



1998 ADDENDUM

to the

PRIORITY HOME

**Continuum of Care Plan
for Homeless Persons
in Arlington**



A Report

by

**Arlington Human Service Planners
Priority Home II Task Force**

September, 1998





**Arlington Human Service Planners
Priority Home II Task Force
1998**



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**Quotations are courtesy of homeless and formerly homeless individuals.
Photographs courtesy of the Arlington Night Shelter.**

**1998 ADDENDUM to the PRIORITY HOME
Continuum of Care Plan for Homeless Persons in Arlington**

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DISCUSSION GROUPS

GROUP	SIZE	TYPE	DATE
Formerly Homeless Persons	Eleven	Adults and Children, Men and Women	April 29, 1998
The Salvation Army Family Center	Fourteen	Adults, Men and Women	June 15, 1998
Arlington Night Shelter	Eighteen	Adults, Men and Women	June 17, 1998
The Women's Shelter	Sixteen	Adult, Women	July 7, 1998

Thanks to the following individuals who facilitated the discussion groups: Mel LeBlanc, Mike Doyle, Jane Jensen, Darren Lacey, Daniel McDonald, Kelley Smith, Brenda Ulring, Carolyn Wacin and Miriam Ward.

EXECUTIVE SUMMARY

1998 ADDENDUM to the PRIORITY HOME Continuum of Care Plan for Homeless Persons in Arlington

INTRODUCTION

In January 1996, the Coordinating Committee of Arlington Human Service Planners (AHSP) approved the continuum of care plan developed by the Priority Home Task Force. The Arlington City Council accepted the report as the city's official continuum of care plan on April 9, 1996. The plan includes all the components to assist homeless persons to transition from homelessness to self-sufficiency. In the report, AHSP commits to "monitor and assess annual progress on this plan....and if gaps remain, AHSP will create an awareness of this and encourage efforts to address these issues." (*Priority Home*, page 38)

In keeping with this commitment, AHSP formed the Priority Home II Task Force in February 1998. The task force consisted of 32 interested citizens and professionals representing a cross-section of the community. The purpose was to review the continuum as it exists today and measure progress on the implementation of the original recommendations and determine present issues that hinder homeless persons from becoming self-sufficient. Finally, recommendations are made that outline specific goals to address unmet needs.

The methodology used examined shelter, housing and support service changes since January 1996, and held discussions with formerly homeless persons and with people living in the shelters.

It must be noted that the 1996 Priority Home Continuum of Care Plan: For Homeless Persons in Arlington is still the comprehensive plan. Any comments made in this report are intended to augment and update the previous study, not replace it.

DEMOGRAPHIC PROFILE

On any given day in Arlington, when the shelters operate at capacity, there are 175 individuals living in shelters. Also, there are 15 units for individuals and 63 family units for some 204 people living in transitional housing. Note that there is no count of persons living on the street or in their cars, nor is there a count of the hundreds of homeless individuals living in motels, campgrounds, or housed with family or friends. In addition, each day numerous Arlington families face the reality of imminent eviction.

The demographic profile of homeless persons in Arlington indicates that the majority of homeless individuals (69%) are still women and children. In Arlington, the number of homeless women and children increased 23% from 1995 to 1998--from 1,729 in 1995 to an estimated 2,131 in 1998. Of the total unduplicated homeless from 1995 to 1997, 69% were women and children; in 1998, they increase to an estimated 76% of the homeless. Most homeless children are under the age of 14. Homeless adults are mostly Caucasian and are increasingly female with children.

The major reasons for homelessness in Arlington are changes in home or family life, domestic violence, relocation, drug/alcohol problems, underemployment and high rents. According to a 1997 survey, most homeless persons are employed, most do not have reliable transportation and 45% did not finish high school. Up to one-third have mental health concerns and 41% have physical health concerns.

IMPROVEMENTS

In response to the continuum recommendations, additional resources have been sought to address gaps in service. Since 1997, the City of Arlington has used the AHSP report as a basis to develop major grant proposals-Super NOFAs (Notice of Funding Availability)--to improve the local continuum. In 1997 the city received a three-year grant of \$813,875 to provide, in partnership with local agencies, transportation, transitional housing and intensive case management for drug/alcohol addiction. In 1998 a three-year grant of \$606,600 was awarded for transitional housing, child care and supported housing with case management. Annually, agencies meet with the city to formulate the Super NOFA grant in order to enhance the local continuum of care for homeless persons in Arlington. The amount requested from the U.S. Department of Housing and Urban Development (HUD) in the 1999 Super NOFA is \$778,018.

Major improvements have also occurred at the community, shelter and support services levels due to better collaboration. Shelter renovations and expansions have increased bed space or provided quality programs in partnership with other agencies. Increased health services, transportation, child care, counseling, job placement and transitional housing options have answered some of the critical needs that were identified in the original study. Overall, the improvements demonstrate the responsiveness of the community and its readiness to support collaboration and continuous improvement.

CHALLENGES

Significant challenges remain. Adults need more assistance with family, employment and personal problems to become self-sufficient. Since the longer a person is homeless the more likely that person will be unemployed, each service provider must respond quickly and adequately to answer the needs of homeless persons for full restoration into the community. Children also have issues that need attention: they need a place to feel safe, a place to play and parents who are not angry.

Service providers face increased demand. Safety becomes more of a concern when shelters are dealing with large numbers, domestic violence or the cohabitation of unrelated adults and children. The cycle of motel-to-shelter-to-motel-to-shelter-or-street continues. The working homeless still struggle to earn sufficient income to regain independence. Many families must learn to budget and to overcome histories of bad credit. Homeless persons now have more personal barriers to overcome, such as mental illness, drug or alcohol addiction or low levels of education and a lack of marketable job skills. Lack of reliable transportation still prevents many from finding and maintaining employment. Also of concern to shelter providers and residents are a few individuals who can work but are not genuinely seeking employment.

Housing presents a special challenge. The lack of affordable rental property forces many families to pay high rents or live in unsafe areas. Lower rents, early intervention, better awareness of services, more countywide collaboration and the expansion of resources for those in danger of losing their housing would reduce the number of homeless persons in Arlington.

RECOMMENDATIONS

These recommendations are offered to facilitate the development of more community solutions. They are offered as possible ways to address important gaps in service. All are based on the most recent findings and target critical unmet needs. AHSP stands ready to assist any individual or group who desires to improve the Arlington continuum of care plan for homeless persons.

RECOMMENDATIONS and GOALS

1. DEVELOP A COMPREHENSIVE AFFORDABLE HOUSING PROGRAM.

---GOALS---

- Increase the availability of affordable rental property.
- Increase the number of transitional housing units with case management.
- Assist persons in overcoming poor credit histories.
- Educate landlords about the acceptability of Section 8 housing.
- Increase the amount of start-up funds for families moving back into housing.
- Develop housing options for larger families.

2. EXPAND JOB AND EDUCATIONAL OPPORTUNITIES.

---GOALS---

- Make available programs that address the lack of education or lack of job skills.
- Provide employment support to ensure stability in situations of new employment.
- Provide accessible, affordable, evening and weekend child care.
- Develop affordable supports that repair and maintain vehicles.
- Equip adults to acquire and retain better paying jobs.

3. PROMOTE COMMUNITY AWARENESS OF THE REALITY OF HOMELESSNESS.

---GOALS---

- Publicize the availability of and need for resources to help families in crisis to maintain their housing.
- Increase the participation of faith-based groups and other volunteers in serving homeless persons.
- Lobby policymakers to budget adequately for social services which enable homeless persons to be productive citizens.
- Challenge, with the help of the media, the negative stereotype of homeless persons.
- Advocate for ride sharing, van pooling and public transportation to access jobs and services.

4. NURTURE THE SAFETY AND DIGNITY OF HOMELESS CHILDREN AND ADULTS.

---GOALS---

- Reduce the exposure of women and children to unhealthy behaviors and to the danger of abuse.
- Provide appropriate mental/physical healthcare services to adults and children.
- Provide sheltered mothers/fathers with parenting education and respite child care.
- Provide children with safe areas and appropriate recreational opportunities.
- Provide other educational/recreational activities for homeless families.
- Better coordinate services and identify those who exploit or waste services by using a countywide tracking system.

ANONYMOUS LETTER FROM A SHELTER CLIENT

What Do You See?

What do you see when you look at me? Do you see me as someone who is just too lazy to work? Do you see me as someone with a dirty mind and a dirty body? Do you see me as someone who keeps having more kids when I can't afford the ones I have? Do you see me as a felon? As a drug addict? What exactly do you see when you look at me?

Take a close look and you will see that none of the above are true. I have a job, a clean heart, mind and soul. I am not a former or present criminal. I have never used drugs, and my children were conceived during the course of my former marriage.

I could be someone you know. I could be your car mechanic, your hairdresser, the sacker at the grocery store, the clerk at your favorite store, a former neighbor, a family member, almost anyone. I could be a staff or faculty member at your school or even the student sitting next to you in class.

Who am I? I am a person with many of the same needs and wants as you. I have feelings and emotions also. I am a person with the guts and determination to overcome the obstacles before me.

*What am I? I am homeless but I am not hopeless.
Think about it!!*

1998 ADDENDUM to the PRIORITY HOME Continuum of Care Plan for Homeless Persons in Arlington

INTRODUCTION

The complex and challenging issue of homelessness requires a comprehensive continuum of services to help each person or family achieve the greatest degree of self-sufficiency possible. While always striving to improve itself, the service delivery system in Arlington exists to support the transition from dependence to independence for many homeless people. The continuum of service plan enables our community to measure progress and to understand present challenges.

HISTORY

Definition

A Continuum of Care Plan takes a comprehensive look at the service delivery system to ensure that all the components are in place to help homeless persons transition from homelessness to self-sufficiency. The major pieces of the interconnected continuum are: Prevention, Outreach, Shelter, Support Services, Transitional Housing and Permanent Housing. (See Appendix A.)

In March 1994, the U.S. Department of Housing and Urban Development (HUD) published *Priority Home! The Federal Plan to Break the Cycle of Homelessness*. It described the crisis of homelessness as

...the culmination of policies that have either ignored or misdiagnosed the adverse impact of economic shifts, the lack of affordable housing, increased drug abuse, and other physical health and mental health problems of those who are the most vulnerable in American society. Adding to the impact of these causes were changing family structures and a breakdown in social institutions.

Two broad classes of problems are identified: the first, "crisis poverty," refers to homelessness that can be traced chiefly to the stubborn demands of ongoing poverty, made untenable by some unforeseen development; the second, "chronic disability," refers to homelessness accompanied by one or more chronic, disabling conditions, and presents a more complicated picture. (Pages 1-2).

AHSP Priority Home Task Force

In the spring of 1995, Arlington Human Service Planners (AHSP) convened interested citizens and professionals to examine the existing continuum, to measure community assets and to identify unmet needs. This group of 77 individuals, representing 42 agencies and city departments, also considered barriers and formulated recommendations. Their findings were confirmed by two focus groups of residents from local shelters.

In January 1996, the AHSP Coordinating Committee approved the report and it was presented to the Arlington City Council in February. The City Council accepted the report as the city's official continuum of care plan on April 9, 1996.

In the report, Arlington Human Service Planners committed to "monitor and assess annual progress on this plan....and if gaps remain, AHSP will create an awareness of this and encourage efforts to address these issues." (*Priority Home*, page 38)

AHSP Priority Home II Task Force

In keeping with the AHSP commitment in the Priority Home report, AHSP formed the Priority Home II Task Force in February 1998. The stated purpose of the new task force was to review the continuum of care system as it presently exists in Arlington, compare these findings with the results of the original report, and assess progress on the implementation of the recommendations. The methodology employed by the Priority Home II Task Force is as follows:

1. Inventory shelter data and programs since January 1996.
2. Inventory housing data and programs since January 1996.
3. Identify changes in support services since January 1996.
4. Invite formerly homeless persons to discuss the homeless situation in Arlington and gather their ideas for improving the continuum of care.
5. Conduct focus groups with homeless persons in Arlington to assess their current situation and to solicit feedback concerning ways to improve the continuum of care.

The Priority Home II Task Force consisted of 31 interested citizens and professionals representing a cross-section of our community. After reviewing existing services and measuring progress, the new task force made additional recommendations to address remaining unmet needs in order to improve the local continuum of care.

It must be noted that the *1996 Priority Home Continuum of Care Plan: For Homeless Persons in Arlington* is still the comprehensive plan. Any comments made in this report are intended to augment and update the previous study, not replace it.

DEMOGRAPHIC PROFILE

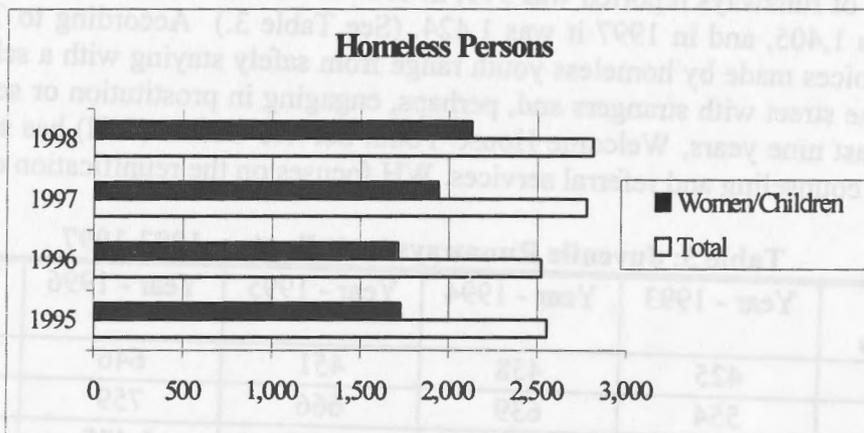
Sheltered Population

The overall number of persons sheltered has remained relatively constant since the number of beds has not increased. However, the number of homeless women and children increased 23% from 1995 to 1998--from 1,729 to an estimated 2,131. Of the total homeless persons from 1995 to 1997, 69% were women and children; in 1998, they are 76% of the homeless. Most children are under the age of 14. An increasing number of children stay in shelters; for example, the Women's Shelter served 536 children in 1996, 611 in 1997, and will serve an estimated 667 in 1998. (See Table 1.)

**Table 1: Unduplicated Homeless Persons,
Annual Totals 1995, 1996, 1997, and Estimated 1998***

Shelter	1995	1996	1997	1998
Arlington Night Shelter (Oct.-Sept.)				Annual Estimate
Total	1,327	1,354	1,492	1,363
Men	796	783	818	659
Women	289	356	385	388
Children	242	215	289	316
The Women's Shelter (Jan.-Dec.)				
Total	935	946	1,075	1,178
Men	0	1	0	0
Women	407	409	464	511
Children	528	536	611	667
Salvation Army Family Center (Nov.-Oct.)				
Total	291	221	211	272
Men	28	22	18	23
Women	82	62	59	81
Children	181	137	134	168
Total Homeless	2,553	2,521	2,778	2,813
Total Homeless Women & Children	1,729	1,715	1,942	2,131

Source: Arlington Night Shelter, The Women's Shelter, The Salvation Army Family Center. *1998 numbers are estimated by adjusting the January to September totals.



On any given day in Arlington, when the shelters operate at capacity, there are 175 individuals living in shelters. Also, there are 15 units for individuals and 63 family units for some 204 people living in transitional housing. Note that there is no count of persons living on the street or in their cars, nor is there a count of the hundreds of homeless individuals living in motels, campgrounds, or housed with family or friends. In addition, each day numerous Arlington families face the reality of imminent eviction.

Homeless Youth

The Bridge Emergency Youth Services shelters homeless youth ages 7 to 17 in the twenty-bed facility located in Fort Worth and in Host Homes throughout the county. Before placing a youth in care, staff members assess youth and seek to preserve and reunite families. Crisis management, counseling and family therapy are provided. The number of youth from Arlington and Mansfield has not grown dramatically. Some possible reasons for this are limited bed space, transportation issues, or the wish of homeless youth to live with friends or be independent. All programs combined, The Bridge serves over 5,000 runaway or throwaway youth per year. (See Table 2.)

Table 2: Arlington/Mansfield Youth Served by The Bridge Emergency Youth Services, 1995, 1996, and 1997

Program	1995		1996		1997	
	Arlington	Mansfield	Arlington	Mansfield	Arlington	Mansfield
Emergency Youth Shelter	46	2	57	8	56	15
Non-Residential Counseling	27	0	58	2	55	2
Total	73	2	115	10	111	17

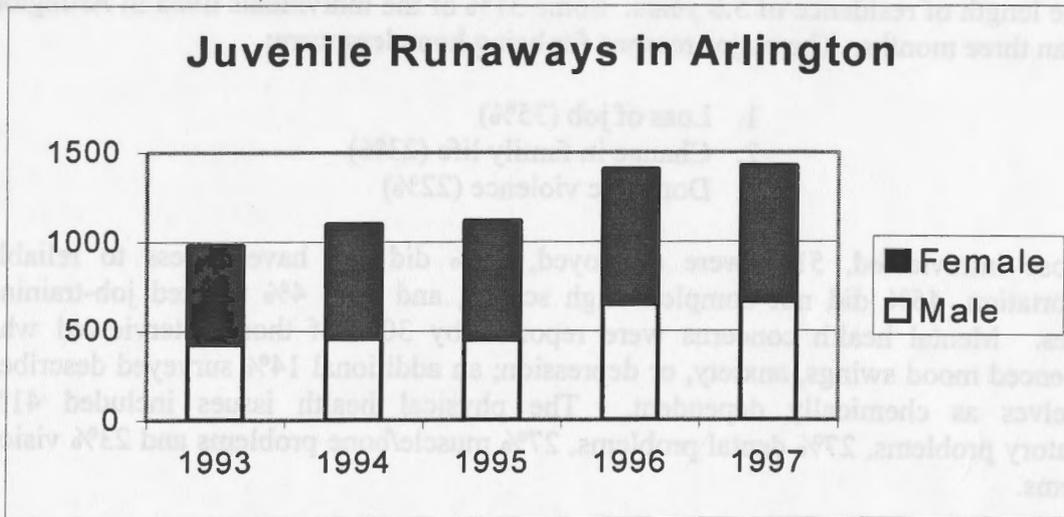
Source: The Bridge Emergency Youth Services.

The Arlington Police Department indicates that the major offense reported for persons under age 18 continues to be youth runaways, with a 31% increase in five years. In 1993 the number of runaways reported was 979, in 1994 it was 1,097, in 1995 it was 1,117, in 1996 it was 1,405, and in 1997 it was 1,424. (See Table 3.) According to The Bridge, housing choices made by homeless youth range from safely staying with a schoolmate to living on the street with strangers and, perhaps, engaging in prostitution or selling drugs. Over the past nine years, Welcome House Youth Service Center (WH) has served 8,825 youth with counseling and referral services. WH focuses on the reunification of families.

Table 3: Juvenile Runaways in Arlington, 1993-1997

Juvenile Runaways	Year - 1993	Year - 1994	Year - 1995	Year - 1996	Year - 1997
Male	425	458	451	646	661
Female	554	639	666	759	763
Total	979	1,097	1,117	1,405	1,424

Source: Arlington Police Department

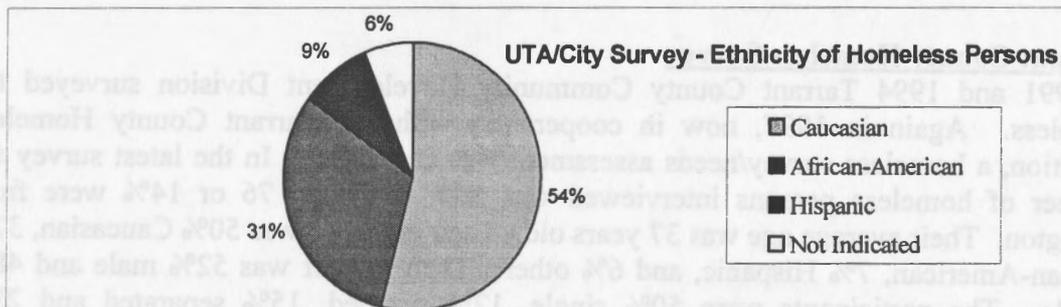


UTA / City Survey

The University of Texas at Arlington conducted a survey of Arlington homeless persons in February 1997. Although unsheltered homeless were not located, over a two-week period, 111 sheltered homeless persons were interviewed. Their average age was 33 years old. Ethnically they were 54% Caucasian, 31% African-American, 9% Hispanic and 6% did not indicate an ethnicity. Their gender breakdown was 56% male and 44% female. The family structure of those interviewed consisted of the following: 32% single males, 14% single males with a child, 7% married males with a child, 24% single females with a child, 2% childless couples and 21% undetermined. At least 45% of these homeless persons had a child.

"The shelter is no environment for children. It is hard to have your sons shower with drug addicts."

A single mother of three children.



This point-in-time description of homeless persons revealed that 78% of the participants had been homeless six months or less. Most had been Arlington residents, with an average length of residence of 5.8 years. Some 31% of the individuals lived in Arlington less than three months. The major reasons for being homeless were:

1. Loss of job (35%)
2. Change in family life (23%)
3. Domestic violence (22%)

Of those interviewed, 51% were employed, 55% did not have access to reliable transportation, 45% did not complete high school, and only 4% utilized job-training services. Mental health concerns were reported by 30% of those interviewed who experienced mood swings, anxiety, or depression; an additional 14% surveyed described themselves as chemically dependent. The physical health issues included 41% respiratory problems, 27% dental problems, 27% muscle/bone problems and 23% vision problems.

Children in the shelters are negatively affected as a result of their parents being homeless. Families reported that 37% of their children have attention deficit with hyperactivity disorder, 36% have repeated grades, and 33% have behavior problems. While almost 60% of families reported that their children attended school that day, 27% reported their children had trouble going to school because of being homeless.

Furthermore, over one-third of the families (35%) reported that one or more of their children are presently not in their care, but are living with relatives or others.

"Our ten-year old cried at the Christmas party because the media was present and he was afraid his picture would get on TV and his classmates would know he was homeless." A single mother of two sons.

Finally, the survey analysis makes three recommendations: 1) more targeted information on support programs to victims of domestic violence; 2) more collaboration in the provision of mental/physical health care services; and 3) more attention to the needs of children in the shelters. The demographic analysis concludes that the city of Arlington has in place a number of excellent agencies and services for persons who are homeless; however, the continuum still contains gaps.

Tarrant County Homeless Survey

In 1991 and 1994 Tarrant County Community Development Division surveyed the homeless. Again in 1997, now in cooperation with the Tarrant County Homeless Coalition, a homeless survey/needs assessment was completed. In the latest survey the number of homeless persons interviewed was 564, of which 76 or 14% were from Arlington. Their average age was 37 years old. Their ethnicity was 50% Caucasian, 37% African-American, 7% Hispanic, and 6% other. Their gender was 52% male and 48% female. The participants were 50% single, 12% married, 15% separated and 23% divorced. Of the 263 adults with children, just over one-half had their children living with them. Also, 52% had been homeless for six months or less. (See Appendix B.)

On October 30, 1998, those interviewed countywide and those from Arlington described the major reasons for being homeless as:

Tarrant County (564 persons)

Arlington (76 persons)

- | | |
|--|--|
| 1. Changes in Family / Home Life (15%) | 1. Changes in Family / Home Life (49%) |
| 2. Mental Illness (14%) | 2. Domestic Violence (16%) |
| 3. Drug or Alcohol Abuse (12%) | 3. Relocation (12%) |
| 4. Lack of Job or Job Skills (12%) | 4. Drug or Alcohol Abuse (9%) |
| 5. Other (12%) | 5. High Rent (9%) |
| 6. Health Problems (8%) | 6. Lack of Jobs or Job Skills (8%) |
| 7. Lack of Education (7%) | 7. Health Problems (7%) |
| 8. High Rent (7%) | 8. Physical Disabilities (5%) |

[Sources: 1997 Tarrant County Homeless Survey and Point In Time Profile of Homeless in Shelters, Arlington, Texas, October 30, 1997.]

Note that the category of "Changes in Family / Home Life" includes divorce, loss of spouse due to death or separation, or family conflict that involved removing family members from the home. "Relocation" means being newly arrived in the Metroplex.

At the time of the survey, 46% were employed, 50% had a transportation problem, and 45% had not completed high school. Mental illness was given as a major concern of 14%; other health problems were mentioned by 8% and 4% claimed physical disabilities. The survey highlighted five special homeless populations: adults with children under age 18, persons living with HIV/AIDS, substance abusers, those who received psychiatric treatment, and those with dual diagnosis (mental illness and drug addiction).

*"We lose an income when we leave our abuser."
A domestic violence victim.*

The survey analysis states that more women and children have fallen through the cracks and become homeless. According to respondents, the leading reasons for homelessness differ for men and women. **Substance abuse and mental illness still have a major impact in the lives of many homeless men. Women most often indicate a change of family and/or home life as a major contributing factor.** Countywide, women and children are the majority of the homeless population living in transitional housing.

While the number and quality of services made available for homeless persons have increased significantly as a result of collaborative planning and additional funds, approximately 42% of the respondents indicate that they are not receiving the services they need to overcome homelessness. The most needed services in order of priority are housing assistance, case management, employment, health/dental care and food.

The researchers made several correlations:

- Substance abuse and mental illness are issues for many homeless persons. However, persons living with HIV/AIDS are more likely to receive drug abuse treatment than others.
- The higher the educational level of an individual, the more likely that person will be employed.
- The longer a person is homeless, the more likely that person will be unemployed.

The survey analysis emphasizes the need for service providers to be able to quickly and adequately address and serve the needs of the homeless in a timely manner. The longer a person remains homeless, the less likely that person's chance for full restoration into the community. With the advent of welfare reform and an increase in the number of families living on the street or in shelters, there is a likely negative impact on children's lives and development that will affect future generations.

AISD Children's Survey

In June 1998 Arlington Independent School District's McKinney Homeless Assistance Program conducted a "Survey of Thoughts and Feelings from Homeless Children." The results give the perspective of 25 children from two shelters. Here are the questions and their top three responses:

Where do you feel safe?	When do you feel good?	When do you feel sad?
a home	when my parents are not angry	when my parents are angry
a shelter	when I can have alone time	when I'm getting whipped or spanked
Grandma's house	when I can play	when kids are hitting or pushing me

Some implications taken from the survey are 1) Parenting skills are needed; 2) Anger management is needed; 3) Training in social skills is needed; and 4) Children need an identified space and play time. The AISD program also reports that the number of homeless students served increased from 1,752 in the 1996/97 school year to over 2,000 in the 1997/98 school year. Moreover, four years ago only ten schools were affected; now, 45 schools are accommodating homeless students. These students are living not only in shelters or motels along Division Street, but also in many other motels and campgrounds as well. Also, in the 1997/98 school year, the AISD program for homeless students provided self-esteem groups for over 500 children. These groups addressed the anger associated with being homeless, safety issues and ways to raise self-esteem.

Conclusion

The demographic profile of homeless persons in Arlington indicates that the majority of homeless individuals (69%) are still women and children. The children have issues that need attention: they need a place to feel safe, a place to play and parents who are not angry. Homeless adults are mostly Caucasian and are increasingly female with children.

The major reasons for homelessness in Arlington are changes in home or family life, domestic violence, relocation, drug/alcohol problems, underemployment and high rents. Adults need more assistance with these problems to become self-sufficient. While most are employed, most do not have reliable transportation and 45% did not finish high school. Up to one-third have mental health concerns and others have physical health concerns. Since the longer a person is homeless, the more likely he or she will be unemployed, service providers must respond quickly and adequately to serve the needs of homeless persons for full restoration into the community.

*"I was blessed—we had a car, but others did not have a way to get around and look at apartments. I had a job, too."
A single mother of two children.*

IMPROVEMENTS

Additional Funding

The most impressive source of new funding has been the U.S. Department of Housing and Urban Development (HUD). Since 1997, the city has used the Priority Home report as a basis to develop major grant proposals-Super NOFAs (Notice of Funding Availability) from HUD issued to improve the continuum. In 1997 a three-year grant of \$813,875 was awarded to the city, in partnership with local agencies, to provide transportation, transitional housing and intensive case management for drug/alcohol addiction. In 1998 a three-year grant of \$606,600 was awarded for transitional housing, child care and supported housing with case management. Annually, agencies meet with the city to formulate the Super NOFA grant in order to enhance the local continuum of care for homeless persons in Arlington. The amount that was requested in the 1999 Super NOFA is \$778,018. (See Appendix C.)

Moreover, the City of Arlington has continued to invest federal grant funds to improve the continuum of care for homeless persons. The sources of these grants include City Community Development Block Grants, City Emergency Shelter Grant Program (ESGP), State ESGP, City HOME Funds, and City General Revenue. Other funding sources that have contributed to local service providers are Junior League of Arlington, United Way of Metropolitan Tarrant County, Tarrant County Community Development and local civic organizations such as Rotary International. (See Appendices D and E.)

Institutional / Community

1) City of Arlington Analyst

In December 1996 the City of Arlington created a full-time analyst position to oversee the funding for improvements to the continuum of care plan. This analyst monitors the allocations of Emergency Shelter Grant funds and Super NOFA funding. The position also facilitates the development of priorities and the evaluation of agency progress in reaching program goals. Some ancillary benefits of the city's direct involvement with shelters are the continuity of services and increased collaboration.

2) Tarrant County Homeless Coalition

One of the major improvements since 1996 in both Arlington and Tarrant County is collaboration. More than ever agencies, shelters and governmental entities are working together to make services more efficient and effective. The Tarrant County Homeless Coalition, started in 1987, has grown larger in the past two years. Now 40 to 50 service providers from around the county meet regularly to plan programs, combine resources, solve problems, prepare grant applications and organize events for homeless persons such as health fairs.

Besides being part of the county coalition, an Arlington sub-group has been formed by the city and AHSP through the Super NOFA planning efforts. This Arlington Homeless Coalition is the basis of not only significant amounts of additional funding through HUD grants, but also more effective collaboration, maximizing existing resources. For example, existing programs have expanded into the shelters such as Tarrant County MHMR clients case management in the shelters and The Parenting Center's classes within the shelters.

3) Tarrant County Together

In 1997, the Tarrant County Commissioners Court appointed a task force on poverty and self-sufficiency. Named "Tarrant County Together," it completed an initial report entitled *A Community Repositioned: Building on our Assets* in December 1997. In Phase II, action committees have been formed to focus on Adult Basic Education and Economic Development. Both of these topics relate directly to the needs of homeless persons who have not completed high school and those who lack jobs or job skills.

4) Faith-based Groups

The faith-based community remains very involved in assisting homeless persons to achieve self-sufficiency. Churches and synagogues provide volunteers and programs which serve meals to the homeless, provide licensed child care, arrange transportation to services or employment, plan activities for children and bring a spiritual and caring dimension to social services. At the Arlington Night Shelter alone, over \$300,000 worth of food and supplies are donated annually by faith-based groups. The value of volunteer hours is over and above this amount.

"I would not have been able to go to work without free day care."

A single mother of a one-year old child and a five-year old child.

5) Countywide Tracking System

Plans have been formulated under the sponsorship of United Way and Tarrant County Access for the Homeless to establish a countywide computer tracking system. In Arlington the hub will be Catholic Charities, to which shelters and other service providers can be linked. The software has been developed and is being tested. Limiting access to different levels of information protects confidentiality. Presently, funding is being sought to implement the tracking system to reduce the duplication of services and increase the quality of case management.

Shelter Renovations and Expansions

MISSION ARLINGTON DAY SHELTER increased its staff to three full-time employees and added a new room for day sleepers. The initial report indicated child care was available from Monday through Friday. Child care on Saturdays is now included, thus making child care services available six days a week. For the increasing number of children, the playground area has been fenced and playground equipment has been provided. The day shelter expanded its hours of service by one hour per day since the original report, now operating from 6:00 a.m. to 7:00 p.m. Drug and alcohol counseling is now provided through the Arlington Night Shelter. More weekend activities are now planned for the residents. For those working day-labor jobs, a program has been instituted to screen employers to ensure that workers are paid daily.

ARLINGTON NIGHT SHELTER (ANS) has added two case managers from the Tarrant Council on Alcoholism and Drug Abuse since the 1996 report. Most clients are working, but 80% lose their jobs within the first two weeks because of poor job skills or poor personal skills to incorporate work responsibilities into their lives. Arrangements have been made with youth agencies to help older children. For example, Arlington Youth Services will pick up teenagers to participate in activities at the Youth Center. Younger children continue to be bused to the Boys and Girls Clubs of Arlington after school and on Thursday evenings. The average number of youth at ANS is approximately 35 per night. As adults remain longer in the program, annual numbers will be less but residents will be more successful. The Parenting Center provides classes for parents. The Arlington Workforce Center provides job placement services for residents. In 1998, ANS opened its first transitional housing facility, a duplex for families not ready for independent living.

THE WOMEN'S SHELTER (TWS) has added an outreach program to serve victims of domestic violence at the Arlington Night Shelter and The Salvation Army Family Center. TWS also now offers transitional housing vouchers in the new Living Independently-Families in Transition (LIFT) program. In the past year graduates of the LIFT program have remained 100% violence free. Most important, after operating at a 98% average occupancy at its present 40-bed shelter, TWS is in the process of building a new 60-bed, 21,000 square-foot shelter. It should be completed in 1999.

THE SALVATION ARMY FAMILY CENTER (TSAFC) added a licensed child care program to its list of services. It also partners with Mission Arlington for transportation. In addition, TSAFC collaborates with TWS, the Community Enrichment Center and the Arlington Housing Authority for transitional housing, and with other agencies.

THE BRIDGE EMERGENCY YOUTH SERVICES in Fort Worth provides emergency shelter for youth and eight Host Homes, including one in Arlington and one in Mansfield. Since the initial Priority Home report, a Transitional Living Program has been initiated for youth ages 16 and 17, including teen parents with a child. The BRIDGE also has added one group home that serves parenting teens. The Host Home program also will accept teen parents and their children.

Support Services

Transportation

Mission Arlington / Mission Metroplex has expanded its transportation services over the past two years. It has grown from three to five 15-passenger vans. Also, the number of part-time drivers has increased from two to four, with volunteer drivers still being used to supplement the demand. During the month of February 1996, 24 clients were transported; in February 1998 the number of unduplicated clients transported was 72. Also, depending on available funds, Arlington Charities provides minor car repairs (up to \$100) to ensure that homeless families have transportation to employment.

Priority Programs

The above-mentioned Super NOFAs targeted the expansion of existing support services or the creation of new programs in response to gaps in services. An essential component of the grants was the presentation to HUD of the local priorities as determined each year by the appropriate service providers. Based on the continuum of care plan and the most recent experience of local agencies, here are the project priorities for the past three years:

1996 Prioritized Projects	HUD funded in 1997	1997 Prioritized Projects	HUD funded in 1998	1998 Prioritized Projects	HUD funded in 1999
1. Supportive Housing (Rental Assistance)	Yes	1. Transitional Housing	Yes	1. Job Readiness Employment Program	NA
2. Transportation Services	Yes	2. Child Care	Yes	2. Evening Child Care	
3. Intensive Case Management for Drug / Alcohol Abuse	Yes	3. Supportive Housing and Case Management	Yes	3. Family Literacy	
4. Child Care Services	No	4. Mental / Physical Health Services	No	4. Safe Kids / Healthy Families	
5. Transitional Housing	No			5. Dental Health Services	
6. Homeless Youth Program	No				
7. Supportive Housing for Teenage Parents	No				
8. Apartment Set-ups	No				

Child Care

Mission Metroplex still provides free licensed child care to homeless families through its Alpha Foundation Child Care. This care is being expanded by HUD grants to provide weekend care that is work related. As noted above, The Salvation Army Family Center has a licensed child care program that also serves its homeless residents. In Arlington, the increasing number of children has made child care a high priority. The focus groups with homeless families confirmed the findings of the task force. The unmet needs relative to child care are twofold:

- 1) Evening child care is needed for families living in shelters or in transitional housing who are working late shifts or who want to attend classes or job training.
- 2) Respite child care is occasionally needed after work, in the evenings or on weekends to give parents and children who are under great stress a temporary break from one another.

Counseling

Drug and alcohol counseling is provided by the Tarrant Council on Alcoholism and Drug Abuse to all shelter residents, yet it does not reach out to the homeless who live in motels. Since the initial report, Council staff now office at the Arlington Night Shelter, receive referrals from shelters and provide direct counseling and case management to residents.

Relative to mental health counseling, Tarrant County MHMR is on call to serve residents in all shelters. There is now a regularly scheduled presence of counselors to respond to limited mental health concerns in Arlington. These concerns include serving persons who are manic-depressive, schizophrenic, paranoid, suicidal, and those suffering from the dual diagnosis of mental illness and drug or alcohol addiction.

Health Services

In the shelters (ANS and TWS) the Tarrant County Health Department now does HIV/AIDS/TB testing on a monthly basis. Also in 1998 Arlington Night Shelter began random drug testing. Those who test positive for drugs are required to leave the shelter for one week. After that, if they contact the shelter's chemical dependency counselors to seek treatment, they will be readmitted.

In 1997 Cook Children's Medical Center opened a new children's clinic near the Day Shelter. Persons seeking medical care at the John Peter Smith (JPS) clinic on Sanford Street can now enter the JPS Health Network without going to Fort Worth to be classified. While Dental Health for Arlington continues to serve all adults and non-Medicaid children, JPS opened a dental clinic in 1998 to serve children with Medicaid and some adults.

Job Placement

The Arlington Workforce Center is increasingly providing job placement to shelter residents. This one-stop employment center is a collaboration of ten organizations to provide integrated services to job seekers and employers. Services include job search, resume writing, GED and ESL classes, computer classes and job fairs. Arlington Charities continues to provide job-related tools, work clothes and access to birth certificates or Texas Identification Cards for homeless persons.

Transitional Housing

Arlington Housing Authority has expanded the number of units set aside for homeless persons from 15 to 58. Shelters still provide case management to residents who may live up to two years in these units. Community Enrichment Center (CEC) was required to

purchase or turn back the homes that were leased from HUD to provide transitional housing. In Arlington the reduction was from 25 to 17 homes. Overall, CEC reduced their inventory from 129 homes in 1995 to 80 in 1998. After the sale of their first home to a formerly homeless family, First United Methodist Church of Arlington opened a second home. With a grant from the City, Arlington Night Shelter purchased a duplex for transitional housing. The Women's Shelter's Living Independently / Families in Transition program provides 14 housing vouchers for victims of domestic violence. Therefore, the total available units for transitional housing have increased from 41 in 1996 to 92 in 1998.

*"It is hard to find affordable housing in a good neighborhood."
A single mother with three children.*

Housing Supports

Tarrant County Human Services (TCHS) provides case management, financial help, and information and referral services. Since 1996, TCHS has initiated an assistance program that pays rent and utilities for up to five months for families completing job-training courses. It also offers housing stabilization for families dealing with child abuse or neglect, and has expanded services up to three months for victims of domestic violence.

Conclusion

Major improvements have occurred on the community, shelter and support services level. Of special note are the efforts of the City of Arlington to solicit and administer the Super NOFA grants from HUD. These additional resources are addressing gaps in service following a program prioritization. Shelter renovations and expansions increase bed space or provide quality programs in partnership with other agencies. Increased health services, transportation, child care, counseling, job placement and transitional housing options answer some of the critical needs that were identified in the original study. As residents remain longer in shelter programs, annual numbers served will be less, but the success will be greater. Overall the improvements demonstrate the responsiveness of the community and its readiness to support collaboration and continuous improvement.

CHALLENGES

Present Concerns

While the Priority Home II Task Force recognized and documented substantial progress since the 1996 report, challenges persist relative to the continuum of care in Arlington. For purposes of convenience, these challenges can be divided into the categories of Shelters, Employment, Housing, and Prevention.

SHELTERS

Challenges characteristic of shelters can be viewed from two perspectives: (1) pre-shelter environment and conditions, both societal and individual, which foster the need for, and subsequent transition into, a sheltered living arrangement; and (2) actual shelter living conditions.

(1) **Pre-Shelter**—The recent surveys of homeless persons in Arlington highlight the increase in domestic violence, predominately violence against women with children. In addition, the 817 area code was in the top ten for calls coming into the National Domestic Violence Hotline. This factor, coupled with more runaway youth or teen parents ages 18 and 19 and more large families unable to afford adequate housing has forced shelters to maintain levels of occupancy which invariably exceed capacity. Full shelters must turn individuals and families away, usually referring them elsewhere. The ones most likely turned away in Arlington are single men.

In addition, individuals approaching the shelters at this time have more personal barriers to overcome, such as mental illness, drug or alcohol addiction and various chronic physical disabilities. Shelters are set up to provide treatment for these personal barriers when they are conjoined with the reality of homelessness.

(2) **Shelters**--Continual maintenance of a capacity shelter population has its obvious inherent limitations and challenges. In addition to drug or alcohol addiction or chronic mental or physical disabilities, present findings detect issues of confidentiality and safety, as well as HIV/STD/TB areas of concern in the shelters.

Furthermore, the fact that unrelated men, women, and children coexist in particular shelter environments is not only a major safety concern, but also the genesis of additional problems for both shelter clients and supervisory staff. The increase in families and youth consigned to emergency shelters indicates a need for more family shelters in contrast to sheltering individual clients.

In *Dimensions of Early Childhood*, educators note that due to the transient nature of their living situations, children who are homeless are rarely alone. Consequently in school or pre-school they need quiet places to retreat and an individual cubby for their own possessions. Security and a place of their own are very important for homeless children. Also, a disproportionate number of these children exhibit language delays and other developmental delays. Moreover, many parents who are unable to provide housing for their family experience guilt and feel chronic helplessness about the situation, and consequently, may also feel incompetent to assist in their children's learning.

A current challenge facing shelters with limited space is serving the very large families that occasionally seek shelter. For example, it is not uncommon to have a family with one adult and eight children. Sometimes, large families rent adjoining rooms in the motels and, when income is down, they leave the motel for the emergency shelter. The cycle of "shelter to motel to shelter or street" is identified in both the 1996 study and in the most recent study results. Still, the majority of shelter residents come from the street or motels, rarely directly from apartments or homes (except in the case of domestic violence). The failure of the current system to change the cycle indicates the influence of poor credit histories and/or the lack of affordable housing options for low-income families.

A final comment relative to internal shelter living conditions has to do with the necessity of identifying individuals who can work but who are not genuinely seeking employment. The few who are covertly "working the system" are of concern to both shelter providers and residents. A countywide tracking system will help agencies understand the shelter history of a person claiming to be homeless. This system would help eliminate duplication of services and ensure consistent case management.

EMPLOYMENT

According to the Texas Labor Market Review, the unemployment rate in Tarrant County has decreased from 4.1% in June 1997 to 2.9% in April 1998. The Texas Workforce Commission reports that the largest number of new jobs created from 1993 to 1997 in Tarrant County have been service sector jobs that typically pay the minimum wage, \$5.15 an hour. The AHSP report on *Welfare to Work: The Impact of Welfare Reform on Arlington*, notes that the self-sufficiency wage for Fort Worth/Arlington for a single parent with two children is between \$7.60 and \$13.03 an hour. Families leaving shelters must earn more than minimum wage to provide for the health and safety of their family.

In addition to full employment and adequate earnings, families must still find ways to overcome poor credit histories and learn to budget their income to pay expenses and save for future emergencies.

"My case manager is helping me do a monthly budget."
A homeless individual.

Two other issues relate to the employability of shelter clients both during and subsequent to their shelter stays. The first issue is that clients are now higher risk and higher need persons with fewer job skills and less education than those sheltered in 1995. Individuals now lack the fundamental technical skills required of even entry-level jobs in the increasingly technological work environment. The AHSP report, *Adolescent Pregnancy in Arlington*, stated that a May 1996 survey of local shelter clients indicated that 8 of 22 or 36% had been teen mothers. Of these, one half did not finish high school or complete a GED. The report also disclosed that of those in a countywide transitional housing program, 33% were originally teen parents. Lack of education and personal disabilities sometimes result in an adult being illiterate.

The second issue corresponds with the findings of the initial report and relates to the prejudice against homeless people. The generalized societal attitude is often that the homeless are without housing by their own choice or are alcohol addicted, lazy or taking advantage of the system. This negative stereotype permeates the environment in which homeless persons seek employment.

HOUSING

Whereas transitional housing opportunities have expanded since the initial study, a need was identified for families to stay longer than two years in transitional housing. There is a further need for an improved program of case management to coincide with the current

system of transitional housing. Today, homeless families or individuals must overcome greater barriers in order to transition back to self-sufficiency.

"People with bad credit have less choice in housing and are forced to move into unsafe areas."

A single father with two children.

Relative to more permanent housing opportunities for homeless persons, five major challenges were apparent in Arlington:

1. Lack of availability of affordable rental housing.
2. Minimal start-up funds for assisting families in moving back into housing.
3. A two-to-three year waiting list for Section 8 housing.
4. Large families needing adequate space.
5. The need to overcome poor credit histories to secure new housing--especially for women with children fleeing situations of domestic abuse.

The lack of available and affordable rental housing for low-income families and individuals was found to exacerbate the already fragile predicament of homeless families. Even the motel population is facing worsening living conditions and an increased incidence of drug/alcohol abuse. In addition, if the parent, whether male or female, is admitted to in-patient detoxification treatment, there is no housing for the children.

PREVENTION

Overall prevention begins by being knowledgeable and prepared. In an article entitled, "Municipal Responses to Homelessness," it was noted that current federal efforts devolve programs to local governments, while reducing federal program requirements and funding levels. Cities like Arlington use a comprehensive range of programs and strategies, but still depend on the federal government to provide funds, require planning and support city efforts to be more responsive. The four areas of municipal preparedness are:

- Gathering knowledge about local needs and making informed decisions.
- Developing programs that are effective.
- Attracting needed resources.
- Developing strategies for implementing programs.

Specifically expanded prevention services are needed for those on the verge of homelessness. This category of the potential homeless consists of those who have not received an eviction notice, yet are in danger of losing their housing. Intervention at this point would alleviate the burden upon the entire spectrum of the continuum of care, preserving resources for those who do actually lose their homes.

Part of this prevention would consist in the earlier communication of available services to prevent homelessness. One segment of prevention that is currently in place in some businesses is the Employee Assistance Program or the Human Resource Department. Since serious health and personal crises can impact any family, it is important for all employees to be cognizant of the availability of such services. Emphasizing prevention causes a dilemma relative to existing resources--publicizing available services will naturally place greater demands on the existing safety net, emphasizing the necessity of balancing the demand for increased services with limited resources.

The "working poor" face unique challenges relative to their crossing the line into the ranks of the homeless. Agency services, usually offered from nine to five, are not accessible to individuals who work hourly wage jobs that are jeopardized or financially penalized by absence. In addition, transportation is required for employment and for most transitional housing programs, forcing the poor to allocate an inordinate amount of their income to this resource. Public transportation, ride sharing and van pooling opportunities are needed to reduce the need for an individual to own and maintain a vehicle.

A final challenge was unveiled regarding the need for better collaboration between agencies countywide. It was discovered that a typical client has three to five case managers who may be issuing conflicting instructions or developing separate action plans. Thus, the need for better coordination of case management has become apparent. This problem is heightened by statistical assessment and numeration problems. "Doubled up" families, or families living with families, are not counted in homeless surveys, pointing to the difficulty of proving homelessness.

Conclusion

Significant challenges remain. Shelter providers face increased demand. Safety becomes more of a concern when dealing with large client numbers, domestic violence or the cohabitation of unrelated adults and children. The cycle of motel-to-shelter-to-motel-to-shelter-or-street continues. As always, there are a few individuals who are not genuinely seeking rehabilitation and should be discharged. The working homeless still struggle to earn sufficient income to regain independence. Many families must learn to budget and to overcome histories of bad credit. Homeless persons now bring more personal barriers to overcome, such as mental illness, drug or alcohol addiction or low levels of education and a lack of marketable job skills. Lack of reliable transportation still prevents many from finding and maintaining employment.

Housing presents a special challenge. The lack of affordable rental property forces many families to pay high rents or live in unsafe areas. Lower rents, early intervention, better awareness of services, more countywide collaboration and the expansion of resources for those in danger of losing their housing would reduce the number of homeless persons in Arlington.

RECOMMENDATIONS

These recommendations are offered to facilitate the development of additional community solutions. They are offered as possible ways to address important gaps in service. A few recommendations and their subsequent goals reiterate points from the original report. However, all are based on the most recent findings and target the critical unmet needs outlined above. Arlington Human Service Planners is committed to assist any individual or group who desires to improve the Arlington continuum of care plan for homeless persons.

RECOMMENDATIONS and GOALS

1. DEVELOP A COMPREHENSIVE AFFORDABLE HOUSING PROGRAM.

---GOALS---

- Increase the availability of affordable rental property.
- Increase the number of transitional housing units with case management.
- Assist persons in overcoming poor credit histories.
- Educate landlords about the acceptability of Section 8 housing.
- Increase the amount of start-up funds for families moving back into housing.
- Develop housing options for larger families.

2. EXPAND JOB AND EDUCATIONAL OPPORTUNITIES.

---GOALS---

- Make available programs that address the lack of education or of job skills.
- Provide employment support to ensure stability in new employment situations.
- Provide accessible, affordable, evening and weekend child care.
- Develop affordable supports that repair and maintain vehicles.
- Equip adults to acquire and retain better paying jobs.

3. PROMOTE COMMUNITY AWARENESS OF THE REALITY OF HOMELESSNESS.

---GOALS---

- Publicize the availability of and need for resources to help families in crisis to maintain their housing.
- Increase the participation of faith-based groups and other volunteers in serving homeless persons.
- Lobby policymakers to budget adequately for social services which enable homeless persons to be productive citizens.
- Challenge, with the help of the media, the negative stereotype of homeless persons.
- Advocate for ride sharing, van pooling and public transportation to access jobs and services.

4. NURTURE THE SAFETY AND DIGNITY OF HOMELESS CHILDREN AND ADULTS.

---GOALS---

- Reduce the exposure of women and children to unhealthy behaviors and to the danger of abuse.
- Provide appropriate mental/physical healthcare services to adults and children.
- Provide children with safe areas and appropriate recreational opportunities.
- Provide sheltered parents with parenting education and respite child care.
- Provide other educational/recreational activities for homeless families.
- Better coordinate services and identify those who exploit or waste services by using a countywide tracking system.

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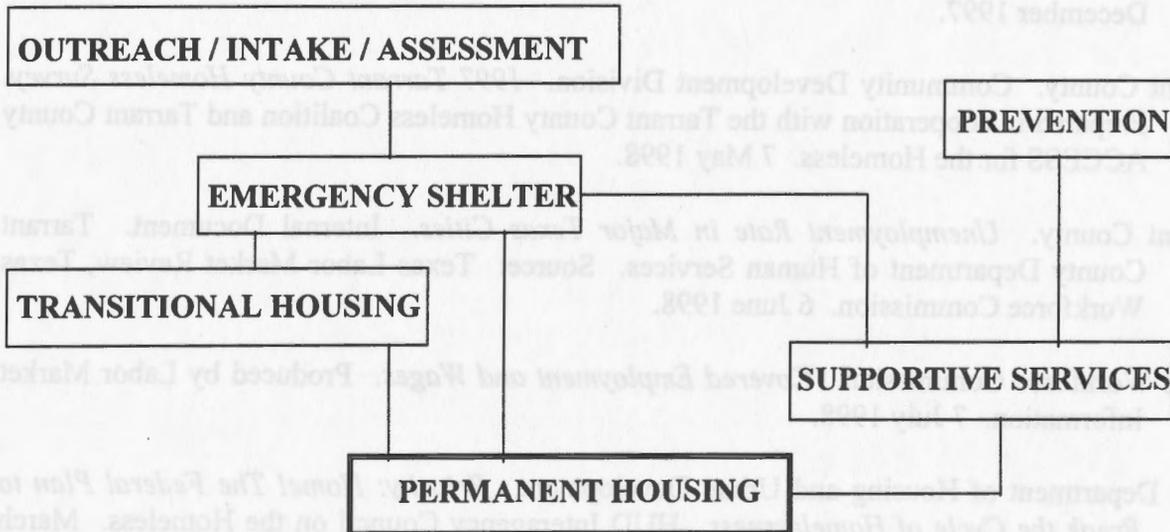
Appendix A

CONTINUUM OF CARE

Definition

According to U. S. Department of Housing and Urban Development, a continuum of care for the homeless includes many elements. The continuum of care begins with intake and assessment of the needs of a homeless individual or family. In most communities, intake and assessment are performed at an emergency shelter or through a separate assessment center. Normally, the homeless delivery system includes a strong outreach component to bring homeless persons living on the streets into emergency shelters. Once a needs assessment is completed, the sheltered person or family may be referred to permanent housing or to transitional housing where supportive services are provided to prepare them for independent living. Some individuals, particularly persons with chronic disabilities, may require ongoing supportive services once they move into permanent housing. There must also be a prevention component which helps people remain in permanent housing. The goal of the comprehensive homeless service system is to ensure that homeless individuals move from homelessness to independent living.

CONTINUUM OF CARE CHART



HOMELESSNESS ===== to ===== INDEPENDENT LIVING

Appendix B

**TARRANT COUNTY SURVEY OF HOMELESSNESS, 1991, 1994, and 1997
Selected Findings**

Category	1991 Tarrant County		1994 Tarrant County		1997 Tarrant County		1997 Arlington	
	#	%	#	%	#	%	#	%
Number Surveyed	439		632		564		76	
Average Age	NA		37 years old		37 years old		NA	
Gender-Male	319	73%	376	60%	288	51%	30	40%
Gender-Female	120	27%	255	40%	271	48%	46	60%
Ethnicity --								
Caucasian	208	47%	331	52%	284	50%	36	48%
African-Am.	164	37%	193	31%	207	37%	25	33%
Hispanic	33	08%	80	13%	40	07%	13	17%
Other	34	08%	21	04%	22	06%	02	02%
Education - Less than High School	185	42%	294	47%	255	45%	30	40%
Homeless – Six Months or Less	295	67%	340	54%	277	52%	71	93%
Employed	132	30%	327	52%	259	46%	47	62%
Adults with Children	NA	NA	258	41%	263	47%	52	68%
Transportation is a problem	378	86%	377	60%	280	50%	46	61%
	no car		no car					

Source: Tarrant County Community Development Division.

Appendix C

SUPER NOFA FUNDING FOR EMERGENCY SHELTERS AND SERVICES, 1996-2001

AGENCY	1996-99	1997-2000	1998-2001 Request
AIDS Outreach Center	14,436	24,000	
Arlington Independent School District			176,400
Arlington Night Shelter	81,667	26,860	305,057
Arlington Housing Authority	141,000	252,693	
Community Enrichment Center		116,775	
Dental Health for Arlington			83,916
Family Service, Inc.	81,375		
Mission Metroplex	137,608	160,272	44,906
Tarrant County Council on Alcoholism and Drug Abuse	189,180		
Tarrant County MHMR Homeless Services	21,000		
Tarrant County MHMR Addiction Services	109,368		
The Women's Shelter		26,000	167,739
TOTAL*	813,875	606,600	778,018

Source: City of Arlington.

*Note that each grant total is for three years and includes a 5% administration cost which is allocated to the City of Arlington.

Appendix D

EMERGENCY SHELTER GRANT PROGRAM (ESGP) FEDERAL FUNDING FOR EMERGENCY SHELTERS AND SERVICES, 1995-1999

AGENCY	1995-96		1996-97		1997-98		1998-1999	
	City	State	City	State	City	State	City	State*
City of Arlington				6,389		6,207	5,600	
Arlington Charities	11,900	6,800	10,000	8,700	8,100	8,820	11,500	
Arlington Night Shelter	16,500	77,253	17,000	51,979	18,500	52,000	27,300	
Mission Metroplex	33,362	32,723	27,277	39,415	15,000	37,000	21,000	
Tarrant County Human Service	-0-	-0-	-0-	-0-	9,360	-0-	12,000	
Salvation Army Family Center	17,500	-0-	6,250	20,000	6,250	20,180	9,200	
The Women's Shelter	21,838	33,224	18,750	39,625	19,790	37,176	25,632	
TOTAL	83,600	150,000	79,277	166,108	77,000	161,383	112,232	-0-

Source: City of Arlington.

* The State ESGP funds must be sought each year through a statewide competitive process. Utilizing the annual application procedures, the City solicited the State ESGP funding for 1998-1999 but the proposal failed to receive a high enough score to be funded.

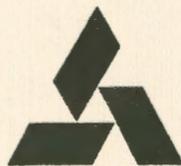
Appendix E

SELECTED FUNDING SOURCES FOR EMERGENCY SHELTERS AND SERVICES, 1997-1999

AGENCY	1997-1998				1998-1999			
	United Way	City CDBG	City GR	Junior League	United Way	City CDBG	City GR	Junior League
Arlington Charities						27,500		
Arlington Night Shelter		28,400	10,000	2,100		28,400	10,000	
Community Enrichment Center		19,700				19,700		
Dental Health for Arlington	22,400 (CIF)*	27,500		20,350	19,040 (CIF)	27,500		15,000
Mission Metroplex	16,934 (CIF)	50,000			25,000 (CIF)	50,000		5,000
Salvation Army Family Center	28,451	15,000			27,035	15,000		20,000
The Women's Shelter	198,443 and CIF 24,742	27,300		15,000	209,443 and CIF 24,148	27,300		15,000
Welcome House	6,428	21,900			6,428	21,900		
TOTAL	297,398	189,800	10,000	37,450	311,094	217,300	10,000	55,000

Sources: City of Arlington, United Way of Metropolitan Tarrant County and Junior League of Arlington.

* CIF refers to the Community Initiatives Fund of United Way of Metropolitan Tarrant County, all other United Way funds are from Core Allocations.



**Arlington Human
Service Planners**

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A Partnership:



COMMUNITY
VOLUNTEERS