

PRIORITY HOME
CONTINUUM OF CARE PLAN:
For Homeless Persons
in Arlington



A Report

by

Arlington Human Service Planners

January, 1996

A Partnership:



City of Arlington Texas



United Way

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FOCUS GROUPS

Arlington Night Shelter	10 male residents
The Women's Shelter	7 female residents

**PRIORITY HOME - CONTINUUM OF CARE PLAN:
SUMMARY OF RECOMMENDATIONS**

AREA	TARGET POPULATION	EXISTING SERVICES	GAPS IN SERVICES OR UNMET NEEDS	RECOMMENDATION
OUTREACH	Non-sheltered living in motels or cars or on the street or with others	AISD Program, Mission Metroplex, Arlington Charities	No outreach to unsheltered homeless persons	Explore methods to reach out to unsheltered homeless persons
	Mentally ill persons ineligible for shelter	John Peter Smith Hospital in Fort Worth	Need for homeless mentally ill persons to have both shelter and professional support	Collaborate with Tarrant County on the creation of a "safe haven" for mentally ill persons who lack shelter
	Alcohol and drug abusers	MHMR Billy Gregory-Pine Street addiction services in Fort Worth, City Jail	Reduced treatment services for indigent substance abusers	Examine ways to access detoxification services for substance abusers who lack housing
INTAKE / ASSESSMENT	Homeless persons entering the system	All agencies require intake information and initiate case management	Clients answer the same questions multiple times and information is not shared among agencies	Assist shelters to develop a common intake form, establish centralized intake procedures, and develop a computer network to share client information
SHELTERS	Homeless persons requesting shelter	Arlington Night Shelter, The Women's Shelter, Salvation Army Family Center	Shelters are operating at capacity; monthly, ANS is unable to serve over 150 persons; TWS and SAFC cannot serve 8-10 families each month	Investigate ways to better utilize or expand shelter capacity to serve more individuals and families
	Adolescents who lack housing	Welcome House refers to the BRIDGE in Fort Worth which has 16 beds and 4 host homes and Lena Pope Home's emergency shelter has 10 beds for teens awaiting placement	There are few shelter spaces available for teens and no teen shelter is licensed to accept teens with children	Explore safe housing options for adolescents without housing, especially for parenting teens
	Homeless persons who are medically or otherwise disabled or who are frail elderly	Volunteers of America operates three MHMR group homes and is planning more for persons with AIDS	All Arlington shelters require persons to be employable	Collaborate with Tarrant County to provide shelter plus care for homeless persons who are unable to work
	Homeless persons seeking self-sufficiency	ANS, TWS, and SAFC have programs to assist persons to achieve independence	All shelters provide case management, referrals, counseling, education, and job placement services	Develop ways to better coordinate shelter efforts and programs with each other and with other community services

AREA	TARGET POPULATION	EXISTING SERVICES	GAPS IN SERVICES OR UNMET NEEDS	RECOMMENDATION
PREVENTION AND SUPPORTIVE SERVICES	Homeless or near-homeless persons needing affordable child care in order to seek employment or to work	Mission Metroplex's Alpha Foundation provides free licensed day care for 45-50 children a day	Day care services are inadequate; sliding-scale day care has long waiting lists; shift workers need extended hours	Investigate avenues to increase affordable, flexible, quality child care for homeless families seeking or beginning employment
	Homeless or near-homeless persons needing transportation to work or to access services	Mission Metroplex provides transportation to 36 persons daily; twice a week Red Cross Wheels transports persons to JPS Hospital	Many jobs and services are scattered and difficult to reach without a car or route-based transit	Support efforts to provide reliable transportation to facilitate access to jobs and services
	Near-homeless renters or homeowners facing eviction	Catholic Charities, Tarrant County Dept. of Human Services, Mission Metroplex, Arlington Water Dept. assisted over 3,700 families with rent/utility	Maintaining present housing seems more cost-efficient that assisting homeless families to regain permanent housing	Investigate resources which would expand programs providing occasional assistance with rent or utilities for families in need
TRANSITION-AL HOUSING	Homeless persons needing housing with support services	Arlington Housing Authority (15 units), Community Enrichment Center (29 homes), First United Methodist Church (1 home)	Only 35 units of transitional housing is inadequate to serve families needing some on-going support to achieve independence	Explore ways to recruit organizations to sponsor more transitional housing or ways to expand existing programs
PERMANENT HOUSING	Low-income persons paying high housing costs	Arlington Housing Authority provides Section 8 rental assistance to 1753 households	Over 4,300 households are on the waiting list for Section 8; one in three homeowners and one in five renters spend 30% or more of their income on housing	Examine methods to increase the number of affordable, single-family units through investment in and expansion of existing housing programs
	Low-income homeowners unable to repair and maintain housing	Arlington Housing Authority has a home rehabilitation program which provides grants or grant/loans for repair and contracts with United Centers for repair of homes of elderly clients	The median housing age is 1978 and indicates a growing need for repair and rehabilitation; over 13,000 homeowners spend more than 30% of their income on housing	Research ways to maintain and revitalize older housing stock while encouraging acquisition and rehabilitation of vacant homes for low/moderate income families

AREA	TARGET POPULATION	EXISTING SERVICES	GAPS IN SERVICES OR UNMET NEEDS	RECOMMENDATION
PERMANENT HOUSING	Low/moderate income families wanting to purchase a home	Arlington Housing Authority assists new homebuyers directly (26 homes) and through the Tarrant County Housing Partnership's First-time Homebuyer's Program	Serious obstacles prevent families from purchasing a home--insufficient funds for downpayment, poor credit, high property cost	Investigate public-private partnerships to improve access to capital and to better position local housing groups to compete equitably for federal funds
	Low/moderate income families seeking affordable housing	Arlington Housing Authority will study fair housing impediments	Housing programs need to better publicized and possibilities studied	Study the need for affordable housing and investigate other successful housing programs
FINANCIAL RESOURCES	Homeless or near-homeless persons seeking self-sufficiency	Arlington strongly supports shelters, services, and housing programs; additional HUD funds have been granted to area agencies	Financial resources are essential to maintain and to expand the continuum of care for homeless individuals and families	Encourage continued financial support of programs which assist homeless individuals and families and seek ways to benefit from past or future HUD grants to the county
	Shelter providers and other agencies on the continuum of care	Arlington agencies actively cooperate; Tarrant County has a Homeless Coalition	To qualify for HUD funds, service providers must demonstrate coordination of services	Promote the formation of a local coalition of service providers to link programs, increase coordination, and jointly seek new funding

**PRIORITY HOME - CONTINUUM OF CARE PLAN:
For Homeless Persons in Arlington**

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Vignettes on homeless individuals and families were courtesy of the Arlington Night Shelter. Similar stories could be provided by The Women's Shelter or the Salvation Army Family Center.

**PRIORITY HOME - CONTINUUM OF CARE PLAN:
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I. INTRODUCTION

The complex and challenging issue of homelessness requires a comprehensive continuum of services to help each person or family to achieve the greatest amount of self-sufficiency possible. There is a service delivery system present in Arlington which is supporting this transition to independence for many people.

In the spring of 1995, Arlington Human Service Planners 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. Six social work students from the University of Texas at Arlington assisted in recording the discussion and preparing a draft report.

In March, 1994, the US 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).

This report reviews the characteristics of the homeless population, the magnitude of the problem, and the scope of the continuum of care that is attempting to address the need. Specifically, the continuum of care plan will include outreach, intake/assessment, shelters, prevention and supportive services, and housing programs. Also, the local financial resources committed to services for homeless persons will be presented. Finally, there will be recommendations to address gaps in services and to make the local continuum of care more effective.

II. ASSESSMENT OF NEED

A. Definition of Homeless

The Steward B. McKinney Homeless Assistance Act of 1987 defined "homeless" to mean:

- (1) An individual who lacks a fixed, regular and adequate night-time residence; and
- (2) An individual who has a primary night-time residency that is:
 - (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (ii) An institution that provides a temporary residence for individuals intended to be institutionalized;
 - (iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (3) This term does not include any individual imprisoned or otherwise detained under an Act of Congress or state law.

In addition, HUD usually considers people to be homeless who are at imminent risk of losing their housing, because they are being evicted from private dwelling units or are being discharged from institutions and have nowhere else to go.

B. Arlington Homeless Population

There are four shelters in Arlington which house individuals and/or families who are homeless:

- 1) Arlington Night Shelter
- 2) The Women's Shelter
- 3) Salvation Army Family Center
- 4) Mission Arlington's Day Shelter

Over the past three years the demand for shelter services has risen steadily.

Arlington Night Shelter (ANS) increased its capacity from 48 per night in 1991-1992 to 88 per night in 1994-1995. It reports a 20.6% increase in demand over the past three years. Annually, the total number of unduplicated persons served by ANS increased from 1,097 in 1992-1993, to 1,254 in 1993-1994, to 1,323 in 1994-1995. Because of lack of space or client ineligibility, it is unable to serve approximately 150 homeless individuals each month. Percentage of families increased from 33% in 1992-1993 to 37% in 1994-1995. About 33% of new clients have employment.

There has been an increase in the number of women and children served at ANS. In 1993-1994, women and children were 35% of those served; in 1994-1995, they were 40%. From July 1994 to June 1995 ANS served 799 men (60%), 316 women (24%) and 208 children (16%). Ethnically, ANS population for the same period was 734 Caucasians (56%), 425 African Americans (32%), 137 Hispanics (10%), and 26 others (2%).

The Women's Shelter (TWS) in Arlington expanded its kitchen, dining, and bathroom facilities in 1994. The bedroom number remained 10. WS expects a 9% increase over three years, from 873 unduplicated women and children in 1993 to an estimated 950 in 1995. From July 1994 to June 1995 TWS served 849 clients, including 366 women (43%) and 483 children (57%). Each month five to six victims of domestic violence and their children are referred elsewhere for shelter because of lack of space.

Ethnically, TWS clients last year were 54% Caucasian, 28% African American, 16% Hispanic, and 12% other. On the average, 85-90% are parents with children. Roughly one-third are employed when they arrive.

The Salvation Army Family Life Center (SAFC) in Arlington provides lodging for up to 14 families. The SAFC served 169 homeless persons in 1993 and 281 in 1994, a 66% increase. In 1994, there were 20 men, 66 women, and 195 children served. Of these, 114 or 41% were Caucasian, 103 or 37% African American, 23 or 8% Hispanic, and 41 or 14% other. SAFC reports being unable to serve 3 to 4 families monthly because of lack of space.

The Day Shelter at Mission Arlington keeps no exact statistics but does average between 10 to 25 homeless persons on weekdays and 40-50 persons on weekends. It mainly serves homeless people from the ANS who are working nights or shifts. It also serves some who are actively seeking employment or who are medically unable to work. Case management is provided through the ANS. Since these clients are counted by the ANS, it would be a duplication to count them separately.

SUMMARY

In Arlington, the total shelter population using most recent unduplicated numbers is 2,453 homeless persons annually. Of these 819 or 34% are men, 748 or 31% are women, and 886 or 36% are children. (See Exhibit 1.) The available data also indicates their ethnicity to average 51% Caucasian, 32% African American, 11% Hispanic, and 6% other. Also, all shelters report being unable to serve everyone seeking shelter.

Exhibit 1:

ANNUAL SHELTER POPULATION (Sources: ANS, TWS, and SAFC*)

SHELTER	MEN	WOMEN	CHILDREN	TOTAL
Arlington Night Shelter	799	316	208	1323
The Women's Shelter	-0-	366	483	849
Salvation Army Family Center	20	66	195	281
TOTALS	819	748	886	2453

*SAFC numbers are Jan.- Dec. 1994; ANS and TWS numbers are July 1994 to June 1995.

Jean, a mother in her early thirties, came to ANS with her 1-year-old son and 8-year-old daughter after being laid off from General Dynamics. She had not found another job, and her unemployment benefits had run out. Through ANS referrals, her family was provided clothes and personal items. In addition, ANS helped her arrange free day care while she searched for employment. The family stayed in the ANS through November and December while Jean worked different jobs to save money. Today, they have their own place and Jean is employed full-time.

C. Tarrant County Homeless Population

One count of the homeless population in Tarrant County was compiled by the Tarrant County Homeless Coalition and the Emergency Assistance Network of Tarrant County. In the spring of 1994, they conducted a three-part report named *Survey Homelessness*. It consisted of (1) a one-night shelter count and survey of willing residents, (2) a week-long survey of unsheltered persons at soup kitchens, and (3) a week-long survey of "at-risk" persons at food pantries. Tarrant County's *Survey Homelessness* (SH) estimated the total point-in-time homeless population was 2,195 people, including 1,666 adults and 529 children; of the adults, 217 were couples with children and 322 were single parents (SH, pages E-2 - E-5).

Of particular interest were the characteristics of the Tarrant County homeless population as compared with a earlier survey (SH, pages E-23 and E-24). From 1991 to 1994:

- female population increased from 27% to 40%;
- number of employed persons increased from 30% to 52%;
- number owning a working auto increased from 14% to 36%;
- Hispanic homeless population increased from 8% to 13%;
- Caucasian homeless population increased from 48% to 52%;
- African American homeless population decreased from 37% to 31%;
- American Indian homeless population decreased from 7% to 2%; and
- Asian American homeless population remained about the same (1%).

The survey numbers remained approximately the same for the following categories:

- convicted felons (average 22%);
- on parole (average 6%);
- have family in Tarrant County (average 39%);
- treated for alcohol/drug addiction (average 20%);
- hospitalized in the last year (average 19%); and
- finished High School or GED (average 39%). (See Addendum A.)

This recent data assessing the extent of homelessness in Tarrant County lacks information from some major Arlington service providers. For example, the one-night shelter count did not include the Women's Shelter, the survey of soup kitchens had no Arlington locations; and the food pantries included neither Mission Arlington nor the North Davis Church of Christ. It would have been helpful to have included this additional data.

Moreover, HUD's *Priority: Home!* states that point-in-time estimates are narrow "snapshot" counts. They can be misleading if they are taken to imply that the homeless population is a static one. In fact, as recent analyses have shown, large numbers of people flow through shelters over time. New studies suggest that the number of individuals and families who experience at least one episode of homelessness over one to five years may exceed the best estimates of single-shot street and shelter counts by a factor of ten or more. (*Priority: Home!*, page 19)

Another estimate of the homeless people in Tarrant County comes from the Tarrant County Homeless Coalition. In its 1995 *Continuum of Care Plan to Break the Cycle of Homelessness in Tarrant County* (CCP), it notes that the Fort Worth *Comprehensive Housing Affordability Strategy* (CHAS) and the Tarrant County CHAS estimate the daily homeless population to be between 3,000 and 4,000. It adds:

if Tarrant County's homeless population is similar to that in other large cities, and the homeless mentally ill constitute at least 20% of the total, then an alternate estimate of the total population would be approximately 6,000. (CCP, page 8)

Nationally, the federal *Priority: Home!* report estimates that the number of homeless adults and children ranges from 4.95 million to 9.32 million. It estimates a midpoint of approximately seven million at some point in the later half of the 1980's (*Priority: Home!*, pages 20-21).

SUMMARY

Overall, the homeless population of Arlington and Tarrant County is composed of thousands of individuals and families. The situation is tragic and extremely dangerous for the health and safety of those without housing. The characteristics of homeless persons have changed. Now, the majority are Caucasian. Most are working. More than one third finished high school or GED. Many have transportation. In Arlington, 75% are families and two-thirds are women and children.

Larry, 22 arrived on a cold November night from another city. He had come to Arlington to attend college, but his job did not pay enough to cover rent, books, and fees. He entered ANS to save money for college. He bicycled to work and school. He lost his job due to health problems associated with over-exposure. ANS staff helped him find medical attention and a new job. Today, Larry is working, going to college, and living in a small apartment. He is an honors student and has earned a scholarship since leaving ANS.

D. Non-Shelter Homeless Populaton

Besides those in shelters, homeless persons may live on the street, live with others, or rent a motel room. It is impossible to determine accurately how many homeless persons are in these situations. However, there are indicators which show numerous adults and children living without permanent housing. Mission Arlington and Arlington Charities often provide food and clothes to families living in their cars. Arlington Independent School District has an academic program for students in motels, shelters, or transitional housing.

Street Population

No count is available of homeless people living on the street in Arlington. The *Continuum of Care Plan to Break the Cycle of Homelessness in Tarrant County* (CCP) notes the serious health hazard facing those in this situation:

The condition of homelessness may be a health hazard for any human being, particularly if the individual is literally living in the streets without shelter or access to normal sustenance and sanitation. Prolonged exposure to inclement weather, unsanitary conditions, irregular eating habits, poor nutrition, lack of medical attention and other conditions associated with living on the streets, may cause the homeless person to become malnourished and severely ill. Children, living in the same conditions, suffer intellectually, socially, and emotionally, as well as physically, because their attendance at school is irregular or nonexistent, and they are deprived of peer companionship and possibly adequate nutrition. (CCP, pages 6-7)

AISD Program

The Arlington Independent School District (AISD) has the McKinney Homeless Assistance Program for school-age homeless children and youth. This learning enrichment program served 909 students from September 1993 to August 1994. From September 1994 to August 1995 there was a 39% increase to 1,267 students. Moreover, AISD contracts with the Boys and Girls Clubs of Arlington to provide school transportation for students living in shelters and in motels and with Mission Metroplex for other transportation needs.

This program also provides the positive support of after-school tutoring for students from homeless families. AISD provides one tutor for two hours twice a week at the Arlington Night Shelter, the Women's Shelter, Salvation Army Family Center, and at two locations of the Boys and Girls Clubs of Arlington. Because of the number of youth at the main branch of the Boys and Girls Clubs of Arlington, thwo tutors are placed their for two hours a day, Monday through Thursday. In addition, AISD provides two tutors for two hours twice a week at four apartment complexes identified by Mission Metroplex as the first place many homeless families settle after leaving the shelters. Through this program, a night-shelter student can receive twelve extra hours of academic support each week.

Motel Population

It is common knowledge that the majority of the residents of motels along Division Street do not have a permanent residence. A UTA School of Social Work survey was conducted on March 14, 1993, entitled *Arlington Low-Income Housing Needs Assessment* (by Hugh Clark and his class). Ten of fourteen Division Street motels between Highway 360 and the Fort Worth city limits were surveyed. One-third of the available rooms were visited.

Thirty-one surveys indicated that 47% had stayed in other hotels previously and 87% planned on living in the motel more than two weeks. The survey report found that the average amount of time without permanent housing was 18 months. Of the cases surveyed, 45% spent between 35-49% of their income on rent; 52% spent 50% or more on rent. One individual received free rent for working on premises. Three individuals reported spending 100% of their income on rent. On average, there were 3 persons per motel room. Two-thirds of the rooms had cooking facilities.

Interestingly, 97% indicated the desire to have permanent housing and 19% were on a waiting list for Section 8 housing. The major reasons for not being able to get permanent housing were: 1) cost of deposit/utilities; 2) unemployment or underemployment; 3) lack of housing information. Persons surveyed were between the ages of 25 and 45; 58% were male and 42% were female. Their ethnicity was 74% Caucasian, 16% African American, 6% Hispanic, and 4% other.

In September 1995, an additional survey was done of room rates and room availability of the same motels. Excluding the Comfort Inn which serves middle-income clientele, thirteen motels with a total of 563 rooms had an average daily room rate of \$35. The overall Arlington average daily room rate (June 1995) was \$67.45. Average weekly rate was \$129. Three had only weekly rates. Three had no rooms available. (See Exhibit 2.)

Exhibit 2:

MOTELS ON DIVISION STREET: SIZE, RATE, & ROOM AVAILABILITY

NAME OF MOTEL (located between Highway 360 and Fort Worth city line)	Number of Rooms	Daily Rate*	Weekly Rate*	Rooms Available*
Arlington Motor Inn **	31	\$39	\$135	yes
Caravan Motor Hotel	80	\$38	\$146	yes
Fielder Inn	40	NA	\$95	yes
Fiesta Motor Inn	48	\$44	\$165	yes
Flags Motel	24	\$33	\$160	yes
Kensington Motor Lodge -Rising Sun Inn	72	\$29	\$95	yes
Kings Inn Motel	100	\$54	\$152	yes
Lester Motor Inn	42	NA	\$95	no
Mayflower Motel **	28	\$34	\$155	yes
Oak Park Motel **	18	\$28	\$110	yes
Oasis Motel	30	\$30	\$140	yes
OK Motel	28	NA	\$125	no
Ray Motel	22	\$30	\$100	no

*Rates and vacancies were as of September, 1995; most rates are indicated exclusive of local taxes.

**Management would not allow UTA survey team to survey this location.

SUMMARY

So, while it is impossible to provide the exact number of all homeless persons in Arlington, enough data exists to indicate that homelessness is a significant social problem that negatively impacts thousands of individuals and families. These people live in shelters, motels, cars, shared houses or apartments, or on the street.

Linda, 28, came to ANS with her three children. Her situation was desperate. With no home, no job, and no support, she was suffering from the lingering trauma of a failed marriage. She and the children stayed seven weeks while ANS staff helped her find work and housing. Today, the family lives in a modest but comfortable apartment, and Linda is making ends meet with her job at a supermarket while attending classes at UTA.

E. Populations at Risk

In Arlington, numerous persons are at serious risk of being homeless. These are individuals and families who lack complete self-sufficiency or require supportive housing. Risk factors are related to poverty, age, health, and abuse. The largest group includes persons living in poverty and persons paying high housing costs. Age groups at risk include adolescents, adolescents with children, and frail elderly. Health issues which can lead to homelessness include mental illness, alcohol/drug addiction, developmental or physical disability, and HIV/AIDS. Abused populations include victims of domestic violence and victims of child abuse.

Persons in Poverty

The city of Arlington has a population of 261,721 (1990) and a median household income of \$35,048. There are 8,206 households (21,272 persons) living in poverty when using the poverty guidelines established by the US Census Bureau (\$12,686 for a family of four). Therefore, Arlington has 8.9% of its population living in poverty. Using a more realistic poverty guideline of less than 50% of the median income level of the area, there would be 16,144 households (or 16%) in poverty. These households earn less than \$15,000 a year. Consider the following table.

<u>ANNUAL INCOME</u>	<u>NUMBER OF HOUSEHOLDS</u>
Less than \$5,000	4,024
\$5,000 to \$9,999	5,336
\$10,000 to \$12,499	3,388
\$12,500 to \$14,999	3,396
TOTAL UNDER \$15,000	16,144

"Crisis poverty" occurs when some unforeseen event causes those in poverty to become homeless. The crisis could be a death in the family, divorce, unemployment, serious illness or injury, or a combination of difficult situations. According to the US Census (1992), the personal savings rate for the United States from 1980 to 1991 dropped from 7.9% to 5.2%. Many households have little or no savings to fall back on when a crisis happens. Those working for minimum wage without overtime make a gross salary of \$8,840 (\$4.25 X 2080 hours) annually. For these and many others who have families and low incomes, the reality is described as "living from paycheck to paycheck." Moreover, poverty may be combined with one or more of the other at-risk factors mentioned above.

Persons with High Housing Costs

The United Way's *Tarrant County in the 90's: An Assessment of Health and Human Service Needs* (1993) reported that the average number of Arlington households spending 30% or more of their income on housing was 19.4% (1 in 5). This was greater than the Tarrant County average of 19.1%. Subareas with 100% of households with poverty incomes spending 30% or more of income on housing included subarea 6 (North/West Arlington) and subarea 7 (South/West Arlington).

Concerning owner-occupied units, the 1990 US Census indicated that in Arlington 15,733 or 30% of homeowners (1 in 3) spend 30% or more of their income on monthly housing costs. Of those, 13,491 or 86% had annual incomes of less than \$20,000. About half of these or 6,750 earn under \$10,000 annually. The median monthly housing costs with a mortgage of over \$200 was \$886 per month; without a mortgage, it was \$241 a month.

Looking at leased housing units, 9,078 or 19% of Arlington renters (1 in 5) spend 30% or more of their income on rent. Of these, 2,339 or 26% have annual incomes of less than \$20,000. About 40% of that number or 897 earn less than \$10,000 annually. According to the 1990 U.S. Census, the median gross rent in Arlington was \$444 monthly.

Adolescents

In 1993 to 1994, the Arlington Police Department reported a 12% increase in the number of youth age 17 and under who were arrested as runaways. Teen runaways increased from 979 to 1,097 youth. In both years, it was the leading offense of persons arrested age 17 and under. These homeless youth cannot stay in any Arlington shelter. The minimum age at the ANS is 18. TWS and SAFC accept youth only when accompanied by a parent.

Family Services Welcome House (WH), which provides crisis intervention and community education, refers homeless youth to Bridge Emergency Youth Services (BRIDGE) in Fort Worth. BRIDGE also accepts referrals from Tarrant County Juvenile Probation (TCJP), Child Protective Services (CPS), schools and other social agencies. It has a shelter capacity of 16 youth (7 boys and 9 girls), a Host Home Program, an outreach program, and counseling programs. In all programs, it served 73 Arlington youth in 1993 and 84 youth in 1994.

Adolescents with Children

AISD had 200 pregnant and parenting teens attending classes and participating in special services during 1994-1995. The \$250,000 budget for these services comes from competitive grants through the Texas Education Agency. The goal is to keep these teens in school and to provide services, such as child care, which will enable them to complete high school.

In 1992, the Texas Department of Health (TDH) reported that 502 Arlington teenagers (under 20) had children. Of these, 117 teens already had one child or more. In 1993, 480 Arlington teenagers gave birth to a child. Of these, 95 teens already had one child or more. In the first nine months of 1995, the Tarrant County Public Maternity Clinic in Arlington served 379 (of the 4,064) patients who were age 17 or under. That equates to 9.3% expectant mothers in this Arlington clinic were 17 and under. This teen group ethnically mirrored overall the nine month total of 467 Caucasians (12%), 224 African Americans (6%), 3,233 Hispanics (79%), and 140 others (3%). If the rate continues for the last quarter, over 500 pregnant teens would be served in 1995. In addition, it is not possible to count other teens whose pregnancy is under the care of a private physician.

The Tarrant County pregnancy rate among teens ages 15 to 19 has increased from 106.8 per 1,000 in 1990 to 113.3 in 1993. (This is higher than the 1993 state average of 103.9.) The most recent year for which statistics are available from the Texas Department of Health is 1993. In that year 4,258 girls ages 12 through 19 (about 7% of girls that age in Tarrant County) were reported pregnant. The pregnancies resulted in 2,810 births, 1,429 abortions, and 19 miscarriages. The total births in 1993 in Tarrant County were 21,772. (See Exhibit 3.)

Exhibit 3:

BIRTHS TO MOTHERS UNDER AND ABOVE AGE 20 IN ARLINGTON AND TARRANT COUNTY, 1992 and 1993. (Source: Texas Dept. Of Public Health, Bureau of Vital Statistics.)*

AGE	ARLINGTON TEXAS 1992	TARRANT COUNTY 1992	ARLINGTON TEXAS 1993	TARRANT COUNTY 1993
19	188	931	169	896
18	134	784	147	753
17	96	538	78	546
16	55	326	51	358
15	26	164	28	180
14	02	48	06	62
13	00	16	01	14
12	01	03	00	01
Total under 20	502	2810	480	2810
ALL AGES	5,104	21,826	5,210	21,772

*Note that these numbers do not include Grand Prairie teens with children who may attend AISD.

Another indicator comes from the Texas Department of Human Services (TDHS). In July 1995, TDHS reported that there were 155 Arlington citizens 17 years old and younger on Medicaid insurance without receiving Aid to Families with Dependent Children (AFDC). These medical benefits are primarily for pregnant and parenting teens still living at home or working. An additional 21 teens were receiving both Medicaid and AFDC. These teens have children and are not living with parents. (In the TDHS system, coding clients as a minor is optional; so these numbers would be an underestimate of actual teens receiving services in Arlington.)

The above sources indicate a significant number of pregnant and parenting teens in Arlington. Very serious barriers face a parenting teen without shelter. Under age 18, they are too young to legally lease an apartment or home. No shelter is licensed to accept them, not even the Bridge Emergency Youth Services in Fort Worth which accepts homeless teens without children. Also, while child care is provided by AISD for teens in school, those wishing to work must find affordable child care. This population is vulnerable to abuse and exploitation and a variety of other deplorable living conditions.

Elderly/Frail Elderly

The 1980 US Census reports that there were 9,214 persons age 62 or older in Arlington (5.8% of the population). In 1990, elderly persons totaled 16,895 (6.5% of the population). This was a 83% increase. According to the *1995 Consolidated Plan (CP)* of the City of Arlington, 8,464 elderly households need supportive housing. This estimate is based on 50.1% elderly head of household who have from extremely low to moderate income. Moreover, this group is ranked as a high priority relative to allocating investment for housing needs. (CP, pages 27 and 83)

Skilled care for frail elderly is provided by eleven nursing homes/retirement centers in Arlington, with a total capacity of 1,498 residents. There is also one adult day care facility in Arlington which cares for frail elderly by the day or hourly. Moreover, there are numerous home care programs for elderly who have their own housing.

Persons with Mental Illness

The *Consolidated Plan (CP)* estimates 1,911 persons with serious mental illness who could require supportive housing. This is based upon a national distribution of 1% of persons age 18 or older. The plan indicates that presently there is a void between mentally ill persons who are committed to institutional care and those who are left in shelters. This lack of middle ground results in there not being appropriate assistance available for those who need less supervision than an institution. Therefore, they are mainstreamed into society before they are able to cope.

Shelters refer severely mentally ill persons to Tarrant County Mental Health-Mental Retardation (MHMR). When funds are available, MHMR provides case management, limited personal attendant assistance, and residential services in group homes. In recent years, MHMR has closed some group homes; the only remaining MH group home in

Arlington was closed in 1993. Once a week and upon call, a case manager from MHMR visits the Arlington shelters to serve mentally ill persons staying there.

For mental health patients with homes, MHMR operates a clinic in Arlington which provides counseling and medical services to over 900 patients. Without clinic and family support, these patients could easily find themselves in shelters or on the street.

Unsheltered persons with mental illness usually need supervised care or group home assistance. Typically, those that are unsheltered have been assessed by MHMR and released because their illness was not severe enough for institutionalization. Therefore, they go back to the streets, victims of MHMR's overloaded service delivery system. Some mentally ill persons prefer being on the street instead of in a shelter. Shelters appear to be unsafe and too structured. (*Consolidated Plan*, pages 27 and 45)

Many communities have a "Safe Haven" which is a low-demand facility for homeless persons with mental illness. It serves those who are not eligible at other shelters or who feel uncomfortable or unsafe in shelters. Unlike in shelters, in the safe haven mentally ill persons may immediately access medical or other needed services as they desire.

If the severely mentally ill pose a clear danger to themselves or others, the Arlington police take them to John Peter Smith (JPS) Hospital for an emergency commitment. Police consider both the potential to harm self or others or the risk of victimization. Incarceration is a last resort, but sometimes mentally ill persons are held in jail until they can be institutionalized. Less violent mentally ill persons are more difficult for police to address, since no law is being broken. They are normally referred to responsible relatives or friends or encouraged to seek voluntary hospitalization.

Persons with Alcohol and Drug Addiction

Homeless individuals who are alcohol or drug abusers will not find shelter in Arlington if they are not first detoxified. Currently, shelters in Arlington will only accept individuals who are not under the influence of drugs or alcohol. If someone comes to the shelter intoxicated or high, they are referred to Fort Worth for detoxification. For those in recovery, Tarrant Council on Alcohol and Drug Abuse (COUNCIL) and Alcoholics Anonymous (AA) work closely with the shelters to provide necessary counseling and support. (*Consolidated Plan*, page 45)

MHMR has three locations for outpatient addiction services, two in Fort Worth and one in Hurst. Outpatient treatment covers persons with a "dual diagnosis" of substance abuse and mental illness, pregnant mothers, parolees and probationers, and many others. MHMR also has one Fort Worth location (Billy Gregory-Pine Street) for inpatient addiction services which include a 20-bed medical detox unit and a 34-bed intensive residential unit. They are the only inpatient services for the county's medically indigent.

Unsheltered substance abusers' primary need is shelter itself. To that end, a detoxification site is needed for medically indigent adults. Once detoxification occurs, shelter and other supportive services can be utilized. (*Consolidated Plan*, page 45)

In 1994, the COUNCIL's Arlington office served 247 new clients of which 50-60% were homeless persons. To maintain sobriety, clients are referred to one of the Arlington area 12-step support groups. These include one Alateen group, one Alatot group (ages 5-9), seven Al-anon groups, ten AA groups, and three Narcotics Anonymous (NA) groups. These groups are available for homeless persons or families with alcohol or drug problems.

According to Arlington Substance Abuse Project, Arlington area law enforcement arrested 2,237 adults in 1993 and 2,509 in 1994 on the charge of Drunkenness. Arrest and incarceration are usually a last resort. Often, intoxicated persons are released to a family member who will be responsible for them. Homeless persons usually have no responsible relative or friend to care for them. They often detox in jail. In all cases, police must consider both the protection of the public and the rights and safety of the individual.

Persons with Developmental or Physical Disability

The *Consolidated Plan* estimated 3,926 developmentally disabled persons and 7,853 physically disabled persons could require supportive housing in Arlington. There are 22 supportive housing facilities in Arlington serving persons with mental or physical disabilities. The total capacity of these MR group homes for non-homeless persons with special needs is 141 people. Services include 24-hour supervised intermediate care which provides assistance with daily living activities and training to build skills which would enhance the residents' ability to live independently. (*Consolidated Plan*, pages 27, 31-35)

The US Census (1990) indicated that over half of persons with disabilities ages 16 to 64 in Arlington were in the labor force (5,150). Over 88% or 4,544 of those were employed. Of those not in the labor force (4,232), over 80% or 3,411 were prevented from working. At age 65 and above, only 244 persons with disabilities remain in the labor force and 3,524 are not working. Since the passage of the Americans with Disabilities Act (ADA) in 1990, many efforts have been made to include persons with disabilities in mainstream society and to enable them to access public places and services. More employment opportunities now exist for this population. All Arlington shelters are accessible to persons with disabilities.

Persons with HIV/AIDS

In Arlington, reported cases of persons with AIDS have increased by 323%, from 117 cases in 1990 to 378 cases as of September, 1995. Since January 1993, the AIDS Outreach Center (AOC) through its Arlington/Mid-Cities office provided 132 clients with over \$95,000 in rental assistance and utility subsidies. The source of these funds was a grant from the Housing Opportunities for Persons with AIDS (HOPWA). In 1995-1996, the AOC has been approved to receive \$100,000 from the Arlington Housing Authority (AHA) for rental assistance for persons living with AIDS in Arlington. AOC is

responsible for a 25% or \$25,000 match. Yet, AOC reports that clients requesting housing assistance is increasing more rapidly than funds are being allocated.

Homeless persons infected with HIV/AIDS have to deal with very complex issues. Their homelessness is usually caused by lack of resources due to large medical expenses or rejection by their families. These problems are further compounded by dealing with the disease itself and people's ignorance about HIV/AIDS. Unsheltered persons with AIDS have need for medical attention, case management and shelter. Currently, Arlington does not have a separate shelter or group home for this population. The tenant-based rental assistance program will help, provided the other medical and case management supports are in place. AOC provides counseling, support groups, food closet, buddy system, and a legal network to both sheltered and unsheltered HIV/AIDS clients. The CP ranks this group as a "high" priority need. (*Consolidated Plan*, pages 46-47, 83)

Victims of Domestic Violence

The Arlington Police Department recorded almost 3,000 domestic violence victims in 1994. The Texas Council of Family Violence and TDHS estimate only 20% of all domestic violence cases are reported. The United Way 1993 *Tarrant County in the 90's: An Assessment of Health and Human Service Needs* reports that two of four Arlington subareas were the highest in the county for using force in marital disagreements. These were subarea 5 or Center/East Arlington and subarea 6 or North/West Arlington.

Persons who are homeless as a result of domestic violence have somewhat different needs. Those receiving shelter need safe housing, support groups, and individual counseling. The Women Shelter's (TWS) currently provides services for victims of domestic violence. Future TWS capacity is an issue as is preventing the abused from returning to the violent situation. TWS also has limited funds for deposit, utility and first month's rent so that clients can escape an abusive environment. (*Consolidated Plan*, pages 45-46).

Unsheltered victims of family violence need education and referral as to where they can seek assistance. Often victims feel alone and responsible for the abuse. Education efforts and effective referrals from hospitals and police would increase the number who find safe shelter. (*Consolidated Plan*, page 46)

Victims of Child Abuse

Annually, many children are removed from permanent homes to temporary ones for their own safety. According to Child Protective Services (CPS), in Tarrant County 846 children ages 0 to 17 had to be removed from their homes because of neglect or physical, sexual, or emotional abuse (or a combination of these). These children were placed in substitute care which includes shelters, institutions, and foster homes. Of the total removed from their homes, 736 children were placed in foster homes. As of September 1995, there were 200 foster homes in Tarrant County, with 29 of these in Arlington. In 1994, CPS reported 3,845 confirmed victims of child abuse and neglect in Tarrant County and 57,470 children at-risk of child abuse. Abused children are the responsibility of the state, but their situation affects the local community.

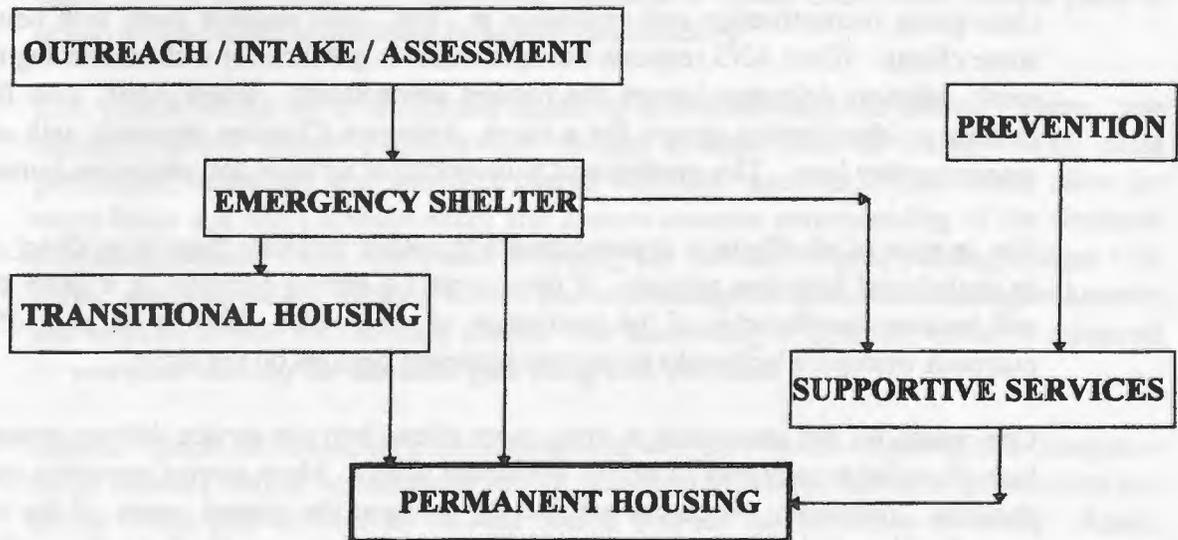
Mary and Ed, middle aged couple from Arlington, contacted the ANS when both lost their car and jobs and could no longer pay rent. ANS staff referred them to agencies that provide transportation. Both found jobs within two weeks but stayed for an additional three weeks to save money for deposit and rent. Another agency provided furniture when they moved into their apartment.

III. CONTINUUM OF CARE

Background

According to HUD, 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



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

HUD's proposed Homeless Assistance Grant for Fiscal Year (FY) 1996-2000 will require recipients to determine gaps, duplication and inadequacies in the homeless service delivery system. Communities are asked to develop written plans to fill gaps in the continuum. Also, communities are establishing effective mechanisms to coordinate local services. HUD in the FY95 Super Notice of Funds Available (NOFA) for homeless programs required coordination within communities for proposals to be successful in the national competition.

Arlington has an existing service delivery system for the homeless. It is part of the larger, Tarrant County system but has its own unique characteristics which work effectively for thousands of homeless individuals and families. Building on the strengths of this system, gaps or inadequacies can be corrected and local services better coordinated.

A. OUTREACH

In Arlington, most outreach efforts target either the near-homeless or the sheltered homeless. The effort is to connect individuals and families to needed and appropriate services. All service providers are committed to helping their clients manage a personal or family crisis and achieve or regain self-sufficiency.

Furthermore, there is a strong spirit of cooperation among agencies which benefits Arlington's clients. For example, written vouchers requesting services from one agency by another are accepted and acted upon without question. When the TWS was undergoing reconstruction and expansion in 1994, ANS assisted them with housing for some clients. When ANS requests transportation or gasoline for a client needing to get to work, Mission Arlington honors the request immediately. When SAFC asks for work clothes or identification papers for a client, Arlington Charities responds with whatever resources they have. This professional trust enhances services and minimizes bureaucracy.

Yet, in spite of all efforts to connect clients to proper services, there is no direct outreach to unsheltered homeless persons. If they contact a service provider, it is likely that they will become beneficiaries of the continuum of care. Yet, there is no pool of trained outreach workers which seeks to contact homeless persons on the street.

One reason for not attempting to bring more clients into the service delivery system is the lack of available resources to accept additional clients. Most service providers operate at capacity. Moreover, resources are lacking to meet the special needs of the seriously mentally ill and those needing detoxification from drugs or alcohol. Presently, those groups cannot be served because the local service delivery system has neither a drug or alcohol detox center nor a safe haven for the mentally ill. These populations are referred to MHMR or to Tarrant Council on Alcohol and Drug Abuse programs which may or may

not have adequate resources to serve them. But referring is not the same as connecting. Reluctant clients and those who lack transportation may remain unserved and isolated.

As in most communities, some outreach is performed via "word of mouth" on the street among homeless persons. Yet, those on the street may still refuse shelter or other assistance. If they accept help, there needs to be a place for them. For the unserved populations, both outreach efforts and existing services need to expand simultaneously.

B. INTAKE/ASSESSMENT

Intake/assessment refers to the process by which an individual or family is determined eligible for services and is referred to the organization (s) that can provide the services. Presently, each shelter and agency has its own intake form which all new clients are required to fill out. There is some duplication as the client must submit the same personal information such as name, birthdate, address, social security number, etc., to each. While this data is essential for record keeping and for funding sources, some state agencies are considering a common intake form which could be used by multiple agencies. Client privacy and confidentiality must be safeguarded. Client permission is still required to share personal information from one agency to another.

Likewise, unless a written voucher is received, a new assessment of needs and appropriate services is done at each agency. Case managers determine eligibility and work with the client to formulate a plan of action to address needs. These service plans may vary depending on what information is collected and on what priority the case manager and client give to each need. So, a homeless individual or family could have multiple plans of action which could be confusing or worse, contradictory.

One option would be a centralized intake at a 24-hour resource center. There, case managers would assess eligibility and develop a single plan of action. With client permission, this single plan would be shared with other agencies. This would allow for more focus and more accountability and a more accurate understanding of the situation. Additional benefits could result such as linking any outreach efforts, building bridges with public sector agencies, tracking clients and advocating for them, and training volunteers and workers to deal with difficult clients. The networking of agencies would be enhanced by everyone working for the same goal along with the client.

Another option for enhancing intake/assessment would be the development of a computer-based network which would allow service providers to receive the same information and to see where their services fit into the overall plan for this individual or family. Again, only with client permission, this linkage of service providers should connect the client more quickly and more accurately to appropriate support services. It would also reduce agency duplication of services and client frustration at having to repeat everything to everyone and sometimes having non-uniform action plans.

The present system of intake/assessment is connecting clients to appropriate services. It also has the advantage of an inter-agency informal network which is built on professional trust and understanding. The manageable size of Arlington and even the close proximity of some local services like ANS and MA helps clients. However, for intake/assessment to work more effectively, improvements need to be considered to reduce fragmentation or duplication. A collaborative task force in partnership with UTA could examine such issues as common intake forms, 24-hour resource center, and computer linkage of service providers.

C. SHELTERS

Rehabilitative Shelters

All the shelters in Arlington have a rehabilitative focus. They all provide case management directly or indirectly to their clients and expect clients to work a program to gain self-sufficiency. Multiple services are offered to their target populations. (See Exhibit 4, page 23.)

ARLINGTON NIGHT SHELTER (ANS) was founded in 1986 and moved to its present location in 1988. Its mission is to be "a rehabilitative community service providing temporary shelter and services to break the cycle of homelessness." With professional staff and community volunteers, it provides shelter and food on a temporary basis to homeless individuals and families seeking self-sufficiency. Its range of services includes individual casework, referral services, counseling, direct assistance, job placement, and a variety of educational opportunities.

The 15,000 square foot building has shelter, kitchen, classroom and offices. It is open 6:00 p.m. to 7:00 a.m. for lodging. Men sleep in separate quarters from women and children. Volunteers from religious and civic organizations serve an evening meal. Breakfast and sack lunches are provided as well. There are laundry facilities and secure lockers to store belongings. For residency at ANS a client must:

1. have identification;
2. be motivated to change their current situation;
3. be employed or employable;
4. be 18 years old or accompanied by an adult/legal guardian;
5. be willing to participate in program requirements and abide by house rules.

ANS has a structured program that is geared toward helping clients re-enter the mainstream of society and become self-sufficient. Case management is a required component. Clients are interviewed within 48 hours of entering the shelter and at least once a week thereafter. The caseworker assists the clients in implementing plans for improving their situation. All clients in the program attend mandatory classes. Class

options include GED, credit counseling, substance abuse, resume writing, and others. When job searching, guests may use one of 20 phone lines available to receive messages.

In recent years there has been steady growth in the demand for shelter at ANS. Its capacity has grown from 50 beds in 1993, to 75 in 1994, and to 88 in 1995. The average number of clients per night has grown proportionately, from 49 clients in 1993, to 65 in 1994, to 71 in the first eight months of 1995. Some homeless persons are not eligible to stay at ANS: persons under 18 years old, persons abusing alcohol or drugs, persons mentally unstable, or persons who have finished or left the ANS program.

As desired in a rehabilitative shelter, the average length of stay at ANS has increased regularly. Comparing the month of January over four years, the average length of stay of clients increased from 7 days in 1992, to 14.7 in 1993, to 15.5 in 1994, to 16.5 in 1995. While the maximum stay is 9 to 12 weeks, few clients stay that long. Guests are encouraged to stay in order to save money and be able to transition more easily into permanent housing.

THE WOMEN'S SHELTER, INC. (TWS) was founded in 1978. Its mission is "to reduce family violence through services which shelter victims, educate the community, and support non-abusive, self-reliant families." TWS operates 24 hours a day to provide short-term safe shelter for women and their children who are victims of domestic violence. With degreed professional staff, TWS offers services which include shelter, 3 meals a day, commercial laundry, transportation, advocacy, case management, support groups, counseling, job placement, assistance with accessing legal or medical services, a 24-hour hotline, and a children's program for infants to age 18 years.

The majority of clients are mothers with children; only 10-15% of the clients are without children. About one third are employed when they arrive. However, some of these may have difficulty keeping a job because of the lack of reliable transportation or other reasons. Most residents have no other family in the area to support them. For residency at the TWS a client must be:

1. a victim of domestic violence;
2. 18 years old or accompanied by a parent or an emancipated minor;
3. willing to participate in the program and abide by house rules.

Eligible clients may stay up to four weeks. The 7,200 square foot facility has 10 bedrooms, kitchen and dining area, living room, conference room, counseling rooms, and some offices. Capacity is 40 to 45 women and children per night; the average number served daily is 35-40 persons. Within the shelter clients are required to assist with maintenance of the facility and are responsible for their living space. They also may assist one another by signing child care contracts to care for each other's children. Only abused women with or without children stay at the shelter. Abused men are housed elsewhere in motels but are provided counseling and all other services.

As clients transition out, TWS offers extended services. Depending on resources, it assists some clients with deposits or first month's rent, targeting those most disposed towards self-sufficiency. For those who agree not to return to the abuser and who have children under six years old, there is a child abuse prevention program called Project COPE. Those exiting TWS and enrolled in this program meet weekly and receive regular home visits and case management services. In 1994, Project COPE served 120 women and 174 children, with 65 families completing the program. Also, there is an outreach program which allows former residents and members of the community to access support groups and individual counseling.

The purpose of the comprehensive in-house services and the extended services to former TWS clients is to assist them in achieving and maintaining safety and self-sufficiency.

SALVATION ARMY ARLINGTON FAMILY LIFE CENTER (SAFC) was founded in 1989 and opened its 32,000 square foot building in January 1993. "The Salvation Army, an international movement, is an evangelical part of the Universal Christian Church. Its message is based on the Bible. Its ministry is moved by the love of God. Its mission is to preach the Gospel of Jesus Christ and to meet human need in his name without discrimination." SAFC office is open 8:30 a.m. - 4:30 p.m., Monday through Friday. SAFC offers lodging for families who agree to participate in a 10-week program to stabilize families and teach skills necessary to live independently. Its capacity is 14 families. The average number of persons served daily is 28. The maximum stay is 14 weeks. Multiple services are offered, including shelter, meals, counseling, child care, case management, job placement, and referrals to appropriate services elsewhere.

There are four requirements for entering the SAFC program:

1. Single parents or married couples must have a child or children;
2. The family must be motivated to change their situation;
3. They must be employed or employable;
4. They must participate in program requirements.

SAFC does not serve unmarried couples, drug or alcohol abusers, families without children, and families not working on the program. The program's first phase is case management where clients meet weekly with the caseworker to solve problems and measure progress. The second phase is education. All clients lacking a high school diploma are required to attend GED classes. There are other mandatory classes such as living skills, parenting, substance abuse, and credit counseling.

MISSION ARLINGTON DAY SHELTER (DS) serves the homeless from 7:00 a.m. to 6:00 p.m. Mission Metroplex is "established to meet the needs of the whole person--intellectual, physical, emotional, and spiritual. This is accomplished through a variety of services, on-site programs, and supporting and collaborating with established agencies and services." Since 1989 DS has provided certain homeless individuals a chance to get out of the weather.

To stay at the DS a client must be:

1. an ANS client;
2. working nights or shifts; or
3. seeking employment or temporarily unable to work.

The day shelter is about 850 square feet and is located in a small frame house. There is space for 40 to 50 individuals. There are no beds, only furniture or floor space. Weekday averages are 10 to 15 people; weekend daily average is 40 to 50 people. Case management for DS residents is provided at ANS. No meals are served, but some additional services such as clothes and food are available at Mission Arlington

Emergency Shelters

Shelters in Fort Worth are best described as emergency shelters. They provide immediate, overnight and short-term housing for homeless people and their families. While some initial psycho-social assessment is begun and some case management may start, the focus of these shelters is getting people off the streets into a safe place for the night. They provide a bed or a place to sleep, and sometimes, meals. A few may also have a limited capacity to provide further assessment, day care, medical attention, or other special services. These emergency shelters are the Union Gospel Mission, the Presbyterian Night Shelter, and Salvation Army of Tarrant County.

Two other Fort Worth shelters have a rehabilitative focus: the Women's Haven of Tarrant County which much more than shelter for battered women and their children and the Salvation Army which also has a family center in Fort Worth.

1. SUPPORT SERVICES FOR SHELTERS

In Arlington, there are key community services which target the shelter population. These services are in the areas of transportation, child care, and personal needs.

MISSION ARLINGTON was founded in 1986. In December, 1990, Mission Arlington established MISSION METROPLEX, INC., (MM) as a separate non-profit organization supported by a variety of churches and individuals. Mission Metroplex operates the Arlington Emergency Transportation Project. This project provides free local transportation for low and moderate income persons and families. This service currently

enables homeless persons to have transportation for such purposes as child care, job search, and access to social or medical services. It operates from 6:00 a.m. to 7:00 p.m. six days a week. The average number using the transportation is 36 persons a day. There are no regular routes other than pre-arranged trips for specific purposes.

MM also includes the ALPHA FOUNDATION which has operated a Crisis Child Care Center for Homeless and At-Risk Children since 1990. It provides free licensed child care with a pre-school curriculum for homeless and at-risk children. This enables homeless parents to seek employment and aids them in becoming productive members of society. Not only families from the shelters, but also families living in motels may access this child care. In 1994, the average was 39 children receiving child care daily. The 1995 average is closer to 50 a day as the demand for this service has significantly grown.

MM has professional staff and over 1,000 volunteers serving the community. MM provides numerous other services to homeless individuals and families. These include a small health clinic, counseling services, English as a Second Language (provided by Tarrant County Junior College), and job placement referrals. For the homeless persons transitioning to permanent housing, food, clothes, and household items are available. Referrals for all of MM's services come from ANS, TWS, SAFC, and other agencies.

ARLINGTON CHARITIES (AC) was founded in 1978 by the Arlington Ministerial Alliance. Its mission is to provide low income and homeless residents of Arlington with food, clothing, and household items. Services are provided Monday through Friday, from 9:00 a.m. to 1:00 p.m. In 1994, the agency provided assistance to 23,500 individuals utilizing five part-time employees and over 15,000 volunteer hours. Currently, it serves an average of over 2,000 individuals a month.

Specifically, AC assists homeless persons with acquiring identification, work-related items, occupational permits/testing/licenses, and transportation. These clients are referred from the ANS, TWS, SAFC, MM, and other agencies. Identification such as a Texas picture ID, Texas drivers license, Social Security card, and/or birth certificate, enables homeless persons to access other benefits and employment. Work-related items include uniforms, work shoes, and limited tool sets. Occupational permits include health permits, daycare licenses, TB tests, and commercial drivers licenses. Transportation assistance can be gasoline, car tags, limited auto repair, and bus tickets to travel home.

WELCOME HOUSE YOUTH SERVICES CENTER (WH) was founded in 1988 by Arlington Human Service Planners (AHSP) and Family Service, Inc. (FS). WH serves Arlington youth, ages 10-17, and their families. These are youth who have been identified as runaways, throwaways, homeless and/or dropouts. The services which include assessment, counseling, crisis intervention, case management and referrals are free and confidential. WH focuses on family preservation, runaway prevention, and reduction of at-risk behaviors. The goal of WH is to keep youth with their families when it is safe.

WH hours are Monday through Thursday, 9:30 a.m. to 8:30 p.m. and Friday from 9:00 a.m. to 4:30 p.m. WH counselors do on-site crisis intervention and also conduct community programs such as Peer Helper (which trains teens to help other teens in order to prevent substance abuse), and Survival Skills Training. Trained crisis intervention volunteers operate the hotline 24 hours a day, 7 days a week. WH does not provide shelter; homeless teens are referred elsewhere for shelter.

DENTAL HEALTH FOR ARLINGTON, Inc., (DHA) was founded based on a 1991 Arlington Human Service Planners study which identified the need for subsidized dental care in Arlington. DHA opened the Alan Saxe Clinic in April, 1993, at a space provided by Mission Metroplex. Its mission is to provide preventive and pain-relieving dental services for low income residents and to educate students about good oral hygiene habits.

The DHA clinic operates three days a week from 7:30 a.m. to 5:30 p.m. On Tuesdays a dentist from the Texas Department of Public Health treats children. On Thursdays DHA contracts with a dentist and an assistant and on Fridays volunteer dentists and assistants treat adults and children. A large percentage of patients are homeless persons or near-homeless persons. A daily average of seventeen persons receive dental treatment as needed. This restorative dentistry promotes client health and employability. Also, DHA is unable to serve six to ten persons a day.

Exhibit 4:

EMERGENCY SHELTERS AND SERVICES FOR HOMELESS PEOPLE

Agency	Programs	Hours	Clients Served	# of Beds	Avg. # served daily	Maximum Stay	# Unable to Serve	1995-96 Budget
Arlington Night Shelter	shelter, meals, job support, rehab program	6:00 p.m. - 7:00 a.m.	homeless adults with or without children	88	73 persons	9 - 12 weeks	150 individuals monthly	\$339,502
The Women's Shelter	shelter, meals, counseling & job support	24 hours a day	victims of domestic violence with or without children	40	35-40 persons	4 weeks	5-6 families monthly	\$944,800
Salvation Army Family Life Center	shelter, meals, job rehab, child care	24 hours a day	families with children	33	28 persons	14 weeks	3-4 families monthly	\$317,594
Mission Metroplex	child care	7:00 a.m. - 6:00 p.m.	children of homeless persons, ages 0-5	NA	45-50 children	NA	operating at capacity	\$102,256* (projected)
Mission Metroplex	transportation	6:00 a.m. - 6:00 p.m.	low/moderate income people	NA	36 persons	NA	NA	\$46,859* (projected)
Dental Health for Arlington	dental treatment	7:30 a.m. - 5:30 p.m.	low income persons	NA	17 persons	NA	6-10 daily (T,Th,F)	\$89,181
Mission Arlington	day shelter	7:00 a.m. - 6:00 p.m.	homeless adults	NA	15-45 persons	None	None	NA
Arlington Charities	ID, car repair/gasoline/tags, job items	9:00 a.m. - 1:00 p.m.	homeless or near homeless persons	NA	1-2 persons	NA	operating at capacity	\$65,250* (projected)
Welcome House	crisis intervention, counseling	9:30 a.m. - 8:30 p.m.	homeless youth, ages 10-17, runaways, throwaways	NA	6-8 persons	NA	operating at capacity	\$152,962

*Program budgets only

2. SHELTER GAPS

While many homeless individuals and families are receiving excellent support through rehabilitation programs in the shelters, there are other populations of homeless persons who are not being served. There are groups which are not eligible for shelter in Arlington:

- Homeless teens;
- Parenting teens;
- Drug and alcohol abusers;
- Mentally unstable persons;
- Unemployable persons (medically disabled or frail elderly);
- Persons who have failed the rehabilitation programs.

Some options to be examined relative to these groups would be: a shelter for teens, a 24-hour shelter for medically disabled or frail elderly, a safe haven for mentally unstable persons, and a detox center for substance abusers.

Furthermore, as shelters work at capacity and even eligible clients are not being served, expansion of current facilities is indicated. In comparing services, some duplication is evident since all shelters provide intake/assessment, case management and referrals, counseling and education, and job placement. Some obstacles to expanding and coordinating services include lack of funding, lack of public awareness of needs, and insufficient opportunities for service providers to network. Given the positive spirit of cooperation among the shelters, better coordination of efforts and programs is possible.

3. TEEN SHELTER

Among the unserved populations are homeless teens and parenting teens. As stated above, Welcome House (WH) provides crisis intervention for runaway and throwaway teens and refers homeless adolescents to teen shelters in Fort Worth. Teens are accepted there only when space is available and teens are eligible.

Primarily, WH refers homeless youth to BRIDGE and its Host Home Program (HHP). BRIDGE provides a 16-bed emergency shelter with a private school in Fort Worth. Its HHP provides temporary out-of-home placement for eligible youth and was initiated primarily for Arlington youth. Young people ages 10-17 may receive up to thirty days of care while attending their own schools and participating in counseling aimed at reunification with their family. HHP offers youth in crisis a brief "time-out" with the goal of preventing more serious family disruptions. There are four host homes in Tarrant County, three in Arlington and one in Mansfield; 10 more are considering certification as host homes. Average stay in host homes is 18 days or less.

BRIDGE reports serving 73 Arlington youth in 1993: 25 in shelter, six in HHP, and 42 with non-residential services. In 1994, it served 83 Arlington youth: 31 in shelter, three in HHP, 46 with non-residential services, and three with evaluation/treatment. Services are free or on a sliding scale fee. The maximum shelter stay is 30 days. The requirements to receive shelter are:

1. Youth must be ages 10 through 17;
2. Parental permission is required;
3. Program is voluntary; and
4. Families are included in counseling.

Those ineligible are persons who are under age 10 and over age 17; severely mentally, physically or emotionally disabled; history of physical violence or criminal offense; escaped from or trying to avoid law enforcement; teens with children; and intoxicated youth. To be eligible for the HHP a teen must meet the four above requirements and must:

1. be enrolled in school;
2. desire family reunification;
3. be highly motivated;
4. not have abused drugs or alcohol in past 48 hours.

Host homes are reimbursed \$18 a day per youth for expenses. (BRIDGE has applied for a licensing change to expand all services to ages 7-17--except shelter--and expand the Host Home Program for ages under 7 if accompanied by a teen parent; it also is expanding its shelter to include four more beds.)

When BRIDGE is full or youth are not eligible for the HHP, WH makes referrals to three other shelters in Dallas: (1) YMCA CASA, (2) Lover's Lane United Methodist Church's Promise House, and (3) Plano's C.I.T.Y. House Youth Shelter. CASA served eight youth from Arlington in 1993 and five in 1994. Promise House served two Arlington youth in 1993 and two in 1994. C.I.T.Y. House served no Arlington teens in 1993 or 1994.

WH may also refer certain youth to LENA POPE HOME (LPH) in Fort Worth which offers shelter and treatment for youth ages 10-17. Those eligible are youth dealing with moderate physical aggression, chronic substance abuse, emotional problems, truancy, runaways, hyperactivity, impulsiveness, enuresis, physical abuse, sexual abuse, developmental problems, resistance, defiance, temper tantrums, and children hard to handle in normal situations.

LPH's Emergency Shelter has 10 beds for youth awaiting placement in a foster home, residential treatment, or with a relative. LPH does not keep a separate count of Arlington youth. The total from Tarrant County served with shelter is: in 1992, 306; in 1993, 219; in 1994, 135. (A percentage of these would be from Arlington; Arlington's overall population is 22% of the county.) While shelter numbers went down, the number served

in LPH extended day treatment and residential treatment programs has increased from 110 in 1992, to 240 in 1994. The cost of residential treatment is \$80 to \$153 per day.

SUMMARY

Except for three host homes, teen shelter does not exist in Arlington. Teens who need shelter must be referred to other services in the metroplex when those are available. The most serious gap in services to homeless youth is in the area of parenting teens. None of the shelters in Tarrant or Dallas counties will take teens with children. A pregnant teen may stay in shelters, but must leave when she gives birth and chooses to keep her baby.

D. PREVENTION and SUPPORTIVE SERVICES

An important part of the Continuum of Care is prevention. It involves having sufficient support systems so that those in danger of becoming homeless will maintain their permanent housing or will find new permanent housing. Included are intervention methods that:

- prevent foreclosure or eviction;
- ameliorate domestic conflicts to forestall violent resolutions;
- provide job skills and placement services and transportation;
- provide credit counseling and money management services;
- assist families with emergency food, clothes, or utility assistance;
- provide supportive services for physically and/or emotionally disabled;
- provide affordable and accessible health care;
- plan for soon-to-be-released prisoners or hospital patients; and similar efforts

It is usually less costly to intervene than to provide emergency food and shelter and still have to locate permanent housing. When misfortunes (personal or economic) and dysfunction (physical or mental) are not addressed early, their cumulative effect often results in homelessness.

A job which provides adequate income to pay housing and utility costs prevents most persons from becoming homeless. Also required is some basic skill at budgeting and some plan for emergencies or outside family support. There are many components to keeping or finding a job. These include reliable transportation, mental and physical health, education or job skills, and, if there are children, affordable quality child care. Substance abusers will need treatment and the emotionally disturbed may need counseling. Persons with disabilities may need special supports or adaptation in the workplace. Unskilled workers may need education or training. Those unemployed or underemployed may need help in finding employment or new-skills training. Without these supports, crises can become overwhelming.

Arlington has many excellent supportive services which address various areas of need.

- **Health Care** for the homeless is provided at the JPS Arlington Community Health Clinic or JPS Hospital (Fort Worth), MM Health Clinic, Dental Health for Arlington's Alan Saxe Clinic, and the Tarrant County Health Department Office. With Medicaid or Medicare or private insurance, other locations become options such as Arlington Memorial Hospital, HCA Arlington Medical Center, Dallas/Fort Worth Medical Center (Grand Prairie), Transitional Hospital of America, Arlington Day Surgery Center, and various private programs and clinics. There are 27 family practice doctors who accept Medicaid in Arlington. However, of these, only three doctors are seeing new Medicaid patients. There are also 19 dentists in Arlington who accept Medicaid patients. Of these dentists, most are not accepting new Medicaid patients. (Prescription access is discussed under Financial Assistance.)
- **Treatment** for chemical dependency is normally provided by programs funded by the Texas Council on Alcohol and Drug Abuse. Because of budget cuts, services have been reduced or eliminated. Treatment for mental illness is available at JPS Hospital or the MHMR clinic. With Medicare, Medicaid, or private insurance, a person may seek treatment at CPC Millwood Hospital, Willow Creek Hospital, Rapha Treatment Centers, HealthSouth Rehabilitation Hospital of Arlington.
- **Transportation** for homeless persons is provided either by shelters or MM. MM runs vans six days a week from 6 a.m. to 7 p.m. There is also a special arrangement with Red Cross Wheels (RCW) to transport homeless persons to JPS Hospital on Tuesdays from MM at 10:30 a.m. or Thursdays from ANS at 7:00 a.m. Referrals are made to MM from shelters. MM contacts RCW to verify that there are clients to transport. TCDHS underwrites the cost of the service. Also, for elderly or persons with disabilities, Handitran offers transportation within Arlington. However, a person must call five days in advance and availability depends on how full the schedule is for the time requested. The cost for everyone is \$1 each way. Medicaid can provide some transportation for medical needs.
- **Child Care** for homeless families is provided at no cost by MM's Alpha Foundation. With an average of 30 children per day, the center is trying to expand services by having more staff or volunteers. This service is flexible enough to keep children for a period when families leave the shelter or motel and are just getting established at a job. SAFC provides child care for its clients at its center. Sliding-scale child care is provided by the Day Care Association of Fort Worth and Tarrant County (DCA) at three sites. DCA has a waiting list for both preschool children (ages 2-6) and Headstart children (ages 3-5). After school care for homeless students is provided by the TWS and SAFC and the youth serving agencies of Arlington.

- **Employment Training** for homeless persons is available from the Tarrant County Employment Network (TCEN) or the Women's Center of Tarrant County (WC). Both offer job search, job placement, and some job skills training. WC offers Job Club for persons seeking employment for the first time or for those facing special difficulties. While all shelters assist with job placement, there are additional placement and/or training services available locally from the Texas Workforce Commission (former Texas Employment Commission, Texas Rehabilitation Commission, Catholic Charities Refugee Resource Center, UTA Educational Opportunity Center, and Goodwill Industries).
- **Counseling** is offered by all the shelters, as well as numerous outside services, depending on the client's need and availability of resources. Agencies mentioned already include Mission Metroplex (which has 100 volunteer counselors), MHMR, Women Center, AIDS Outreach Center, Tarrant Council on Alcohol and Drug Abuse, and Welcome House. Additional agencies include Family Service, Inc., Consumer Credit Counseling, UTA Community Service Clinic, First United Methodist Church Center Street Counseling Service, Parenting Center, Tarrant Community Outreach, Inc., and Arlington Police Department Victim Assistance Program.
- **Educational Services** are provided at ANS and SAFC by AISD and by some of the counseling agencies. Additionally, TCJC has two learning centers which provide GED, ESL, and adult basic education classes. FWISD and Catholic Charities offer ESL classes. Arlington Public Library North Branch offers GED, ESL, and adult basic education. Tutoring in reading or writing skills for illiterate adults and older youth is provided by the Arlington Literacy Center, Inc.
- **Financial Assistance** for rent, deposits, or utilities is provided by the shelters, Mission Metroplex, TCDHS, or Catholic Charities. Such assistance is often limited to first month's rent or deposit or a one-month bill, usually for one time only, and often put together by multiple agencies pooling resources. Financial assistance for prescription medicine is provided by the shelters, First Call for Help, Mission Metroplex, or the Arlington Ministerial Association through its hospital chaplains. The public requests for medicine constantly outpace the available resources. Homeless single parents may qualify for AFDC from TDHS. (For a family of three, AFDC is \$226 per month.)
- **Miscellaneous Items** for homeless persons includes food, clothes, identification, gasoline, auto repair, and household goods. The main agencies assisting with these items are Mission Metroplex and Arlington Charities. A homeless individual or family may qualify for TDHS Food Stamps as well. (Single persons with no income qualify for \$119 in Food Stamps per month.) Also, pregnant or parenting persons may qualify for the Women's Infants and Children (WIC) supplemental food program. There are three WIC offices in Arlington.

Overall, many crucial support services are available to homeless individuals and families. Moreover, agencies network effectively and have a true spirit of cooperation. Accessing those services is another matter. While some agency transportation is available six days a week, the greatest barrier for most clients is the lack of personal transportation. Some services are co-located in the United Way S. E. Tarrant County/Arlington Human Service Center (401, 501, 601 W. Sanford at Cooper). But, most are scattered in different areas of Arlington and are most easily accessed by personal vehicle.

SUMMARY

The major gap in services is the inadequacy of resources to expand existing services. Some areas of unmet need are services for homeless adolescents, substance abuse and mental health treatment, inexpensive child care while job hunting, child care with extended hours for shift workers, child care for sick children, access to medicine or dentures, and access to a phone when seeking employment or leaving children in care.

Furthermore, there are areas of concern that a collaboration of agencies could address more effectively than one agency alone. These would include increasing public awareness of services, searching for new funding sources, formulating a common intake form, and promoting route-based transportation.

E. TRANSITIONAL HOUSING

HUD defines transitional housing as follows:

Transitional Housing is assistance: (1) that is designed to provide housing and appropriate supportive services to homeless persons, including (but not limited to) de-institutionalized homeless individuals with mental disabilities and other homeless individuals with mental disabilities, and homeless families and children; and (2) that has as its purpose facilitating the movement of homeless individuals to independent living within 24 months, or within a longer period determined necessary to facilitate the transition.

Presently there are three transitional housing programs which provide a total of 35 units for homeless families in Arlington:

1. Arlington Housing Authority (AHA) has 15 units set aside for homeless families referred by the shelters. This Temporary Housing Program provides Section 8 certificates for up to two years and each shelter is responsible for ongoing case management throughout the tenancy of those clients. Criteria utilized for selection includes completion of the shelter program, attainment of reliable transportation, arrangement of child care, and employment.

2. Community Enrichment Center (CEC) with its Adopt-A-Family Program has 29 single-family homes from HUD that are sub-let to homeless families. Families may stay up to two years. They pay 30% of their adjusted income for rent and must attend budgeting and parenting classes. Services provided by CEC include case management, substance abuse counseling, emergency financial assistance, medical services, legal aid, educational assessment, job search skills, resume creation, and GED or vocational preparation. Recently, 14 out of 15 families referred by SAFC used this program to reach self-sufficiency.
3. First United Methodist Church provides one single-family home to a homeless family for up to two years. They also provide educational support, counseling, and other assistance. For the present family, the church supplied a car which the family is in turn purchasing from the church.

Group homes exist in Arlington for persons returning to the community from mental or physical health institutions. This supportive housing is not the same as transitional housing. It differs in that there is no limit on the number of months or years a person may stay and its target population is not homeless individuals from shelters. Volunteers of America Northern Texas, Inc. (VOA) operates three MHMR group homes for adults and one for children. In each home, there are up to six persons with mental retardation who may also have secondary disabilities. VOA is planning three group homes for low-income persons with AIDS. In Fort Worth, the Mental Health Housing Development Corporation (MHHDC) has two supported housing complexes (one with 32 units and one with 98 units) for persons with mental illness. A third complex in Fort Worth is being planned by MHHDC.

There are two Tarrant county programs which support homeless women with transitional housing. One is the Open Arms Home, Inc., (OAH) which has 13 homes (one in Arlington) for battered and abused women to stay up to 18 months. OAH housed 50 women and children in the first six months of 1995. Another program is the YWCA of Fort Worth and Tarrant County which provides housing for homeless women in Fort Worth. In 1994, YWCA housed 108 women. Both of these programs provide case management, counseling, and assistance with social services. Arlington residents may access these programs when space is available.

SUMMARY

For many the only bridge from shelters to independent living is transitional housing. With so few units available, many do not get the opportunity to re-assimilate into society. Some homeless individuals and families move to motels which provide no supportive services. When a crisis comes and room rent is not paid, the individual or family returns to the street or the shelter. Transitional housing enables families or individuals to be supported as they seek to support themselves. Over time, supported persons and families can become self-sufficient and productive citizens.

F. PERMANENT HOUSING

The 1994 City of Arlington *Residential Trends and Conditions Report* notes that Arlington had a comparatively low percentage of "affordable" homes when compared to Fort Worth, Dallas, Grand Prairie, Irving, and Plano. (Only Plano had a smaller percentage of single family homes under \$60,000). Finding a home or apartment in the right price range may be difficult for many households. US Census (1990) report indicates that of 48,116 owner-occupied housing units, only 4,756 or 10% were valued under \$50,000. An additional 4,914 units were valued from \$50,000 to \$59,999. Again, according to the Census, renter-occupied housing units increased from 36.6% in 1980 to 43% (or 48,436) in 1990. For these households, median gross rent in Arlington increased by 55% between 1980 to 1990, from \$287 to \$444 per month. The average vacancy rate for all housing units remained about the same, 10.2% in 1980 and 10.7% in 1990. The types of housing are single family (56.5%), multi-family (40.8%), and mobile home or other (2.7%).

Sustainability over the long term is a major issue. The 1990 Census reported that only 36.8% of Arlington households were in the same house since 1985. When renters or homebuyers spend 30% or more of their income on housing, they often have minimal resources left for emergencies. (See page 14.) The capacity for the shelters or other agencies to provide supportive services to this population is limited. Research indicates that low income families seek occasional help to maintain their housing over time.

The two Justices of the Peace (JP) courts which serve Arlington and some surrounding cities, had 3,655 eviction proceedings filed in 1993-1994 and 3,751 in 1994-1995. Many renters owing rent have resources to move before receiving legal eviction notices. Customarily, JP courts refer evicted renters needing assistance to TCDHS or other agencies. Housing Opportunities of Fort Worth reports that the average number of residential foreclosure postings for Arlington was 102 per month from August 1994 to July 1995. Again, families have difficulty maintaining their residency.

Housing Assistance Programs

AHA has four programs to make housing more affordable and sustainable for low or moderate income individuals and families.

1. Tenant-Based Rental Assistance or Section 8, as of January 1, 1995, provided rental assistance to 1,753 households, and they had 4,377 households on the waiting list. Renters pay rent as a percentage of their income. AHA pays the difference to the landlord between what a household can pay and the amount of the total rent. Households on the bottom of the list can expect a three to four year wait before their name reaches the top of the list.

2. Family Self-Sufficiency Program assists Section 8 households in becoming economically self-sufficient within five years. There are 50 households enrolled in the program with space for 42 more.

3. Arlington Homebuyer's Assistance Program (AHAP) began in October 1994, and, as of December 1995, has closed on 26 homes. Some 20 lending institutions participate in this program which assists low and moderate income homebuyers with downpayment and closing costs. This program benefits families ready for homeownership. Monthly payments may be less than a rental unit. AHAP also benefits the community in promoting neighborhood stability and pride in ownership.

4. Owner-Occupied Housing Rehabilitation Program (HRP) provides grants or grant/loan combinations to low and moderate owner-occupied households for needed home repairs. For the 13,491 homeowners earning less than \$20,000 and spending more 30% or more of their income on housing, it is very difficult if not impossible to afford repairs. They have little or no discretionary funds that can be devoted to home repairs. HRP benefits these households. It also benefits the community by maintaining older housing stock and preserving the quality of neighborhoods.

Other Assistance Programs

AHA also is assisting AIDS Outreach Center in Arlington to provide housing for persons with AIDS. As noted earlier, AIDS Outreach Center has already assisted 132 clients with rental and utility assistance totaling over \$95,000. In 1995, it raised a match of \$25,000, so a total of \$125,000 is available to assist clients with their housing needs.

Large numbers are requesting assistance with emergency rent or utility payments. In 1994, Tarrant County Department of Human Services (TCDHS) provided 1,061 Arlington families (2,497 individuals) with rental assistance which totaled \$262,075. In the first seven months of 1995, 1,041 families (2,254 individuals) received rental assistance which totaled \$292,802. In the last year (1994-1995), MM assisted 716 families with rental assistance totaling \$35,833. In the first nine months of 1995, Catholic Charities assisted 2,173 households with rent and utility support totaling \$65,846. The amount that Catholic Charities distributed included over \$8,000 that the Arlington Water Department collected to assist families needing help with water bills. While the 1995 total of over \$350,000 is impressive, most agencies only assist with a portion of the amount due; clients must pay what they can. Not everyone can be helped.

Obstacles to Meeting Housing Needs

An obstacle to meeting underserved housing needs is the lack of federal, state, and local funds. AHA provides Section 8 rental assistance to 1,753 households with a budget of \$700,000* per month (including administration funds). It would require an additional budget of \$1,536,327* per month to provide rental assistance to the 4,377 households on the waiting list. (*Based on an average housing assistance payment of \$351 per month.)

Another obstacle is the lack of matching funds. The 25% match requirement for federal Home Investment Partnerships Act (HOME) funds affects the AHAP as well as AOC's grant. Lenders have been asked to reduce normal closing fees by an amount that would meet or exceed the 25% match of the city's contribution to the homeownership project.

Obstacles to homeownership for low and moderate income families are found in many areas.

- **High Cost of Property:** Overall, median home values rose 25% from 1980 to 1990, from \$66,103 to \$82,800.
- **Insufficient Funds for Downpayment and Closing Costs:** Private lending institutions typically require 10 to 20% of the home's value as a downpayment. Many cannot afford this amount. Moreover, households paying large percentages of their income for housing are precluded from accumulating the funds for downpayment and closing costs.
- **Long-Term Affordability of a Home:** The principal, interest, taxes, insurance, and utilities are often too high compared with available income for a low-income household.
- **High Existing Debt of Prospective Purchasers:** Many low-income households are saddled with excessively high existing debt for such items as credit accounts, car payments, and medical expenses that preclude obtaining private-lender financing.
- **Lack of Credit or Poor Credit:** Many low-income households pay expenses with cash and have no credit record. Others have unfavorable credit histories which remain on their credit record for up to seven years. Bankruptcy records stay up to 10 years.
- **Access to Mortgage Money:** Some segments of the population perceive—rightly or wrongly—that private lending institutions will be unwilling to make mortgage financing available to them. These households may have poor credit or insufficient knowledge about borrowing money.
- **Need for Property Repairs:** The homes most affordable to low-income households tend to be located in neighborhoods where property has been poorly maintained and repairs are required. Money for such improvements is frequently unavailable. Complicating the situation is the reality that property improvements do not necessarily translate into a corresponding increase in the property value. (CP, pages 74-75)

SUMMARY

Many challenges face low and moderate income families wanting to maintain permanent housing. Minimal supports are needed occasionally during times of illness or temporary unemployment or personal crisis. Existing programs are reaching only small numbers of the eligible households. These programs need to be expanded and better publicized. And with a median housing age of 1978, older housing stock needs to be maintained and revitalized. Affordable and sustainable housing contributes to the stability of families, neighborhoods, and of society in general. With affordable housing, client self-sufficiency is achievable.

IV. FINANCIAL RESOURCES

Shelter and Shelter Services

The agencies who serve the homeless in Arlington have a combined budget of over two million dollars. Almost one-half the revenue comes from fund-raisers and local contributions. Private sources include United Way of Metropolitan Tarrant County (UW) which contributes \$243,750 and Junior League of Arlington which grants \$34,450.

The city of Arlington invests \$178,289 or 39% of its Community Development Block Grant (CDBG) human services funds in programs for homeless or near-homeless persons. The city also invests 100% or \$83,600 of its Emergency Shelter Grant Program (ESGP) funds in these programs. An additional contribution of \$10,000 comes from the city's General Revenue (GR). Other state and federal funds total \$588,984. (See Exhibit 5.)

Exhibit 5:

FUNDING SOURCES OF EMERGENCY SHELTERS AND SERVICES, 1995-1996 BUDGET

Agency	United Way	City CDBG	City ESGP	City GR	Junior League	State ESGP	Other Federal	Other Income	1995-96 Budget
Arlington Night Shelter		30,300	16,500	10,000		77,253	30,484	174,965	339,502
The Women's Shelter	205,250	29,000	21,838		11,950	33,224	377,500	266,038	944,800
Salvation Army	28,500	17,500						300,735	346,735
Mission Metroplex		42,467	33,362			32,723		NA	108,552*
Dental Health for Arlington		34,122			7,500			47,559	89,181^
Arlington Charities			11,900			6,800	31,000	112,500	162,200^
Welcome House	10,000	24,900			15,000			108,939	158,839
TOTALS	243,750	178,289	83,600	10,000	34,450	150,000	438,984	1,010,736	2,149,809

*Mission Metroplex's total indicates program budgets only.

^Dental Health for Arlington and Arlington Charities use only a part of their total budgets for services to homeless or near homeless people.

In addition to these budgets, there is the contribution of thousands of volunteer hours of service to homeless individuals and families by thousands of local citizens. Many volunteers come from religious and civic organizations. They are all ages and give generously of their time and talents. While the National Points of Light Foundation puts a dollar value of \$12.13 per volunteer hour, it is impossible to estimate the total value of all these volunteer efforts on behalf of homeless persons in Arlington.

Housing Funds

Additional funds are allocated in the area of housing. The largest budget is Section 8 which is projected to be \$11,000,000 for 1995-1996. Other AHA programs receive either CDBG or Home Investment Partnership (HOME) funds. The Housing Rehabilitation Program receives \$449,422 in CDBG funds and \$140,000 in HOME funds, making the total \$589,422. AHA's Tenant-Based Rental Assistance is funded by \$267,000 in HOME funds, of which \$100,000 is a set-aside for housing for persons with AIDS. The Arlington Homebuyers' Assistance Program receives \$148,750 in HOME funds. Also, AHA has \$50,000 of CDBG funds to study fair housing impediments in Arlington.

AHA also contracts with other agencies:

- United Centers, Inc., (UC) receives \$12,500 in CDBG funds for its Minor Home Repair Program which targets the elderly;
- Tarrant County Housing Partnership receives \$110,000 HOME funds for its First Time Homebuyer's Program; and
- HOME funds totalling \$129,750 are set aside for a Community Housing Development Organization (CHDO).

All federal funds have to be administered correctly or be reimbursed by the city. General administration costs are 5% for ESGP (\$4,400), 7% for HOME (\$60,500), 11% for CDBG (\$328,205), and approximately 10% for Section 8 (\$1M). The CDBG figure is for administration of the entire \$3,054,879 CDBG budget; above-mentioned housing programs are 18% of the CDBG budget. The total of all housing funds for 1995-1996 is over \$12.4 million. (See Exhibit 6.)

Exhibit 6:**FUNDING SOURCES OF HOUSING PROGRAMS, 1995-1996 BUDGET**

AGENCY	PROGRAM	City CDBG	City HOME	City Section 8	TOTAL
Arlington Housing Authority	General Administration	59,077 (18% of total)	60,500	1,000,000 (estimate)	1,119,577
	Section 8 Rental Assistance			10,000,000 (estimate)	10,000,000 (estimate)
	Tenant-Based Rental Assistance		276,000		276,000
	Housing Rehabilitation	449,422	140,000		589,422
	Fair Housing Impediments Study	50,000			50,000
	Arlington Homebuyers' Assistance		148,750		148,750
Tarrant County Housing Partnership	First-time Homebuyer's		110,000		110,000
United Centers, Inc.	Minor Home Repair	12,500			12,500
Com. Housing Development Organization	Set-Aside		129,750		129,750
TOTALS		570,999	865,000	11,000,000	12,435,999

Federal Grants to Tarrant County

In addition to the above-mentioned funds, Tarrant County recently received major federal (HUD) grants to increase care for homeless persons. Three grants totaling \$4.4 million were received in 1994.

1. Shelter Plus Care -- \$2,987,500 over five years. A collaborative effort produced this grant to the Fort Worth Housing Authority (FWHA) to provide rental assistance for persons who are homeless and disabled. It requires a match of supportive services that is equal to the monthly rental assistance.
2. Single Room Occupancy (SRO) -- \$719,000 over ten years. The FWHA will contract with the Cornerstone Assistance Network to provide rent subsidies to homeless persons in an 18-unit complex being rehabilitated in Fort Worth.
3. Supportive Housing -- \$721,000 over three years. The Presbyterian Night Shelter will administer this grant to construct and operate a "Safe Haven" for persons who are homeless and mentally ill. This will be a low-demand facility for individuals who, by their negative behavior, cannot stay at shelters, but at the same time have no other alternative (except jail). The community will need to raise several hundred thousand dollars to construct this facility.

In 1995, two major HUD grants were awarded totaling \$7.3 million.

1. Shelter Plus Care -- \$5,748,120 over five years. FWHA expands the 1994 grant and has the same purpose and requirements.
2. Supportive Housing Grant -- \$1,557,215 over three years. Tarrant County Community Development Department will administer these funded programs:
 - ANS "Hand in Hand" Employment Program (\$107,380)
 - AIDS Outreach Center Case Management (\$942,178)
 - Women's Haven Supportive Services (\$155,610)
 - Tar.Co. Tenant-Based Transitional Housing (\$270,000)
 - Salvation Army (FW) Supportive Services (\$ 82,047)

While only two Arlington agencies (Arlington Night Shelter and AIDS Outreach Center) benefited directly from these grants, hopefully these funds will benefit homeless persons from Arlington who can access and use services in Fort Worth. (See Exhibit 7.)

Exhibit 7:

TARRANT COUNTY HUD GRANTS BENEFITING HOMELESS PERSONS: 1994-1995

AGENCY	PROGRAM	TIME PERIOD	HUD GRANT 1994	HUD GRANT 1995	TOTAL
Fort Worth Housing Authority	Shelter Plus Care	5 years	2,987,500	5,748,120	8,735,620
	Single Room Occupancy	10 years	719,000		719,000
Presbyterian Night Shelter	Safe Haven	3 years	721,000		721,000
Tarrant County Community Development	ANS Employment Program	3 years		107,380	107,380
	AIDS Case Management	3 years		942,178	942,178
	WHTC Support Services	3 years		155,610	155,610
	Transitional Housing	3 years		270,000	270,000
	SAFW Support Services	3 years		82,047	82,047
TOTAL			4,427,500	7,305,335	11,732,835

In Arlington and in Tarrant County, millions of dollars are required to begin to meet the challenge of moving homeless persons from dependence to independence. Since so much has been lost by those who are homeless, it is a long and costly road back. Previously we have indicated the hundreds of thousands of dollars (rent/utility) spent on prevention efforts which keep thousands of individuals and families in housing. Prevention, shelter, and housing are all essential parts of the Continuum of Care.

V. FINDINGS AND RECOMMENDATIONS

The result of the analysis contained in this report is presented in the form of findings and recommendations relative to each component of the continuum of care. The findings reflect the culmination of data analysis as well as observations and interviews with service providers not necessarily described in the body of the report. Recommendations are options or suggestions for future efforts. This section begins with a summary of general conclusions about the assets of the existing service delivery system, followed by detailed findings and recommendations.

General Conclusions

In Arlington, many positive factors have formed an effective, but incomplete, continuum of care for homeless persons. Service providers in partnership with the city and with each other share insufficient resources to serve homeless individuals and families. There are housing programs and some limited prevention efforts to keep at-risk populations in housing. Local agencies have a strong sense of cooperation among themselves and a strong commitment to respect their clients. The common goal is for each person served to reach his/her fullest potential.

Credit must also be given to clients who are willing and able to work, to learn, to make changes, and to rebuild their lives. In spite of great personal difficulties or systemic barriers, their commitment to themselves and their families creates new hope.

The goal of self-sufficiency is being reached by many homeless persons who can take advantage of the rehabilitative programs of the shelters. These people are employable and locate jobs which support their independence. They also receive counseling and other support when needed.

Other homeless persons are not achieving self-sufficiency. They lack skills or supportive services. Serious inadequacies exist in the current service delivery system. Some specific recommendations have been made to address these gaps in services. The recommendations are not final answers, but are offered to stimulate thought and discussion and joint efforts to enhance the continuum of care.

Future Direction

The promise of building a better continuum of care is based on the assets of the existing service delivery system. Most of the inadequacies are beyond the scope of any one agency. These challenges will require greater coordination of efforts by agencies and the city. Based on this report, Arlington Human Service Planners (AHSP) stands ready to assist interested parties to improve the continuum of care for homeless persons. AHSP will monitor and assess annual progress on this plan. And if gaps remain, AHSP will create an awareness of this and encourage community efforts to address these issues.

Substantial resources have been committed to shelters and shelter services and housing. Because of growing demand and gaps in services, additional resources will need to be identified and integrated into the continuum of care. Joint collaboration is essential to decide how best to acquire and use available resources. Also, collaborative efforts must choose how best to implement the following recommendations. Much has been accomplished to support homeless individuals and families to achieve the goal of self-sufficiency. Much remains to be done for those seeking self sufficiency who would benefit from an improved continuum of care.

These recommendations are offered to facilitate the development of community solutions.

OUTREACH

Finding: Outreach efforts are limited to persons in shelters or in motels or persons who contact an agency for help. Because of insufficient resources and limited capacity, no direct outreach efforts exist to unsheltered homeless persons. Some effort is needed to engage unsheltered homeless persons and facilitate their entrance into shelters or housing. One method would be to organize a pool of trained outreach workers to serve all shelters.

RECOMMENDATION: EXPLORE METHODS TO REACH OUT TO UNSHELTERED HOMELESS PERSONS.

* * *

Finding: Many at-risk populations are not being served. Severely mentally ill persons are not eligible for shelter if their behavior is inappropriate. Often they reject the structure and rules of the shelters. Living on the streets they can be easily victimized. Unless their behavior presents a danger to themselves or others or they commit a crime, the police will not deliver them to John Peter Smith Hospital for emergency detention and examination. Some communities have a "Safe Haven" which is a low-demand facility that provides professional support for homeless persons with mental illness.

RECOMMENDATION: COLLABORATE WITH TARRANT COUNTY ON THE CREATION OF A "SAFE HAVEN" FOR SEVERELY MENTALLY ILL PERSONS WHO ARE WITHOUT SHELTER.

* * *

Finding: The at-risk population of substance abusers are not eligible for shelter when they need detoxification. Without responsible family or friends to help, those charged with public intoxication will be jailed. The county's only indigent detoxification unit (with 20 beds) and intensive residential inpatient service (with 34 beds) is located in Fort Worth.

RECOMMENDATION: EXAMINE WAYS TO ACCESS DETOXIFICATION SERVICES FOR SUBSTANCE ABUSERS WHO LACK HOUSING.

INTAKE/ASSESSMENT

Finding: All shelters use different intake forms which collect similar information. All have assessment procedures which determine eligibility and initiate case management. Accessing agency services necessitates working with different case managers who may formulate many different plans of action for the same client. So, clients may have confusing or contradictory plans to achieve self-sufficiency. State agencies are developing common forms and procedures, and a legal way to share client information. Presently, most shelters have computerized record keeping.

RECOMMENDATIONS: FOLLOWING THE STATE'S LEAD AND AS RESOURCES AND OPPORTUNITIES ALLOW, ASSIST SHELTERS TO DEVELOP A COMMON INTAKE FORM, TO ESTABLISH CENTRALIZED INTAKE PROCEDURES, AND TO DEVELOP A COMPUTER NETWORK TO SHARE CLIENT INFORMATION.

SHELTERS

Finding: All shelters are operating at capacity and regularly are unable to serve individuals and families requesting shelter. Every shelter reports that they regularly refer families and individuals to other shelters or simply do not have room for them. On a monthly basis, Arlington Night Shelter is unable to serve 150 individuals, The Women's Shelter cannot serve five to six families, and Salvation Army Family Center cannot serve three to four families.

RECOMMENDATION: INVESTIGATE WAYS TO BETTER UTILIZE OR EXPAND SHELTER CAPACITY TO SERVE MORE INDIVIDUALS AND FAMILIES.

* * *

Finding: Adolescents are ineligible to stay in shelters unless accompanied by an adult/legal guardian. BRIDGE in Fort Worth has 16 beds and 4 host homes. There are over 1,000 juvenile runaways each year in Arlington. Welcome House provides crisis intervention but does not offer shelter. The situation is worse for parenting teens. No shelter can accept a teen with a child. This population is vulnerable for abuse and exploitation.

RECOMMENDATION: EXPLORE SAFE HOUSING OPTIONS FOR ADOLESCENTS, ESPECIALLY FOR PARENTING TEENS.

* * *

Finding: All shelters in Arlington require persons to be employable. Among the at-risk populations are the medically disabled or frail elderly and persons with developmental or physical disabilities. These groups are ineligible for local shelter because they are unable to work. Homeless persons who are medically or otherwise disabled or who are frail elderly persons need assistance to find supportive housing.

RECOMMENDATION: COLLABORATE WITH TARRANT COUNTY TO PROVIDE SHELTER PLUS CARE FOR HOMELESS PERSONS WHO ARE UNABLE TO WORK.

* * *

Finding: All shelters provide case management, referrals, counseling, education, and job placement. While some of these services need to be duplicated to accommodate clients' special needs or lack of transportation, other services could be coordinated for mutual benefit and to reduce unnecessary duplication. For example, job placement programs could be linked to AHSP's project of establishing a one-stop, career center in Arlington. This coordination will also better position service providers in applying for federal grants.

RECOMMENDATION: DEVELOP WAYS TO BETTER COORDINATE SHELTER EFFORTS AND PROGRAMS WITH EACH OTHER AND WITH OTHER COMMUNITY SERVICES.

PREVENTION AND SUPPORTIVE SERVICES

Finding: Day care provided by the Alpha Foundation of Mission Metroplex operates regularly at capacity, with 45-50 children a day. No other free day care is available for homeless families. Sliding-scale day care has long waiting lists. Day care is an essential component of employability. Such day care may need extended hours for shift workers or the capacity to care for children with minor illness who come from single-parent families.

RECOMMENDATION: INVESTIGATE AVENUES TO INCREASE AFFORDABLE, FLEXIBLE, QUALITY DAY CARE FOR HOMELESS FAMILIES SEEKING EMPLOYMENT OR BEGINNING TO WORK.

* * *

Finding: Some transportation is provided by Mission Metroplex for homeless persons to search for employment or to access medical or social services. Yet, many jobs and services are scattered and difficult to reach without personal transportation. For example, regularly scheduled route-based transit would increase opportunities to find and keep employment as well as to access services. Work-based routes such as to DFW Airport would also expand job possibilities for the 64% of homeless without a working auto.

RECOMMENDATION: SUPPORT EFFORTS TO PROVIDE RELIABLE TRANSPORTATION TO FACILITATE ACCESS TO JOBS AND SERVICES.

* * *

Finding: Hundreds of thousands of dollars are invested in rent and utility assistance to keep individuals and families housed. Millions of dollars are required to provide housing for homeless people. It seems more cost-efficient to assist renters and homeowners to maintain their present housing than to assist homeless families to regain permanent housing. This maintenance also contributes to the stability of families and neighborhoods.

RECOMMENDATION: INVESTIGATE RESOURCES WHICH WOULD EXPAND PROGRAMS PROVIDING OCCASIONAL ASSISTANCE WITH RENT OR UTILITIES FOR FAMILIES IN NEED.

TRANSITIONAL HOUSING

Finding: Only 35 units of transitional housing are available in Arlington. For many, the movement from homelessness to independent living requires this type of housing where families are supported with case management, counseling, and other assistance. For example, the Adopt-A-Family model of the Community Enrichment Center seems to be successful at helping shelter families reestablish their independence over time with community support.

RECOMMENDATION: WHILE EDUCATING THE COMMUNITY ON THE NEED FOR TRANSITIONAL HOUSING, EXPLORE WAYS TO RECRUIT ORGANIZATIONS TO SPONSOR MORE TRANSITIONAL HOUSING OR WAYS TO EXPAND EXISTING PROGRAMS.

PERMANENT HOUSING

Finding: Arlington has a low percentage of affordable housing when compared with its neighboring cities. Some 90% of its housing is valued at over \$50,000. Median rent is \$444 a month which would be 60% of a minimum-wage, monthly income. Almost one in three homeowners and one in five renters spend 30% or more of their monthly income on housing. Over 4,300 households are on the Section 8 waiting list. Existing housing programs serve only a small portion of eligible families and often require matching funds. Obstacles need to be removed which prevent low and moderate income families from finding affordable housing.

RECOMMENDATIONS: EXAMINE METHODS TO INCREASE THE NUMBER OF AFFORDABLE SINGLE-FAMILY UNITS THROUGH INVESTMENT IN AND EXPANSION OF EXISTING HOUSING PROGRAMS.

* * *

Finding: In Arlington the median housing age of 1978 indicates the need for rehabilitation programs. The Owner-Occupied Housing Rehabilitation Program targets the low-income households which lack discretionary funds to repair and maintain housing. As housing ages more funding will need to be available for rehabilitation programs. Another factor to consider is that money for such improvements is frequently unavailable from conventional sources since some property improvements do not translate into a corresponding increase in property value.

RECOMMENDATION: RESEARCH WAYS TO MAINTAIN AND REVITALIZE OLDER HOUSING STOCK IN ARLINGTON WHILE ENCOURAGING ACQUISITION AND REHABILITATION OF VACANT HOMES FOR LOW AND MODERATE INCOME FAMILIES.

* * *

Finding: Many serious obstacles prevent low and moderate income families from acquiring affordable housing. These include insufficient funds for downpayments and closing costs, high existing debt or poor credit of prospective purchasers, and the high cost of property. Median home values rose 25% from 1980 to 1990, from \$66,103 to \$82,800. Funding sources must be developed to overcome these obstacles. Presently, federal funds are being used to buy down housing costs through programs offered by the Arlington Housing Authority.

RECOMMENDATION: INVESTIGATE PUBLIC-PRIVATE PARTNERSHIPS TO IMPROVE ACCESS TO CAPITAL AND TO BETTER POSITION LOCAL HOUSING GROUPS TO COMPETE EQUITABLY FOR FEDERAL FUNDS.

* * *

Finding: Housing programs need to be better publicized and the issue of affordable housing merits more study. Arlington Housing Authority is planning a study of fair housing impediments. Also, there are local and national models and programs that have successfully maintained affordable housing or have transitioned families into permanent housing. These models could be further investigated.

RECOMMENDATION: STUDY THE NEED FOR AFFORDABLE HOUSING AND INVESTIGATE OTHER SUCCESSFUL HOUSING PROGRAMS.

FINANCIAL RESOURCES

Finding: The city strongly supports shelters, shelter services, and housing programs with available federal funds. The annual budget of local shelters and support services for homeless exceed \$2 million. Annual funding of local housing programs exceeds \$12 million. An additional \$12 million of HUD funds has been granted to Tarrant County agencies in 1994 and 1995.

RECOMMENDATION: ENCOURAGE CONTINUED FINANCIAL SUPPORT OF PROGRAMS WHICH ASSIST HOMELESS INDIVIDUALS AND FAMILIES AND SEEK WAYS TO BENEFIT FROM PAST OR FUTURE HUD GRANTS TO THE COUNTY.

* * *

Finding: To qualify for additional HUD funds, local service providers need to demonstrate coordination of services. Presently, through referral and vouchers, many services are coordinated. Agencies have a spirit of cooperation and readiness to serve the client. The city, AHSP, and many shelters participate in the Tarrant County Homeless Coalition. But Arlington lacks its own coalition of agencies serving homeless persons.

RECOMMENDATION: PROMOTE THE FORMATION OF A LOCAL COALITION OF SHELTER PROVIDERS TO LINK PROGRAMS, INCREASE COORDINATION OF SERVICES, AND JOINTLY SEEK NEW FUNDING.

* * *

(See Exhibit 8 for all recommendations listed according to continuum of care area.)

Exhibit 8:

RECOMMENDATIONS BY CONTINUUM OF CARE AREA

AREA	RECOMMENDATION
OUTREACH	Explore methods to reach out to unsheltered homeless persons.
	Collaborate with Tarrant County on the creation of a "safe haven" for mentally ill persons who lack shelter.
	Examine ways to access detoxification services for substance abusers who lack housing.
INTAKE / ASSESSMENT	Assist shelters to develop a common intake form, establish centralized intake procedures, and develop a computer network to share client information.
SHELTERS	Investigate ways to better utilize or expand shelter capacity to serve more individuals and families.
	Explore safe housing options for adolescents without housing, especially for parenting teens.
	Collaborate with Tarrant County to provide shelter plus care for homeless persons who are unable to work.
	Develop ways to better coordinate shelter efforts and programs with each other and with other community services.
PREVENTION AND SUPPORTIVE SERVICES	Investigate avenues to increase affordable, flexible, quality child care for homeless families seeking or beginning employment.
	Support efforts to provide reliable transportation to facilitate access to jobs and services.
	Investigate resources which would expand programs providing occasional assistance with rent or utilities for families in need.
TRANSITIONAL HOUSING	Explore ways to recruit organizations to sponsor more transitional housing or ways to expand existing programs.
PERMANENT HOUSING	Examine methods to increase the number of affordable, single-family units through investment in and expansion of existing housing programs.
	Research ways to maintain and revitalize older housing stock while encouraging acquisition and rehabilitation of vacant homes for low/moderate income families.
	Investigate public-private partnerships to improve access to capital and to better position local housing groups to compete equitably for federal funds.
	Study the need for affordable housing and investigate other successful housing programs.
FINANCIAL RESOURCES	Encourage continued financial support of programs which assist homeless individuals and families and seek ways to benefit from past or future HUD grants to the county.
	Promote the formation of a local coalition of service providers to link programs, increase coordination, and jointly seek new funding.

Addendum A: Tarrant County Survey Homelessness—1991 and 1994 Results

Question	Answer	1991 number	1991 percent	1994 number	1994 percent
Gender	Male	319	72.7%	376	59.5%
	Female	120	27.3%	255	40.3%
Ethnicity	Am. Indian	29	6.6%	15	2.4%
	Asian Am.	5	1.1%	6	.9%
	African Am.	164	37.4%	193	30.5%
	Hispanic	33	7.5%	80	12.7%
	Caucasian	208	47.4%	331	52.4%
Education	Up to 8th grade	40	9.1%	56	8.9%
	8th thru 12th	145	33%	238	37.7%
	H.S./GED	184	41.9%	222	35.1%
Family in Tarrant County	Yes	154	35.1%	270	42.7%
	No	283	64.5%	345	54.6%
Employment	Employed	132	30.1%	327	51.7%
	Unemployed	295	67.2%	280	44.3%
Criminal History	Convicted Felon	95	21.6%	135	21.4%
	No Felony Convictions	340	77.4%	472	74.7%
	On Parole	28	6.4%	35	5.5%
	On Probation	13	3%	30	4.7%
Own a Working Auto	Yes	60	13.7%	228	36.1%
	No	378	86.1%	377	59.7%
Alcohol/Drug Treatment	Yes	86	19.6%	131	20.7%
	No	270	61.5%	469	74.2%
Health Care in last yr.	Hospitalized	81	18.5%	122	19.3%
	Visited a Doctor	136	31%	279	44.1%

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Mental Health Housing Development Corporation
Mission Arlington/Mission Metroplex
Open Arms Home, Inc.
Salvation Army Family Center
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Texas Department of Public Health
Texas Department of Human Services
Volunteers of America
Welcome House
The Women's Shelter
YWCA of Fort Worth and Tarrant County

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