) had been homeless between 3 to 5 years, and 34% (12) had been homeless longer than 5 years.

2. Strengths of Arlington's resources for homeless individuals (as reported in the University of Texas at Arlington study).
   - Arlington Police Department
   - Churches/Faith Based Organizations
   - City Departments
   - Community Participation
   - Cooperation among service providers

3. What homeless persons need
   - Employment (75%)
   - Assistance with transportation (55%)
   - Housing (37%)

C. Economics

Cost analysis data is provided in this plan as a means of education. NOT addressing the issue of homelessness cost tax payers money. However, **we can all agree that no price tag can be placed upon public perception.** With the ongoing and nationally recognized revitalization efforts and expansion, public perception has never been more important.

The following scenarios are examples of public perception based on actual conversations and complaints.

Scenario I

Mary Ann Citizen is sitting at the intersection of Six Flags and Watson Road, frustrated with the unusual amount of traffic, as she commutes home after a long day of work. A man who apparently hasn't bathed in days, walks by her driver's side window carrying a sign which reads, "Hungry, please help." Presuming the man is homeless; Mary Ann stares at the red light wishing it would change. As she watches another motorist hand the man with the sign money, Mary Ann grows angry. After all, she has labored all day and pays her own bills; why can't he pick himself up by his bootstraps and get a job too? Incensed that someone "like that" is able to wander the streets that her tax dollars pay for, Mary Ann decides to call the police.

The 911 call is entered and prioritized as a level 3 response. Mary Ann will probably have time to make it home, prepare dinner and put away the dishes, before law enforcement arrives to deal with the man with the sign. When the officers are dispatched to the call, they too become frustrated. By the description, they already know who the panhandler is. They have dealt with him many times. The police are frustrated because they have been trained to address issues from a community based philosophy – and yet, there are no resources for these situations.

If the police put the man with the sign in jail, it will take the arresting officer off of the streets for approximately an hour. That hour of service cost the tax payer approximately $43.42 per hour of police service. The man with the sign will be clothed, fed, showered and booked into jail. Detention officers will watch over him and a judge will arraign him. It will cost approximately $187.92 per day of incarceration to keep the man with the sign in our City jail. If he happens to request medical treatment, a trip to the hospital is required; as well as two more officers to watch over him at the hospital. Not to mention the cost of medical treatment and hospital bill that will never be paid by the man with the sign.

The man with the sign will soon be discharged for his class 'C' arrest, and will return to the same corner he once stood; without any intervention or explanation of services he may qualify for.

Mary Ann, our concerned citizen sees the man with the sign a few days later and is infuriated with the police, and with the City of Arlington. She feels that no one has taken her complaint seriously.

Scenario II

When the police receive Mary Ann Citizen's complaint and arrive on scene, they decide that they are tired of constantly dealing with him and are going to find resolution to the man with the sign's problems. When they ask why he panhandles, as opposed to working, he tells them that he wants to work, but has no identification. Because they smell alcohol on his breath, they assume that he has a drinking problem too, though he denies it.

The man with a sign once had a Texas Driver's license, but it has expired, and he no longer has it – or any other personal identification in his possession. He has been robbed and beaten up on the streets more times than he can recall.

One of the officers contacts the Texas Department of Public Safety to inquire about the man's license. He learns that the man with the sign must present not one but **three forms** of identification in order to replace his license.

This will mean that the man with the sign will have to figure out a way to obtain his birth certificate. He could:

a.   Go to the courthouse to order his birth certificate (which will cost $24). Problem is he will have to present identification before the clerk will issue it to him.

b.   Or, he could attempt to locate a relative that would bring him downtown and vouch for his identity.

c.   He could go to the public library and order it online. But, he has no address to mail it to, or credit card to charge the fee to.

If, he is able to obtain a birth certificate, then he can order other legal court records (marriage license, divorce order, or military records – for which there are additional costs) as secondary forms of identification. Or, he could walk to Sylvania Avenue in Fort Worth to have his voter registration card processed again.

Once these two documents are obtained, then he can find his way over to the Social Security office near Highway 360 in Grand Prairie to get his Social Security Card. After obtaining his birth certificate, Social Security card, and third form of identification, he can walk to the west side of Arlington, to the DPS office and pay $15 for his replacement license.

The officers are frustrated because they cannot help the man with the sign, nor can they find anyone else who can. There is no drop-in center for them to take him to, or crisis intervention specialist or outreach caseworker to call. There is no one to assist him through his lengthy identification process. With no alternatives, the frustrated officers put the man with the sign back in jail. He

will return to his corner in about three days where he will inevitably encounter both our concerned citizen and officers again.

Scenario III

Billy Joe tax payer also encounters the man with the sign at the intersection. From time to time Billy gives the man with the sign a hamburger from McDonald's or a couple of bucks. He has begun talking with him and getting to know a little bit about him. They are both Vietnam veterans.

However, this time Billy Joe sees the man with the sign with police officers, as they are arresting him. Angered, he does not understand why the City of Arlington would waste their police resources on the man with a sign? After all, he is a tax paying citizen, and believes that the police ought to spend their time patrolling his neighborhood.

Billy Joe does not believe that being homeless is a crime, and if the man with a sign asks for a little change, so what? It is his right to ask, and Billy's right to give, if he so chooses.

Billy Joe believes that the City of Arlington should be using their resources on "real crime," like when his Yukon was stolen last month. The police still have not found it.

Billy believes that the homeless should be left to the churches and charity organizations to deal with. Not the police.

D. Chronic homelessness is expensive:

INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS CONSUME A DISPROPORTIONATE AMOUNT OF RESOURCES

10% of the homeless population consumes over 50% of the resources
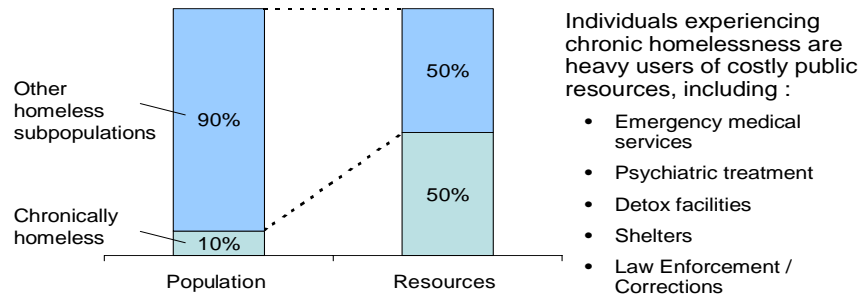
- Developing a strategy to end chronic homelessness can result in reductions in:
  - Ambulance fees
  - Emergency Room visits
  - Hospital admissions
  - Arrests
  - Incarcerations
  - Encampment clean up costs
  - Emergency Medical Treatment (EMT) costs
  - Court costs
  - Treatment costs

- **NOT** developing a strategy is expensive. It may result in the loss of federal funds:
  - Emergency Shelter Program Grant: $140,294[18]
  - Shelter Plus Care Grant: $165,060[19]
  - Supportive Housing Program Grant: $253,783[20]
  - TOTAL Federal Grant funds: $559,137[21]

- **NOT** developing a strategy will increase the amount of time and tax payer money spent when Police, Fire and EMS services must interact with the homeless:

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[18] ESG program year effective 7/1/2008
[19] SPC program – 2 HUD SPC grants - annualized amount effective 5/16/2008
[20] SHP program – 1 HUD SHP grant effective 10/1/2008
[21] Total does not include Council authorized use of HOME funds for the Tenant Based Rental Assistance Program

2007 Services Provided by:	Homeless persons assisted	Cost of Services Provided
Arlington Police Department	1,250 hours	$ 54,275
APD – Incarceration	862 days	$161,912
Arlington Fire Department		$130,000
Arlington Community Services – Code Enforcement		$ 94,336
Arlington Parks Department		$ 22,674
• **Total – City of Arlington**		**$463,197**
Arlington Memorial Hospital	120 persons	$120,000
Ambulance Services	Est. 100 persons	$65,000
Total – Emergency Medical		**$185,000**
Arlington Independent School District	2,132 children	$180,800
Total		**$828,997**

- *The above cost data is reflective of City of Arlington expenses and does not include philanthropic activities performed by Arlington churches, faith based organizations, emergency shelter care providers, support services providers, grant funded activities performed by non-profit organizations, services and housing assistance provided by the Arlington Housing Authority, or the generosity of individual citizens and businesses.*

There is currently no systematic process by which agencies identified herein are capturing data specific to costs associated with services to the homeless population.

How does Arlington's costs compare to neighboring cities?

Although the City of Fort Worth currently spends zero local dollars on services or shelter for the homeless, Fort Worth spends over $3 million in city funds [22]responding to homelessness in other ways: fire fighters and police respond to 911 calls to homeless shelters, code compliance cleans up homeless camps, libraries serve as de facto daytime shelters from the elements. The Fort Worth Fire Department estimates that $1.2 million was spent on 911 calls to the area's 4 main shelters in 2007. The Police Department spent more than $1.3 million responding to homelessness-related incidents including calls to shelters and calls where a homeless person was an identified victim or perpetrator. The cost of detaining homeless people at the County Jail was over $1.4 million. Additionally Fort Worth hospitals spent over $2.9 million on persons who are homeless.[23]

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[22] Fort Worth 10-Year Plan To End Chronic Homelessness 7/2008
[23] Fort Worth 10-Year Plan To End Chronic Homelessness 7/2008

The University of North Texas Health Science Center, Center for Community Health reported that Tarrant County spent $30.9 million on homelessness in 2007.[24]

In contrast to the above, the City of Arlington expended $463,197 in response to homelessness in 2007. The City of Arlington police respond to calls for service, fire fighters and code enforcement officials clean up homeless camps, and libraries serve as de facto daytime shelters from the elements. Managing homelessness is expensive.

Part II   Needs Assessment

Based on HUD's definition of homelessness and UTA's research regarding the infancy of our chronic homeless situation, the task force concluded that our ten year plan must include a strong prevention and education component.

The current chronic homeless situation in Arlington is reasonably manageable. The annual homeless counts performed in January suggest that the number of homeless and chronic homeless is decreasing in Tarrant County and Arlington. The slide in the homeless count may be attributable, at least in part, to the increased utilization of housing assistance resources provided by the Arlington Housing Authority and its collaboration with local agencies for critical support services. However, a trip to Dallas or Fort Worth will provide a visible reminder of both our responsibility and necessity to act now before the homeless situation grows beyond our capacity to control.

The purpose of this plan is to end chronic homelessness. However, without an outreach component, our goal is simply unattainable. The Arlington Life Shelter has recently received a **research grant**, from the Arlington Tomorrow Foundation to begin outreach amongst those who fit HUD's chronic homeless definition. We anticipate their research findings in approximately one year. Prior to this grant award, there was no strategic outreach or intervention with this segment of the homeless population.

However, if we are going to bring an end to chronic homelessness only as HUD defines it, we will not find success. There are many individuals in our community that simply do not fit within the constraints of HUD's definition. For example, HUD's definition of chronic homelessness excludes families. We are seeing an increasing number of families that would otherwise meet the definition of chronic homelessness. For the purpose of this report, we will refer to these individuals as *near chronic* and *at risk*.

Arlington is changing. Even an abbreviated overview of economic demographic data in Arlington indicates a need for prevention and education of available resources.
- Decrease in median income

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[24] University of North Texas Health Science Center, Center for Community Health , A Plan to Deliver Health Care to the Homeless of Tarrant County, 2008

- Decrease in average education level
- Anticipated increase in the number of minimum wage jobs

Adding to these trends is of course, the national housing crisis. The increased number of involuntary water shut-off's and foreclosures throughout our community are indicators of a looming crisis.

As UTA's research indicated:
- 60% of their respondents had been homeless less than 6 months.

Taking all of these factors into consideration, it seems only prudent to broaden our outreach, prevention and education efforts in order to ***permanently close the door that leads to chronic homelessness.***

One of the initial findings of the task force was the need to develop an ongoing database including service providers and faith community involvement among the homeless.

The following diagram demonstrates the framework for relational development between service providers and faith-based organizations centralized on a core element of information and referral to ensure appropriate and timely delivery of services.

Arlington Strategy to end Chronic Homelessness

Service Provider Agencies serving Arlington's homeless:

Information and Referral:

- United Way Information and Referral: DIAL 211
- Arlington Housing Authority

Housing Services:

Rent and utility assistance to prevent loss of housing

- Arlington Housing Authority's Eviction Prevention Program
- Catholic Charities
- Arlington Urban Ministries
- Mission Arlington – provides limited utility assistance
- Mental Health Mental Retardation of Tarrant County
- Recovery Resource Council
- Adult Education Center
- Cornerstone Community Center
- Near Northside Partners Council
- Wesley Mission Center
- Buckner Children and Family Services
- Christian Community Assistance
- Volunteers of America
- Tarrant County Department of Human Services
- Open Arms Home

http://www.arlingtontx.gov/housing/homeless.html

Emergency Shelter:

- Arlington Life Shelter
- SafeHaven of Tarrant County
- Salvation Army

Transitional Housing:

- Arlington Housing Authority – Rental Assistance in privately-owned apartments
    o   Shelter Plus Care Program
    o   Supportive Housing Program
    o   Tenant Based Rental Assistance Program
- SafeHaven of Tarrant County

Medical Services:

Substance Abuse Treatment:

- Recovery Resource Council (based in Fort Worth)

- Celebrate Recovery
- Alcoholics Anonymous/NA
- Betty Ford Center Five Star Kids
- All Church Home
- Cenikor Foundation
- Family Assessment, Consultation, and Therapy Services, Inc.
- JPS Health Network
- Lena Pope Home, Family Matters Program
- Mental Health Mental Retardation of Tarrant County
- The Salvation Army (First Choice Program)
- Santa Fe Adolescent Services
- Tarrant County Challenge Inc.
- Tarrant Community Outreach
- Tarrant County Medical Education and Research Foundation
- Teen Challenge Fort Worth
- Volunteers of America
- Veterans Center

Mental Health Treatment:

- MHMR
- Mission Arlington – volunteer counselors
- Lake Arlington Baptist Church – volunteer counselors
- JPS Health Network
- Lena Pope Home, Family Matters Program
- Metropolitan Center for Counseling and Psychotherapy
- The Salvation Army (Adult Rehabilitation Center)
- SafeHaven of Tarrant County
- Veterans Center
- Area Agency of Aging Tarrant County – Benefits Counseling
- Easter Seals of Greater Northwest Texas
- Abode Treatment Center
- The Parenting Center
- Riding Unlimited Inc.
- Volunteers of America

Medical Treatment:

- Mission Arlington Clinics
- Dental Health Arlington
- Arlington Memorial Hospital
- Fort Worth Pregnancy Center
- Homeless Veterans Rehabilitation Program
- VA Outpatient Clinic Fort Worth
- Veterans Services of Tarrant County

- Abode Treatment Center
- Planned Parenthood of North Texas
- Community Health Partnership
- Tarrant County Public Health Department
- JPS

AIDS Related Treatment:

- Lena Pope Home, Family Matters Program
- AIDS Outreach Center

<u>Other Helpful Services:</u>

- Numerous local Arlington Churches and Faith Based Organizations
- AISD McKinney grant staff
- Department of Family and Protective Services (DFPS) – Adult Protective Services (direct services)
- Arlington Housing Authority – Section 8 Housing
- Lone Star Legal Aid – Free legal services to eligible individuals
- Health and Human Services Commission – Medicaid, disability, TANF and Food Stamp applications
- Social Security Administration
- Department of State Health Services
- All Church Home
- Presbyterian Night Shelter
- Union Gospel Mission
- YWCA Emergency Assessment Shelter
- Center of Hope
- Community Enrichment Center
- Water From The Rock – (Mount Olive Baptist Church) – provides clothing, GED classes
- Center Street Counseling Services
- Women's Center of Tarrant County, Inc.
- Catholic Charities
- Arlington Charities
- Arlington Urban Ministries
- Battered Women's Foundation
- Bread Basket Ministries
- Union Gospel Mission
- United Community Centers
- Women's Choice Resource Center
- Texas Department of Protective and Regulatory Services
- Texas Rehabilitation Commission
- SafeHaven of Tarrant County
- First responders

Food Pantry:

- Arlington Charities
- Mission Arlington/Mission Metroplex
- Water From the Rock

Employment Services:

- Teen Challenge Fort Worth
- Goodwill Industries
- Mission Arlington
- AARP Foundation
- Fort Worth Day Labor Center
- Urban Intertribal Center
- Tarrant County Department of Human Services
- Texas Workforce Commission, Workforce Solutions of Tarrant County
- The Women's Center
- Veterans Center
- Homeless Veterans Rehabilitation Program
- Easter Seals Greater Northwest Texas
- Lighthouse for the Blind

Transportation:
- Volunteers of America
- Mission Arlington
- Handitran

Education:

- Cassata High School/Learning Center
- Fort Worth ISD Adult Education Center
- Goodwill Industries
- H.O.P.E. Literacy Inc.
- Mission Arlington
- Tarrant County College
- Urban Intertribal Center
- Texas Workforce Commission, Workforce Solutions of Tarrant County
- National Veterans Outreach Program
- Easter Seals Greater Northwest Texas
- Lighthouse for the Blind

Chronic Homelessness

The Arlington study conducted by the University of Texas at Arlington recommends overcoming the current limitations to the chronically homeless population. The UTA study cites an inadequate supply or availability of the following resources to persons who are chronically homeless:

1. Lack of Transportation

2. Lack of Accessible Shelters

3. Lack of Housing

4. Lack of Supportive Services

    - Lack of Outreach and Case Management Services

    - Lack of Mental Health and Addiction Services and Treatment

    - Lack of Health and HIV/AIDS Services and Treatment

    - Ex-Offenders are Excluded From Services

    - Lack of Services for Veterans

    - Lack of Employment Services

5. Stigma and Discrimination

6. Lack of Funding

Best practices in Seattle, Waco, Austin and other cities demonstrate the benefits of Outreach and Individualized Case Management. **Outreach and individualized case management are the foundation for a successful plan.** However, apart from the currently designated Arlington Life Shelter research grant, connection and communication with the chronic population is essentially non-existent.

As the UTA study indicates, many of our citizens would qualify for pre-existing programs; but are not utilizing them due to a lack of knowledge.

Additionally, the draft Fort Worth 10-Year Plan to End Chronic Homelessness states that its 'central resource facility will house the operations of an Assertive Street Engagement Team that will conduct on-the-street outreach with the homeless throughout the county, suggesting that **some outreach services described in the Fort Worth plan may be provided to homeless persons in Arlington.**

Effective and proven strategies to combat chronic homelessness include:

Housing First

When consistent connection with the chronic homeless population becomes an established practice, then the chronically homeless can be transitioned into a more stable situation. Currently, the Housing First is the most cost effective and successful strategy currently being utilized in America. **Housing First is a more efficient, more humane way of taking care of people.** It is a resource for hard core chronically homeless. **Homelessness is cured by housing.**

Helping hardcore chronically homeless persons in need obtain safe, decent housing is the right thing to do, it is the smart thing to do, and it's cheaper than the alternative – doing nothing.

Ambulance and Emergency Room treatment is not cheap. A study in San Diego studied the cost of chronically homeless persons for 18-months and found that on average the cost for ambulance and emergency room treatment was $100,000 per person.

Housing First works because chronically homeless persons are so profoundly preoccupied with where they are going to sleep tonight that they cannot deal with anything else. Housing First resolves their primary concern enabling the chronically homeless to begin to address their other maladies and addictions.

The harder work actually begins after they are housed. Support services can then be offered in a secure, safe, and stable environment; thereby increasing the measure of success.

Rapid Re-housing

The research and literature indicates that persons who have been homeless for more than 6 to 12 months have greater difficulty transitioning back into the mainstream. Therefore, it is effective to rapidly re-house persons who become chronically homeless.

This plan calls for utilization of federally funded housing resources to rapidly re-house individuals utilizing privately owned existing rental housing stock at scattered locations in Arlington, on a case by case basis. This strategy can be implemented immediately without creating additional homeless shelters or creating new affordable housing resources. However, a critical companion to rapid re-housing is the application of thorough, caring, and consistent case management services to ensure both access and successful utilization of existing services.

Sources of federal housing assistance would include the following programs:

- o Shelter Plus Care Grant – (competitive federal grant funding)

- o Supportive Housing Grant – (competitive federal grant funding)

- o Tenant Based Rental Assistance Program (funded by the City of Arlington's HOME Grant)

Though outreach is desperately needed for citizens who find themselves homeless, it is *only* the first step in providing assistance. Just as our second scenario indicated, there are overwhelming tasks that must be overcome in order to cut through the menagerie of red tape that federal, state, and local programs often include. In order to increase the likelihood of success, we must provide an individualized case management component to ensure that the person that is chronically homeless is guided to initiate and maintain connections with all the appropriate services and resources that are available.

Supportive Housing

Supportive housing is affordable housing linked to accessible mental health, substance addiction, employment, and other support services. Supportive housing prepares people who are homeless for the long term with a way out of expensive emergency public services and back into a home of their own.

Nationally, the data shows that 80% of the people who are given the chance to live in supportive housing stay at least one year – even those who are disabled by mental illness or addiction and have lived on the streets or in shelters for years.

Supportive housing is the **soundest** available investment of public and private resources to end long-term homelessness.

By providing decent safe housing to our unfortunate chronic homeless, we will save our community valuable resources.

Prevention – Include Near Chronic and At Risk

To successfully break the cycle of chronic homelessness, and to prevent the *near chronic* and *at risk* population from entering a chronic state, we must intervene. In order to permanently eradicate chronic homelessness, we MUST close the door that leads to it.

The existing shelter care providers in the City of Arlington (the Arlington Life Shelter, SafeHaven Women's Shelter, and the Salvation Army) do an excellent job of providing emergency shelter, case management, and educational services to their clients. Therefore, the education and prevention component outlined in this plan should focus on our citizens who are chronically homeless:

- Living in encampments, in their cars or under our bridges.
- Living in pay by the day motels.
- Been identified by our first responders or AISD outreach staff.

The City of Arlington provided $12,000 in federal funding resources to the Arlington Housing Authority in 2007 to create and operate a one-time eviction prevention program. The Arlington Housing Authority in this its first year of operation utilized the meager funding to prevent the imminent eviction and homelessness of 16 households. The allocation of funding was fully utilized in three months.

In 2008 the City of Arlington provided $9,200 in federal funding resources to the Arlington Housing Authority's Eviction Prevention Program. It is anticipated that funding will be fully utilized in less than 60-days.

The Eviction Prevention Program guidelines strictly target the most needy in Arlington. It is a useful resource that actively prevents homelessness for families that can sustain themselves with this one-time support and assistance.

Local Arlington churches engage in their own eviction prevention activities on an ongoing basis. We are unable at this time to report the number of persons and households that would otherwise become homeless without their support and assistance.

Outreach, education, and prevention go hand in hand. Outreach is essential in transitioning our chronic homeless into housing. But it is also critical in the education and prevention strategy among our near chronic and at risk population.

Part II   Goals and Action Plan

Goals:

1. Ending chronic homelessness

2. Decrease the length of time anyone is homeless

3. Capitalize existing resources

4. Initiate outreach and individualized case management

5. Organize education and prevention component

6. Mitigate negative impacts of homelessness

Goal #1: Ending chronic homelessness by implementing

    1.1.   Aggressive street engagement outreach

    1.2.   Individualized case management

    1.3.   Housing First – rapid re-housing model, utilizing existing and any incremental federal funding to the Tenant Based Rental Assistance Program, Supportive Housing Program, and Shelter Plus Care programs for the homeless.

Goal #2: Decrease the length of time anyone is homeless

    2.1   Job Access Reverse Commute Transit project

    2.2   Workforce Solutions job specialist

Goal # 3: Capitalize existing resources

    3.1   Develop and maintain a database of local and county programs

    3.2   Develop and maintain a database of faith based resources

    3.3   Continue the innovative use of the Tenant Based Rental Assistance program with a preference for homeless persons.

Goal #4: Initiate outreach and case management among the chronic homeless population

    4.1   Arlington Life Shelter research grant

    4.2   Implementation of homeless outreach officer or crisis intervention specialist aligned with the Arlington Police Department

Goal #5: Organize education and prevention component

    5.1   Expand outreach to near chronic and at risk population

    5.2   Support implementation of the Tarrant County re-entry plan

    5.3   Continue and expand funding to the Arlington Eviction Prevention Program (one-time eviction prevention assistance)

    5.4   Investigate funding options for foreclosure prevention

    5.5   Expand education and informational resources to persons at risk of foreclosure

    5.6   Expand education and informational resources to students attending Arlington's School Districts about homelessness

Goal #6: Mitigate negative impacts of homelessness

    6.1   Participate in the Good Neighbor Agreement [25] collaborating with Tarrant County and Fort Worth to participate in County based resources for homeless persons

    6.2   Implement "Homeless Training" for First Responders

    6.3   Develop a public relations campaign to educate and inform citizens and business owners about chronic homelessness

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[25] "**Good Neighbor Agreements**" is a best practice used by some cities to encourage dialogue and facilitate good relations between neighborhoods and homeless housing and services agencies. The City of Fort Worth's Plan calls for the creation of a Good Neighbor Agreement whereby the Fort Worth Community Relations Department will work with the Tarrant County Homeless Coalition, the Fort Worth League of Neighborhoods, Neighborhood Alliances, the Mayor's Advisory Commission on Homelessness and others.

Action Plan

The Plan to End Chronic Homelessness in Arlington, Texas

- **research and data-driven**
- **performance-based**
- **results-oriented**

The National trend to address chronic homelessness is to build buildings that are designed to provide one-stop housing and support services to the chronic homeless population. This model is too similar to the failed public housing model of the 1940's through 1990's. Building buildings to warehouse the homeless is expensive, not welcome in most neighborhoods, invites the continuation of social stigma for the residents, and fails to model mainstream society. **The task force is not recommending that buildings be built to house the chronically homeless in Arlington.**

The Fort Worth, Texas 10-year plan includes increasing the supply of affordable housing by over 1,000 units and the creation of a publicly funded central resource facility operated as a one-stop shop where transitional assistance and reintegration services would be available under one roof. A centralized drop-in resource center is an appropriate solution for Fort Worth because it meets the needs of their community and the needs of the chronically homeless in Fort Worth. **Arlington has very different circumstances than Fort Worth** and the task force does not recommend the creation of a drop-in resource center facility in Arlington.

The City of Arlington is poised to successfully address our homeless situation, while the chronic homeless problem is in its infancy. If immediate action is taken, we can end chronic homelessness in Arlington. **If we fail to act, we may no longer be in the enviable position of ending homelessness; but, rather be tasked with managing it.**

The Arlington action plan is a three pronged strategy that **connects and coordinates existing resources and services** to ensure that chronically homeless persons are identified, contacted, and connected to appropriate individualized case management and rapidly housed.

Arlington Strategy to end Chronic Homelessness
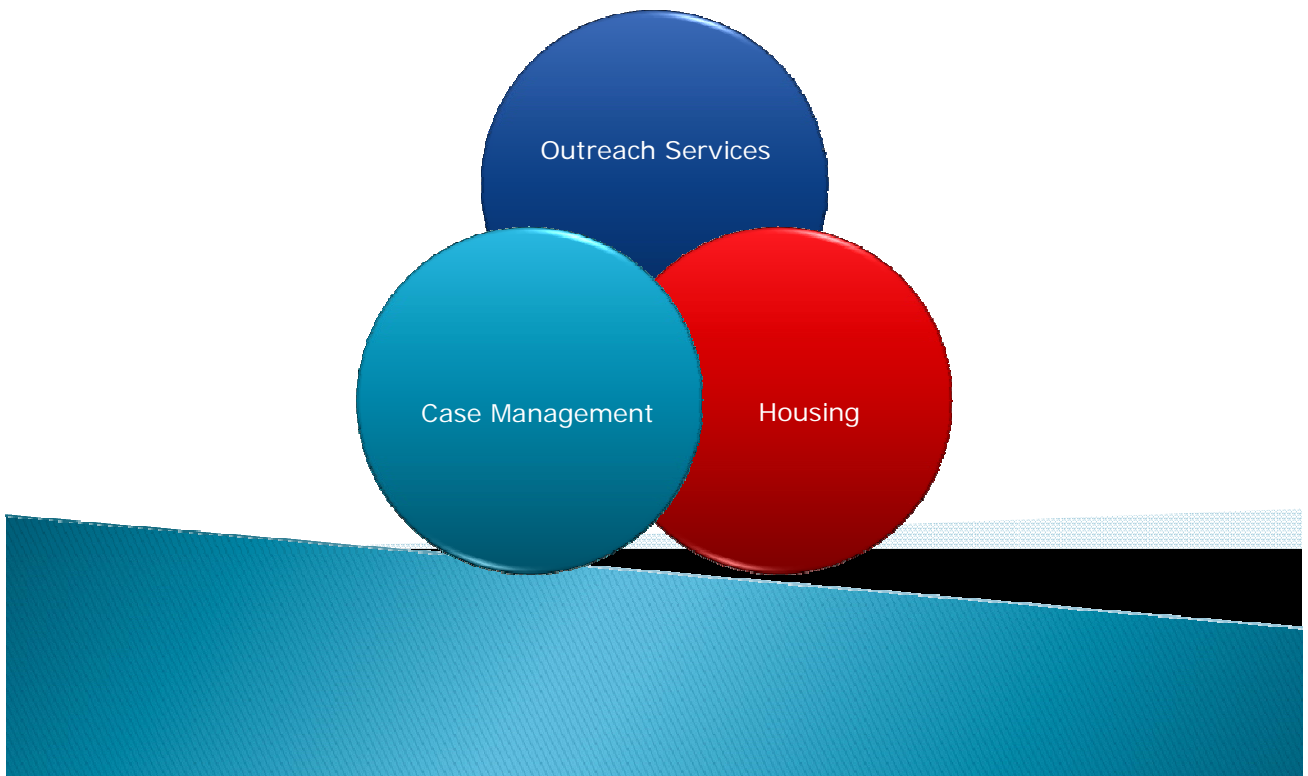
The task force offers the following recommendations:

1. The Arlington plan emphasizes rapid re-housing of chronically homeless persons. The Arlington Plan achieves its objective through the use of existing rental housing resources combined with appropriate outreach activities to identify and communicate with the chronically homeless and support services designed to stabilize their need for housing first, and when stabilized, begin to address the other needs.

2. Establish a Homeless Outreach Officer responsible to locate, identify, and contact chronically homeless persons in Arlington. In addition to the outreach and networking component of this position, it is unique in that the officer assigned will have continual interaction with and knowledge of this population. As a result he or she will be in the enviable position of offering services to those interested in taking advantage of them; while concurrently possessing the authority to enforce the law.

3. Establish an agreement with Mission Arlington and any other support service organizations willing and able to provide case management services

4. Establish an agreement with the Arlington Housing Authority for rental assistance associated with the implementation of the 10-year plan and ensure that the Arlington Housing Authority has sufficient HOME Grant resources for the Tenant Based Rental Assistance Program, as needed, to meet the needs of the chronically homeless (at risk and near chronic) population in Arlington.

Homeless Outreach Officer

- Is responsible for contacting chronically homeless and at risk individuals and or families.

- Outreach efforts will take place in the field, while follow-up opportunities may present themselves while individuals are incarcerated.

- Will work closely with providers and make onsite referrals.

The Homeless Outreach Officer will:

- Perform outreach to chronically homeless persons or families

- Actively seeks to contact citizens who are chronically homeless, homeless, and at risk to provide information and referral, educate and offer services. Outreach efforts will take place in the field, while follow-up opportunities may present themselves while individuals are incarcerated.

- Gathers outreach intelligence from and supports first responder and AISD outreach efforts.

- Field citizen complaints.

- Act as a liaison between the City and the chronically homeless

- Represent the City and the Police Department

- Work closely with housing and support service providers

- Make referrals to housing, support providers, and case managers

- Educate homeless about available services (even those that are incarcerated)

- Collaborate with Arlington Human Services Planners to coordinate and network among social service and faith-based providers interested in serving this population.

Case Management Services

Case Management services will be provided to the chronically homeless by Mission Arlington. Case management would include:

- Engaging the person in communication about their situation, their health and well being and their needs

- Through communication identifying and ranking their needs in priority order – for example; housing, medical, personal identification documents, food, clothing, medicine, specific type of treatment, life skills training, job training, etc.

- Helping the individual to obtain and maintain housing:
  o connect with available housing resources,
  o provide transportation as needed
  o meet with housing authority staff,
  o complete an application for housing assistance,
  o locate a suitable apartment
  o assist with lease signing and move in
  o provide basic apartment furnishings and furniture
  o provide basic clothing and apartment supplies
  o assist with shopping for groceries
  o assist with organizing and maintaining apartment
  o follow up home visits to ensure that the person is safe, stable and maintaining their apartment

- After the person is housed – helping the individual to address their other needs
    - connection to medical facilities for appropriate medical and dental treatment
    - connection to MHMR for mental health counseling, medication, etc
    - connection to support services as needed
    - connection to life skills training
    - connection to job skills training
    - connection to educational institutions
    - connection to employment opportunities
    - connection to organizations to which they may be eligible for income and medical benefits such as social security or veterans administration
    - connection to transportation resources to facilitate their securing and maintaining employment

Rental Housing Assistance

Rental housing assistance would be provided by the Arlington Housing Authority utilizing existing resources designated for homeless persons. The Arlington Housing Authority applies for federal funding through the US Department of Housing and Urban Development and the Tarrant County Continuum of Care to compete for rental assistance funding available to the region under the McKinney-Vento Homeless Assistance Act. The Arlington Housing Authority has a limited amount of funding to serve homeless persons through the Shelter Plus Care Grant and the Supportive Housing Program Grant. The Arlington Housing Authority would also utilize federal funding available through the City of Arlington's HOME Grant utilizing a portion of this grant, authorized by the City Council, for Tenant Based Rental Assistance (TBRA). The Arlington Housing Authority is responsible to administer the TBRA grant and has established a preference for persons who are homeless.

Description:

The Arlington strategy includes outreach to the chronically homeless performed by a Homeless Outreach Officer –to be provided by the Arlington Police Department. The Homeless Outreach Officer would locate, identify, and contact persons who are chronically homeless in Arlington. The Homeless Outreach Officer, through communication and coordinated services, would refer and/or bring the chronically homeless person or family to the Arlington Housing Authority and assist in completing an application for rental housing assistance.

The Arlington Housing Authority would gather all necessary information to process an application for rental housing assistance. The Arlington Housing Authority would determine the availability of housing program resources and determine which program best meets the needs of the client.

The Arlington Housing Authority would make all the necessary arrangements to process the application, assist the client in identifying a suitable rental apartment, inspect the rental apartment, negotiate a reasonable rent with the owner, and ensure that all necessary contracts and documents are signed and executed in preparation of approval to move in to the rental unit. The Arlington Housing Authority would issue a security deposit and the initial rental assistance payments and monthly rental assistance payments on an ongoing basis to the property owner in accordance with the terms of the housing contract. The chronically homeless tenant will be responsible to pay a portion of the rent, at a rate of approximately 30 percent of their income (if their initial income is zero the tenant would pay zero rent). Their portion of rent would be adjusted over time based on actual income.

The Arlington Housing Authority would rely upon the availability of federal resources to fund the provision of rental housing assistance. The Arlington Housing Authority currently receives funding from the U S Department of Housing and Urban Development (HUD) on a competitive basis to assist homeless persons. Funding is limited but available through the Supportive Housing Program and the Shelter Plus Care program. The City of Arlington also provides funding to the Arlington Housing Authority through its HUD HOME grant for the Tenant Based Rental Assistance Program. The Arlington Housing Authority is responsible to administer this program for the City and has established a program preference for homeless persons. The Arlington Housing Authority would utilize these programs as its source of funding for assisting chronically homeless persons in the City of Arlington.

The Arlington Housing Authority and the Homeless Outreach Officer would coordinate the move in and ensure that connection is made with case management services provided by Mission Arlington or other provider.

Mission Arlington, using their own resources, would be the primary provider of case management services for the chronically homeless clients in the City of Arlington. Other agencies including the Community Enrichment Center, AIDS Outreach Center, Recovery Resource Council, Arlington Life Shelter, SafeHaven, Salvation Army, Mental Heath-Mental Retardation, Arlington Independent School District and others will provide case management services and support services as needed. Mission Arlington has volunteered to ensure that case management relations with persons that are chronically homeless are established and maintained. Mission Arlington would work closely with the client to ensure that their basic living needs are established and that the rental apartment is established with basic furniture and furnishings, groceries, clothing, and supplies. Mission Arlington would continue to work with the client, using their

own resources and with assistance from support provider agencies in the community; to address the client's other case specific needs such as:

- Connection with medical services, as needed

- Connection with mental health or substance dependency services, as required

- Connection with any income or disability benefits to which the client may be entitled

- Connection with educational opportunities for basic life skills, GED, or other educational assistance as needed or preferred by the client

- Connection with job skills training, resume writing and job seeking assistance

- Connection with transportation resources, as may be required for attending medical appointments, job search and employment

- Maintain records of assistance and services provided

The implementation and execution of this plan will encounter some number of persons that are chronically homeless who will refuse to cooperate with or accept the offered services. In this regard the plan is not perfect. The plan will not provide a universal solution for all persons who are chronically homeless. The plan is designed to address the majority of persons who are chronically homeless. Based on data from other communities it is estimated that this plan will address the needs of 90 percent of the persons who are chronically homeless.

An added value in utilizing an Arlington Police Officer in the conduct of the outreach activity is the ability to provide law enforcement when necessary. The enforcement component of the outreach officer is a valuable strength to the plan in that homeless persons who refuse services will not be permitted to violate the law or applicable city ordinances.

What happens if we do nothing?

The proposed plan presents a reasonable and appropriate solution to meet the existing need, as we understand chronic homelessness in Arlington at this time.

The plan is a baseline solution to chronic homelessness. It is not the Cadillac. The Cadillac solution would include many of the other additional recommendations identified in the UTA study which include the creation of a homeless drop-in center, a one-stop center, a teen drop-in center, additional family shelter facilities, and additional outreach services, accessible and affordable mental health, addiction, health, HIV/AIDS services and treatment, veteran services, services for youth aging out of foster care, services for ex-offenders, employment services, including day labor and public transportation.

- If we do nothing, the City will continue to spend its resources as reported in this document managing homelessness, rather than ending chronic homelessness.

- If we do nothing, Chronic Homelessness will continue to be a concern for Arlington residents and businesses.

- If we do nothing, the homeless population will increase and an increased number of homeless persons will become chronically homeless.

- If we do nothing, demands for public services will continue to rise.

- If we do nothing, the misperceptions about the homeless will continue.

We have a unique opportunity to address chronic homelessness now, while it is in its infancy, before it impacts Levitt Park and other entertainment and retail venues before chronic homelessness results in a negative economic impact on our community.

Helping hardcore chronically homeless persons in need obtain safe, decent housing is the right thing to do, it is the smart thing to do, and it is cheaper than the alternative – doing nothing.

Measures

How do we measure accomplishments and success?

- Is the chronically homeless person stabilized?

- Have they returned to the street?

- Is the chronically homeless person continuing to utilize an excessive amount of city services (police, emergency response EMT, ambulance, hospital, etc)?

- Are overall costs for chronically homeless reduced? If yes, by how much?

- Are existing services and resources connected to ensure effective communication among service providers and cost efficient service delivery?

- Is the delivery of services resulting in outcomes that reduce chronic homelessness and strengthen neighborhoods?

See matrix of goals and measures on the following page.

Goal # 1 Ending Chronic Homelessness

Goal #	Goal	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
1.1	Aggressive street engagement outreach	2009	Arlington Police Department	Use existing resources. Explore grant and other funding opportunities.	Use existing APD staff and resources – seek additional resources	Use existing APD staff and resources – seek additional resources	Use existing APD staff and resources
1.2	Individualized Case Management	2009	Mission Arlington / Community Enrichment Center, AIDS Outreach Center, Recovery Resources, Arlington Life Shelter, SafeHaven, Salvation Army, Mental Heath-Mental Retardation, Arlington Independent School District	Funded by the respective organization's resources	Use existing staff and resources – seek additional resources	Use existing staff and resources – seek additional resources	Use existing staff and resources
1.3	Rapid Re-housing	2009	City of Arlington's Community Planning and Development Department – Grants Management division and the Arlington Housing Authority and HUD.	Federal HOME Grant funding for Tenant Based Rental Assistance Program @ $700 / unit month, HUD SPC and SHP funding	$450,000/ year in TBRA funding to assist 53 persons – seek additional resources	$250,000/ year in TBRA funding to assist 29 persons	$100,000/ year in TBRA funding to assist 12 persons

\#2	**Goal # 2 Decrease the length of time persons are homeless**						

Goal #	Goal	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
2.1	Job Access Reverse Commute Transit project	2010	Workforce Services/ Arlington Life Shelter, Mission Arlington, Arlington Housing Authority, Council of Governments, Chamber of Commerce, Handitran, Arlington Independent School District, SafeHaven, Salvation Army,	Council of Governments Grant, Local business, Church and Faith Based organizations	$200,000	$100,000	$50,000
2.2	Workforce Solutions job specialist	2012	Workforce Services	Use existing resources	N/A	N/A	N/A

Goal # 3 Capitalize existing resources

Goal #	Goal	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
3.1	Develop and maintain a database of local and county programs	2010	City of Arlington's Community Planning and Development Department – Grants Management division and Arlington Human Service Planners	Use existing resources	N/A	N/A	N/A
3.2	Develop and maintain a database of faith based resources	2010	City of Arlington's Community Planning and Development Department – Grants Management division and Arlington Human Resource Planners	Use existing resources	N/A	N/A	N/A
3.3	Continue the innovative use of the TBRA program with a preference for homeless persons	2009	City of Arlington's Community Planning and Development Department – Grants Management division – A portion of HOME grant funding dedicated to the TBRA program	Use a portion of existing HOME funding allocated to the City of Arlington	$450,000/ year in TBRA funding to assist 53 persons	$250,000/ year in TBRA funding to assist 29 persons	$100,000/ year in TBRA funding to assist 12 persons

Goal # 4 Initiate Outreach and Case management among the chronic homeless

Goal #	Goal	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
4.1	Arlington Life Shelter research Grant	2009	Arlington Life Shelter	Arlington Tomorrow Foundation	$100,000	$100,000	$100,000
4.2	Implementation of homeless outreach officer aligned with the Arlington Police Department (referenced in Goal #1)	2009	Arlington Police Department	Use existing resources – seek additional resources	Use existing staff and resources– seek additional resources	Use existing staff and resources– seek additional resources	Use existing staff and resources

Goal # 5 Organize education and prevention component

Goal #	Goal	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
5.1	Expand outreach to near chronic and at risk population	2010	Arlington Police Department	Use existing resources, grant funding	Supplement existing staff with grant resources	Supplement existing staff with grant resources	Use existing staff and resources
5.2	Support implementation of the Tarrant County re-entry plan	2010	Arlington Police Department, Tarrant County Probation and Parole, State of Texas Parole and Pardons and the Faith based community	Use existing resources	N/A	N/A	N/A

5.3	Continue and expand existing funding to the Arlington Eviction Prevention Program (one-time eviction prevention assistance)	2010	City of Arlington's Community Planning and Development Department – Grants Management division/ Arlington Human Resource Planners	Use existing Emergency Shelter Grant resources, seek additional sources of funding	Supplement existing staff with additional funding and staffing resources	Supplement existing staff with additional funding and staffing resources	Use existing staff and resources. Utilize existing Emergency Shelter Grant funding for the Eviction Prevention program ($9,200 – PY2009)
5.4	Investigate funding options foreclosure prevention	2009	City of Arlington's Community Planning and Development Department – Grants Management division/ Arlington Human Resource Planners	Foundations, Grants, charitable contributions	City of Arlington's Community Planning and Development Department – Grants Management division/ Arlington Human Resource Planners to seek additional resources	City of Arlington's Community Planning and Development Department – Grants Management division/ Arlington Human Resource Planners to seek additional resources	Investigate Federal Funding (Housing Recovery Act 2008) and additional non-profit resources
5.4	Expand education and informational resources to persons at risk of	2010	City of Arlington's Community Services Department, Arlington Housing Authority and Community Planning and Development Department –	Use existing resources, collaborate with other agencies, lobby for federal	N/A	N/A	N/A

	foreclosure		Grants Management division	assistance			
5.5	Expand education and informational resources to students attending Arlington's School Districts about homelessness	2011	AISD McKinney Grant Staff, Salvation Army, Arlington Life Shelter and SafeHaven and Community Planning and Development Department – Grants Management division/ Arlington Human Resource Planners to provide speakers and educational materials to students attending Arlington's School Districts	Create Speakers Bureau	Seek formerly homeless persons to make presentations to students	Seek formerly homeless persons to make presentations to students	Seek volunteers to make educational presentations to students

Goal # 6 Mitigate negative impacts of homelessness

Goal #	Goal	Target Date	Lead Entity/ Partners	Possible Funding Sources	High	Medium	Low
6.1	Participate in the Good Neighbor Agreement with County resources	2010	City of Arlington, Fort Worth, Tarrant County	Work collaboratively with Tarrant County and Fort Worth on homelessness	N/A	N/A	N/A
6.2	Implement "homeless training " for First Responders, outreach, case management and housing staff	2010	Arlington Police Department/ City of Arlington's Community Planning and Development Department – Grants Management division, experienced stakeholders	Use existing resources, grant funding	Supplement existing staff with grant resources	Supplement existing staff with grant resources	Use existing staff and resources
6.3	Develop a public relations campaign to educate and inform citizens and business owners about chronic homelessness	2112	Arlington Human Resource Planners	Use existing resources, grant funding to create a web site, articles for the newspaper, speakers bureau and, develop a public relations campaign	Supplement existing staff with grant resources– seek additional resources	Supplement existing staff with grant resources	Use existing staff and resources

Conclusion

This plan is a continual work in progress whereby we have the opportunity to guide, shape and assess our ongoing efforts to eradicate homelessness in the City of Arlington.

It is important to note, that the City of Arlington's ten year plan has been constructed in such a way that its' goal is to **end**, and not manage, homelessness.

Not only do we desire a greater quality of life for every citizen, but are also taking into serious consideration our responsibility to be the best stewards of tax and philanthropic dollars.

Glossary:

Emergency Shelter

A facility, where the primary purpose is to provide temporary or transitional shelter for persons who are homeless. Emergency shelter facilities may specialize in a specific segment of the homeless population.[2]

Supportive Housing

A long-term, community-based housing and supportive services for homeless persons with disabilities. The intent of supportive housing is to enable the special needs population to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or provided by other public or private service agencies.

SRO- Single Resident Occupancy

One of the country's oldest forms of affordable housing for single low-income people who are homeless. Typically, an SRO room will have a sink and a closet. Bathroom, shower, kitchen, and other rooms are usually shared. Residents have the option of paying day by day or on a more long-term basis.[4]

Homeless Coalition

A network of persons who are currently experiencing or who have experienced homelessness, activists and advocates, community-based and faith-based service providers, and others committed to ending homelessness.[5]

Housing Management Information Systems (HMIS)

A HUD technical assistance product created to assist communities in the collection of information about homeless persons in their community.[6]

Continuum of Care Grant

HUD's *Continuum of Care* programs provide permanent and transitional housing to homeless persons. Continuum grants fund a wide variety of programs-from street outreach and assessment programs to transitional and permanent housing for homeless persons and families. They help to provide important services including job training, health care, mental health counseling, substance abuse treatment and child care. Nearly $1.2 billion in Continuum of Care grants are awarded competitively to local programs to meet the needs of their homeless clients.

CDBG Funds

The Community Development Block Grant (CDBG) provides annual grants on a formula basis to states and cities. HUD determines the amount of each grant by a formula including the extent of poverty, population, housing overcrowding, age of housing, and population growth.

Co-occurring Disorders

Individuals affected by both chemical dependency and psychiatric / emotional illness. The illnesses may affect each other, and each disorder predisposes to relapse in the other disease. At times the symptoms can overlap and even mask as each other, making treatment and diagnosis difficult. To fully recover, a person needs to treat/address both disorders.

Transitional Housing

A type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. It is housing in which homeless persons live for up to 24-months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. It is a middle point between emergency shelter and permanent housing.

Affordable Housing

Safe, sanitary, adequate, decent housing with a cost to the resident household of no more than 30% of their gross income, where housing includes both rent and basic utilities.

Emergency Housing

Facilities maintained by public or private non-profit entities that provide temporary, short-term, safe, sanitary shelter from the elements or nature for homeless individuals or families.

Section 8 (rental subsidy)

A federal rent subsidy program that provides monthly rental assistance to low-income individuals who reside in privately owned rental units. The rents must be within HUD limits, and the units must meet HUD housing quality standards.

Rental Assistance

Payments provided either as project-based, sponsor-based, or as tenant-based assistance with paying rent.[16]

Livable Wage

An income adequate to pay the cost of safe, decent, affordable housing and all other basic needs of living without receiving subsidy from private or public sources.[18]

Homelessness

According to HUD, a person is considered homeless only when he/she resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings.

Chronic Homelessness

An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in emergency shelter during that time.

Episode

A *separate*, *distinct*, and *sustained* stay on the streets and/or in an emergency homeless shelter.

**Note: HUD's definition of chronic homeless does NOT include families. Also, in order to be considered chronically homeless the person must have a disabling condition.

Disabling Condition

- Substance abuse problem (alcohol or other drugs)
- Serious mental health/illness problem (schizophrenia, bi-polar, depression, personality or conduct disorder, PTSD, ADHD)
- Developmental Disability
- Someone receiving a disability or pension check (ex SSI or VA disability)

EXHIBIT I:

An Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas, October 2007, University of Texas at Arlington, School of Social Work, Community Services Center

An Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas

September 2007

Community Services Center

School of Social Work

The University of Texas at Arlington

Final Version – October 2007

Collaborating Organizations

City of Arlington Housing Authority

The mission of the Arlington Housing Authority is to advocate for and pursue housing opportunities for the maximum number of low-income individuals and families in Arlington by:
- Establishing partnerships with public or private community service providers; maintaining and encouraging additional housing choices;
- Effectively communicating with internal and external constituencies;
- Attracting and developing knowledgeable staff and board members by supporting professional development and personal opportunities; and
- Maintaining and improving fiscal accountability and operational efficiency.

AHA will serve the community and create an environment in which all citizens may support and participate in achieving the AHA vision.

City of Arlington Police Department

The vision of the Arlington Police Department is to achieve a safer community by providing excellent service and involving our community as partners. Driven by the values of service, integrity, respect, education, innovation, accountability, teamwork, leadership, and diversity, the Arlington Police Department pursues the following goals:
- Actively engage in community policing and expand partnerships to achieve a safer community.
- Use innovative methods and technology to communicate effectively, maximize performance, and balance personnel/workload.
- Provide a rewarding work environment through workforce development, embracing diversity, and imparting our experience and tradition of excellence.

UTA School of Social Work Community Services Center – Development Services Division

The Community Services Center (CSC) Development Services is an innovative research, planning, teaching, and service organization. Drawing on the knowledge and research base of the university, the Center seeks to build the capacity of individuals, organizations and communities, while providing advanced applied learning opportunities for students. The Development Services Division provides evaluation, research, and assessment services, as well as consultation and training to organizations in North Central Texas. A service arm of the School

of Social Work at the University of Texas at Arlington, the Community Services Center is supervised by faculty and supported by social work student interns and paid staff. The CSC operates through contracts, grant funding, and donations.

Acknowledgements

This assessment involved a great deal of time and effort by Community Services Center team of faculty, student interns, volunteers, graduate assistants, and staff. Special recognition goes to:

- James Petrovich and Dr. Jaimie Page would like to thank Dr. Emily Spence-Almaguer for her work in developing the client-centered community needs assessment model used as the foundation of this study. Without this effort, it would not have been possible to collect the data presented in this report.

- UTA Community Services Center interns who assisted with conducting interviews, facilitating focus groups, distributing surveys, and analyzing data. Perrin Burnes, Shannon Dyer (and Caroline), Amanda Rose, Murphy Williams, Rachel Lasseter, Mary Burdette, Valerie Stokes, and Jacky Lee; without your determination and persistence this project would not have been possible.

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In addition, the entire research team would like to thank the following for their support of this project:

- City of Arlington leadership including Mayor Robert Cluck, members of the City Council, and City Manager Jim Holgersson

- Arlington Housing Authority Executive Director David Zappasodi

- Arlington Police Chief Theron Bowman

- Dean Santos Hernandez and Associate Dean Joan Rycraft of the UTA School of Social Work for their continued support of the Community Services Center

- Local organizations including the Arlington Public Library, Arlington Life Shelter, Mission Arlington, Safe Haven, and The Salvation Army

- Focus groups and community survey participants for sharing their opinions and experiences

We would especially like to thank those individuals in the shelters, on the streets, and the motels who participated in this study. Without your willingness to share your experiences, this study would not have been possible. It is difficult to fully acknowledge our appreciation and we hope that your openness during this study results in a greater understanding of homelessness and more effective efforts to combat it.

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A Note Regarding Social Work Research

Research is often grounded in the values of those who are conducting it. Therefore, it is important to note that the core professional values of the social work profession influenced the design of this study, the collection and analysis of the data, and the development of research findings. These values, articulated by the National Association of Social Workers (1996) include:

- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence

While the research team strove to conduct objective and unbiased research, the influence of these values must be acknowledged. Ultimately, it is our belief that the approach used in this research best serves the major stakeholders affected by homelessness including the municipal government of Arlington, Texas, social service providers, the general public, and people who are homeless themselves. In the development of recommendations, we made every attempt to take political, economic, and social factors into consideration. However, we also avoided placing constraints on ourselves because we feel that as Arlington has risen to challenges in the past, it will do so in the face of homelessness as well

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Project Summary

This report provides information gathered during the Assessment of Community Strengths and Needs Relative to Homelessness in Arlington, Texas, a research project conducted by the Community Services Center of the University of Texas at Arlington School of Social Work (CSC) in partnership with the City of Arlington Housing Authority and the City of Arlington Police Department. This needs assessment is intended to provide information about the social problem of homelessness in Arlington from the perspective of formal service providers, the general public, and people who are homeless. This assessment supplements the work of the 2007 Tarrant County Homeless Survey, conducted by the Tarrant County Homeless Coalition and Tarrant County Community Development.

Project History

The initial conceptualization of this research project was borne out of the activities of the Arlington Homelessness Task Force, a group designated to develop strategies to address the problem of chronic homelessness in Arlington. After several meetings, the task force determined that homelessness was considered to be a problem but additional information was needed. It was also understood that while existing research conducted in other areas might inform a better understanding of homelessness in general, data regarding homelessness in Arlington, gathered from stakeholders in Arlington, would lead to a more effective Ten-Year Plan. Therefore, a proposal was developed by the UTA Community Services Center to conduct a needs assessment relative to homelessness in Arlington in the hopes of gathering data specific to Arlington to assist in the development of a Ten Year Plan.

Assessment Design: Interviews, Focus Groups, and Community Surveys

Consistent with the purpose of this study, the research design utilized in this study included information gathered from a variety of stakeholders, all of whom share an interest in addressing homelessness in Arlington. People experiencing homelessness were included as the primary source of information since their opinions and experiences would best assist in understanding homelessness in Arlington. Service providers were included since their perceptions and experiences with people who are homeless would provide an understanding of the current state of the assistance network and provide recommendations for improvement. Finally, members of the general public were included in order to assess their experiences with homelessness, with people

who are homeless, and gather their opinions regarding what efforts should be taken to assist them.

Each of these groups was assessed separately with a discussion of these methods provided below:

Objective

The primary objective of this assessment was to develop an understanding of the needs and capacities of people who are homeless in Arlington from the multiple perspectives of key stakeholders. This study gathered both quantitative (numerical, close-ended) and qualitative (verbal and text-based, open-ended) information through in-depth interviews, focus groups, and community surveys. The findings from this assessment will assist the City of Arlington to develop a more extensive understanding of homelessness and aid their development of a Ten Year Plan to address chronic homelessness.

Methods and Procedures

As discussed earlier, this project sought to gather data from a variety of sources to obtain the broadest perspective of homelessness possible and to triangulate data sources for increased validity of results. The data collection process included interviews with people who are homeless, focus groups with service providers and other stakeholders, and surveys completed by the general public. Each of these approaches will be discussed in more depth below.

Interviews with People who are Homeless

Considering the purpose of this study, the decision was made to target three specific populations of people who are homeless: 1) street-dwelling, 2) shelter-dwelling, and 3) motel-dwelling

The decision to interview street dwelling individuals was made because they represent the most highly visible and vulnerable group of people experiencing homelessness. They are also the group of people in Arlington least likely to use available services and more likely to be considered chronically homeless. Shelter dwelling people who are homeless were selected because they offer valuable perspectives of the homeless assistance network in Arlington. The final group included in this study included individuals who live in extended stay motels. This group was included in this study because many of these individuals are vulnerably housed and often experience homelessness episodically.

Recruiting participants for this phase of the study proved to be the greatest challenge. Researchers visited local homeless shelters to meet with agency staff and administrators, discuss the research, and obtain their permission to have access to their clientele. Once this permission was obtained, researchers visited these shelters on several occasions to meet with residents, discuss the research with them, and conduct interviews if they volunteered to participate. In order to

recruit street dwelling homeless individuals, researchers traveled to various locations in Arlington to seek out people who are homeless and recruit them to participate in the research. These locations included established homeless camps, convenience stores, fast-food restaurants, and general areas where people who are homeless are known to congregate, i.e., the intersection of North Watson Road and Six Flags Drive, East Division Street, Downtown Arlington, etc. Recruiting individuals living in motels proved to be a challenge in the midst of this study. Researchers met with the management of several motels and obtained permission to place flyers in the office lobby. Researchers also were able to place flyers on motel room doors. Due to safety concerns, researchers had to be very cautious when visiting these locations and attempting to recruit participants.

The process of collecting information from people who are homeless was composed of two components: a written survey and an in-depth, semi-structured interview. The survey was included to gather basic demographic information, utilization of specific services, and the participant's feelings regarding their current living situation, obtaining more stable housing, their financial situation, and more.

The semi-structured oral interview used to interview people who were homeless during this study was adapted from a model used with a substance abuse population in Ontario, Canada (DeVillaer, 1990, 1996). First implemented during a collaborative project between the UTA Community Services Center and two homeless assistance agencies in Fort Worth, the CCNA interview has been reevaluated and refined since its introduction in 2004. The oral interview is designed to collect quantitative (close-ended and numerically-coded) and qualitative (open-ended and text-based) data regarding the life experiences of people who are homeless, as well as clients' perceived need for service enhancement and expansion. These interviews generally lasted one to three hours and took place at various locations including Mission Arlington, Arlington Life Shelter, Safe Haven, the Public Library, two different motels, and on the streets. The oral interview was divided into seventeen sections:

1. Housing
2. Education
3. Employment
4. Income
5. Safety
6. Physical Health
7. Mental Health
8. Transportation
9. Social and Tangible Support
10. Leisure/Recreation
11. Service Utilization
12. Parenting
13. Substance Use
14. Criminal History
15. Veterans Status

16. Language and Immigration
17. Miscellaneous

These sections were selected to elicit information about a particular area of daily living affected by an individual's housing status and allow for more insight into the experience of homelessness, have some impact on the individual's ability and motivation to acquire housing and achieve self-sufficiency.

This survey and interview design was utilized with homeless participants in the research because a Client-Centered Community Needs Assessment yields information that cannot be achieved from more traditional models of needs assessment. For example, each person being interviewed is challenged to think about their individual needs and solutions to meet those needs. Additionally, participants offer a community-level perspective of the current strengths and limitations of the assistance network. Finally, there is therapeutic value in asking participants to imagine possible solutions to their problems. When clients identify solutions to their problems, "buy-in" and commitment to addressing their circumstances increases and they are more likely to participate in making those solutions work.

Focus Groups with Service Providers

Two sets of focus group sessions were conducted with formal service providers to gain more insight into the problem of homelessness in Arlington. The first session captured data regarding the severity of homelessness in Arlington, the strengths and needs of the assistance network, and general recommendations to improve homeless assistance services. The second session was used by the research team to present initial findings of the interviews conducted with people who are homeless and develop some initial recommendations in a work-group format. Attendees of these focus groups included officials from city government, representatives from various municipal departments, staff and administrators from public and private social service agencies, and representatives from several community organizations.

Community Surveys

The final component of the Assessment of Strengths and Needs Relative to Homelessness in Arlington, Texas included the administration of community surveys to the general public. Using a map developed by the City of Arlington Police Department and the Department of Code Enforcement, areas where homeless people tended to reside or congregate were identified and surveys were distributed to businesses and residences in those regions. The survey was designed to gather information from the community regarding their perceptions of the severity of homelessness in Arlington, the efforts they feel would help alleviate this problem, the measures they would support to address homelessness, and their experiences with people who are homeless.

Analysis Procedures

Quantitative Analysis

The interviews conducted with people who are homeless and the community surveys contained both close-ended and open-ended questions. Answers to close-ended questions were numerically coded and entered into a statistical database. Descriptive statistics were used to provide a general summary of participants' characteristics and responses. Additionally, graphs, contingency tables, and charts were produced to demonstrate the variability and distribution of responses.

Qualitative Analysis

The qualitative component of this multiple methods study consisted of open-ended interview questions that were utilized during interviews with people who are homeless, focus groups with service providers, and community surveys. These questions were designed to illicit the subjective experiences and perceptions of the participants from their perspective to the problem of homelessness. When interviewing people who are homeless and observing focus groups with service providers, researchers documented participants' responses as accurately as possible. Members of the general public who completed a community survey recorded their own responses on the survey forms. Data analysis included student researchers who provided an element of triangulation and verification during the coding process as well as during the identification of emergent themes and categories. Once identified, these themes were utilized within the discussion of the quantitative findings to support the results and offer a rich perspective of the population.

Limitations of Design

Although efforts were made to make this research design as rigorous as possible, limitations do exist. A convenience sample was used during the CCNA interview with homeless individuals because the nature of homelessness does not realistically support a randomized sampling strategy. This type of sample is often utilized in an exploratory study such as this; however, this design does not allow the results to be generalized to all shelter participants or the homeless population as a whole. In other words, the results in this report are not considered to extend beyond the groups selected and outside of Arlington, Texas. Additionally, while the sample size (N=100) was sufficient for descriptive analysis, it was not large enough for complex predictive statistical testing.

In addition to these limitations, it cannot be assumed that all responses were forthright, even though participants were routinely reminded of their anonymity. There was some evidence, for example, that some individuals underreported criminal histories. Others demonstrated clear symptoms of serious mental illness, but stated that they had no history of mental illness. Feedback obtained from focus groups substantiated concerns that mental illness was underreported. Therefore, cautious interpretation of the prevalence of mental illness among Arlington's homeless population is warranted. Another limitation is that researchers did not interview homeless people who were not in visible, known

areas where homeless people congregate or reside. Therefore, data related to geographically isolated homeless people is limited.

It is important to note that the instrument used for interviews contained few questions that have been rigorously tested and standardized. Thus, the reliability and validity of survey items have not been established. However, after completing 175 initial interviews in Fort Worth, it is believed that this form gathers valuable data to better understand and address homelessness. Additional limitations exist for the community survey sample. Initial efforts attempted to utilize a random sampling strategy to engage the community sample participants. Unfortunately, the return rate for this survey was very low and in order to meet the timeline of the research, additional surveys were distributed using a non-randomized strategy. In consideration of this, it is important to understand that the community survey participants may not be representative of the general population in the areas where the surveys were distributed. Additionally, the surveys were not distributed throughout the City of Arlington, as this was beyond the resources available for this study. Therefore, the responses obtained by these surveys do not represent the larger population of Arlington.

A final limitation of this study was the lack of attention to non-English people who are homeless. Because non-English speaking interviewers were not available, interviews with this subpopulation of people who are homeless were not conducted.

Results

CCNA Interviews

The table below depicts the location where respondents primarily reside. The majority of respondents (both male and female) resided in shelters (61%) compared to the streets (29%) or motels (20%). Both men and women stayed in a shelter more than in a motel or on the streets. The vast majority of women, in fact, stayed in shelters rather than on the streets or in a motel.

Distribution of Interview Participants by residence

	Shelter	Street	Motel	Total
Male	35	22	5	62
Female	26	7	5	38
Total	61	29	10	100

Because the number of motel dwellers was much smaller, the remaining results combine all three locations. It is also important to note that many respondents rotate between locations at any given time.

Among the shelter residents interviewed during this research, 60 (87%) were residing at the Arlington Life Shelter, 1 (.01%) at the Salvation Army, and 8 (12%) were located at the Safe Haven domestic violence shelter.

Demographic Characteristics

The majority of respondents were male (62%), Caucasian (56%), between the ages of 30 and 50, and reportedly non-disabled (84%). Marital status with the greatest frequency reported was single (49%). Thirty-seven percent had a high school diploma, and one-quarter had some college education.

Table 1:Demographic Characteristics

Characteristic	Number of Respondents	Categories	Number	Valid Percent[26]
Gender	100	Male	62	62
		Female	38	38
Race & Ethnicity	98	Asian	0	0
		Black (non-Hispanic)	27	28
		Caucasian (non-Hispanic)	55	56
		Hispanic	3	3
		Hispanic/Caucasian	2	2
		Hispanic/Black	3	3
		Multi-racial	3	3
		Native American/Alaskan Native	4	4
		Other	1	1
Age	98	18-29	16	16
		30-50	76	78
		51+	6	6
Marital Status	99	Single	48	49
		Married	10	10
		Domestic Partnership	2	2
		Divorced	17	17
		Separated	20	20
		Widowed	2	2
Highest Level of Education	98	Less than 12th Grade	38	38
		12th Grade Graduation (or equivalent)	36	37
		Some College	24	25
Citizenship	100	US Citizen	100	100
		Non-Citizen		
Reported Disability Status	100	Disabled	16	16
		Non-Disabled	84	84

[1] Valid Percent includes only those who responded to the question; may not add to 100% due to rounding.

Length of Time Homeless

The majority of respondents had been homeless for less than six months (56%), ranging from 4 days to 12 years. The number of times homeless ranged from one time to 20 times. The vast majority (71%) have only been homeless once (49%) or twice (22%). The majority of respondents were residing in shelters at the time.

Interestingly, many of the respondents interviewed (38%) became homeless at a young age. Eleven percent (11%) became homeless as children or teens and 27% became homeless in their twenties. The current average age of the respondents is 32 years old.

Table 2: Length of Time Homeless

Characteristic	Number of Respondents	Categories		Valid Percent
Length of Time Homeless	99	*Mean* (average) = 565 days *Median* = 150 days	Less than 6 months	56%
			6-12 months	16%
			More than 12 months	28%
How many times have you been homeless?	96	*Mean* (average) = 3 times *Median* (midpoint of all cases) = 2 times	1-2 times	71%
			3-4 times	14%
			5-6 times	6%
			Over 6	10%

Reason for Homelessness

The three most frequently cited reasons for homelessness were unemployment (45%), followed by family issues (39%), and substance use (31%). Family issues included divorce or separation and an array of reasons based on family and/or relationship discord. Other responses included the cost of housing (12%), mental illness (12%), lack of transportation (11%), and others. Because interview participants were able to select more than one reason for their homelessness, it was possible to determine that for many people who are homeless in Arlington, the path into homelessness is a complex and

multifaceted one.

Table 3: Reasons for Becoming Homeless

Characteristic (may indicate more than one reason)	Percentage of Respondents Attributing this Reason (% of both males and females)	Valid Percent
Unemployment	44	45
Family Issues	38	39
Alcohol/Drug Use	30	31
Cost of Housing	12	12
Mental Illness	12	12
Lack of Transportation	11	11
Domestic Violence	11	11
Lifestyle Choice	10	10
Catastrophic Event	6	6
Physical Disability	4	4
Criminal History	4	4
Moved to Seek Employment	3	3
Health Problems	3	3
Jail/Prison	2	2
Aged Out of Foster Care	2	2
Loss of Housing Benefits	0	0
Welfare Time Limits	0	0
Other	30	30

In addition to this question, interview participants were also asked to identify the *primary reason* they feel they are homeless. Of the 100 individuals interviewed, 18 did not answer this question. Several felt that it was not possible to reduce homelessness to one primary causal factor while some of the motel residents did not consider themselves homeless. The responses of the remaining 82 participants are presented in the graph below:

Primary Reason for Homelessness (n = 82)
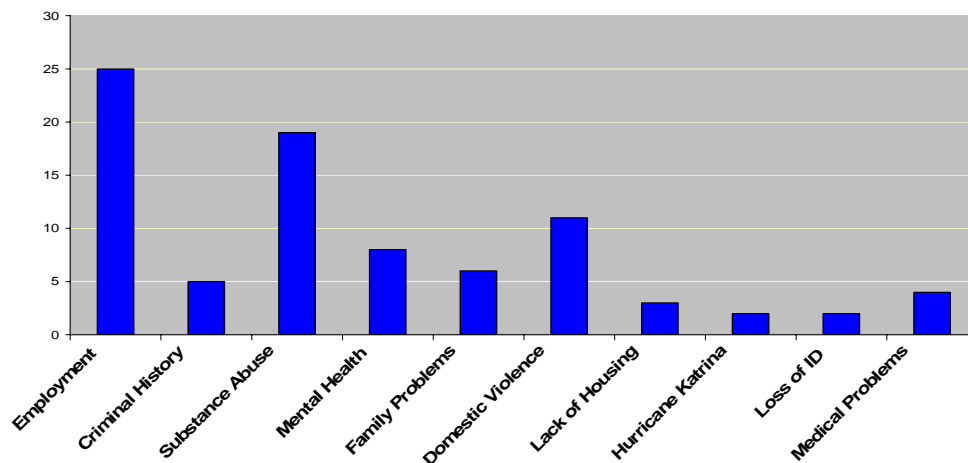
As the graph indicates, most of the interview participants who answered this question cited employment problems as their primary reason for being homeless (30%). The next most prevalent category was substance abuse (23%) followed by domestic violence (13%). Other reasons cited included the loss of identification by two participants, the lack of housing by three participants, and several participants who had relocated to Texas from New Orleans in the aftermath of Hurricane Katrina. Considering that these interviews were conducted more than 18 months after the hurricane, the presence of the individuals in the Arlington shelter system was disconcerting.

Respondents were asked what would help them secure more stable housing and get off of the streets. The vast majority (76%) stated that finding employment would help them, as well as having a vehicle or other form of transportation (29%).

Table 4: Factors that Would Help Participants Obtain Housing

Characteristic (may indicate more than one reason)	Percentage of Respondents Reporting this Factor (% of both males and females)	Valid Percent
Employment	74	76
Vehicle/Transportation	28	29
Drug/Alcohol Treatment Services	11	11
Housing/Shelter	4	4
Financial Planning/Money Management	4	4
Help with Criminal History	4	4
Child Care	3	3
Other	19	19

Items listed as "other" varied, and included a raise at work, getting medical care, maintenance on their vehicle.

Housing
Not surprisingly, housing is a very important issue for respondents. While respondents had an array of reactions when asked how satisfied they are with where they are living (streets, shelters, motels), the vast majority (88%) felt it was very important to them to get more stable housing, and the vast majority (84%) also would like to get more stable housing very quickly.

Importance of Getting More Stable Housing (percentage of respondents)	
Not Important at All	3%
Not Important	2%
Somewhat Important	1%
Important	6%
Very Important	88%

Emphasis on Quickness in Getting More Stable Housing (percentage	

of respondents)	
Not Quickly at All	2%
Not Quickly	1%
Somewhat Quickly	2%
Quickly	11%
Very Quickly	84%

As an aspect of this section, participants were asked to discuss the most positive and negative aspects of their current residence. By breaking the sample into groups which included 1) shelter dwelling individuals and 2) street and motel dwelling individuals. The results of this question are presented in the graphs below:

Positive Aspects of Living in a Shelter
(n=61)
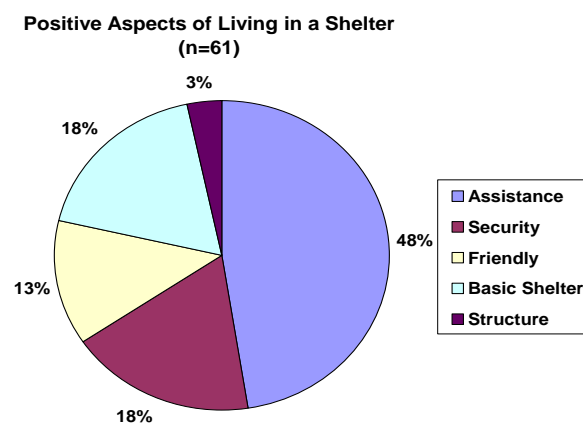
For the shelter residents in this study, the most positive aspects of living in these facilities are the supportive services (48%), the security (18%), and the simple fact that they have a place to go (18%). Other positive attributes include the friendliness of the staff and other residents (13%) and for a few residents, the structure of the program. As noted by several shelter residents:

> *"They give you a chance to get your life back together. They provide options and resources like food stamps, medical attention, AA, child care, and lots of other stuff"*
>
> *"Peace of mind, the people are all about trying to get their lives together and they help each other as long as you want to help yourself. I can make it."*

For people who are unsheltered or living in a motel, positive aspects included having shelter (45%), some sense of security (22%), and a sense of freedom and independence (33%).

Positive Aspects of Living on the Street or in a Motel
(n=18)

■ Security	
■ Basic Shelter	
■ Freedom / Independence	

22%
33%
45%
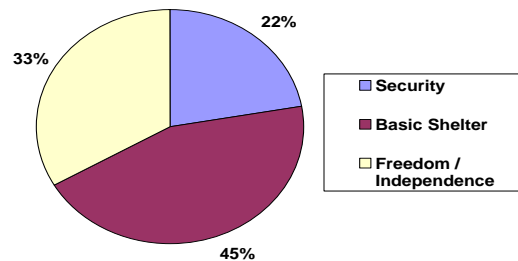
Initially, the fact that the some of the unsheltered individuals positively spoke of where they were sleeping was difficult to understand. However, when looking back at the interviews and the places they were conducted; many of the unsheltered homeless sample proved very resourceful in finding areas where there was adequate protection from the sun, wind, and rain and went to great lengths to make the areas livable. Whether under a bridge, in a wooded lot, behind a store, or in an unused shed, the unsheltered population demonstrated an ability to be creative and make the best out of their situations.

> *"I like my place, it's nice and peaceful. Quiet. No prostitutes or crack heads. The police are really cleaning this place up."*

An additional factor for many people sleeping unsheltered or in a motel was the sense of freedom and independence that comes from living on their own. As noted by a veteran who had been living in a Division Street Motel for almost one year:

> *"I can keep the door closed. I like being on the streets, it keeps me from killing myself. I can talk to people every now and then."*

With a history of diagnosed schizophrenia and chronic medical problems, this individual spends the majority of his SSI income on his motel room, reportedly leaving him twenty-five dollars for the rest of the month. He supplements his income doing odd-jobs for the motel owner and other small businesses in area.

Homeless individuals participating in interviews were also asked to identify any negative aspects of where they were sleeping. The results of this question are presented in the graphs below:

Negative Aspects of Living in a Shelter
(n=42)

12%

17%

42%

17%

12%

- Schedule - Rules
- Cleanliness
- Lack of Privacy
- Temporary
- Stigma
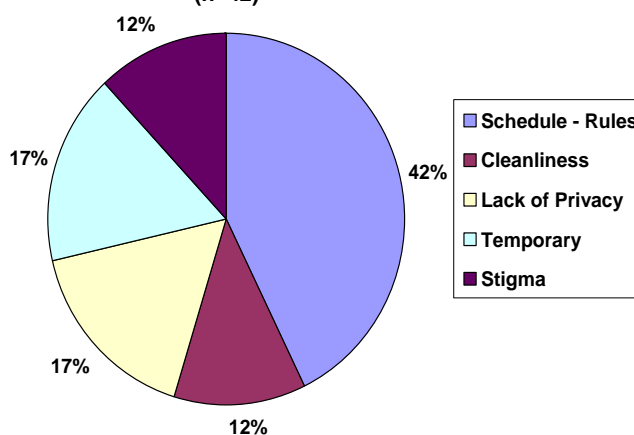
Shelter residents' most prevalent complaint was the high level of structure they had to adhere to and the fact that they had to leave the shelter in the morning or return early in the evening (42%). Many participants understood the need for rules but some also felt that they were excessive, inconsistent, or the consequences were too for breaking them:

> *"The rules are strict, it's like rehab or prison."*
>
> *"It's a controlled environment, do as they say or else."*
>
> *"The inconsistency. Rules change all of the time. Different staff enforces different rules. It's hard to know which rules to follow sometimes."*
>
> *"Sometimes the rules are tough but I understand why you have to have them."*

In addition to rules and the schedule, shelter residents also identified the lack of privacy (17%) and the limited time they are able to stay (17%) as negative aspects of shelters. Finally, shelter residents also felt that the cleanliness of some facilities was a concern (12%) and struggled with the stigma they feel accompanies living in a shelter (12%).

When unsheltered or motel-dwelling individuals were asked to identify negative aspects of where they were sleeping, the responses largely fell into the categories of being outside in the elements (60%) or issues of safety and privacy (40%):

Negative Aspects of Living on the Streets or in a Motel
(n=20)

40% — ☐ Security - Privacy
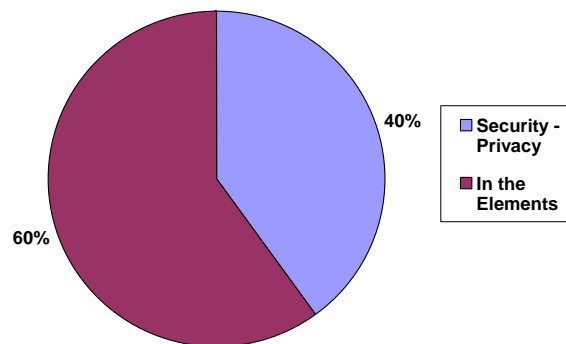
60% — ■ In the Elements

Whether due to the elements, pests, other homeless people, or the lack of access to basic facilities, sleeping on the street was a challenging prospect for the individuals we spoke to:

> *"Not being out of the elements. I have been bitten by everything known to man. I have woken up with an ant's nest in my jacket."*
>
> *"There is no power and no water in this area. Lots of "jail birds" too in the area too. All bad people."*
>
> *"It's outside and there is no public bathroom."*
>
> *"I have this guy who follows me. I don't know him but every once in a while I see him and he tries to get me to go with him in his truck."*

In addition to the previous questions, interview participants were asked to discuss what they would do if they met someone who was recently homeless and asked them for help. Using this hypothetical situation to determine their understanding of the services available, the results were conclusive. 85 people stated that they would tell them to go to a shelter with one person (1%) specifically stating the Salvation Army while the remaining 84 (99%) named the Arlington Life Shelter. Six of the respondents stated that they would offer the person advice, food, and shelter. Only one individual of the 92 who answered the question said "I don't know".

Employment and Income

About one-quarter of the interview participants stated that they are working (24%), while the majority (76%) are currently unemployed. Seventy-nine percent (79%) rate their financial situation as poor or very poor. The majority of respondents (55%) earned between $0 and $500 per month, on average.

Respondents had broad work histories. The three type of employment reported the most were construction, warehouse work, and sales/retail. The "other" category includes a broad array of work experience, some of which include factory worker, mover, caseworker, attorney, and financial analyst.

Table 7: Employment

Type of Work (more than one may be reported) (n=99)	Total Number	Valid Percent
Construction	35	35%
Warehouse	26	26%
Sales/Retail	26	26%
Maintenance	20	20%
Customer Service	19	19%
Food Service	17	17%
Secretarial/clerical	16	16%
Health Care	16	16%
Manager	15	15%
Landscaping	15	15%
Janitor	13	13%
Transportation	9	9%
Childcare	8	8%
Security	7	7%
Homemaker	6	6%
Education	3	35%
Other	45	45%

Respondents were asked to list the reasons why they are currently unable to find work. Lack of transportation (49%) and lack of available jobs (29%) were the main two reasons provided, followed by lack of identification (18%). The "other" category also included a broad array of reasons given why people can't work, including being elderly, having tools stolen, and no access to a phone.

Table 8: Factors Contributing to Inability to Obtain Employment

Characteristic	Total Number	Valid Percent (includes only those who report loss of employment and those who answered)
Lack of transportation	38	49%
Lack of jobs	22	29%
No identification	12	15%
Substance abuse	7	9%
Mental illness	7	9%
Lack of education	6	8%
Lack of child care	5	6%
Physical disability	7	8%
Lack of clothing	4	5%
Lack of job skills	3	4%
Health issues	3	3%
Criminal history	2	3%

No address	2	3%
No phone	2	3%
Shelter hours	1	1%
Other	17	22%
Don't want to	1	1%

Contrary to public perceptions about the motivation of homeless people to work, only one of the respondents stated that they didn't want to work. When asked what their ideal form of employment would be, many respondents seemed to appreciate the opportunity to discuss their ideal jobs. Many identified their need for more specialized training and education and discussed the desire to work in the service industry, information technology field, healthcare, open their own business, or resume a profession they were previously involved in. A clear theme was the need for consistent work:

> *"Working as a secretary in an office. I always see myself in a suit with a briefcase going to work…Like in "Working Girl"…I like the end to that movie!"*
>
> *"A job I can go to everyday. When I worked at the car wash, that was steady money."*
>
> *"A job that is there for the long haul. Not one of these fly by night gigs."*
>
> *"I would like to be an administrative assistant. I would need to go to school and buckle down. I never learned typing and some other stuff"*

When asked what they felt they required to obtain this training or education the majority of those interviewed discussed they needed assistance with tuition and fees. The graph below identifies the results of this question:

What Would Help You Obtain Needed Job Training or Education
(n = 54)

Legend:
- Assistance with Tuition and Fees — 67%
- An Opportunity — 7%
- Employment — 6%
- Transportation — 9%
- Childcare — 2%
- G.E.D. — 9%
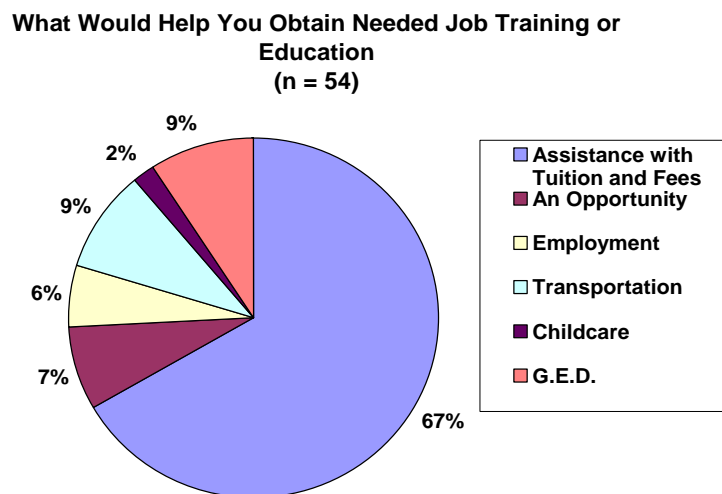
Homeless individuals obtain income and support from sources other than through employment. While the source of income cited most was employment (44%), many people received help from family and friends (24%), and from panhandling and asking people for money (14%). Others sell their blood for money through local blood clinics (10%). A surprisingly low number of people obtained income through benefits like Social Security and public welfare. Although veterans were among the homeless people interviewed (11%), none of them were receiving any VA financial benefits. The "other" category included an array of sources of money, including recycling, being a parent's beneficiary, personal savings, and buying items from garage sales and re-selling them.

Table 9: Income and Other Sources of Support

Source of Income	Total Number	Valid Percent
Work for pay	43	44%
Family/friends	23	24%
Asking for money	14	14%
Selling blood	10	10%
Food stamps	9	9%
Illegal activity	9	9%
TANF	3	3%
SSI	4	4%
SSDI	4	4%
Unemployment	2	2%
Social Security (retirement)	2	2%
Child support	1	1%
Emergency assistance	1	1%
Pension	1	1%
Veteran's benefits	0	0%
Other	21	21%

Safety and Violence

Personal safety is a major issues for many of the homeless people interviewed, both men and women. Thirty-five percent (35%) of the respondents indicated that they felt *unsafe* or *very unsafe*. About the same percentage of respondents (36%) reported specific incidents where they felt *unsafe*. About one-quarter (24%) had been involved in violence on the streets, but more (39%) reported witnessing violence on the streets as well as in shelters (9%). The majority of respondents (53%) had previous experiences of intimate partner violence. In many cases, there was repeated violence. Sixty-eight percent (68%) of individuals (15 men and 21 women) had been physically abused by their partners four or more times. Respondents were also subject to potentially lethal abuse, including being threatened with a weapon (39%) and/or being choked or strangled (24%).

Table 10: Perceptions of Safety

Level of Perceived Safety	# Males (% of males)	# Females (% of females)	Total
Very Unsafe	3 (5%)	11 (29%)	14
Unsafe	13 (21%)	8 (21%)	21
Somewhat Safe	19 (31%)	9 (24%)	28
Safe	10 (16%)	3 (8%)	13
Very Safe	17 (27%)	7 (18%)	24
Total	62	38	100

Interview participants were asked to identify the places they felt most safe. The results were varied and are presented in the graph below:

Where Do You Feel The Safest?
(n = 88)
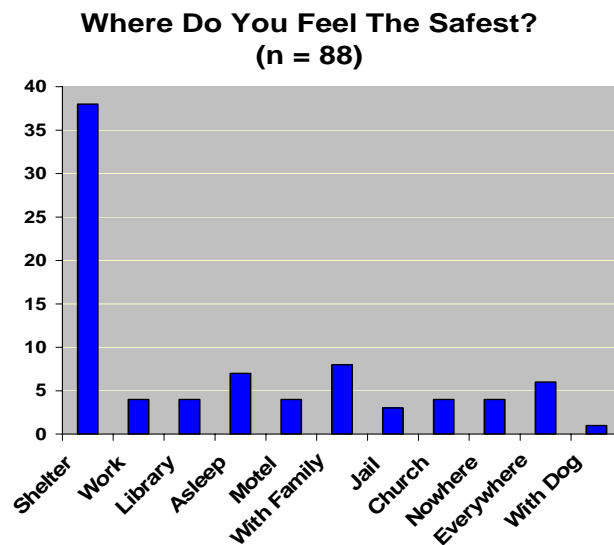
These results are consistent, at least in the case of the shelter residents, with some of the main things they find positive about where they are sleeping. When asked about where they feel the least safe, the majority of the respondents discussed feeling unsafe on the streets while a smaller proportion said they felt unsafe in the shelters:

Where Do You Feel Least Safe?
(n = 61)

3%   **15%**

Legend:
- Shelter
- Street
- Motel

82%
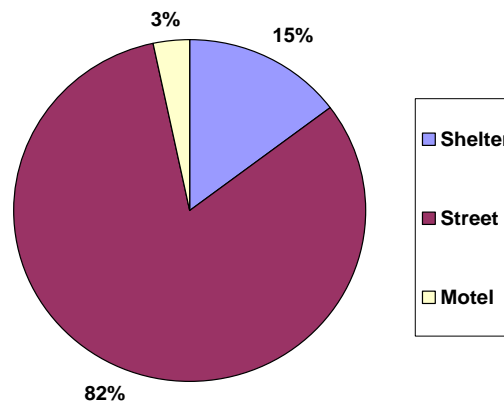
Considering the results of this question, it seems that for some people who are homeless, being out into the community represents an experience characterized by some degree of threat:

> *"When I have been out on the street I hate it. You never know what is going to happen to you."*
>
> *"I feel unsafe in the morning when I have to leave the shelter, walking down the street."*
>
> *"Motels are the worst. It's not so much for me than it is for the children. Those places are very dangerous and volatile. They change from moment to moment."*
>
> *"Camping out in breezeways and stuff. If other people know where you are, that is dangerous."*
>
> *"Sometimes I get scared at the shelter. People start arguments…"*
>
> *"In a congested area. When traffic really picks up bad things start happening."*
>
> *"I have not felt unsafe except for when the cops are on me. They stop me and think that I am up to no good, but I am not doing anything. I see a cop and I get straight-up scared."*

Table 11: Exposure to Harassment and Violence

Safety Issue	# Males	# Females	Total Number

	(valid % of males)	(valid % of females)	(valid % both males and females)
Followed or harassed to the point of being fearful for safety in previous year (n=100)	19 (31%)	18 (48%)	37 (37%)
Witnessed violence on the streets (n=99)	28 (46%)	11 (29%)	39 (39%)
Been involved with violence on the streets (n=100)	17 (27%)	7 (18%)	24 (24%)
Witnessed violence in a shelter (n=99)	7 (11%)	2 (5%)	9 (9%)
Been involved with violence in a shelter (n=94)	2 (3%)	2 (5%)	4 (4%)
Intimate Partner Violence			
Been physically abused by an intimate partner/significant other (n=97) (punched, kicked, slapped, pushed, grabbed, or pinched)	26 (44%)	27 (71%)	53 (55%)
Threats were made to themselves or their loved ones (n=97)	15 (25%)	22 (58%)	37 (38%)
Threatened with a weapon (n=96)	14 (24%)	15 (40%)	29 (30%)
Stalked, followed, harassed, watched from a distance, or tracked (n=95)	15 (26%)	17 (45%)	32 (34%)
Forced to have sex or engage in uncomfortable sexual behaviors (n=96)	3 (5%)	16 (42%)	19 (20%)
Partner controlled who they talked to, what they wore, or where they went (n=94)	14 (25%)	19 (50%)	33 (35%)
Were choked or strangled (n=96)	9 (16%)	14 (37%)	23 (24%)
Had a restraining order violated (n=93)	1 (2%)	4 (11%)	5 (5%)

When interview participants were asked to discuss their most recent experience of harassment, the responses further illustrated that being homeless is a challenging and sometimes dangerous experience. This is an important factor to consider when assessments are made about the ability or willingness of people to escape homelessness. Burdened by experiences of harassment, violence, and concern for their safety, it is difficult for people to focus on achieving independence and self sufficiency. Additionally, when people who are homeless struggle with addictions, they are susceptible to violence and victimization.

> *"A guy who was a friend of my husband started harassing us. He broke into our car and at one point stole our car keys. We never got them back."*

"My ex-husband will not leave me alone. That is why I am here at the shelter. He came by my old job, threatened me and my employer, came by the shelter banging on the door. It happened two or three times a week but finally ended six months ago."

"A guy went to jail who had been robbing people in the area. I told the police about him and then when he got out and he and someone from his family came looking for me. He is such a force you do not want to sit down or lay down because then you are vulnerable."

"I was stalked by this guy who said he was a preacher. He drove by when we were walking places. It went on for months. We would run into him twice a week and he'd say he'd been watching us all week."

"People throwing bottles and cans at us (her and her dog), telling me to get a job."

"I was with my girlfriend in my motel room. A guy cam to the door looking for drugs. He came in and we had an argument when I told them to leave. They pulled guns and punched me. I called the police and filed a report."

"A guy with a gambling problem and drug problem followed me. He was wound up and needed to vent but I had to set him straight first. I gave him a couple of dollars."

"When I was passed out on Collins and Randol Mill a guy hit my dog with a 2x4, choked me, and then took my beer and cigarettes."

"I see the girls on the street get raped and beaten. Sometimes they come to my motel room and I will talk to them and let them use the bathroom. Then I have to get them out of here."

"I was walking down division and this car came by. All of the sudden it felt like I had gotten shot or something. I ran down to the QT and then I saw someone had shot me with a paintball gun."

"My abuser was harassing me. He finds me and starts screaming at me in the street."

Physical Health

The majority of respondents (76%) reported having a physical health problem. One-third of the respondents reported having health problems that resulted from being homeless. While most respondents are able to see a doctor when needed, a large number (32%) do not take medication that has been prescribed to them due financial constraints. High blood pressure was cited as the most prevalent health issue (17%), followed by allergies (13%), asthma (11%), and arthritis

(11%). Forty-three percent (43%) of the respondents stated that they were able to access health care almost always. The hospital emergency room was the medical location cited as being used most frequently for care (30%), indicating that people may wait until their health has deteriorated enough to seek care. Twenty-four percent (24%) of the respondents seek health care at the JPS clinic. Again, while veterans were represented among the respondents, none of them reported seeking care through the Department of Veteran's Affairs.

Table 12 Health

Characteristic	Categories	Number	Valid Percent
Reports having an ongoing health condition; may report more than one condition (n=97)	Overall Yes	46	47%
	High blood pressure	11	17%
	Allergies	8	13%
	Arthritis	7	11%
	Asthma	7	11%
	Heart Problems	6	9%
	Diabetes	4	6%
	Cancer	3	5%
Reports a health problem perceived to result from being homeless or living in a shelter (n=92)		33	36%
Able to see a doctor when needed (n=91)	Almost Always	39	43%
	Usually	28	31%
	Almost Never	24	26%
Last visit to a doctor (n=98)	Within 30 days	21	21%
	1-3 months	17	17%
	4-6 months	10	10%
	6 months – 1 year	16	16%
	> 1 year	27	27%
	Don't know	7	7%
Location of visits to medical professionals (n=96)	Hospital Emergency Room	29	30%
	JPS Clinic	23	24%
	Private physician	18	19%
	Salvation Army Clinic	2	2%
	Health Department	1	1%
	Veteran's services	0	0%
	Other	13	14%

Interview participants were asked to discuss how their ongoing health problems impact their ability to get the help they need:

> *"My foot problems slows me down at times. I may need to walk three or four miles but cannot make it. I am supposed to have surgery but that would require 6 months of recovery...per foot!"*
>
> *"My anemia makes me tired a lot. I cannot walk and that makes it hard to get around here!"*
>
> *"I have trouble moving around. It makes it really hard to get to places I need to go to."*

Even some individuals living in a shelter discuss that the requirement they leave every morning makes it difficult to rest when they are sick:

> *"My cough makes it difficult to apply for a job. I am sick and I sound sick. I have to leave the shelter everyday and cannot rest."*

When people were asked to discuss what keeps them from seeing a doctor when they need to, the most common responses related to a lack of transportation (51%) and no health insurance (31%). Other responses included the challenges of getting an appointment and wait times which often last for hours. Considering these barriers to medical care, it is not surprising that the most commonly used medical resource is the emergency room.

Mental Health

About one-third (36%) of the respondents reported having been diagnosed with a mental illness. Of these, only 41% report currently receiving treatment for it. This treatment includes both counseling and medication. As stated previously, it is believed that mental illness was underreported by respondents.

Table 13: Mental Health

Characteristic	Categories	Number	Valid Percent
Has been diagnosed with mental illness or problem (n=95)	Overall yes – received a diagnosis	36	36%
	Receiving current treatment for this problem (out of n=36)	18	41%
Type of treatment received	Counseling	11	65%
	Medication	14	77%

When asked to identify the diagnosis they had been given and who made this diagnosis, 32 interview participants identified a condition which can be disruptive to an individual's functioning. Some only reported one diagnosis while others reported up to three distinct diagnoses. When asked to identify who gave them this diagnosis, most respondents identified a psychiatrist or medical doctor. The table below identifies the diagnoses identified by the interview participants. (Note:

because a respondent can have more than one diagnosis, the number will exceed the number of respondents).

Table 14: Mental Health Diagnoses

Diagnoses	Number	Percent of Sample (32)	Percent of Total (100)
Bipolar Disorder	8	25%	8%
Major Depression	20	62%	20%
Anxiety Disorder	6	18%	6%
Schizophrenia	3	9%	3%
Personality Disorder	3	9%	3%
Substance Induced Brain Damage	1	.03%	1%

When asked if psychiatric problems posed a barrier to escaping homelessness and self-sufficiency, the responses of the participants indicated that for some, this is a considerable obstacle to overcome:

> *"Almost completely. Depression is like a paralysis where you cannot do anything. For example, I will get classified at JPS and then let it run out. Then I have to get more help when money runs out. Food and gas are my priorities and without JPS I cannot take my meds."*
>
> *"Completely stops my progress. Every time I try to get on my feet something happens."*

Even when people do take care of their mental illness, there is the real possibility of stigma when people learn of their condition:

> *"Sometimes I get stressed because of my mental illness. Sometimes I feel that people look down on me because I take medication. But, overall I'm thankful for the medication because it keeps me on an even keel, because it makes me feel normal. Without it, I'm crying and tripping."*
>
> *"Stigma, bias towards people who have mental health problems. If people know they are prejudiced against you."*

Substance Use/Abuse

Alcohol use was cited most frequently (41%), followed by marijuana (27%) and crack cocaine (25%). Seventeen percent (17%) reported injection drug use, which is a concern because of the transmission of HIV/AIDS, Hepatitis C, and other public health issues. There appears to be a fair amount of insight on the

part of the respondents. One-quarter (25%) view their substance use as a problem, with 20% viewing substance use as a factor that impedes their ability to get the help they need.

Table 15: Substance Use / Misuse

In the Last Thirty Days, Have You Used:	
Alcohol (n=97)	40 (41%)
Marijuana (n=96)	26 (27%)
Crack Cocaine (n=96)	24 (25%)
Cocaine (n=95)	12 (13%)
Crystal Methamphetamine (n=95)	8 (9%)
Hallucinogens (n=96)	2 (2%)
Opiates (n=96)	0 (0%)
If Yes, Have You Ever Injected Drugs? (n=97)	16(17%)
If Yes, Do You See Drug/Alcohol Use as a Problem? (n=96)	24 (25%)
If Yes, Have You Ever Been to a Drug or Alcohol Treatment Center?	28 (30%)
If Yes, Have You Ever Had Trouble Getting the Help You Need Because of Your Drug/Alcohol Use?	16 (20%)

Criminal History

The majority of respondents (67% of men and 42% of women) have been convicted of a crime. Of those convicted, 92% have spent time in jail or prison, and 66% have been on either parole and/or probation. Respondents were slightly more likely to be arrested for misdemeanors than felonies. One-third perceive that their criminal history has prevented them from getting the help they need to alleviate their homelessness.

Table 16: Criminal History

Characteristic	# Males (% of males)	#Females (% of females)	Total Number	Valid Percent
Convicted of a Crime (n=93)	38 (67%)	15 (42%)	53 (53%)	57%
If convicted, what type of conviction (out of n=53)?				
Felony	16 (30%)	6 (11%)	22 (41%)	43%
Misdemeanor	17 (32%)	7 (13%)	24 (45%)	45%
Both	5 (9%)	2 (4%)	7 (13%)	13%
History of incarceration (jail or prison)	36 (68%)	13 (25%)	49 (92%)	92%
History of Parole or	28 (53%)	7 (13%)	35 (66%)	66%

Probation				
Perceives that criminal history has prevented them from getting help to alleviate homelessness (n=63)	16 (25%)	5 (8%)	21 (33%)	33%

It should be noted that some respondents were inconsistent when reporting their criminal history. For example, 63 people acknowledged a criminal history in the question relating to their perception about whether or not their history has prevented them from getting help, but only 53 indicated earlier that they had been convicted of a crime, which could mean that they have a history of committing crimes without being convicted, or that they initially underreported their conviction record.

Parenting Status

Approximately half (51%) of the respondents are parents of fifty-six (56) children. Of these 49 parents, only 13 of them (27%) have their children with them. Forty-three (43) other children are in the custody of others.

Table 17: Parenting Status

Characteristic	Categories	Number
Parenting Status (n=96)	Has no children	47
	Has children	49
	Respondents with children in their custody	13
Children (n=49 parents)	Number of children living with parent	13
	Number of children not living with parent	43
	Total number of children	56

Foster Care

Fourteen percent (14%) of respondents indicated that they had experience in Foster Care when growing up. The number of days ranged from 2 to 6,720 (18.4 years), with the average (mean) number of days as 1,862 (5.1 years).

Transportation

Because there is no public transportation in Arlington, the majority of respondents (62%) report that they walk as a means of transportation. Approximately one-fifth (18%) use their own vehicle. Respondents indicated that

difficulty with transportation impacts their lives *very much* in several key areas, including their attempts to find housing (52%) and a job (56%). Many respondents reported that a lack of transportation prevents them from being to maintain employment (47%). Approximately one-third reported that because of transportation issues, they have difficulty keeping necessary appointments (34%) accessing medical care (33%), and getting food (23%).

Twenty-two percent (22%) reported that they almost always have difficulty with transportation; 30% report that they sometimes have difficulty; and 48% report that they rarely have difficulty with transportation. This may related to the fact that 79% of the respondents are unemployed, and the homelessness service network is, for the most part, in one geographic area.

Table 18: Transportation

Characteristic	Categories	Number	Valid Percent
Usual Means of Transportation; may report more than one means (n= 96)	Walk	60	62
	Own vehicle	17	18
	Family/Friends	8	8
	Bike	7	7
	Shelter/Agency	6	6
	Bus	3	3
	Borrow vehicle	2	2
Reports Difficulty with Transportation (n=94)	Almost Always	21	22
	Sometimes	28	30
	Rarely	45	48
Types of Activities Impacted by Lack of Transportation:			
Finding a Job (n=100)	Not at all	17	17
	A Little	10	10
	Somewhat	17	17
	Very Much	56	56
Keeping a Job (n=100)	Not at all	28	28
	A Little	11	11
	Somewhat	14	14
	Very Much	47	47
Accessing Medical Care (n=100)	Not at all	31	31
	A Little	13	13
	Somewhat	21	21
	Very Much	35	35
Food **(n=100)**	Not at all	43	43
	A Little	14	14
	Somewhat	19	19
	Very Much	23	23
	Not at all	28	28

	A Little	3	3
	Somewhat	17	17
	Very Much	52	52
	Not at all	35	35
Appointments **(n=100)**	A Little	10	10
	Somewhat	21	21
	Very Much	34	34

Social and Tangible Support

Family and friend of many of the respondents help provide support in variety of ways. Respondents receive the most help with food; 47% report that they can almost always receive help in this area. They receive the least help with shelter provision; 64% report that they are rarely provided help with shelter.

Table 19: Social Support

Characteristic	Categories	Number	Valid Percent
Perceptions of Support from Family or Friends			
Loan $50 in an Emergency (n=93)	Almost Always	23	25
	Sometimes	19	20
	Rarely	51	55
Provide Food (n=92)	Almost Always	43	47
	Sometimes	16	17
	Rarely	33	36
Provide Transportation (n=91)	Almost Always	16	18
	Sometimes	31	34
	Rarely	44	49
Provide Shelter (n=92)	Almost Always	8	9
	Sometimes	25	27
	Rarely	59	64
Provide Emotional Support (n=92)	Almost Always	33	36
	Sometimes	22	24
	Rarely	37	40

City Service Utilization

Homeless individuals are frequently regarded as excessive consumers of public services. In this study, respondents reported that the service they interacted with the greatest frequency was the Arlington Police Department (APD). Forty-percent (40%) of the respondents indicated that they had had contacts within the

last six months, resulting in 14 arrests. The service reportedly utilized with the second greatest frequency was Emergency Medical Services (EMS), where 26% of the respondents indicated that they had used EMS within the past six months.

The nature of the relationship between the Arlington Police Department and the people who are homeless and unsheltered was an interesting finding of this study. Many individuals interviewed discussed that they rely heavily on the Police Department for their personal safety and as a resource in times of need. However, this dependence is tempered by the tension that exists as people who are homeless are often subject to tickets for loitering, jaywalking, riding a bicycle without the required number of reflectors, and walking down the wrong side of the street.

Table 20: Utilization of Public Services within the Past Six Months

Characteristic	Categories	Number	Valid Percent
Number of Emergency Medical Services (n=98)	0	73	75
	1-2	22	23
	3-4	2	2
	5-6	1	1
Number of Nights Spent in the Hospital (n=99)	0	84	85
	1-2	8	8
	3-4	1	1
	5-6	1	1
	7+	5	5
Number of Contacts with Arlington Police Department (n=96)	0	57	59
	1-2	29	30
	3-4	3	3
	5-6	4	4
	7+	3	3
Number of Arrests (n=99)	0	85	86
	1-2	14	14
	3+	0	0
Days in Jail (n=100)	0	85	85
	1-2	2	2
	3-4	4	4
	5-6	0	0
	7+	7	7

A member of the research team, Dr. Stephanie Gillespie, an officer with the Arlington Police Department has been developing a cost-analysis of the city services and resources used by people who are homeless.

Faith and Religion

The majority of respondents indicated that religion is an important part of their lives. When asked how important it is for them to participate in formal worship services or recognition of their faith, 63% responded that it was either important (11%) or very important (53%).

Table 21: Importance of Formal Worship Activities

Response	Number (n=100)
Very Important	53
Important	11
Somewhat Important	11
Not Very Important	11
Not at all Important	14

Chronically Homeless

Because individuals who are chronically homeless are the focus of Ten-Year Plans, we examined data on these individuals. *We define 'chronically homeless' here as an unaccompanied, disabled adult who has been homeless for more than one year.* Initially, statistical data analysis indicated that only 16% percent of the respondents defined themselves as "disabled". However, we conducted further analysis of the 100 CCNA interviews and found 24 individuals who meet this definition of *chronically homeless.* Several individuals were determined to fit the criteria for being disabled although they did not consider themselves as such. For example, some individuals were receiving SSI or SSDI, which is awarded based on disability, but they did not consider themselves to be disabled. In other instances, individuals did not believe that they were disabled, but they reported that they were diagnosed as having schizophrenia and as taking psychotropic medication.

Of the 24 individuals, 16 (67%) are male and 8 (33%) are female. Ages ranged from 19 to 65. The majority were Caucasian (70%) and in the age range of 41-50 (54%). The age at which these individuals first became homeless ranged from 13 to 49, with a mean age of 32. Three reasons for respondents' becoming homeless were reported with the greatest frequency: alcohol/drug use (46%), unemployment (32%), and mental illness (27%).

Table 22: Factors Contributing to Chronic Homelessness

Characteristic (may indicate more than one reason)	Percentage of Respondents Attributing this Reason (% of both males and females)	*Valid Percent*
Alcohol/Drug Use	10	46
Unemployment	7	32
Mental Illness	6	27
Family Issues	3	13
Lack of Transportation	3	13

Family Issues	3	13
Cost of Housing	2	9
Catastrophic Event	2	9
Lifestyle Choice	2	9
Physical Disability	2	9
Domestic Violence	2	9
Criminal History	0	0
Moved to Seek Work	1	5
Health Problems	1	5
Jail/Prison	0	0
Loss of Housing Benefits	0	0
Welfare Time Limits	0	0
Aged Out of Foster Care	0	0
Other	11	50

The other category included a wide range of isolated incidents. Examples include having had a fight with a roommate, being in automobile accidents, and having a house repossessed.

Of these chronically homeless individuals, seven (7) were living in shelters, 11 were on the streets, 3 were in a motel, and 3 were staying at family or friends' houses temporarily. The mean number of days currently homeless ranged from 7 days to 3,650 days (or ten years), with a mean of 952 days and median of 690 days. The number of times respondents reported being homeless in their lives ranged from one time to 8 times. Interestingly, the overwhelming majority (88%) indicated that it was very important or important to get into more stable housing, and that they wanted to get housing very quickly (83%). This response is in contrast to most public perceptions. The following table depicts what this sub-population believes would help them get into more stable housing.

Table 23: Factors which would help chronically homeless obtain housing

Characteristic (may indicate more than one reason)	**Number of Respondents Reporting this Factor** (% of both males and females)	*Valid Percent*
Employment	14	64%
Vehicle/transportation	7	32%
Housing/Housing Assistance	7	32%
Money	7	32%
Mental Health Services	3	14%
Drug/Alcohol Treatment Services	3	14%
Protection of their Money (Payee, etc.)	2	14%
Disability Services	0	0%

It is interesting to note that the majority of respondents (64%) indicated that getting a job would help them move into housing, but for some, doing so may be especially challenging given their disability status. The fact that they are

interested in, and hopeful about, obtaining employment in the presence of a disability should be regarded as a personal strength. For these individuals, sheltered employment and specialized job training may be appropriate. Their reported substance use within the past 30 days is as follows: alcohol (57%), crack cocaine (35%), marijuana (30%), cocaine (18%), crystal methamphetamine (14%), and hallucinogens (4%). They reported no use of either opiates or inhalants. Importantly, thirty-three percent (35%) reported that they have injected drugs, compared to the overall 17% reported by all the respondents. Sixty-five percent of this sub-population does not view their substance use as a problem, and only 25% of them view their use as interfering with their ability to get the help they need. Very few respondents (3%) cited access to drug/alcohol treatment services as an important factor obtaining housing. For some individuals, this findings may reflect a lack of insight into the effect of substance use has in their lives, but for others it may reflect discomfort in discussing their use with strangers, therefore influencing their self-report. Regardless, substance use is a formidable challenge for many people who are homeless.

In addition to substance use, these individuals reported ongoing health problems (70%) and mental health problems (68%), which is a significantly higher rate than the overall population interviewed, 47% of whom reported health problems and 36% of whom reported mental health problems.

The following table provides an indication of the chronically homeless population's use of public services, which indicates that these individuals, when compared to the overall respondents interviewed, are even higher consumers of city services, especially, the Arlington Police Department and city jail.

Table 24:Utilization of Public Services: Chronically Homeless

Characteristic	Categories	Number	Valid Percent
Number of Emergency Medical Services (n=22)	0	16	64%
	1-2	8	36%
	3-4	0	0
	5-6	0	0
Number of Nights Spent in the Hospital (n=23)	0	16	70%
	1-2	4	17%
	3-4	1	4%
	5-6	0	0%
	7+	2	9%
Number of Contacts with Arlington Police Department (n=21)	0	8	38
	1-2	8	38
	3-4	1	5
	5-6	2	10
	7+	2	10
Number of Arrests (n=23)	0	19	83
	1-2	4	17
	3+	0	0

Days in Jail (n=24)	0	19	79
	1-2	0	0
	3-4	1	4
	5-6	0	0
	7+	3	13

Miscellaneous Comments

A final section of our interview with people who are homeless asked them to speak freely about any issues we had not discussed. The responses continued to offer insight into the experience of homelessness:

"I've been homeless for three months. I'm sleeping in the woods by the railroad tracks with some friends. It's very bad. People treat me like I'm not there, like I'm a disease that other people can catch. Homeless people need shelter anytime not just when it is freezing cold outside. Food for all of us is a real issue when they only give you enough for one meal."

"In the summer, it's really hot. We need to be able to get some water."

"My view of homelessness has changed since I became homeless. Everyone needs help. People need help. The City needs to help provide housing assistance, and help people find full-time jobs. Everyone needs help, no matter what."

"I have so many friends who are homeless...When I moved here I got my own place and I helped them out. I have lost everything and then I came [to] Arlington and now I can't get a permanent job or transportation to keep a job. The community (homeless people) helps each other a lot more than some agencies, including a place to stay and a job."

"Arlington needs more agencies and staff to help people. Living in motels does not mean that you're a bad person, or that you are a bad person, or that you're a prostitute, or on drugs. It's a little better now than it used to be - but not much better. Most people that were homeless were druggies and you're automatically thought about the same way because you are homeless. The homeless need to be pointed in the right direction. The city needs to help point you to a better place -- and not motels."

"It's hard to get information or resources when you are homeless. Calling 211 was ineffective. Getting help is difficult. Everything seem so overwhelming. Depression keeps me down, and a lack of resources makes it worse."

"This is my first time homeless. It's been very hard to cope. ALS has really helped me a lot. It's changed my view of people that are homeless - that people are not stereotyped - not all are dirty looking. I'm still

looking for a job in retail. The homeless community has helped me in a way. They will sit down and talk to me about my depression and missing my daughter. Until now, I have never been away from my daughter."

"Homelessness is not comfortable. You never have anything that is your own. You're always being told what to do. They (the shelter people) always have complete control over you. I would like to get a job and be responsible...save for a rainy day."

"I've been in the Army and know the challenges I face and was prepared for this (homelessness). I know that I'll have a job soon and my own home again. I try to help my friends who are homeless every way I can with food, money, rides, etc. I have a deep, abiding faith. When I get my own home again, my wife will be back with me and I am very happy about that."

"It's so hard to find a job. I can only stay at ALS for 3 weeks if I don't find a job. I'm worried. There is nothing wrong with the homeless community. We all need help, and not everyone gets any help."

"This is my first time homeless and it's been scary because you learn that you have no place to go, no food, no help..."

"As a young mom with a baby, I fell that I should have done better, made better decisions. I know that at first it is going to be very tough, but I will do anything for my son to raise him right and have a good home. Being part of the homeless community helps you to understand that you will never have someone there 24/7. You must rely on yourself."

"Being part of the homeless community for the first time at age 36 is a very humbling experience. The experience has opened my eyes to many, many things. I will never see the homeless the same way again. It is very sad, and very hard for me to be away from my son."

"This is my first time in a shelter - and it's very scary. I don't know how to get a job, or child care. I am so worried about my son. It keeps me in constant fear. I don't feel that anyone is happy being homeless, but only one person change that, and that is me."

Results: Focus Groups

Focus group participants in the first series of interviews were asked to comment on their interactions with homeless people, perceived seriousness of Arlington's homeless situation, strengths and weaknesses of Arlington related to homelessness, and initial recommendations. The results are as follows:

Interactions with Homeless People
Participants reported a wide range of interactions with homeless individuals and families. Some interacted with homeless people in their roles as social service

providers. Some provided educational, housing, advocacy, health, child development, or foster care-related services. Some interactions were related to law enforcement and/or church based services. Others included indirect involvement with the issue of homelessness through technical assistance, grant writing, participation with the Homeless Coalition, program oversight, and policy consultation.

Perceived Seriousness of Arlington's Homeless Situation
Participants consistently ranked the seriousness of homelessness in Arlington as either *serious*, *very serious*, *extremely critical*, or *critical*. Many commented that this issue is more serious than people realize. While thus far, homelessness has not been a major issue for the broader Arlington community, it is becoming more visible, and the problem is growing. Some participants noted that the community will experience more exposure to homeless people with the redevelopment of the entertainment district and the disruption of homeless camps where chronically homeless individuals stay. A difference in seriousness has been observed between North Arlington and South Arlington, with more serious homelessness existing in South Arlington.

Reasons cited for the high level of seriousness include lack of transportation, lack of outreach services, inaccessibility of homeless shelters (due to lack of capacity, ineligibility, and/or inability to follow shelter rules), lack of affordable housing, NIMBYism (Not In My Backyard), and lack of employment opportunities. It was noted that people who are educated and employed are now becoming homeless.

Problems relating to chronically homeless individuals were described as particularly serious, with damaging ramifications. For example, some participants commented that Arlington residents are getting more frustrated with chronically homeless people, as indicated by increased complaints to the police department about panhandling and crimes. In other cases, Arlington businesses and the library are reported by participants as experiencing problems with chronically homeless individuals.

Strengths of Arlington Related to Homelessness

Focus group participants noted several strengths. Six areas of strength were noted consistently by participants and will be listed as follows (in no particular order):

Churches/Faith-Based Organizations
Many churches and other faith-based organizations, including mosques, help homeless people. They provide food, serve meals, provide essential items, and provide activities for children. Faith-based organizations were described as being very strong in terms of their involvement with the issue of homelessness and as being cooperative with one another.

Arlington Police Department
The police department was described as being very helpful to the community, to service providers, and to some homeless individuals and families. The commitment by the police department to address homelessness was also noted. Even though much of her service to homeless people in Arlington is provided through her church, Officer Stephanie Gillespie's dedication to Arlington's homeless population was a noted strength.

Cooperation Between Service Providers
Participants described willingness by service providers to communicate and collaborate with one another, serve as partners in service provision, and provide referrals. It was noted that there is little duplication of social services in the Arlington area, and that service providers are dedicated. The Tarrant County Homeless Coalition was described as a strength, in that Arlington service providers participate in monthly coalition meetings.

City Departments Working Together
City departments were described as working well together, including the police, fire, and parks and recreation, and the Mayor's office. Participants noted the high degree of support from elected officials in Arlington, including a Mayor who is engaged in addressing homelessness.

Community Participation
While homelessness was viewed by participants as an issue minimized by many Arlington residents, several strengths of the Arlington community were observed. Some community members were described as being caring and generous. Members volunteer at social service agencies, some drive homeless people to necessary appointments, some donate money and/or their time, and others donate tangible items. Some business and restaurant owners and workers have helped homeless individuals and families as well. A few participants commented, however, that the community seemed more engaged with Katrina victims than they are with Arlington's homeless population. There was also some concern that there is a lack of a strong volunteer base due to issues such as difficulties with long-term retention of volunteers.

Resources
Lack of resources for Arlington's homeless was a consistent theme echoed by participants as a serious limitation. However, some resources were regarded as strengths. These include the availability of shelters (although inaccessibility of shelters for some homeless people was noted), resources for youth such as Head Start and YWCA's child development programs, Mission Arlington's van service, the availability of funding at various levels, and growing federal funds.

Limitations of Arlington Related to Homelessness

Focus group participants noted several limitations. Six major themes emerged that were noted consistently by participants and will be listed as follows (in no particular order):

Lack of Transportation
The lack of public transportation in Arlington was a dominant theme of the focus groups. It negatively affects the ability of homeless people to find employment, keep employment, follow through with necessary appointments, look for housing, and take care of the needs of children and families. Additionally, participants commented that it negatively affects the ability of social service workers to provide services for their homeless clients.

Lack of Accessible Shelters
As noted, Arlington homeless shelters are inaccessible for some homeless individuals. They may be ineligible for shelter services if they have mental health and/or addiction problems. They may be unable to complete the work requirements and may be unable to follow the strict rules and structure of the shelters.

Lack of Housing
Participants commented that several types of housing options are lacking in Arlington. These include family housing, permanent housing, permanent supportive housing, short-term housing (3-6 months), Safe Havens for seriously mentally ill homeless individuals, and Shelter Plus Care which provides assistance with housing payment as well as direct case management services. In addition, there is a general lack of affordable housing in Arlington for homeless people.

Lack of Supportive Services
There are several areas of concern relating to the lack of supportive services available to Arlington's homeless populations.

> 1) *Lack of Outreach and Case Management Services.* There are virtually no outreach services in Arlington, especially for unsheltered homeless people and families. Of particular concern is outreach to those who are mentally ill, the chronically homeless/unsheltered population, and sex-industry workers. While some case management is provided at the shelters, participants commented that there is little follow-up or after care services as well as a lack of after hours/weekend case management.

> 2) *Lack of Accessible, Affordable Mental Health and Addiction Services and Treatment.* Homeless people with mental health and/or addiction problems in Arlington have difficulty getting needed services and treatment. This includes lack of street outreach services, direct services, case management, medication maintenance, crisis services, and detoxification/treatment. Additionally, there is a general lack of psychiatrists and mental health workers. If homeless people remain untreated in these areas, they cannot get into shelters and/or housing.

Participants noted that the lack of services often results in the revolving door between the streets, jails, providers, and hospitals for homeless people affected by these issues.

3) Lack of Health and HIV/AIDS Services and Treatment. While some medical care is provided to homeless people, there is a general lack of accessible health care in Arlington. Health care is needed at several levels: walk-in clinics, outpatient, and on an emergency (24 hour) basis. Additionally, participants cited a need for access to affordable medication and help with medication compliance. There was concern expressed for homeless people who are at risk of contracting HIV/AIDS or who have tested positive. HIV/AIDS outreach services that were formerly available (especially on Division Street, where there is an active sex industry) are no longer available.

4) Ex-Offenders are Excluded From Services and Resources. Several participants expressed concern for ex-offenders. Criminal backgrounds serve as a barrier for exiting homelessness in that ex-offender status precludes people from obtaining jobs and housing and from being able to participate in some services and programs.

5) Lack of Services for Veterans including homelessness prevention efforts and increased involvement with the Veteran's Administration.

6) Lack of Employment Services including safe day labor, job training, and job placement services.

Stigma and Discrimination
Participants expressed concern related to the stigma of homelessness and public ambivalence toward homeless people and families. They also commented on the need for general public education, education of landlords and business owners.

Lack of Funding
Participants provided several examples related to the funding limitations that exist in addressing homelessness in Arlington. There is a general lack of funding for services, shelter, and housing, but other observations were also noted. For example, private organizations prefer to fund capital projects, not supportive services. Federal grants were viewed by some participants as being restrictive in that the application process, on-going paperwork, and funding limitations deter agencies from applying for available federal funds.

For the second focus group, participants were presented with the initial findings discussed above and asked to make more specific recommendations. The following table depicts both initial recommendations that were provided in the first focus groups as well as additional recommendations in the follow-up focus group. It is hoped that these recommendations can begin to inform a more concerted effort by the Homelessness Task Force as they move forward to develop a Ten-Year Plan to End Chronic Homelessness.

Table 25: Recommendations from Focus Groups

	General Recommendations (First Focus Group)	Additional Recommendations (Second Focus Group)
More Involvement by the City of Arlington	• Provide public transportation • Learn what other cities have done successfully • Public restrooms • Re-write city ordinances that address homelessness • New city-funded shelter	• Hire a homeless coordinator • Educate citizens about homelessness, which may lead to more support for public transportation • Promote collaboration between HandiTran services and Mission Arlington • Provide funds to explore West Coast models of collaboration between city/social service providers • Provide support for funding mental health services
Housing and	• More housing (at all	• SRO Model (Single-Room-

Shelter	levels) • Homeless drop-in center • One-stop center • Teen drop-in center • Family shelter facilities	Occupancy) • Faith-based housing • DHHS housing for youth in foster care • New shelter (non-specific) • New shelter (family-focus)
Services	• Outreach services • Accessible and affordable mental health, addiction, health, HIV/AIDS services and treatment • Veteran services • Services for youth aging out of foster care • Services for ex-offenders • Employment services, including day labor	• Outreach to help people sign up for services and benefits • Mental health outreach • Supportive and transitional employment services • Provide drop-in services
Funding	• Increase innovative funding • Apply for available funding at all levels • Provide income support for homeless people	(see City Involvement above)
Advocacy & Public Education	• Increase advocacy efforts • Utilize formerly homeless as advocates and peers • Promote positive public awareness about homelessness	• Increase coverage in Star-Telegram • Public-relations/public events and increase awareness about homelessness • Educate community leaders • Share the results of this study in town hall meetings and with other key stakeholders and entertainment organizations

Community Survey

Discussed in more depth earlier, the purpose of the community survey was to gather information from the general public in areas where people who are homeless in Arlington reside or tend to congregate. **This data is intended to understand the experiences and opinions of the general public and incorporate this information in the design of a plan to address homelessness in Arlington.**

Three hundred surveys were distributed in seven areas of Arlington including the Downtown area, East Division Street, Collins, North Collins, North Watson Road, Randol Mill, and West Division. A map developed by the Arlington Police Department and the Department of Code Enforcement helped guide the selection of these areas. Ultimately, 52 surveys were returned and used in the data analysis.

Community Survey Results: Demographics of the Study Sample

The characteristics of the community survey participants are provided in Table 1 below. (Note: the number of respondents will vary outside of the 52 surveys obtained because not all participants answered all of the questions).

Table 26: Demographic Characteristics

Characteristic	Number of Respondents	Categories	Number	Valid Percent
Survey Zone	51	Downtown	22	42%
		Collins	7	14%
		North Collins	3	6%
		East Division	4	8%
		West Division	8	15%
		N. Watson Rd.	4	8%
		Randol Mill	3	6%
Gender	49	Male	34	69%

		Female	15	31%
Race & Ethnicity	43	White, Non-Hispanic	33	63%
		African American	2	4%
		Asian American / Pacific Islander	4	8%
		Latino or Hispanic	2	4%
		Other	2	4%
Age	50	20 - 30	15	30%
		31 - 40	12	24%
		41 - 50	13	26%
		51 - 60	5	10%
		61 - 70	5	10%
Income	47	20,000 or less	4	9%
		20,000 – 39,999	7	14%
		40,000 – 59,999	13	25%
		60,000 – 79,999	7	14%
		80,000 – 99,999	3	6%
		100,000 to 150,000	12	23%
		Over 150,000	1	2%
Participant Status	52	Business Owner	24	46%
		Employee	28	54%
Residency Status		Resident	28	54%
Education Level	51	Less than 12th	3	6%
		HS Grad / GED	9	18%
		Some College	19	37%
		College Grad	10	20%
		Some Graduate School	10	20%

As indicated in this table, the individuals who participated in the community survey were predominantly from the Downtown (42%), Collins Street (14%), and West Division zones (15%). The majority of the participants were male (69%) with Caucasians (69%) being the most frequently represented racial category. In terms of their age, eighty percent were below the age of fifty with these respondents being fairly well distributed between the 20-30 (30%), 31-40 (24%), and 41-50 (26%) year old age groups.

Among the individuals who completed the community survey all levels of income were represented. Those making between 40,000 and 59,999 dollars per year were the largest group represented (25%) with participants making 100,000 to 150,000 dollars being the next largest group (23%). The remaining participants

were distributed in the other categories with those making between 20,000 and 39,999 and 60,000 to 79,999 each accounting for fourteen percent of the sample.

Three quarters of the community survey sample have attended some college (37%), graduated from a four-year institution of higher education (20%), or completed at least some graduate school (20%).

Community Survey Areas of Interest

The community survey contained questions intended to gather a variety of information from participants. Survey items sought to understand:

- The frequency of contact they have with people who are homeless.
- The nature of their most recent contact with a person they believed was homeless.
- Their perceptions of the seriousness of the homelessness problem in Arlington.
- Their perceptions of what causes homelessness.
- The barriers they believe exist for people who are homeless.
- Who should help people who are homeless?
- What would help end homelessness in Arlington?
- What measures they support to assist people who are homeless?

Severity of Homelessness Problem in Arlington

Of the 52 surveys collected by this study, over half of the community survey participants (54%) believe that homelessness is a serious problem in Arlington. Thirty-six percent view it as a moderate problem, while ten percent perceive it to be a minor problem. Considering that these surveys were distributed in areas where people who are homeless reside or congregate, these results are not surprising. If these surveys had been distributed throughout the City of Arlington, it is conceivable that the results could have been much different. However, the purpose of the survey was to include members of the community with the most exposure to the problem of homelessness.

Frequency of Contact with People who are Homeless

When participants were asked to indicate the number of times they had come into contact with a person who was homeless in the last three months, 29 people (54%) indicated it was 10 times or less. Seven people (14%) identified 11-20 contacts, six (12%) had 21-30 contacts, and three individuals (6%) noted 40-50 contacts. Seven individuals (14%), noted the highest number of contacts with people who are homeless with these individuals identifying between 90 and 100 contacts in the last 90 days. (Note: gaps which exist in the increments from one to ninety days are due to no respondents citing that number of contacts.)

Table 27: Contacts with People who are Homeless

Number of Contacts in the Last Three Months	Number	Valid Percent
10 contacts or less	29	34%
11-20 contacts	7	14%
21-30 contacts	6	12%
40-50 contacts	3	6%
90-100 contacts	7	14%

In terms of this sample, it does appear that the all participants in the survey have had some degree of regular contact with people who are homeless. Converting the *three month* frame of reference into *ninety days* results in 34% of the sample coming into contact with a person who is homeless an average of every nine days while the remaining groups experience more frequent contact. At the most extreme end, seven participants (14%) indicate that during the course of their day they come into contact three or more times with people who are homeless.

Nature of Most Recent Contact with a Homeless Person

The majority of people who had some type of contact with a person they believed was homeless involved some type of panhandling or solicitation. Of 37 community survey participants who responded to this question, 62% (23) described being asked for money or food at their place of business or employment. Some of these individuals discussed that panhandling was an ongoing occurrence, especially for those who own or work at restaurants or convenience stores. Other retail business owners identified that people who are homeless regularly solicited their customers.

The next most common response, cited by 5 (14%) of the community survey participants was that they were approached by someone asking them if they could earn some money by working at their place of business. Several of these individuals noted that these solicitations usually involved "odd-jobs" of some type. The remaining number of responses to this question involved interacting with people who are homeless in the course of doing business (3 responses) and confronting people who are homeless for sleeping on their property, openly changing clothes on their property, or walking through their property (4 responses). One participant discussed finding a family of two adults, one child, and three dogs sleeping in a car behind a place of business.

It is impossible to say that the most recent contact is representative of all contacts an individual may have with people who are homeless. However, the nature of the more recent contacts seem to point to interactions which may be uncomfortable for the business owner, employee, or resident. Revisiting the previous item, which indicates that contacts with the homeless are a fairly frequent if not regular occurrence for the study sample, seems to indicate that challenges exist to living and working alongside people who are homeless.

Causes of Homelessness in Arlington

Community survey participants were asked to identify whether they agreed if a selection of factors contribute to homelessness. The results are presented below:

Table 28: Causes of Homelessness

Cause	Responses	Number	Valid Percent
Substance Abuse	Yes	47	92%
	No	4	8%
Too Many Bills	Yes	9	18%
	No	42	82%
Bad Luck	Yes	13	25%
	No	38	75%
Health Issues	Yes	14	27%
	No	37	73%
Childhood Trauma	Yes	9	18%
	No	42	82%
Lack of Affordable Housing	Yes	13	25%
	No	38	75%
Low Wages, Part-Time or Temp Jobs	Yes	13	25%
	No	38	75%
Poor Education	Yes	6	12%
	No	45	88%
Domestic Violence	Yes	17	33%
	No	34	67%
Foster Care	Yes	6	12%
	No	45	88%
Lack of Motivation	Yes	31	39%
	No	20	61%
Mental Illness	Yes	32	63%
	No	19	37%
Family Crisis	Yes	21	41%
	No	30	59%
Homeless by Choice	Yes	5	39%
	No	46	61%

The most commonly cited cause of homeless by community survey participants was substance abuse (92%) followed by mental illness (63%). Least cited causes included poor educational system (12%) and having been in foster care (12%). As a sub-item to this question, the sample was asked to select one factor which contributed to homelessness *more than any other.* Of the 52 individuals completing a survey, 15 (29%) did not believe that one factor was

more responsible for homelessness than any other. Of the 37 (71%) who did respond, substance abuse again was the most cited reason (32%) followed by lack of personal motivation (15%) and mental illness (10%).

Who Should Help People who are Homeless?

The community survey also asked participants to identify organizations which they felt should take a role in assisting people who are homeless. The results are presented below:

Table 29: Who Should Help People who are Homeless

Organization	Responses	Number	Valid Percent
Local Government	Yes	29	57%
	No	22	43%
Private Institutions	Yes	16	31%
	No	35	69%
State Government	Yes	24	47%
	No	27	53%
Churches	Yes	23	45%
	No	28	55%
Federal Government	Yes	23	45%
	No	28	55%
Non-Profit Sector	Yes	14	28%
	No	37	72%
General Public	Yes	13	26%
	No	38	74%

A majority of individuals who completed this survey feel that local government should take a role in assisting people who are homeless. In fact, local government was the only entity capturing over fifty-percent of the survey participants. State government (47%) was the next most prominent item with the federal government and churches both being selected by forty-five percent of the survey sample. Non-profit organizations, and private organizations, and the general public were selected the least. From these results, it does appear that individuals who completed this survey would support additional efforts by city government, augmented by state, federal, and faith-based initiatives.

What Would Help End Homelessness in Arlington?

Participants were asked to identify if certain services and opportunities should be offered to people who are homeless. The results are presented below:

Table 30: What Would Help End Homelessness in Arlington

Intervention	Responses	Number	Valid Percent
More Shelters	Yes	12	24%
	No	38	76%
Jobs	Yes	26	52%
	No	24	48%
Outreach	Yes	18	36%
	No	32	64%
Mental Health Treatment	Yes	21	42%
	No	29	58%
Public Transportation	Yes	18	36%
	No	32	64%
Child Care	Yes	9	18%
	No	41	82%
Substance Abuse Treatment	Yes	36	72%
	No	14	28%
Permanent Housing Facilities	Yes	10	21%
	No	39	79%
Temporary Housing Facilities	Yes	17	34%
	No	33	66%

Of all the interventions which could help end homelessness, the one cited most by community survey participants was substance abuse treatment (72%). This is consistent with substance abuse being the most frequently cited cause of homelessness. Interestingly, mental health treatment (42%) was the third most common response selected by the survey participants, even though it was considered to be a cause of homelessness by 63% of the individuals who completed the survey. The second most frequently cited item which respondents felt would help end homelessness in Arlington was *jobs* (52%).

Opinions and Beliefs about Homelessness

Participants were presented with a number of statements and asked to identify if they *strongly agree, agree,* were *mixed, disagreed, or strongly disagreed.* The purpose of these questions was to further understand their beliefs about homelessness and what efforts they would support to address it. (Note: the

number of respondents may differ for each question since some did not answer all questions.)

Table 31: I support using city money to end homelessness

Response	Number (n=51)	Valid Percent
Strongly Disagree	14	28%
Disagree	6	12%
Mixed	13	25%
Agree	7	14%
Strongly Agree	11	21%

Table 32: It is harder today for a person who starts out poor to get out of poverty

Response	Number (n=52)	Valid Percent
Strongly Disagree	10	19%
Disagree	8	15%
Mixed	11	21%
Agree	8	15%
Strongly Agree	15	29%

Table 33: There is little that can be done for people in shelters

Response	Number (n=52)	Valid Percent
Strongly Disagree	18	37%
Disagree	16	31%
Mixed	6	11%
Agree	9	17%
Strongly Agree	3	6%

Table 34: Homeless people deserve public assistance

Response	Number (n=51)	Valid Percent
Strongly Disagree	9	18%
Disagree	3	6%
Mixed	19	37%
Agree	11	22%
Strongly Agree	9	18%

Table 35: Government cutbacks in "welfare" contribute to homelessness

Response	Number (n=52)	Valid Percent
Strongly Disagree	14	27%
Disagree	6	12%
Mixed	12	23%
Agree	9	17%
Strongly Agree	11	21%

Table 36: It is possible to end homelessness

Response	Number (n=52)	Valid Percent
Strongly Disagree	11	21%
Disagree	5	10%
Mixed	16	31%
Agree	9	17%
Strongly Agree	11	21%

Table 37: Homeless people should live a mainstream lifestyle

Response	Number (n=52)	Valid Percent
Strongly Disagree	3	6%
Disagree	11	21%
Mixed	26	51%
Agree	4	8%
Strongly Agree	7	14%

Table 38: I would not fight a plan to put low-income housing in my neighborhood

Response	Number (n=51)	Valid Percent
Strongly Disagree	3	6%
Disagree	11	22%
Mixed	26	51%
Agree	4	8%
Strongly Agree	7	14%

Table 39: Government agencies are doing enough for the homeless

Response	Number (n=51)	Valid Percent
Strongly Disagree	13	25%
Disagree	13	25%
Mixed	12	23%
Agree	4	8%
Strongly Agree	9	17%

Table 40: People are often homeless for reasons beyond their control

Response	Number (n=51)	Valid Percent
Strongly Disagree	12	23%
Disagree	13	25%
Mixed	13	25%
Agree	7	14%
Strongly Agree	6	12%

Evaluating these responses, some of the items seem to have elicited fairly strong reactions by the survey participants. Sixty-eight (34) percent either *disagreed* or *strongly disagreed* with the statement that there is little that can be done for people who live in shelters. Fifty-percent (26) noted that government agencies are not doing enough for people who are homeless while forty-eight percent feel that people who are homeless have some control over their situation. Other items were distributed more evenly including the support for using city money to end homelessness, and the belief that it is possible to end homelessness.

For many items, participants in the community survey are ambivalent about the measures which should be taken to address homelessness in Arlington. Several items were heavily weighted in the *mixed* category including whether participants would fight a plan to locate low-income housing in their neighborhood (51%), the belief that homeless people should live a mainstream

lifestyle (51%), their support of public assistance for people who are homeless (37%), and the belief that it is possible to end homelessness (31%).

Participant's experiences with homelessness and people who are homeless

Additional questions posed to individuals completing community surveys included those asking about their own experiences with homelessness as well as how they have interacted with people who are homeless. These questions were intended to understand the scope of their personal experiences with homelessness and what sorts of assistance they have offered people who are homeless.

Table 41: Experiences with People who are Homeless

Question	Response	Number	Valid Percent
Have you ever been homeless? (n=52)	Yes	6	12%
	No	46	88%
Have anyone in your family ever been homeless? (n=52)	Yes	13	25%
	No	39	75%
Have you known anyone outside of your family who is homeless? (n=52)	Yes	37	71%
	No	15	29%
Do you feel sorry for people who ask you for money? (n=51)	Yes	23	45%
	No	28	55%
Do you help when someone asks you for money? (n=51)	Yes	23	55%
	No	28	45%
Do you feel uneasy when you meet a homeless person? (n=52)	Yes	20	39%
	No	32	61%
Do you pay homeless people to work for you? (n=51)	Yes	15	29%
	No	36	71%
Would you feel comfortable eating with a homeless person? (n=52)	Yes	28	54%
	No	24	46%
Have you ever given food to a homeless person? (n=52)	Yes	46	89%
	No	6	11%
Have you volunteered your time to help people who are homeless? (n=52)	Yes	21	40%
	No	31	60%
Have you ever complained to a public official about people who are homeless? (n=52)	Yes	10	19%
	No	42	81%
Have you ever contacted the police about people	Yes	21	40%

who are homeless? (n=52)	No	31	60%
Have you ever let a homeless person live at your place of business for free or in trade for work they did? (n=52)	Yes	6	13%
	No	44	87%

When asked about their own experiences, twelve-percent (6) of the community survey participants had experienced homelessness themselves. However, when asked about homelessness within their family or affecting someone they know, the proportion rises to twenty-five percent (13) and seventy-five percent (37). Fifty-five percent of the respondents do not feel sorry for a homeless person who asks them for money but the same number have given money to people who are homeless. Eighty-nine percent (46) of all survey participants have given food to someone who is homeless.

Other items note that fifteen (29%) of the survey participants have paid homeless people to work for them while six (13%) have allowed a homeless person to live at their place of business. 21 participants (40%) discuss that they have called the police about people who are homeless while ten (19%) have complained to a public official.

What should be done about people who are homeless?

The final section of questions was designed to gather participant's opinion regarding the measures that should be taken with people who are homeless. Attitudes towards people who are homeless and visible in the community can differ and while it is not possible to generalize these opinions to the larger City of Arlington, the data is informative nonetheless.

Table 42: A homeless person who is not bothering anyone should not be forced off the street

Response	Number (n=52)	Valid Percent
Strongly Disagree	10	19%
Disagree	7	14%
Mixed	8	15%
Agree	13	25%
Strongly Agree	14	27%

Table 43: A homeless person who is disturbed should not be removed by the police

Response	Number (n=51)	Valid Percent
Strongly Disagree	2	59%
Disagree	3	16%
Mixed	8	16%
Agree	8	6%
Strongly Agree	30	4%

Table 44: Homeless people should be forced out of a retail area if they are making people uncomfortable.

Response	Number (n=52)	Valid Percent
Strongly Disagree	1	2%
Disagree	7	14%
Mixed	15	29%
Agree	6	12%
Strongly Agree	23	44%

Table 45: Police should let homeless people live their lives the way they want to as long as they do not bother anyone.

Response	Number (n=52)	Valid Percent
Strongly Disagree	14	27%
Disagree	12	23%
Mixed	11	21%
Agree	7	14%
Strongly Agree	8	15%

Table 46: I am concerned that Arlington's Homelessness Problem will negatively affect tourism.

Response	Number (n=49)	Valid Percent
Strongly Disagree	7	14%
Disagree	13	26%
Mixed	7	14%
Agree	7	14%
Strongly Agree	15	29%

The responses seem to indicate that in certain circumstances, members of the general public feel that people who are homeless should be allowed to move through the community free of harassment. Over 50% *agree* or *strongly agree* that people who are homeless should not be forced off the street. However, if a person who is homeless is making people uncomfortable, then similar proportion (53%) support police intervention. A more substantial proportion was noted in the context of a homeless person who appears psychiatrically disturbed. In this case 74% supported a police intervention to remove the individual.

The final two questions of the community survey sought to illicit a general perspective on the place of people who are homeless in Arlington and their impact on tourism. Although 52% do not think that a homeless person should be forced off the street, 50% *agree* or *strongly agree* that people who are homeless should not be allowed to live however they want. Within this same question, an additional 20% were *mixed*. When asked if they are concerned that people who are homeless may have a negative impact on tourism in Arlington, the largest proportion (29%) *are very concerned* about the impact of homelessness on tourism. A lesser amount (14%) are *concerned.*

Summary

Strengths of Homeless People in Arlington

Several themes emerged from the data that point to the strengths of Arlington's residents who are homeless. First, many had strengths related to their level of education, work history, connections with family and friends, and previous history of housing and employment stability. Many also indicated a strong desire to improve their situation, and regain a level of independence. The vast majority wanted help with finding employment rather than expecting money to be given to them. There was also a sense of hope, appreciation, caring for other homeless people, and not wanting to be a burden to others or to society. Many people interviewed demonstrated strong resiliency to the multitude of traumatic events they experienced. Researchers noted a sense of community among many of Arlington's homeless population, where people look out for one another and for those who are more vulnerable on the streets. When asked what they perceive their strengths are that have helped them survive homelessness, individuals had an array of responses. The strength that respondents cited the most was their faith. Some of the comments made were:

> *"My faith gives me strength – my personal faith in God. It gives me the smile, the ability, despite the vast amounts of problems I face every day."*
>
> *"My faith in God has helped, the way my mother brought me up is what gave me strength. My willingness to help and love others is another thing that has helped me.*
>
> *God gave me the strength so that I can be strong when I need to be."*

Several respondents regard their sense of determination as a source of personal strength:

> *"I refuse to give up."*
>
> *"I don't give up. I keep trying.*
>
> *"I have patience and perseverance that I'll get a job and then my own home."*
>
> *"I have determination, am stubborn, and have a belief that my turn will come around and good things will happen."*

Others cited their resourcefulness, independence, adaptability, and good communication. Some examples include:

> *"I have a good clean mind about the situation, and am able to deal with different characters."*

> *"My strength is my personal willingness to show up for my own life, to experience being productive, and my faith."*
>
> *"My strength is my ability to communicate with others."*
>
> *"I'm a survivor already. I've been through a lot already."*

Many regard their sense of hope as a strength which will help them overcome their circumstances:

> *"My strength is the hope that things will be different. They will change. If you have that, everything will fall into place."*
>
> *"...Just my positive attitude, doing everything myself because you can't depend on anybody."*
>
> *I have an upbeat attitude. I don't let things get me down. I have hope."*

Other strengths listed included their family and the way in which they were raised to know right from wrong, intelligence, being able to keep a job, attitude, have someone to support them like a relative or shelter worker or their kids. In many cases, respondents cited several, combined strengths that portray their general stance on their situation, such as:

> *"You just have to have an aggressive attitude. You do not want to be one of the sheep. My need to eat supersedes my embarrassment to dumpster dive. I'm not going to turn anything down but I am a survivor. Even at my lowest, I don't give up. I try to keep myself healthy and clean."*

Conclusion

Homelessness in Arlington is a serious issue for people who are homeless, but also for service providers, the general public, and local business community. While there are commendable efforts being made daily, there is a general lack of adequate funding, services, and resources to address the needs of Arlington's homeless population. Consequently, people who are homeless in Arlington continue to encounter barriers including a lack of viable employment, opportunities for affordable housing, social stigma, lack of transportation, threats to their personal safety, a lack of substance abuse treatment, legal entanglements, isolation and lack of social support, medical problems, and

mental health problems. In the face of these barriers, escaping homelessness and maintaining self-sufficiency appears to be a daunting task.

It is important to note that many of the individuals we spoke to during this research desperately want to improve their lives. As noted previously, many have been self-sufficient in the past, discuss a desire to be independent, and want to feel like they are productive members of society. Unfortunately, there are also others who are entrenched in homelessness and may be resistant to seeking help or the services available in Arlington are not sufficient to serve this population. These individuals cope with a multitude of problems at one time including medical problems, substance abuse problems, and mental health issues and do not tend to function in programs with rigid rules and a high level of structure. Given the nature of the services existing for people who are homeless in Arlington, the ability of the current assistance network to reach these individuals is marginal. It is imperative that additional resources be developed, especially in terms of substance abuse treatment, access to mental health and medical care, transportation, and links to employment.

The authors of this report also feel it is important to continue to seek a deeper understanding of the factors that contribute to and perpetuate homelessness. Many older understandings of homelessness focused on individual failings but the results of this study seem to confirm that while some personal factors do contribute to homelessness, environmental factors are involved as well. The complex inter-relationships between poverty, local economic opportunities, experiences of trauma and victimization, mental health, substance use, health, and other factors are clearly beyond the scope of this study to explain and sort out. Nonetheless, acknowledging the presence of this complexity can aid in our community's ability to move beyond general stereotypes and simple solutions towards innovation and the development of powerful strategies that can result in lasting change. One encouraging aspect of this study was that service providers and members of the general public do appear concerned about people who are homeless in Arlington and do wish to assist them. Whether this is through the development of new policies and programs or simply by providing money, food, or an opportunity to work, Arlington is attempting to help its homeless residents.

Recommendations

As the City of Arlington proceeds with developing a 10-Year Plan to End Chronic Homelessness, the data obtained in this study should be helpful in the long-term planning stages. The following recommendations are based on the results of this study and are intended to assist in this process. They are presented in no particular order:

1. **Reconvene and expand the City of Arlington Homelessness Taskforce.** Workgroups should be developed to investigate and develop detailed action plans for areas of critical need. Any plan developed will require endorsement from entities of the municipal government, service

providers, the general public, and people who are homeless. To facilitate this, it will be important to include representatives from all of these groups. Other communities creating successful Ten-Year Plans have prioritized collaboration among all of these stakeholders.

2. **Maximize community resources, assets and opportunities.** Though we do recommend expanding or enhancing particular services, we encourage community stakeholders to think beyond simply filling up service gaps. Adding more shelter beds and services may address some current problems and needs, but are insufficient to tackle the root causes of homelessness. Communities around the nation are beginning to recognize that they have the capacity to change the quality of life for their residents by mobilizing their assets and resources. Even in severely impoverished urban areas, neighborhoods, businesses and other stakeholder groups have joined forces to develop innovative means to boost economic and social development. The City of Arlington has a wide array of strengths and opportunities to build on for the purpose of truly reducing homelessness. The economic development brought by the new stadium and tourism industry, combined with the caring and determined efforts of social service, faith-based and other non-profit organizations will be central in creating successful strategies to end or significantly reduce homelessness. Furthermore, the resiliency and hopefulness of people who are homeless provide a strong foundation from which to move forward. In order to make the shift from focusing solely on gaps and deficits to assets and resources, two key components must be in place: 1) A diversity of stakeholders must be involved in the planning, implementing and evaluating change efforts to the extent that they feel "ownership" over these activities; and 2) Community leaders in all sectors (government, business, non-profits) must make a strong commitment to generating community-based solutions to the root problems of homelessness. This process, known as Asset Based Community Development has been implemented in communities all over the nation and has resulted in reduced dependence on social services, community empowerment and economic growth (Kretzman and McKnight, 1993; see also the ABCD Institute at Northwestern University, http://www.northwestern.edu/ipr/abcd.html).

3. **Consider hiring a homelessness coordinator** to 1) facilitate the activities of the Homelessness Task Force, 2) explore alternate funding options, 3) work in coordination and collaboration with the Tarrant County Homeless Coalition, other municipalities, businesses, faith organizations and service providers, 4) explore model programs and plans, and 4) with this information, lead the development of the Arlington Ten-Year Plan. Currently, the Cities of Dallas and Fort Worth have dedicated individuals who provide these functions. A similar position in Arlington would also facilitate intercity collaboration and expedite the finalization of a Ten-Year Plan.

4. **Prioritize outreach, housing, substance abuse treatment, employment services, mental health services, and assistance with securing benefits.** Many homeless people interviewed were not receiving benefits to which they are entitled and for which they are eligible. This includes individuals with prior service in the United States armed forces who are typically eligible for a variety of benefits through the Department of Veterans Affairs. Obtaining benefits, even for a seasoned social service worker is a challenging task. In order for people who are homeless in Arlington to obtain the resources they need and are entitled do, additional support is needed. Additionally, these resources should be made available to people who are homeless and living on the street.

5. **The provision of public transportation would likely help people move to independence and promote continued self-sufficiency.** The results of this study indicate that the lack of transportation is a considerable barrier to employment, housing, food, and needed services. If real progress is to be made regarding homelessness in Arlington, increasing the mobility of people who are homeless will have to be a consideration. Public transportation would also aid in preventing homelessness for residents of Arlington who are vulnerably housed, living in poverty, and/or presently under or unemployed.

6. **Implement increased outreach efforts prioritizing long term engagement and wrap-around services.** Currently, some outreach is being conducted but the resources devoted to these services do not appear to be adequate considering the need that exists. Interdisciplinary outreach models such as Assertive Community Treatment (ACT) teams would provide non-traditional intensive case management, including in-depth assessment, regular monitoring, interdisciplinary planning and coordination, flexibility, and individualized goal setting. Strengths of this approach are that ACT teams operate in the community, maintain lower caseloads, and develop a more collaborative relationship with clients.

7. **Apply for federal Health Care for the Homeless funds to increase access to medical services for those unable to obtain them.** This would allow for more preventative care for people who are homeless. Currently, many homeless individuals rely on emergency services for medical care while others utilize an overburdened public health network. Utilizing this funding for people who are homeless would relieve some burden on these providers and promote access to the specialized care associated with health care for people who are homeless.

8. **Apply for additional federal and state HIV / AIDS / STI (sexually transmitted infections) funding.** Seventeen percent of the homeless people interviewed did report injection drug use. In addition, several respondents reported that it was difficult to practice safe sex due to a lack of prevention services accessible on the street. Making education,

protection, testing, and treatment readily available to people who are homeless is an essential recommendation of this study.

9. **Consider developing a drop-in center and/or one-stop service center** to provide respite, help people develop a supportive social network, provide access to services, and coordinate services for clients. When properly funded and operated, drop-in centers can be a valuable resource for people who are homeless.

10. **Develop specialized employment programs, including training, job placement, and financial management education.** Current models of *supportive employment* have shown positive results and a similar effort in Arlington is needed. By developing collaborative relationships with local employers and providing ongoing supportive services to the client, it is believed that increased self-sufficiency would be a realistic goal. In addition to this approach, financial management education and options for a Representative Payee program (offered through the Social Security Administration) are needed. It is important to note that some versions of these programs do exist in Arlington. However, they appear to be out of reach for many of the street-dwelling individuals we spoke to. Making these opportunities available to the unsheltered population may increase their motivation to address other issues in their lives including drug and alcohol abuse, untreated mental illness, and medical problems.

11. **Create an additional shelter based on engagement and non-traditional treatment, such as HUD's Safe Haven model for homeless mentally ill individuals.** Currently, many of the street dwelling individuals interviewed feel that the current shelter network in Arlington is inaccessible to them. Some also discuss that they are unwilling or unable to abide by the rules and regulations of these facilities. By conducting more street outreach and having a lower demand shelter available it does appear that more of people who are homeless could be engaged in services.

12. **Increase the stock of accessible and affordable housing in Arlington.** An array of options, including Section 8 , Shelter Plus Care, Single Room Occupancy units (SRO, transitional, and permanent supportive housing) are needed to serve the needs of people who are homeless in Arlington. For this to be a realistic goal, existing not-for-profit organizations or newly created organizations should take advantage of the funding available to create housing for people who are homeless. Because this is a challenging endeavor, ongoing support from the City of Arlington would be an essential component of this recommendation.

13. **Rapid intervention to help newly homeless clients return to the labor market and/or housing as quickly as possible.** Studies show that the longer a person is on the streets, the harder it will be for them to return to stable housing. By coordinating supportive services, creating

collaborative relationships with employers, and making housing readily available, it is believed that more people could avoid slipping into long-term or chronic homelessness.

14. **Capitalize on the linkage existing between the Arlington Police Department and homeless service providers.** According to many of the homeless people we interviewed, APD officers provide supportive services that are difficult or impossible to find elsewhere. Officers provide transportation to shelters, help link families with their homeless relative, assist in obtaining identification, and provide education about the services available in Arlington. Regardless of any other services implemented to assist people who are homeless, the Police Department will continue to be a key component of a Ten-Year Plan.

15. Focus efforts on Arlington's chronically homeless through further assessment, linkages, service development, and liaison with APD, emergency services, and jails.

16. **Develop a homeless court program in the City of Arlington.** Several cities in the United States have developed programs where court is held in shelters and homeless people with outstanding warrants are able to use their participation in shelter programs as *time served.* Considering the amount of resources expended by the City of Arlington on law enforcement, prosecution, and incarceration, any effort linking participation in supportive services to their involvement with the courts would seem positive.

17. **Embark on a public awareness program to education the broad public about homelessness, especially in light of continuing development in the entertainment district.** As research acknowledges the personal and environmental causes of homelessness, it is important to promote these understandings to the general public. Older stereotypes which promote homelessness as the result of personal failings must be confronted. Furthermore, these awareness efforts can tap into the community's desire to help and make a difference. In the aftermath of Hurricane Katrina, the residents of Arlington clearly demonstrated their ability to mobilize and aid those in need.   Continued outreach to potential volunteers and concerned citizens is necessary to promote ongoing involvement and investment in community well-being.

Resources

To assist the City of Arlington in the development of its Ten-Year Plan to End Chronic Homelessness, the following resources are included. From previous work in Fort Worth, the CSC has identified model programs and organizations helping to address homelessness.

Model Programs

The recommendations contained in this report are similar to a larger national shift in thinking regarding the treatment of homelessness. This renewed perspective, noting gaps in services and a general lack of results in eradicating homelessness, identifies the need for: 1) a comprehensive and integrated "safety net" of wrap-around services that are efficiently provided from centralized locations, 2) more supportive and accepting attitudes toward people who are homeless that respect the dignity and worth of each individual, 3) large scale involvement of community economic partners that provide consistent employment opportunities to homeless individuals, and 4) offering safe and stable housing to the homeless that does not depend on the client actively seeking treatment for ongoing substance abuse or mental health issues.

In their 2004 study entitled "Strategies for Reducing Chronic Street Homelessness," The United States Department of Housing and Urban Development identified communities such as Los Angeles, Philadelphia, Birmingham, Columbus, and Boston where these new approaches have been used with positive results:

• In Birmingham, street counts identified a 20% decrease in the homeless population from 1995 to 2003.

• In Los Angeles, a group of 720 homeless individuals followed for one year showed a 77% increase in permanent housing, a 62% decrease in incarcerations, a 33% decrease in hospital admissions, and a 74% decrease in total number of hospital beds.

• Of 187 clients participating in Philadelphia's Project H.O.M.E., 73% stayed in permanent housing for at least 2 years.

These programs, funded through private and governmental funds, have employed innovative programs that have been validated through recent research and are being actively supported by the Federal Government. With President George Bush allocating 50 million dollars in Fiscal Year 2005 to the Samaritan Project, a program dedicated to eradicating chronic homelessness, resources are available for other communities to achieve similar results.

Non-Profit Organizational Resources

Building Better Communities Network – http://www.bettercommunities.org/
Building Better Communities Network is a clearinghouse and communication forum dedicated to building inclusive communities and to successfully citing affordable or supportive housing and community services. The website includes publications, contact information for experts in the field, and links to helpful

organizations.

Center for Urban Community Services – http://www.cucs.org
The Center for Urban Community Services is a New York-based organization that provides support services to over 1000 homeless men and women living with mental illness. In addition, CUCS provides trainings and technical assistance to organizations seeking to provide services to homeless disabled people living in supportive housing.

Corporation for Supportive Housing - http://www.csh.org/
The Corporation for Supportive Housing's mission is to help communities create permanent housing with services to prevent and end homelessness.

National Coalition for the Homeless – http://www.nch.ari.net/
National Coalition for the Homeless provides comprehensive information on homelessness in America including fact sheets, regularly updated advisories on homelessness legislation and policy, and information on what individuals can do to help. In addition, NCH provides an online directory of local organizations across the country that can provide information to those seeking shelter.

National Healthcare for the Homeless Council – http://www.nhchc.org/
The mission of the National Council is to help bring about reform of the health care system to best serve the needs of people who are homeless, to work in alliance with others whose broader purpose is to eliminate homelessness, and to provide support to Council members.

National Law Center on Homelessness and Poverty – http://www.nlchp.org/
National Law Center on Homelessness and Poverty provides comprehensive information on legal issues related to homelessness and poverty.

Pathways to Housing, Inc. – http://www.pathwaystohousing.org/
Pathways to Housing provides immediate access to independent, permanent apartments and the support services needed to achieve independence and community reintegration to one of New York's most under-served and vulnerable populations: people who are both homeless and diagnosed with severe mental illness. This website offers access to the research of Sam Tsemberis, Ph.D.

Technical Assistance Collaborative – http://www.tacinc.org/
Technical Assistance Collaborative is a Boston-based national organization providing technical assistance to nonprofits and government agencies interested in developing supportive housing for people with special needs.

The Enterprise Foundation – http://www.enterprisefoundation.org/
The Enterprise Foundation with partners to provide low-income people with affordable housing, safer streets and access to jobs and child care. Their programs also help strengthen nonprofit organizations working in community development.

The National Center on Family Homelessness –
http://www.familyhomelessness.org
The National Center on Family Homelessness is the only national organization solely devoted to developing a body of knowledge about family homelessness that can be translated into innovative services and responsive policies. The center combines evaluation and applied research, program development and dissemination, and public education and policy initiatives to address family homelessness and the related issues of poverty, trauma, substance abuse, and mental illness.

Urban Pathways, Inc. – http://www.urbanpathways.org/

Urban Pathways is a not-for-profit community-based human services agency pioneering the use of basic and therapeutic services to respond to the problems of people who are homeless.

(Resource list courtesy of the Corporation for Supportive Housing.)

Governmental Resources

United States Department of Health and Human Services
http://www.hhs.gov/specificpopulations/index.shtml#homeless

United States Department of Housing and Urban Development
http://www.hud.gov/homeless/index.cfm

United States Department of Labor
http://www.dol.gov/dol/audience/aud-homeless.htm

United States Department of Veteran's Affairs
http://www1.va.gov/homeless/

United States Interagency Council on the Homeless
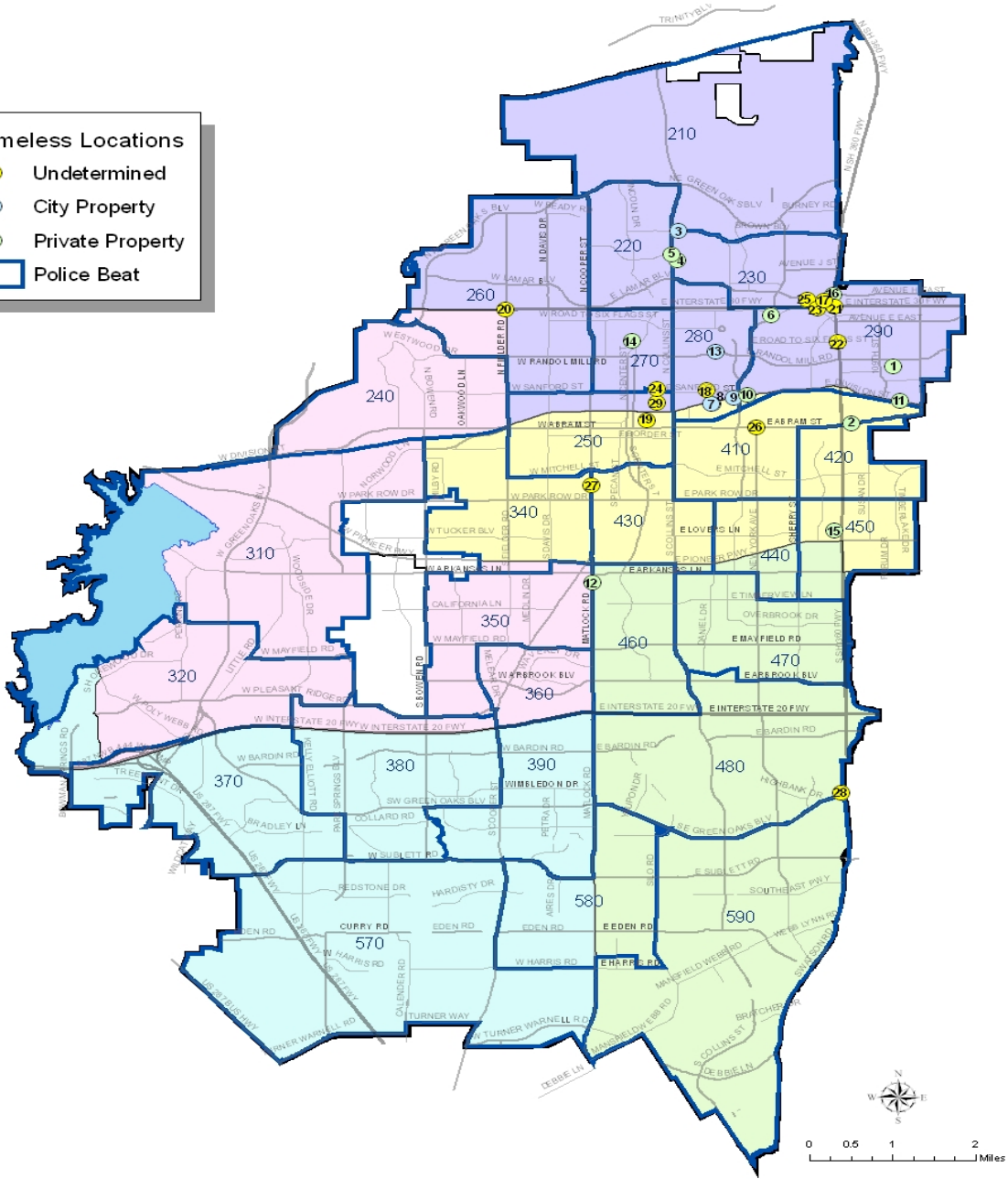http://www.ich.gov/

EXHIBIT II:

Map identifying homeless encampments in the City of Arlington

Homeless Count Night
January 25, 2007

Homeless Locations
- Undetermined
- City Property
- Private Property
- Police Beat

CAMP	ADDRESS	CAMP	ADDRESS	CAMP	ADDRESS
1	501 110th St	11	3305 E Division St	21	360/Interstate 30 Underpass
2	2760 E Abram St	12	2412 Matlock Rd	22	360/Six Flags Dr Underpass
3	1000 Brown Blv	13	1600 E Randol Mill Rd	23	Copeland Rd Underpass
4	1001 Cantor Dr	14	1220 Thannisch Dr	24	Sanford St/Truman St
5	2235 N Collins St	15	2000 S Watson Rd	25	E Lamar Blv/Ballpark Way
6	2000 E Copeland Rd	16	1101 N Watson Rd	26	E Abram St/New York Ave
7	1710 E Division St	17	2200 E Lamar Blv	27	S Cooper St/Benge Dr
8	1720 E Division St	18	1400 Johnson Ave	28	360/SE Green Oaks Blv Underpass
9	1728 E Division St	19	600 E Front St	29	Truman St/North St
10	1820 E Division St	20	I-30/Fielder Rd Underpass		

ARLINGTON

Exhibit III

Rapid ReHousing works –

Miss P and her dog Blackie