



# **HOMELESSNESS IN OUR COMMUNITY**

**2017 NEEDS AND GAPS REPORT FORT  
WORTH/ARLINGTON/TARRANT COUNTY**

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### ABOUT THE REPORT

As the lead agency of TX-601 Continuum of Care (CoC), Tarrant County Homeless Coalition (TCHC) has developed an analysis of the needs and gaps within the local community. We believe that homelessness is preventable by appropriately using existing community resources to provide a home for all. By examining the capacities and gaps, TCHC hopes to identify areas for improvement and development to meet the growing needs of individuals and families experiencing homelessness throughout Tarrant and Parker Counties. With constant collaboration with partner organizations within the CoC, TCHC believes we can continue to embrace and drive change, leading the mission of ending homelessness and creating a home for all.

Due to the small number of homeless individuals in Parker County, this report will focus primarily on the needs and gaps in Tarrant County. While we recognize there is homelessness in Parker County, approximately 97% of homelessness in TX-601 is within Tarrant County.

For more information on homelessness in Fort Worth/Arlington/Tarrant County reference the [Community Briefing Report](#).

### Acknowledgements

TCHC would like to thank all the individuals and organizations within Tarrant and Parker County who made this report possible by providing data, allowing us to utilize space for focus groups, volunteering for the Point in Time Count, and participating in service provider surveys.

## **DATA SOURCES**

### **ANNUAL POINT IN TIME COUNT (PIT)**

The PIT Count is a Department of Housing and Urban Development (HUD) required activity for communities receiving HUD funding.<sup>1</sup> The PIT Count provides a one day snapshot on the number of persons who are literally homeless. The 2017 PIT Count occurred on January 26, 2017.

### **HOUSING INVENTORY COUNT (HIC)**

Like the PIT Count, the HIC is required by HUD and occurs on the same day. The HIC gives us a one day snapshot of the number of beds dedicated to serving the homeless in our community. Beds included in the HIC are emergency shelter, transitional housing, permanent supportive housing, safe haven, and other permanent housing programs.<sup>2</sup>

### **HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) REPORTING**

Various HMIS data pulls were used throughout this report. Efforts to Outcomes (ETO) is the local HMIS system which is used to collect client-level data and statistics on the provision of housing and services provided to homeless individuals.

### **SERVICE PROVIDER SURVEY**

Service providers throughout Tarrant and Parker County were asked to complete an anonymous survey created on Survey Monkey to assist with this analysis. The survey consisted of 21 questions relating to barriers that service providers may experience while providing housing or other supportive services.

The survey was completed by 47 individuals from 34 different organizations. Of the 47 participants, 49% provide direct client services in some capacity while 51% are in management positions including program managers and executive directors.

### **CLIENT-CENTERED FOCUS GROUPS**

Staff from TCHC facilitated focus groups at five different locations providing services to homeless individuals and families. During these focus groups, approximately 56 participants shared their perspectives on capacities and gaps in Tarrant County homeless services, their current needs, and potential solutions.

Participants were 73% Female and 27% Male ranging in age from 14 to 68 with a mean of 38. Participants reported their length of time homeless as being less than 3 months (26%), 3-6 months (17%), 6-12 months (22%), 1-3 years (24%), and more than three years (11%).

### **THE VULNERABILITY INDEX – SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

The VI-SPDAT is a pre-screening and triage tool used by service providers to assess the needs of homeless individuals. This tool is used to match a person with the appropriate support and housing intervention based on their health and social needs<sup>3</sup>.

VI-SPDAT data for this report was pulled from our HMIS between 1/1/16-12/31/16 and consisted of 2,037 unduplicated client assessments.

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<sup>1</sup> PIT Count information can be found on the HUD exchange <https://www.hudexchange.info/programs/hdx/guides/pit-hic/#general-pit-guides-and-tools>

<sup>2</sup> Information on the HIC can be found at: <https://www.hudexchange.info/programs/hdx/guides/pit-hic/#general-pit-guides-and-tools>

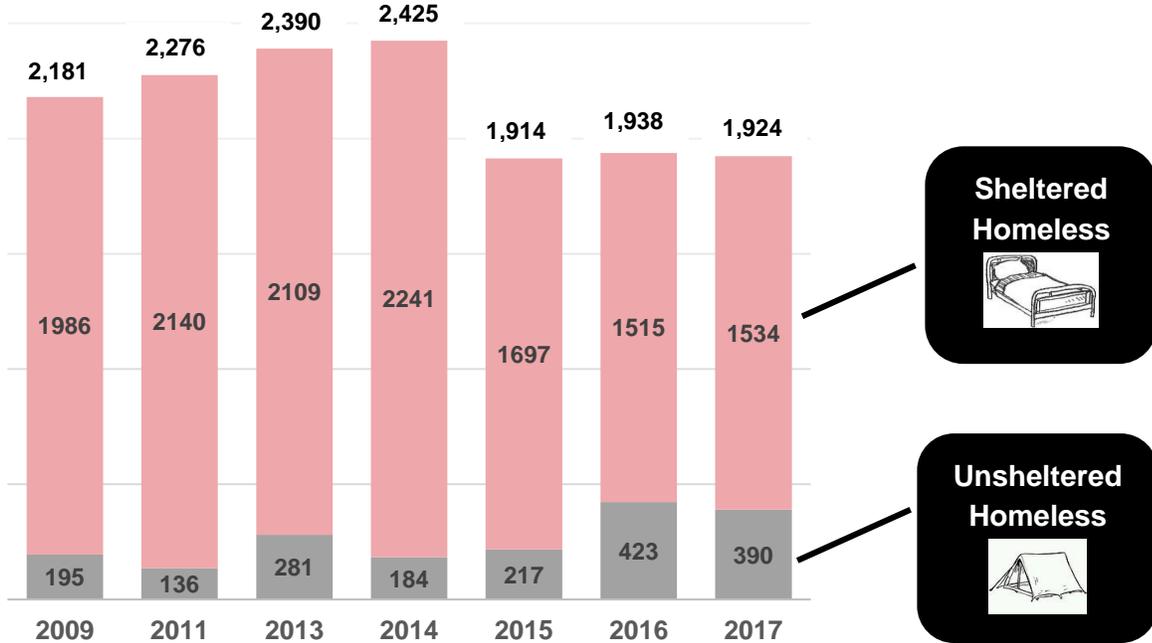
<sup>3</sup> Information on the VI-SPDAT comes from OrgCode



# HOMELESSNESS IN TARRANT AND PARKER COUNTIES

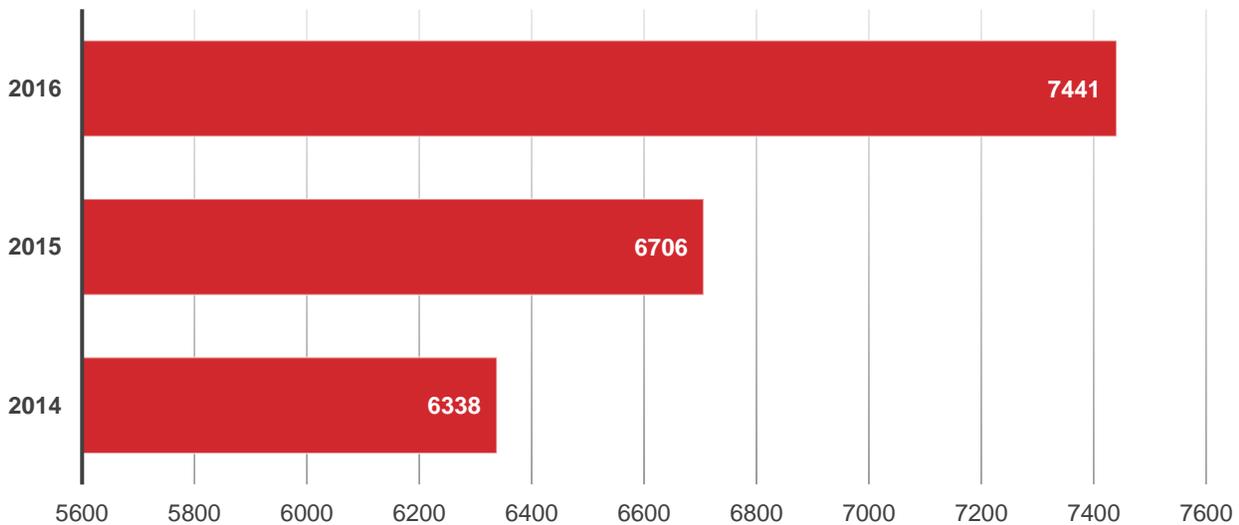
## Homelessness over the years

### ***Snapshot of persons experiencing homelessness on any given day<sup>5</sup>***



\*\*Significant drop from 2014-2015 can be attributed to the conversion of Transitional Housing to Rapid Rehousing\*\*

### ***Snapshot of persons experiencing homelessness in any given year<sup>6</sup>***



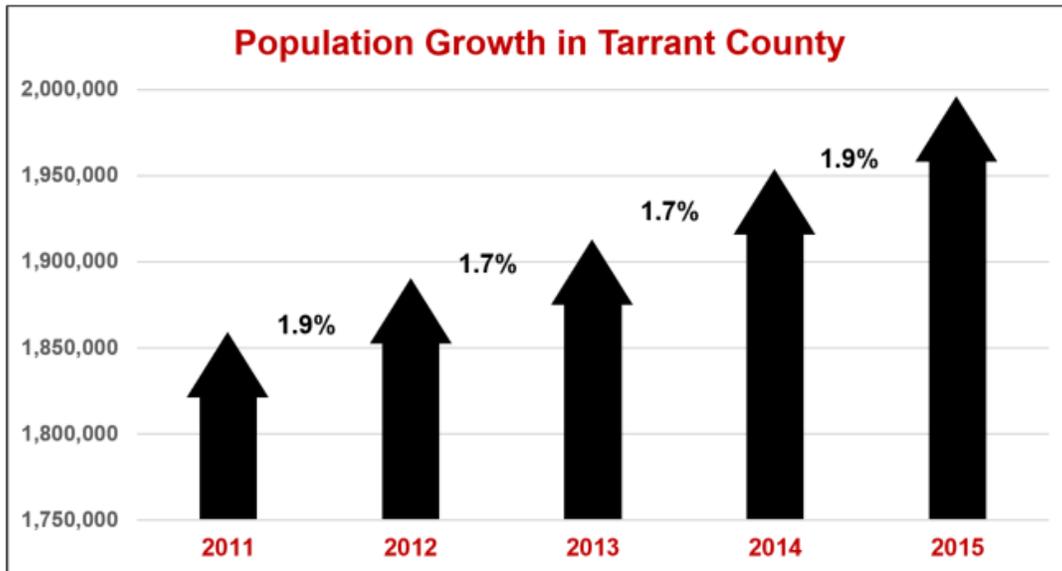
\*\*Significant increase from 2015-2016 can be attributed to the change in reporting methodology to include unsheltered individuals\*\*

<sup>5</sup> 2017 PIT Data

<sup>6</sup> HMIS Data

## HOW DOES THE HOMELESS POPULATION COMPARE?<sup>7</sup>

Since 2011, Tarrant County has experienced a steady population increase<sup>8</sup> with the population in 2020 for Tarrant County projected to be 2,620,060<sup>9</sup>. As more people move into Tarrant County, affordable housing and the ability to earn a living wage may become increasingly difficult to obtain, increasing the number of people living in poverty and at risk of becoming homeless. However, the homeless population in Tarrant County has decreased despite the population growth.



## Per capita analysis<sup>10</sup>

| Geography           | 2016 Homeless Population | 2015 Total Population | Rate of Homelessness |
|---------------------|--------------------------|-----------------------|----------------------|
| Harris County       | 4,031                    | 4,538,028             | 0.09%                |
| Tarrant County      | 1,938                    | 1,982,498             | 0.10%                |
| Franklin County, OH | 1,724                    | 1,251,722             | 0.14%                |
| Dallas County       | 3,810                    | 2,553,385             | 0.15%                |
| Travis County       | 2,138                    | 1,176,558             | 0.18%                |
| King County, WA     | 10,730                   | 2,117,125             | 0.50%                |

<sup>7</sup> First time experiences and returns to homelessness pulled from HMIS data

<sup>8</sup> Population sources: ACS 5-year estimates: Tarrant County  
<https://www.census.gov/data/datasets/2015/demo/popest/counties-total.html>

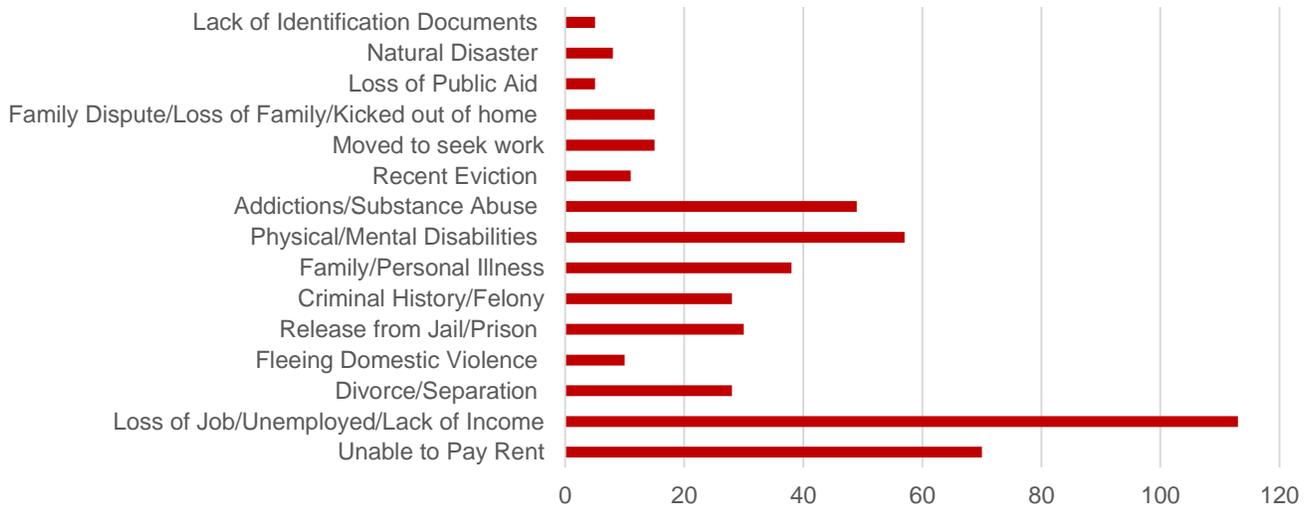
<sup>9</sup> Texas Health and Human Services <https://www.dshs.texas.gov/chs/popdat/st2020.shtm>

<sup>10</sup> Per capita information retrieved from census.gov and hud.gov

## WHAT CAUSES HOMELESSNESS?

A large majority of our unsheltered individuals and families became homeless due to financial issues including inability to pay rent and unemployment as seen in the chart below.<sup>11</sup> There is also a significant amount of people who reported physical and/or behavioral health issues contributing to the cause of their homelessness. It is important to note that although these were the main causes, most people become homeless for multiple reasons.

Causes of Homelessness



### *A few thoughts from our Focus Groups*

In the focus groups, the cause for some individuals was lack of transportation and childcare which led to the inability to find employment and subsequently the inability to pay rent.

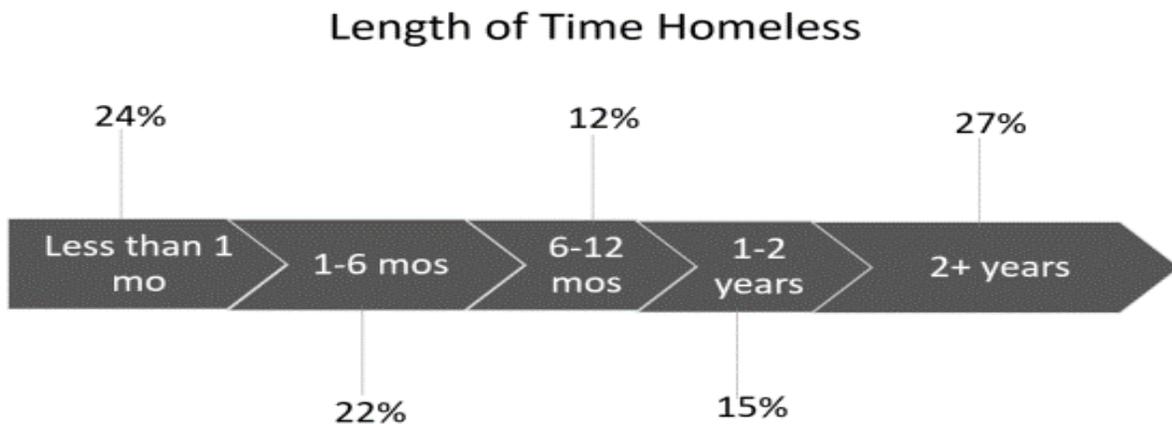
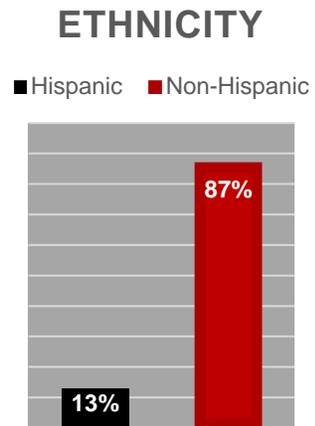
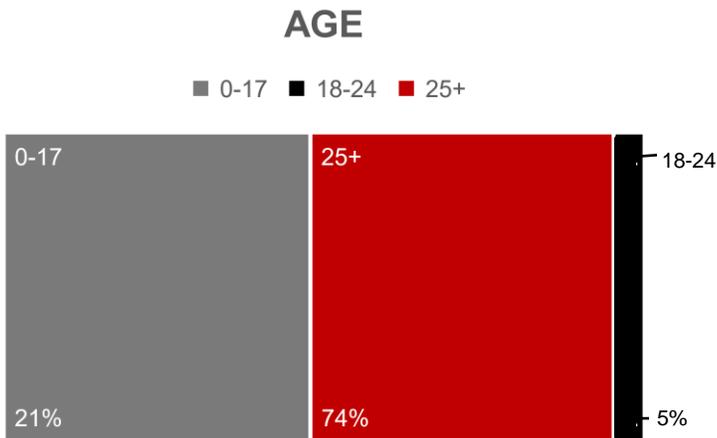
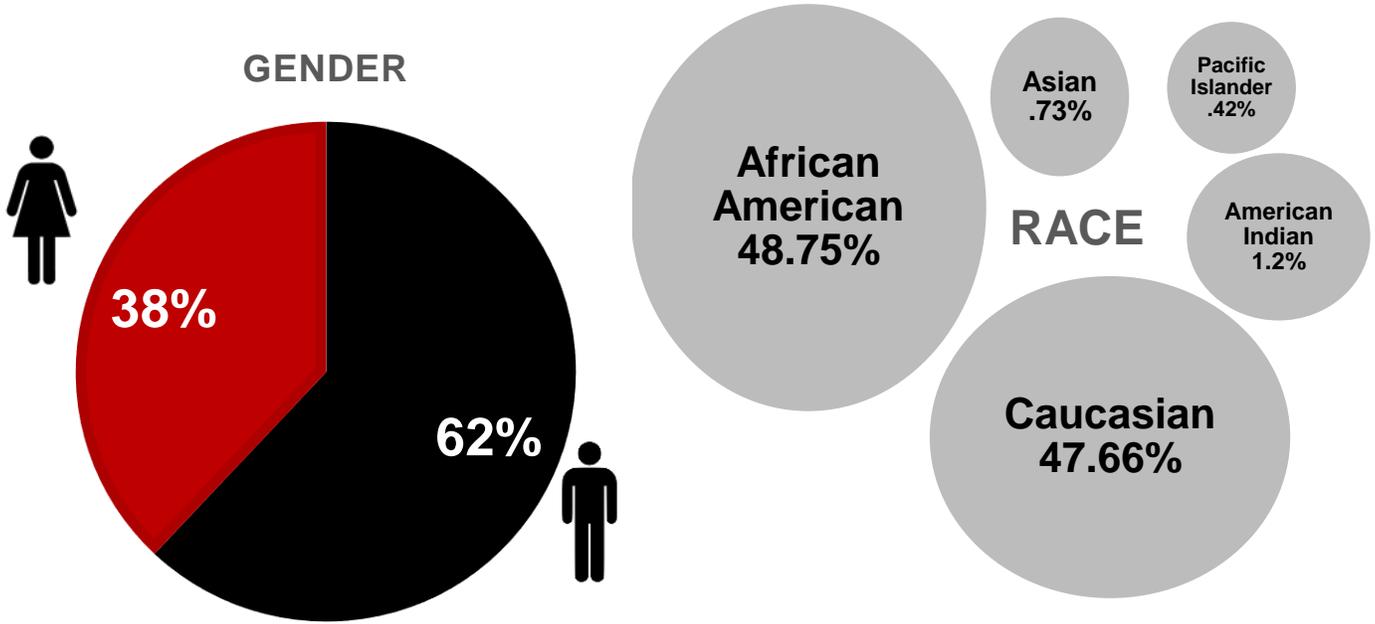
*“We need childcare. We can’t work if we don’t have a place for our kids.”*

*“We need an updated list of apartments. I visited nine apartments off the list I was given and was told they don’t accept housing vouchers anymore. They should have a list that accepts the programs we are in. We need better options too. The apartments were filthy and not suitable for living.”*

*“If we have a job, we will lose it because of curfew and we have to pay for our own transportation. How does that help us get back on our feet?”*

<sup>11</sup> 2017 Unsheltered PIT count respondents - \* Categories are not mutually exclusive. \*

# WHO IS EXPERIENCING HOMELESSNESS? <sup>12</sup>



<sup>12</sup> Demographic Information from 2017 PIT data. Length of Time Homeless from 2017 Unsheltered PIT data.

## Where are people sleeping?<sup>13</sup>

The graphic below shows percentages of people living in each location. Although a large percentage of people report having some sort of temporary shelter, our community can improve on providing shelter to the remaining 16% who report staying in places not meant for human habitation. The first step to improving this number is understanding the reasons behind someone avoiding the shelter system.

### Shelter

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Emergency Shelter



### Places Not Meant for Human Habitation

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Outdoor  
Encampment,  
Street, Sidewalk,  
Park



Car, Van, RV



Other  
(bridge, abandoned  
buildings, bus  
station, etc.)

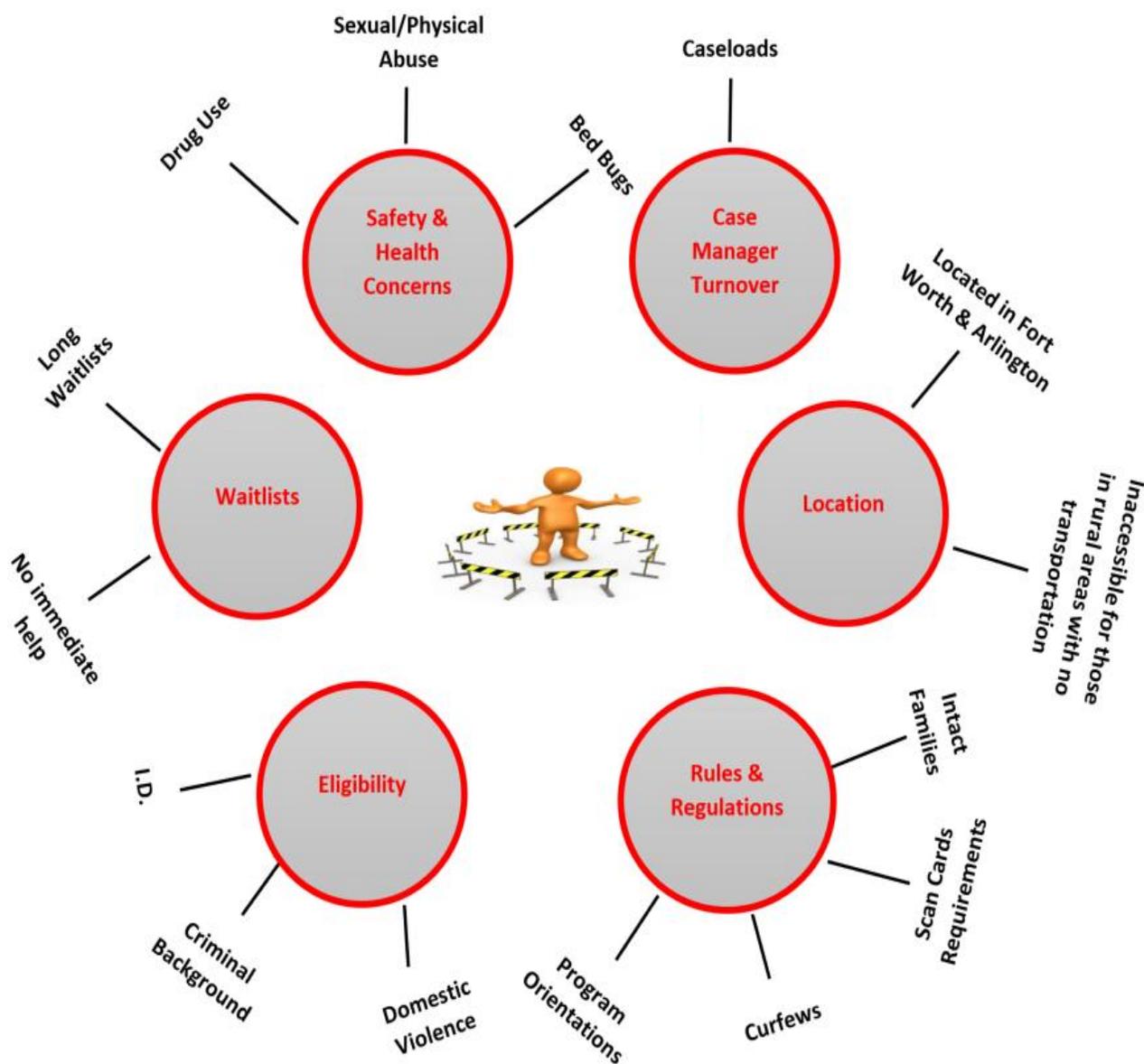


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<sup>13</sup> 2017 PIT Data

## Why are people staying in places not meant for human habitation?<sup>14</sup>

A common phenomenon seen within the homeless population across the country is alternative sleeping arrangements that do not involve shelter systems. This is no different with our local population. There are many reasons why a person may sleep in places such as a tent or vehicle, but some individuals prefer to stay in a shelter until permanent housing can be obtained. Although most participants were in shelters during the focus group, most had previous experiences sleeping in places not meant for human habitation. The chart below shows some of the barriers discussed by focus group participants. Long waitlists, rules, location, and health concerns ranked among the top reasons individuals did not stay in shelters.



<sup>14</sup> Focus Group participant feedback

## A SNAPSHOT OF HOMELESSNESS + HEALTH<sup>15</sup>

### CHRONIC CONDITIONS

- **15.9%** report a history of heart disease, Arrhythmia or irregular heartbeat
- **12%** report a history of diabetes
- **16.2%** report a history of heat stroke and heat exhaustion
- **19.4%** report a history of asthma

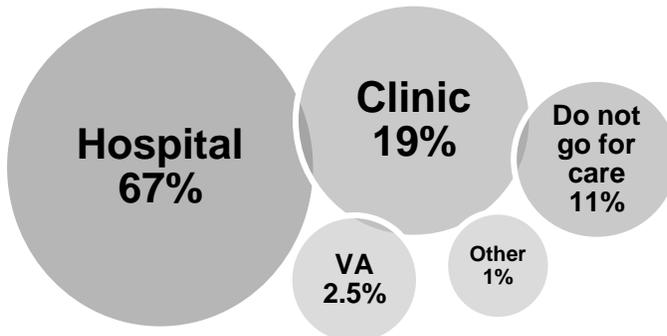
### SUBSTANCE ABUSE

- **7.6%** report consuming drugs or alcohol almost every day for the past month

### MENTAL HEALTH

- **21.2%** report having a current mental health issue
- **15.1%** report a history of hospitalization due to mental health reasons

## WHERE DO THE HOMELESS GO FOR CARE?



**59%** Report having no health insurance



**58%** report having been in the emergency room in the past 6 months



**34%** report having been taken to the hospital in an ambulance in the past 6 months



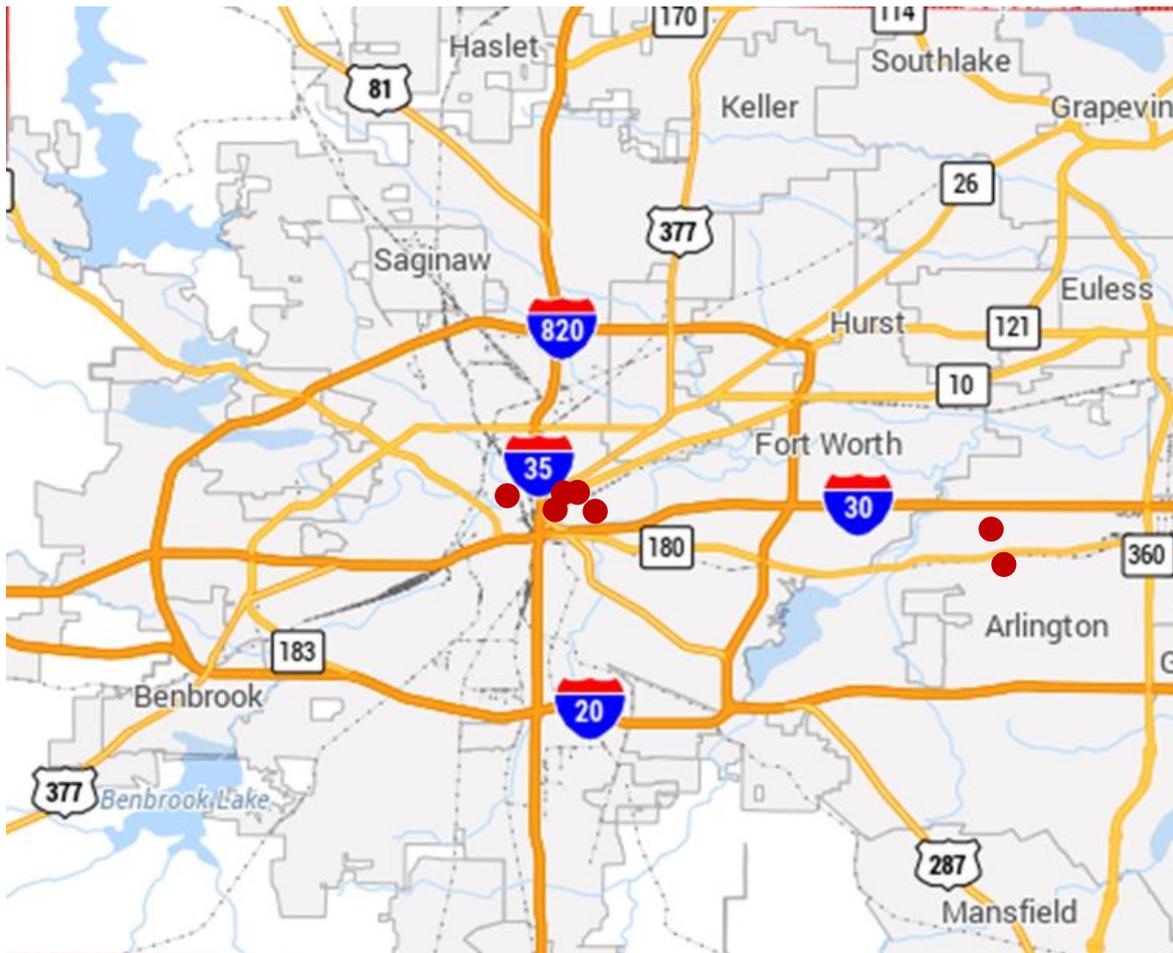
**24.3%** report having been hospitalized in the last 6 months

<sup>15</sup> VI-SPDAT results pulled from HMIS 1/1/16-12/31/16. Categories are not mutually exclusive.

# COMMUNITY ASSETS

## WHERE ARE SHELTERS LOCATED?

The map shows the location of most homeless shelters in Tarrant County. As depicted, most shelter services in Tarrant County reside on East Lancaster.



## WHAT'S CURRENTLY OFFERED?

### Street Outreach

Tarrant County has five main street outreach teams: ACH Child and Family Services, Catholic Charities Street Outreach Services (SOS), Hands of Hope, Veterans Affairs, and MHMR PATH that cover the entire geographic area. ACH focuses primarily on homeless youth ages 14-20 while Catholic Charities and Hands of Hope serve adults and families. PATH accommodates those with behavioral health issues. Additionally, Fort Worth has other outreach programs such as JPS medical outreach which provides medical care for patients experiencing homelessness. These teams build relationships, assist clients with their needs, and connect them to resources including Coordinated Entry.

## Coordinated Entry

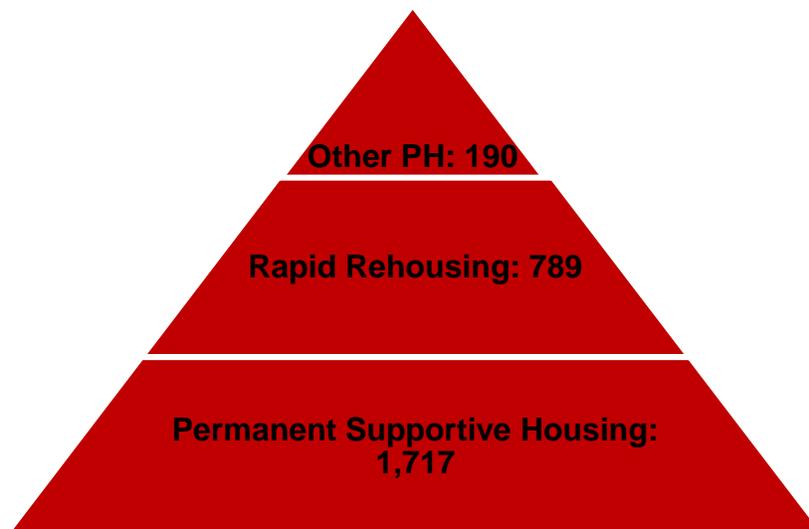
Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

Coordinated Entry is currently in process in Tarrant and Parker Counties. In July 2016, more than 20 partner agencies convened to redesign how a person enters the service system in our community, that is, they came up with a Coordinated Entry process that is tailored to our specific community. Robust participation from street outreach teams, emergency shelters, and housing providers has resulted in new standardized processes and shared performance measures.

The path a household takes to get from homelessness to housing starts with access to the Coordinated Entry System. Households can access the system from multiple locations in our community, which includes outreach teams, the TCHC helpline, and partner agencies. Once at the access point the household receives an assessment, and information gathered is used to determine the most appropriate housing solution to meet their needs.

## Permanent Housing Unit Capacity<sup>16</sup>

Currently our community has approximately 2,700 permanent housing units with 1,717 dedicated to those individuals who are experiencing chronic homelessness. Our permanent housing capacity can be seen below.



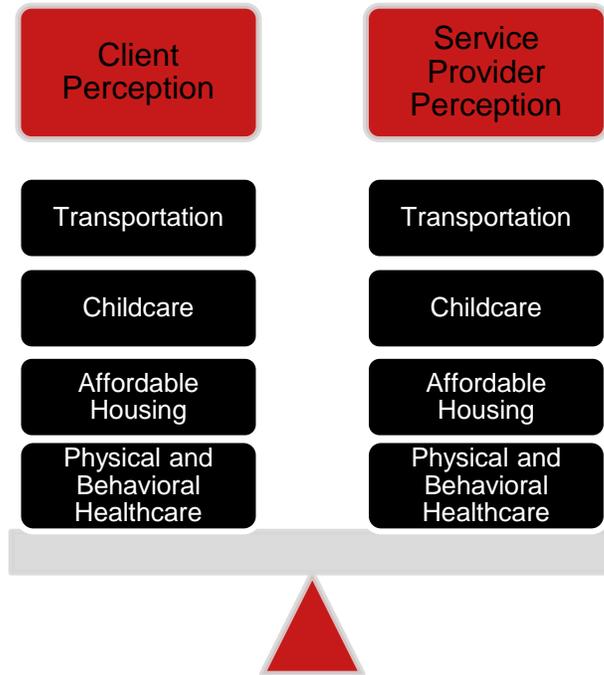
## Additional Assets

There are many organizations and groups who assist in the efforts to end homelessness in Tarrant and Parker County. These organizations and groups include organizations such as churches, police departments, food pantries, and hospitals. They provide various supportive services such as financial assistance, vocational training, basic needs, and much more.

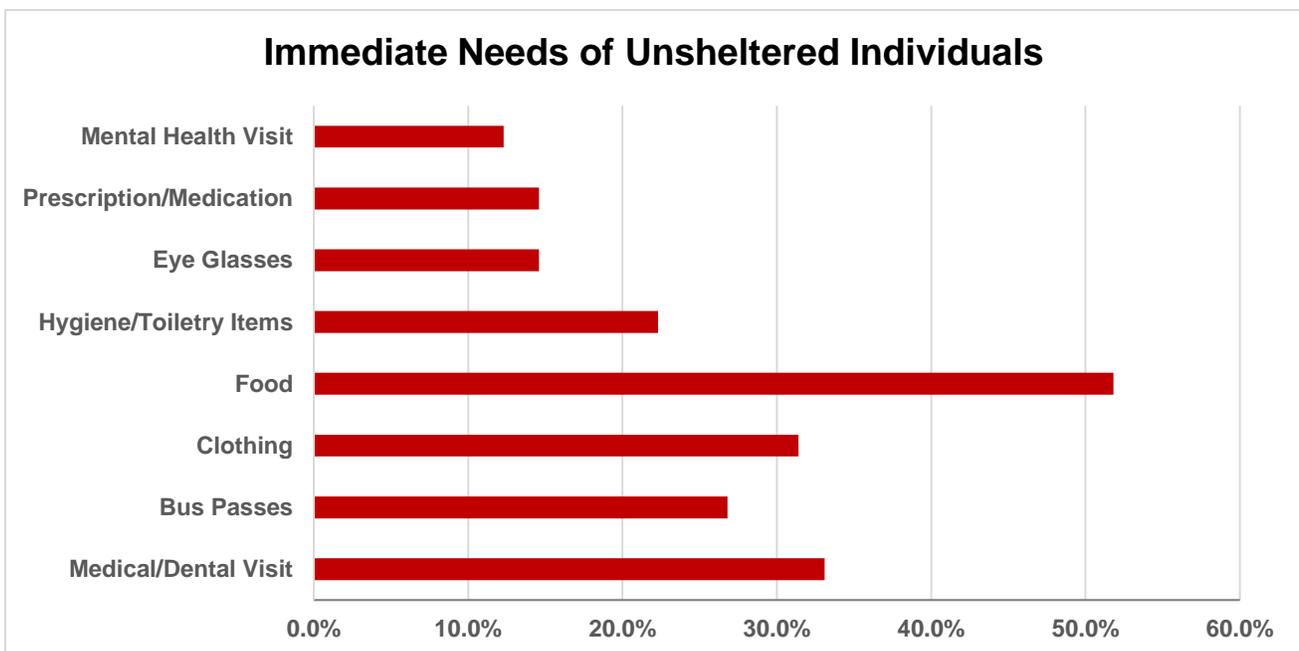
<sup>16</sup> 2016 HIC. \*\* Other PH consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2014 HMIS Data Standards.

# COMMUNITY NEEDS

In looking at data collected from focus groups and service provider surveys, it became evident that both clients and providers agree on the four major needs that are not currently being met.



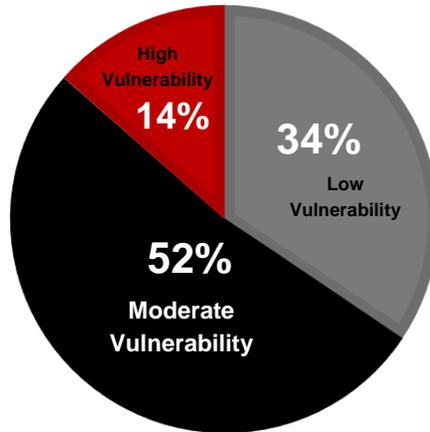
Unsheltered individuals reported lacking more basic needs such as food and clothing over those who are sheltered.<sup>17</sup> Medical needs appear to be a large area of need seen in those individuals living in places not meant for human habitation and those who are sheltered as discussed earlier in the report.



<sup>17</sup> 2017 Unsheltered PIT count respondents

## Vulnerability Scores

Vulnerability scores were generated using the VI-SPDAT.<sup>18</sup> The purpose of measuring vulnerability scores is to ensure resources are being used appropriately based on level of need. Less resources will be spent on lower levels of vulnerability while more will be spent on those with high levels of need. A large majority of the homeless population in Tarrant County fall into a moderate level of need. A potentially large majority of the 34% falling into low levels of vulnerability can be diverted from homeless services.



## Shelter Gap<sup>19</sup>



## Housing Gap

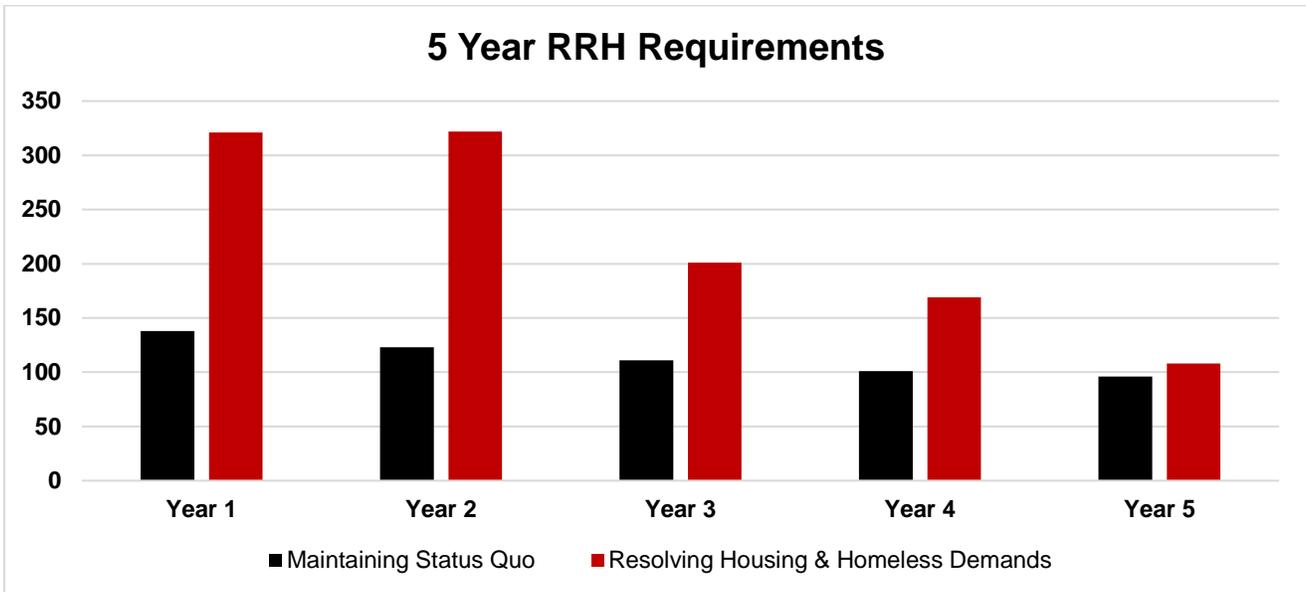
It is no secret that Tarrant County is lacking in permanent, affordable housing options and population increases create more competition for those existing options. A recent study conducted by OrgCode Consulting, Inc. shows that the housing need is continuously growing.

*“The community requires 2,689 units across the spectrum of support and affordability options over the next 10 years simply to keep pace with the status quo. To avoid things getting any worse, 1,297 of those units are needed in the first five years. If the community is fully committed to tackling its housing needs in affordable and special needs housing, 4,972 units required over the next 10 years with 2,633 units needed in the next five years alone.” – Housing Needs Forecast for Affordable Housing in Tarrant County, Texas 2017-2026*

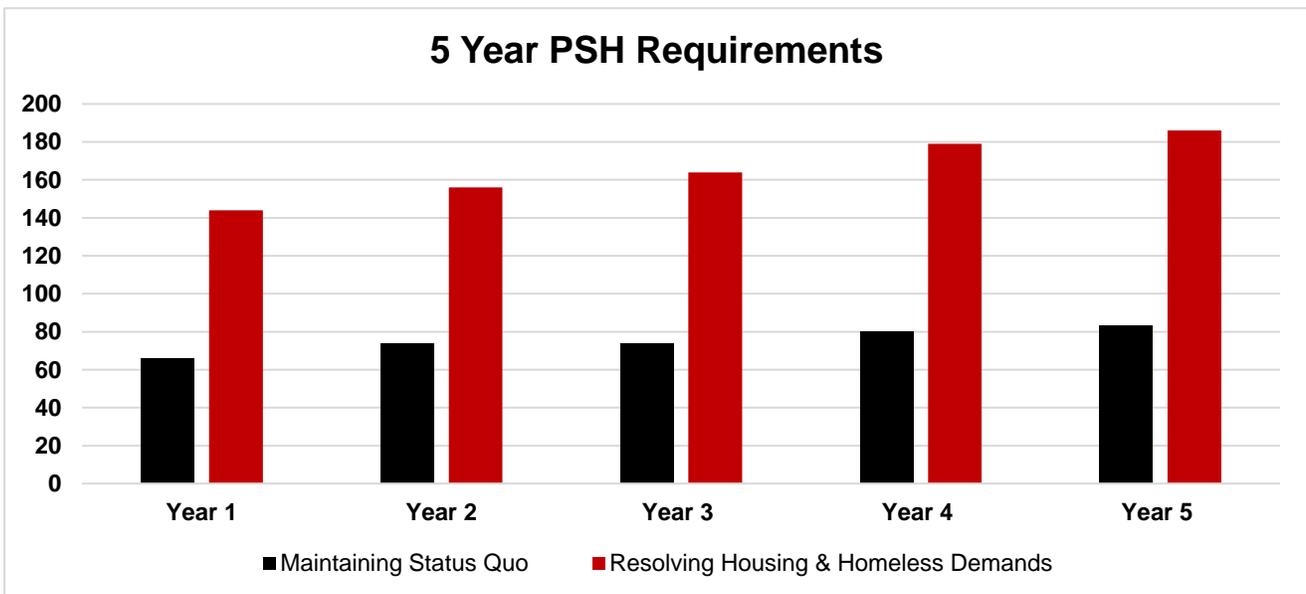
<sup>18</sup> VI-SPDAT Results pulled from HMIS 1/1/16-12/31/16

<sup>19</sup> 2017 PIT data and 2017 HIC Data

When it comes to housing provided through the CoC programs, it has been found that rapid rehousing (RRH) is the furthest behind. RRH is an intervention that is short-term and time-limited and is most appropriate for individuals and families showing a low to moderate level of need. RRH gives the community the ability to serve more individuals experiencing a housing crisis. To maintain the status quo, 569 units are needed. Resolving the housing demand would require 1120 total units.<sup>20</sup>



Permanent Supportive Housing (PSH) is an intervention for individuals who have been identified as chronically homeless or show a high level of need. The 2017 Point in Time Count showed a total of 220 individuals, an increase of 38% from 2016<sup>21</sup>, who met the definition of chronically homeless. By definition, a person who is chronically homeless is someone who has been homeless for more than one year and has a disability. In order to meet the demands for PSH, 809 total units are needed while maintaining the status quo requires only 377 units.



<sup>20</sup> All PSH and RRH projections retrieved from *Housing Needs Forecast for Affordable Housing in Tarrant County, Texas* published by OrgCode Consulting, Inc.

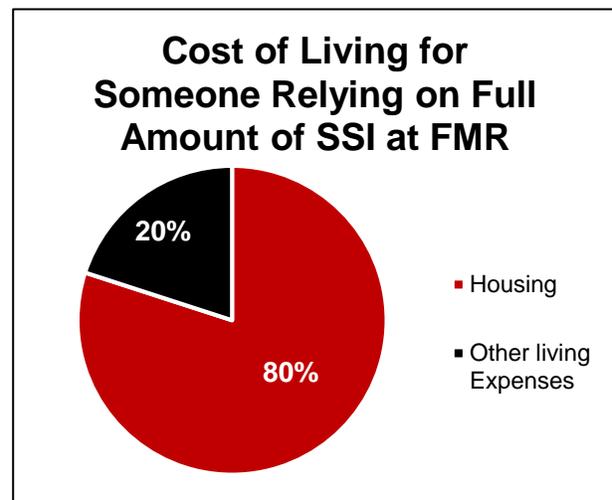
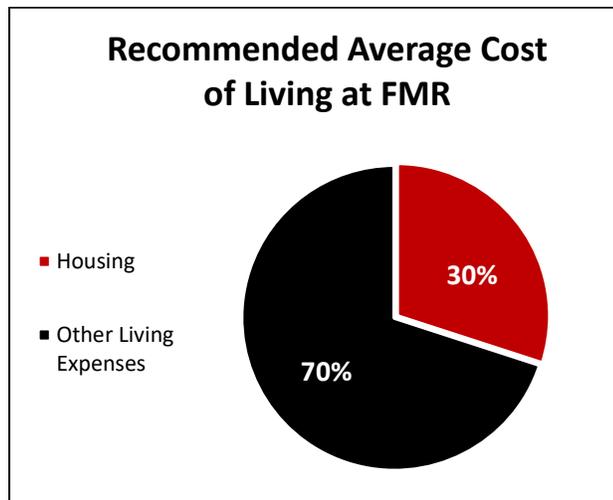
<sup>21</sup> 2017 PIT data

## What is Fair Market Rent? <sup>22</sup>

HUD sets fair market rent (FMR) for each community. FMRs are the amount that HUD deems appropriate for low-income families to pay for housing.

| Final FY 2017 FMRs By Unit Bedrooms – Fort Worth-Arlington, TX HUD Metro |            |             |             |               |              |
|--|------------|-------------|-------------|---------------|--------------|
|  | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| Final FY 2017 FMR  | \$671      | \$770       | \$973       | \$1,338       | \$1,702      |
| Final FY 2016 FMR  | \$624      | \$718       | \$913       | \$1,249       | \$1,562      |
| Percentage Change  | 7.5% ↑     | 7.2% ↑      | 6.6% ↑      | 7.1% ↑        | 9.0% ↑       |

As seen in the table above, FMRs increase annually, making it more difficult for low income individuals and families to survive. A person making minimum wage of \$7.25/hr, working 30 hours per week would make approximately \$870/month gross income. Since the recommended amount to spend on housing is 30% of the gross income, that person would be able to afford only \$261 toward rent to ensure the ability to pay for other needs such as food, utilities, transportation, etc.<sup>23</sup> The Living Wage for one adult living in Tarrant County is approximately \$10.13. It is important to note that the living wage still does not guarantee an appropriate amount of income in today's competitive economy.



Affordability of rent is also difficult for individuals relying solely on Social Security Income (SSI/SSDI). Many chronically homeless individuals find themselves relying on the \$733 per month which leaves them spending at least 80% of their monthly income on housing alone.

<sup>22</sup> FMR can be found on <https://www.huduser.gov/portal/datasets/fmr.html>

<sup>23</sup> Information retrieved from *Housing Needs Forecast for Affordable Housing in Tarrant County, Texas* published by OrgCode Consulting, Inc.



# A CASE FOR HOUSING

How do we end the revolving door? Housing First.



As we all know, the only way to end someone’s homelessness is a home. Housing First is an evidence-based intervention that allows a person to be housed without any preconditions of recovery. Individuals are unable to focus on mental health or substance abuse recovery if they are worried about where their next meal will come from or for their safety. Once the person is housed, they can be offered supportive services to address further needs. An overwhelming amount of evidence shows that stability in permanent housing can be achieved by all people experiencing homelessness when offered the appropriate level of services<sup>24</sup>.

## Is there a cost benefit to providing housing?

Stable housing, or lack thereof, has an impact on almost every social determinant of health. Many individuals experiencing homelessness have higher health costs than the general public due to the environment in which they are living. Another growing area of concern is the criminalization of homelessness that accrues a significant amount of costs. Based on the statistics below<sup>25</sup>, it can be argued that providing housing is a cheaper option than arresting or providing shelter.



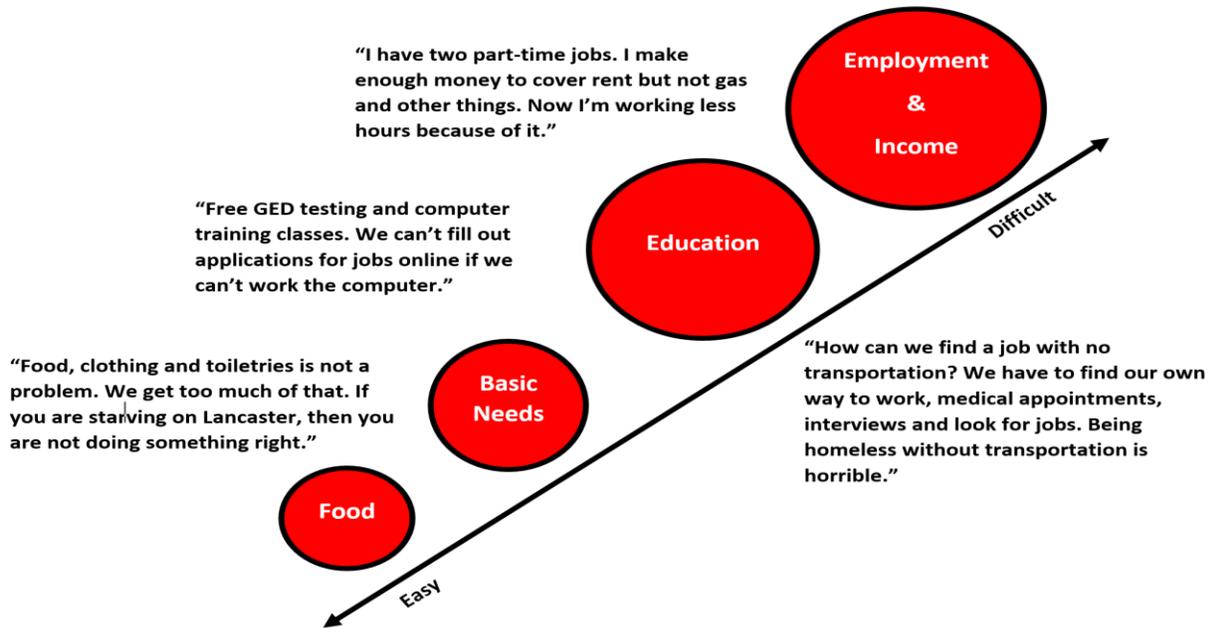
<sup>24</sup> Housing First Information gathered from the United States Interagency Council on Homelessness on <https://www.usich.gov/solutions/housing/housing-first>

<sup>25</sup> Jail Cost was gathered from Tarrant County News Update for March 2017 which can be found at [http://www.tarrantcounty.com/content/dam/main/county-judge/Newsletters/Update\\_February\\_2017.pdf](http://www.tarrantcounty.com/content/dam/main/county-judge/Newsletters/Update_February_2017.pdf)

# SERVICE PROVIDER PERCEPTIONS <sup>26</sup>

## Connecting clients to services

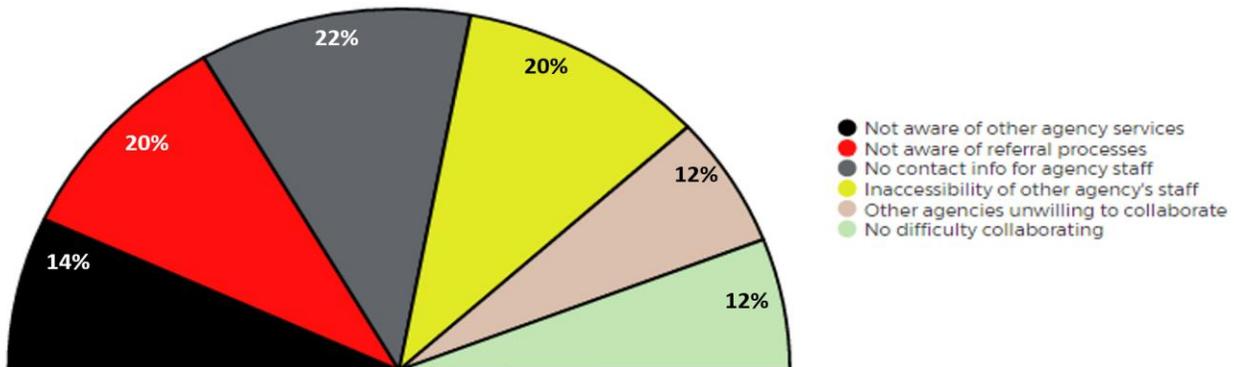
In the survey conducted by TCHC, providers ranked various services based on the level of difficulty to connect clients. These results matched closely to client feedback gathered in focus groups. TCHC and the CoC will need to look at alternate ways of connecting clients to education, employment, and income.



## Collaboration

To be successful in ending homelessness, it is vital that service providers work together. Clients often visit multiple service providers in hopes of finding the right fit. It is our responsibility to take the burden away from the client by connecting them to the appropriate resources. Our community should continue working toward collaborating more effectively.

### Barriers to Collaboration



<sup>26</sup> Data gathered from TCHC Service Provider Survey

## MOVING FORWARD

On any given day, there are approximately 1,534 individuals living in shelters and 390 individuals living in places not meant for human habitation across Tarrant County. With the continuous growth of the population, affordable housing is becoming increasingly difficult to obtain for those in poverty and at-risk of becoming homeless. Although a large majority of individuals and families become homeless due to financial setbacks, we must also consider other causes of homelessness not discussed in detail in this report such as domestic violence, criminal background, and rental history.

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*“Affordable housing brings stability, economic diversity, and improves the physical quality of the neighborhood.” - John Woods*

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As discussed previously, Tarrant County needs many housing units to meet the growing need of our community. In pursuance of resolving the housing demands for the next year, the community needs an additional 321 units for RRH and 144 units for PSH. The implementation of Coordinated Entry will help ensure clients are connected to the appropriate interventions when implemented properly. A next step in resolving the housing needs is engaging with landlords and property owners to foster a community that “says yes.” If a landlord will say yes to just one client, a door could be opened for many more to follow. Although each organization has a responsibility to their clients, relationships with landlords must be shared throughout the continuum to ensure the greatest amount of success.

***“You can’t develop effective treatment for chronically homeless unless they are stable in housing first. You know you have a broken system if you are spending large amounts of money on county health workers and nurses looking under bridges to treat them.” – Alonzo Plough***

According to Focus Group participants, the major needs currently not being met in our community are:

- Transportation
- Childcare
- Affordable Housing
- Physical and Behavioral Healthcare

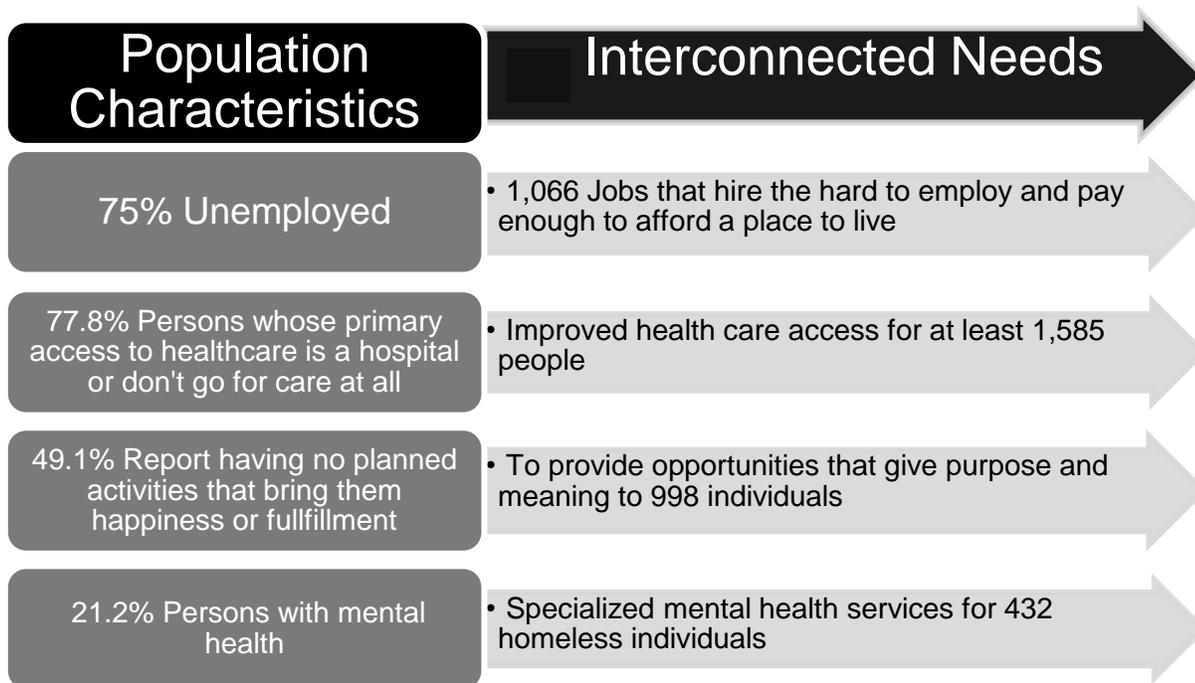
Availability of public transportation in Tarrant County is slim. Only clients living in close proximity to bus lines have access to public transportation which impedes some individual’s ability to maintain work,

attend appointments, or look for housing. The price of a one-way trip is \$1.75,<sup>27</sup> a price that many homeless individuals simply cannot afford.

Childcare for the general population is difficult to afford and next to impossible for someone in a housing crisis. The average cost of childcare in Texas is approximately \$729 per month.<sup>28</sup> Due to the high price, many families cannot seek or keep employment, hindering their ability to self-resolve.

Counseling services were discussed frequently during focus groups facilitated by TCHC. Clients made it known that they preferred talking to someone over being given drugs to cope with their traumas. 37.3% of sheltered individuals reported speaking to a mental health professional in the past 6 months. 49.1% report having no planned activities that bring them happiness or fulfillment.

To better address these needs, TCHC recommends that the continuum of care and the community at large consider options for transportation such as building partnerships with local transportation providers, utilizing facility vans/buses to assist clients in meeting their goals of self-sufficiency, and other creative options to fill the gap. Recommendations for childcare include enhanced collaboration with Child Care Management Services (CCMS), supervised on-site childcare, and connections to long-term childcare when housed. TCHC also urges providers to implement concurrent therapeutic interventions while working with clients to obtain housing.



\*\*Numbers generated from VI-SPDAT results pulled from HMIS 1/1/16-12/31/16 for Adult Head of Households\*\*

Most individuals say that insufficient income played some role in causing their homelessness. Although employment programs are available in Tarrant County, advanced assistance is required for individuals who are homeless, have limited education and skills, criminal histories, and disabilities. Individuals experiencing homelessness often struggle in the employment search for the simple fact that they do not

<sup>27</sup> Bus Fare retrieved from: <http://www.the-t.com/Fares/Information.aspx>

<sup>28</sup> Average Child Care Costs retrieved from <http://banks.credio.com/stories/12367/child-care-cost-every-state#19-Texas>

have an address. With the competitive workforce, limited education and skills hinders the ability to make a living wage. Employers often deny employment based off criminal backgrounds and work history.

Our community needs to identify additional employers willing to work with homeless individuals with all types of backgrounds and skill levels. It is also the responsibility of case managers to educate their clients on basic skills such as resume writing, online applications, and interviewing skills. The continuum can help by educating case managers on how to connect clients to employment, mainstream benefits, and education services.

A common theme often communicated is the shortage of training offered to CoC participants. TCHC is currently working diligently to address this concern through the creation of a year-long training plan. The training plan includes topics such as trauma-informed care, mental health first-aid, housing first, and safety planning which were all requested through our service provider survey. Although TCHC offered over 10 trainings in the past year, 26% of survey respondents report attending no training and an additional 32% attended 1-3 trainings. TCHC hopes to see a much larger attendance with the increased focus on training.

Another gap is the need for increased collaboration. Increased collaboration has been seen with the beginning stages of Coordinated Entry, but survey responses raise a significant concern. 14% said they are not aware of other agency services, 22% said they have no contact information for other agencies, and 20% said they are unaware of referral processes for other agencies. These numbers are unacceptable for a community working towards a common goal.

This report has covered some of the needs and gaps identified in our community. Through embracing and driving change, TCHC believes that we can begin to fill the gaps by “starting with yes.” Yes to acknowledging the work to be done, yes to housing our clients (no matter how difficult), yes to ending homelessness, and yes to changing our community from one that is surviving to one that is thriving. This is not an effort that only two or three organizations can assist with. As a community, we should leverage the existing partners and resources to more efficiently and effectively serve our clients. Support is needed from everyone in the continuum to create a home for all.

## **Questions or Comments?**

For questions, comments or for more information on this report, please contact Otis Thornton, Executive Director, at [tchc@ahomewithhope.org](mailto:tchc@ahomewithhope.org), or Lauren Helms, CoC Planning Manager, at [lauren@ahomewithhope.org](mailto:lauren@ahomewithhope.org).



**“Progress is impossible without change, and those who cannot change their minds cannot change anything.” – George Bernard Shaw**

## **ABOUT TCHC**

Tarrant County Homeless Coalition serves those who serve the homeless, touching all populations impacted, including families with children, singles, runaway youth, domestic violence survivors, veterans, and those struggling with mental illness and/or addictions. Our mission is to lead, coordinate and develop strategies and resources to end homelessness. Our vision is “A Home For All.”

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