

A City at Home

Wichita Falls Citizens Addressing Homelessness



APRIL 25, 2025

WICHITA FALLS CITIZENS ADDRESSING HOMELESSNESS

Written by Louis J Wilson, MD

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Who We Are

MOTTO	“A City at Home”
VISION	To be an exceptional community that responds to the difficult problem of homelessness with durable and sustainable solutions
MISSION	Ethically reducing homelessness through citizen partnerships, innovative solutions, and effective actions.

MISSION COMPONENTS

Engaged Citizens	Voluntary involvement to achieve a better future.
Transformation	Transforming lives under difficult circumstances.
Responsibility	Taking responsibility and expecting the same from others.
Leadership	Demonstrating and guiding positive change.
Community	Cooperation with the broad benefit of our citizens in mind.
Communication	Open communication that fosters true partnership.
Innovation	Creative solutions that make best use of limited resources.

Citizens Addressing Homelessness (CAH) is a spontaneous movement of regular citizens, city leaders, elected officials, service providers, churches, and businesses uniting to tackle the pressing challenge of homelessness head-on. Our mission is to dramatically reduce the presence of homelessness within our community by enacting meaningful and lasting improvements to the lives of those who are homeless. Through sustainable and impactful actions, we aim to not only address the symptoms but to eradicate homelessness at its roots. The group was organized by local physician Louis J Wilson, MD, and Faith Mission CEO Steve Sparks and began to meet on January 18, 2024.

Our vision is to establish Wichita Falls as a model of excellence in addressing the complex issue of homelessness. We are dedicated to being an exceptional community actively confronting this profound challenge with innovative, effective strategies that alleviate suffering and create pathways to a brighter future for affected individuals.

Benefits of Addressing Chronic Homelessness in Wichita Falls:

1. The lives of the homeless will be improved.
2. The health of the chronically homeless will be improved, and lives will be saved.
3. The community will be safer from crime.
4. The city will be cleaner.
5. It will improve the city's business environment and improve employment.
6. Financial resources will be better deployed and managed.
7. The effort will connect citizens and create a better community.
8. We will be better prepared for the increased “spillover” of chronically homeless from outside the Wichita Falls metropolitan area.

Executive Summary

A City at Home: Citizens Addressing Homelessness in Wichita Falls

Mission: Ethically reducing homelessness through citizen partnerships, innovative solutions, and effective actions.

Vision: To be an exceptional community that responds to homelessness with durable and sustainable solutions.

Background & Context

Wichita Falls, once known as “the city that faith built,” now faces a rising tide of chronic homelessness, driven by mental illness, addiction, systemic gaps, and economic hardship. In response, *Citizens Addressing Homelessness (CAH)* formed in early 2024, spearheaded by Dr. Louis J. Wilson and Faith Mission CEO Steve Sparks. The initiative unites citizens, public officials, service providers, and businesses in a grassroots effort to address this growing crisis.

Key Findings

- **Homelessness is Increasing:** The 2024 Point-in-Time (PIT) Count recorded 307 individuals experiencing homelessness, up 14% from 2023. Mental illness (115), substance use (60), and domestic violence (39) were leading self-reported causes.
 - **Resource Navigation is Fragmented:** Existing systems lack integration, often forcing clients to “start over” with each encounter. Communication between city agencies and NGOs is limited.
 - **Shelter Capacity is Strained:** Faith Mission and Faith Refuge provided over 126,000 meals and 37,000 nights of shelter in 2023, with many rooms at or near full capacity.
 - **Special Populations Lack Support:** Veterans, individuals with IDD, and sex offenders often fall through the cracks due to policy or shelter restrictions.
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Strategic Responses & Actions

CAH launched six Action Groups targeting key areas:

1. **Business Leaders:** Increase employment pathways for homeless individuals.
2. **Community Education:** Raise public awareness and reduce stigma.
3. **Continuum of Care Innovation:** Enhance coordination and case management.
4. **Navigation Pathways:** Streamline access to services and housing.
5. **Boots on the Ground:** Train volunteers and faith groups to directly engage homeless citizens.
6. **Mission/Ethics Framework:** Guide all work with a shared ethical foundation.

In October 2024, CAH published a Community Response Plan prioritizing:

- Cross-agency information sharing, using the homeless management information system (HMIS) as a common system.
 - Expanded access to mental health care through case management and Crisis Response Teams.
 - Increased addiction recovery access.
 - Improved emergency shelter capacity with focus on vulnerable populations.
 - Long-term housing solutions with wraparound services.
-

Challenges Identified

- System Gaps: Mental health services are insufficient, and housing waitlists are long.
 - Policy Barriers: Inconsistent enforcement of ordinances and lack of centralized care for the medically fragile.
 - Public Impact: Parks and public areas are strained by encampments and waste, affecting quality of life and city aesthetics.
 - Underutilized Data: Service providers often duplicate efforts due to a lack of shared information systems.
-

Community Engagement

- Over 50 leaders from public health, law enforcement, nonprofits, and local government attended the first two CAH summits.
 - Accompanying law enforcement and park services revealed significant insight into encampment dynamics and public safety issues.
 - Collaboration with the Wichita Falls Area Food Bank aims to align food security efforts with homelessness reduction goals.
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Recommendations

1. Adopt a shared information system among all stakeholders.
 2. Increase crisis response infrastructure, including respite beds and mobile teams.
 3. Support policy changes that incentivize shelter use and housing readiness.
 4. Fund and expand second-chance housing programs.
 5. Engage the public in practical ways, including volunteerism and education.
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Conclusion

The Citizens Addressing Homelessness initiative represents a hopeful, community-driven response to a complex crisis. Through strategic partnerships, increased coordination, and ethical leadership, Wichita Falls has the opportunity to become a model mid-sized city for addressing homelessness with dignity and resolve.

A City at Home | Citizens Addressing Homelessness in Wichita Falls

Wichita Falls was founded in 1882 as a frontier city on the great faith, foresight and hard work of its citizens. The city was energetic and growing, and it is said that fortunes could be made or lost in a day through railroading, agriculture, ranching, oil, and manufacturing. During the “boomtown” period of the 1920s, the city’s citizens saw no limits to the city’s bright future. Grand subdivisions and residences were built, as well as beautiful downtown buildings that still give us a glimpse into the city’s rich heritage. No wonder Wichita Falls has been called **“the city that faith built.”**

Today, Wichita Falls faces a challenge that tests its foundational values of compassion, resilience, and community spirit. The issue of chronic homelessness has grown increasingly visible and complex, revealing systemic gaps and deep human suffering that can no longer be ignored. In January 2024, a grassroots movement known as *Citizens Addressing Homelessness (CAH)* emerged to tackle this crisis head-on. Initiated by Dr. Louis J. Wilson and Faith Mission CEO Steve Sparks, CAH brought together a diverse network of citizens, service providers, law enforcement, health professionals, city officials, and business leaders. Their shared goal was clear: to understand the scope of the problem and respond with both urgency and integrity.

What began as a community conversation has since evolved into a multi-layered initiative grounded in ethical responsibility, civic engagement, and strategic collaboration. Through community summits, action groups, ride-alongs, and direct engagement with those experiencing homelessness, CAH has crafted a holistic understanding of the crisis while laying the groundwork for meaningful, systemic change.

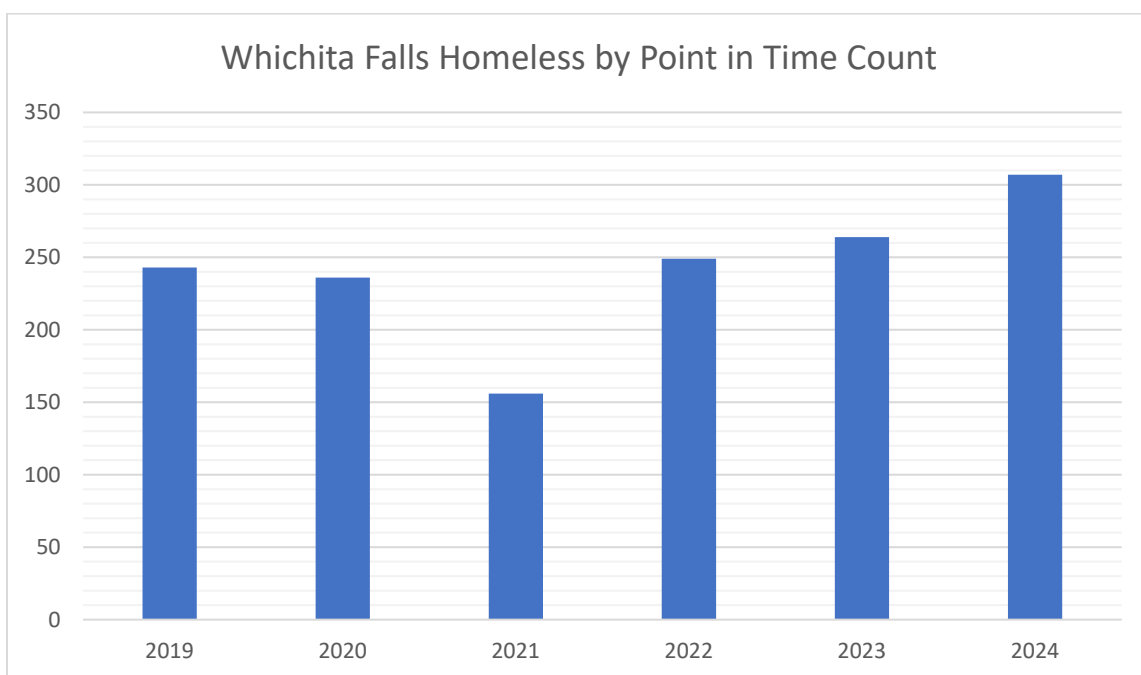
The Process: Building a Collaborative Response

Over the course of the year, CAH convened three public summits that drew together more than fifty participants representing a broad spectrum of Wichita Falls society. These meetings were not merely information; they were interactive forums for collective problem-solving. Attendees shared stories, challenged assumptions, and helped map the complex terrain

of homelessness in the region. These summits generated momentum through structured discussions and laid the foundation for more focused action.

In the wake of these meetings, CAH organized a series of Action Groups, each dedicated to addressing a specific area of concern. These groups took on responsibilities such as engaging local businesses, improving communication across service networks, and reevaluating the city's approach to housing and shelter. The action groups functioned as incubators of innovation, drawing on the experiences of frontline workers and those with lived experience of homelessness to develop pragmatic, community-specific solutions.

To supplement these strategic efforts, members of CAH conducted on-the-ground research by riding along with police officers and park department officials. They visited homeless encampments, interviewed shelter residents, and observed firsthand the challenges facing both service providers and the unhoused. These immersive experiences added depth to the data collected through official channels, including the annual Point-in-Time ([PIT](#)) Count. That count revealed a record 307 homeless individuals in Wichita County in 2024, marking a 14 percent increase from the previous year and underlining the urgency of the issue.



Key Discoveries & Insights

One of the clearest takeaways from CAH's year-long exploration was the recognition that mental illness and addiction are not only prevalent among the homeless population but also largely untreated. Many of those interviewed during outreach efforts reported chronic psychiatric conditions or substance use disorders that prevented them from accessing or maintaining stable housing. Existing services are insufficient, with long waitlists, limited bed space, and burdensome criteria for entry. Even when resources are technically available, they are often not tailored to the complex needs of chronically homeless individuals.

In tandem with this, it became evident that resource navigation—connecting individuals with the services they need—is fragmented and inefficient. Service providers operate in silos, and those experiencing homelessness frequently find themselves repeating the same information to multiple agencies, with little continuity of care. The lack of a shared, community-wide data system means that individuals often fall through the cracks, and service duplication wastes precious time and funding.

Shelter systems, while doing heroic work, are strained to their limits. Faith Mission and Faith Refuge collectively provided over 126,000 meals and nearly 38,000 nights of shelter in 2023. Despite this enormous [output](#), the facilities are regularly at or near capacity. More troubling, they often lack the flexibility or infrastructure to serve populations with unique needs, such as women with small children, individuals recently discharged from hospitals, or those with cognitive or physical disabilities. The city currently lacks sufficient emergency shelter options that can accommodate these groups in a safe and dignified way.

Beyond individual hardship, the public impact of homelessness was a recurring theme throughout the CAH process (see [ride-along](#)). Parks, sidewalks, and underpasses have become informal shelter spaces, raising concerns about public health, sanitation, and safety. City officials and park employees expressed frustration about the inconsistent enforcement of ordinances that prohibit camping or panhandling in public spaces. Without clear policies or viable alternatives for those displaced by enforcement actions, these efforts often amount to little more than displacement.

Despite these challenges, CAH found an encouraging undercurrent of goodwill and willingness to act. Faith communities, civic organizations, and individual citizens are eager to be

part of the solution. However, what is often missing is a clear pathway for constructive engagement. Volunteers need training. Organizations need coordination. The community's energy is real, but it needs structure to become sustainable.

Strategic Action Areas

As a result of this wide-ranging inquiry, CAH identified several strategic imperatives that must guide Wichita Falls' next steps. Chief among them is the urgent need to improve communication and coordination among all agencies involved in addressing homelessness. This includes city departments such as police, fire, and parks, the Nortex Regional Planning Commission ([NRPC](#)), healthcare and mental health providers like Helen Farabee, and local food programs such as the Wichita Falls Area Food Bank ([WFAFB](#)) and its partners. Building from this base, the community must move toward a shared information platform. Systems like the Homeless Management Information System (HMIS) should be expanded and widely adopted. Doing so would create a more seamless and coordinated landscape of care, allowing agencies to track engagement, reduce duplication, and manage cases more effectively.

Equally important is the expansion of mental health and addiction services. The current system is overwhelmed and unable to provide adequate coverage for the needs of this population. The CAH plan calls for support of key players like Helen Farabee, expansion of crisis respite services, and renewed consideration of a new Crisis Respite Unit, as envisioned before the COVID pandemic. The recently deployed Crisis Assistance Response Team (CART), which brings together law enforcement, EMTs, and mental health professionals, has shown promise and should be expanded with additional units and funding. The community must also find innovative ways to extend case management into neighborhoods and streets, with outreach from professionals embedded in shelters and support agencies like Faith Mission and Faith Refuge.

The need for additional emergency shelter capacity cannot be overstated. As the city ramps up its response, especially with increased enforcement of anti-camping and anti-solicitation ordinances, demand for shelter will grow. The CAH strategy includes targeted development of beds for specific populations who are currently underserved: medically ill individuals recently discharged from hospitals, women with children, teenagers, and individuals

with non-binary gender identities. The creation of medical respite beds—especially in facilities like the Faith Respite Units—will help address one of the largest service gaps for unsheltered individuals with short-term medical needs.

A robust strategy must also address long-term housing stability. Permanent supportive housing must be made more accessible by improving voucher circulation and establishing policies that incentivize residents to graduate from the system when able. These programs must pair stable housing with case management, addiction recovery support, and life-skills development. Without these wraparound services, housing alone cannot resolve the root causes of homelessness.

Finally, the broader community must be engaged more intentionally. This includes enhancing public education around homelessness, reducing counterproductive involvement, and fostering awareness of resources and volunteer opportunities. Business leaders should be encouraged to provide job pathways and offer accommodations for individuals transitioning from homelessness. Civic groups, religious organizations, and individual volunteers should be equipped with training to fill human resource gaps at shelters and outreach programs. Ordinance enforcement should not be punitive but paired with support systems, guiding individuals toward shelter and care. Enforcement consistency, particularly by police and park departments, will be critical to maintaining order while protecting dignity and rights.

The Path Forward

Wichita Falls is at a critical juncture. The discoveries made by CAH over the past year point to a clear path forward—one that is rooted in empathy, strengthened by strategy, and made possible by collaboration. Stakeholders should work together to formalize partnerships, secure funding, and develop training programs that prepare citizens and professionals alike to act. Data systems must be improved, shelters expanded, and mental health infrastructure bolstered.

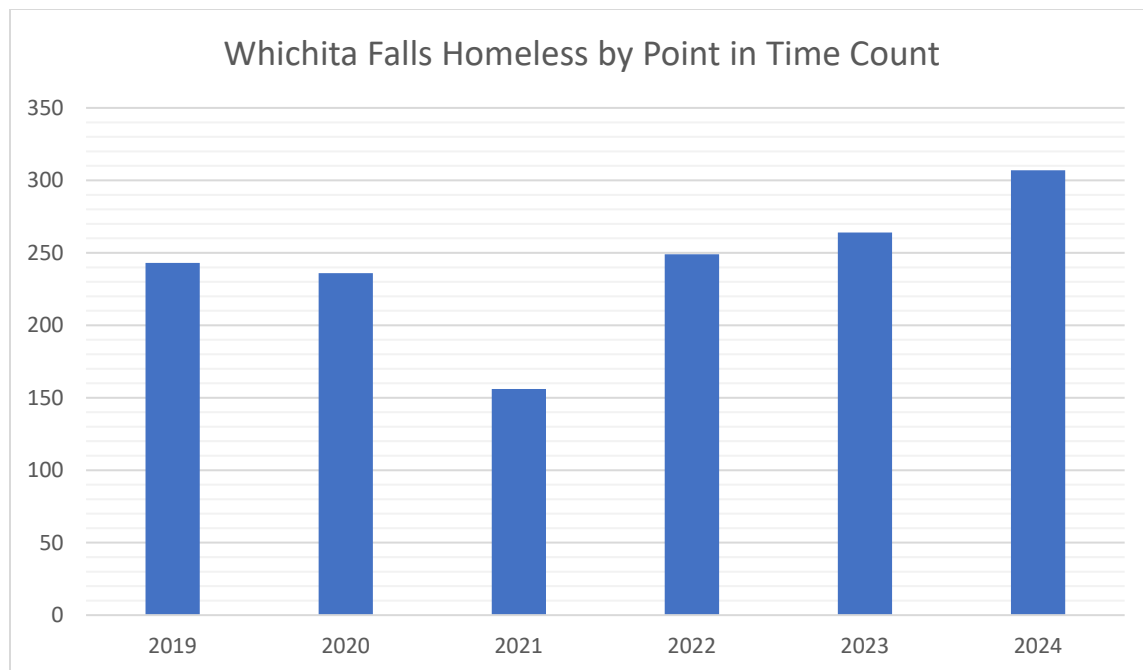
But perhaps most importantly, the people of Wichita Falls must embrace the idea that homelessness is not someone else's problem, it is a shared civic challenge, and addressing it is a moral imperative. If Wichita Falls can rise to this moment, it has the potential to become not

only a safer, healthier city—but a model for other mid-sized communities grappling with similar issues. What started as a meeting has become a movement. Now, it's time to act.

Appendices

Appendix A

Data



PIT Details

2019	243
2020	236
2021	156 (COVID interruption)
2022	249 [7.4 per 10,000 8.1 per 10,000 in State of Texas] Children 20 – 8% Female 94 – 38% Male 151 – 61% Hispanic 98 White 192 Black 33 Sheltered 126 Unsheltered 110
2023	264 Children 25 Female 91, 34% Male 172, 65% (13.9%+ year over year) Hispanic 43 White 220 Black 33 Sheltered 157 (24.6% increase) Unsheltered 100 Veterans 7
2024	307 (14.1%+ from 2023, 18.9%+ from 2022) Emergency Shelter 185 Unsheltered 106 Self-reported mental illness 115 Self-reported substance abuse 60 Self-reported domestic violence 39

Conclusions from the PIT numbers: The Point in Time Count is very difficult, and results are inherently flawed, but the trend suggests significant increases in homelessness in Wichita Falls that mirror the national results. The 2023 Wichita Falls PIT results were the highest ever recorded and showed a 15% increase from the previous year.

Additional Data from Faith Mission | Faith Refuge (WFFM)

Category	2022	2023
New Client Intakes		
Faith Mission	301 clients	351 males (16.3% increase)
Faith Refuge	344 clients	287 females
Total New Intakes	645 clients	638 clients
Shelter and Meal Services (2023)		
Shelter Services		
└─ Nights of Shelter — Faith Mission	—	20,671 nights
└─ Nights of Shelter — Faith Refuge	—	16,923 nights
Total Shelter Nights	—	37,594 nights
Meal Services		
└─ Meals Served — Faith Mission	—	92,443 meals
└─ Meals Served — Faith Refuge	—	34,016 meals
Total Meals Served	—	126,459 meals
Nightly Capacity Usage		
Individual Dorms	—	60–80% occupancy
Family Rooms	—	100% occupancy
Program Rooms	—	100% occupancy

Conclusions from the PIT numbers: The Point in Time Count is very difficult, and results are inherently flawed, but the trend suggests significant increases in homelessness in Wichita Falls that mirror the national results. The 2023 Wichita Falls PIT results were the highest ever recorded and showed a 15% increase from the previous year.

Flaws in the PIT methods need further analysis to draw conclusions and implement process improvements and additional methods. There is evidence that counting homeless women is more challenging than men with the current processes. The count is very likely significantly undercounting hidden homelessness. Innovation is needed.

NOTE: 2024 was a record year for homelessness:

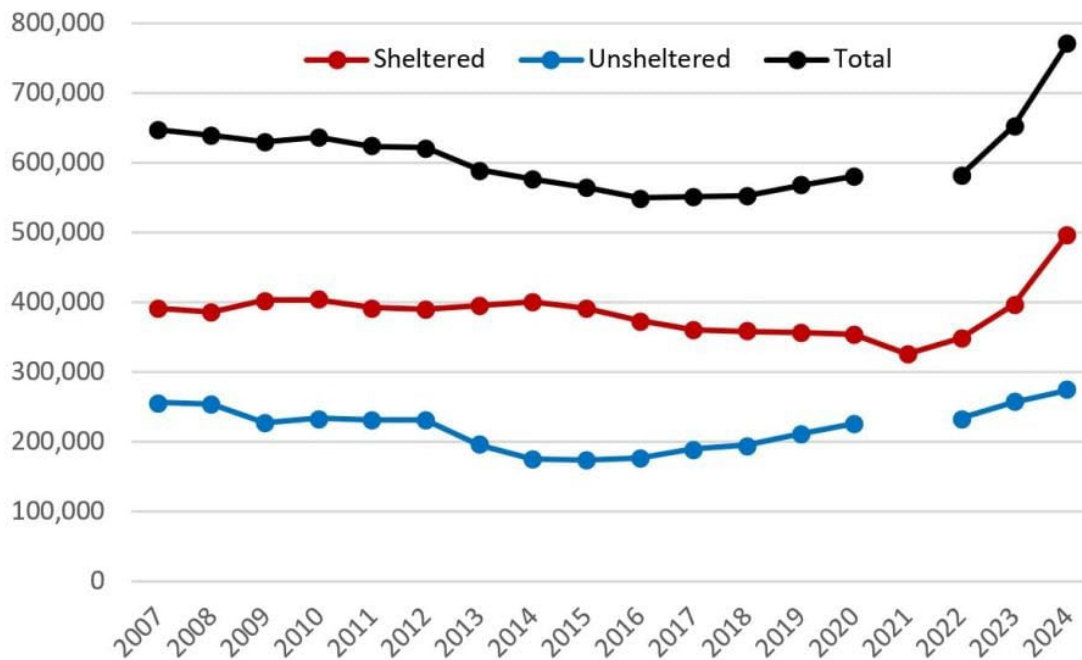
“Point in Time” Count Results: Steve Sparks provided attendees with an update on the PIT completed in **January of 2024**. The results revealed **a record year** for the homeless population in Wichita County with a total of 307 total homeless counted, 185 in emergency shelters, 106 unsheltered, and 24 veterans. Those counted were individually interviewed by PIT volunteers. Those interviewed “self-reported” as 115 suffering from mental illness, 39 homeless due to domestic violence, and 60 with substance abuse. Total unsheltered in Wichita Falls has increased 14.1% since 2023 and 19.1% since 2022.

HUD Releases January 2024 Point-In-Time Count Report

The Annual Homelessness Assessment Report: Part 1 data highlights progress and challenges in Addressing Homelessness Across the Nation

Highlights of the 2024 Data:

The annual United States homeless population estimates for 2024 were released December 17, 2024. Homelessness grew by a record 18% annually in 2024, following a then record 12% increase in 2023. As shown in the figure below, the recent spike in homelessness is unprecedented. Going back 17 years since national homeless counts began, homelessness never before grew by more than 3% in a single year.



Notes: Homeless population counts are typically conducted during the last two weeks in January of each year, by individual Continuums of Care. The national unsheltered homelessness count was not tabulated for 2021 due to disruptions from the COVID-19 pandemic.

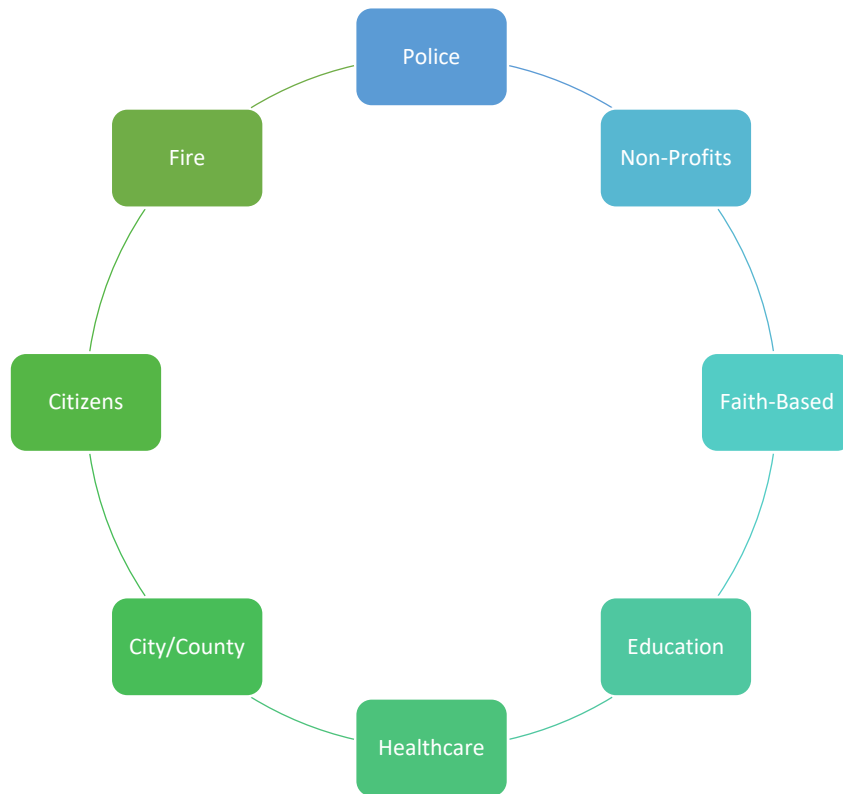
Recognizing Homelessness | Four (4) Categories of Homelessness According to HUD

1. **Transitional Homelessness** - Transitional homelessness is “a state of homelessness that’s a result of a major life change or catastrophic event”. These life changes might be job loss, a health condition, divorce, domestic abuse, a substance use disorder, or personal or family crisis, among many others, resulting in people being in unhoused situations for less than a year. People who experience transitional homelessness may enter a transitional housing program for a limited time. They may also sleep in their cars or outside. Oftentimes people experiencing transitional homelessness still have jobs but cannot afford housing and other expenses.
2. **Episodic Homelessness** – Episodic homelessness can be a status of unhoused or have experienced at least 3 periods of homelessness within the last 12 months. In some cases, some are unhoused people who have seasonal or minimum wage income jobs. They may also have substance use disorder, mental illness, and other mental and/or physical health conditions. Episodic homelessness can eventually become chronic homelessness if adequate resources and support are not obtained.
3. **Chronic Homelessness** – Chronic Homelessness, as defined by the Department of Housing and Urban Development (HUD), is an unaccompanied homeless individual with a disabling condition who has been homeless for 12 months or 4 times in the past 3 years. The disabling condition can be mental health, addiction or another debilitating condition that restricts their ability to escape homelessness. According to the National Alliance to End Homelessness, this population tends to be older and makeup about 17% of the homeless population. This population lives on the streets, in parks, cars or in other places that are not suitable or safe for living.
4. **Hidden Homelessness** – Hidden Homelessness describes individuals who live with others temporarily without a permanent home and are often most unnoticed. Since they lack access to housing support resources and cannot be identified, they are “hidden” from national statistics on homelessness. They often turn to friends, family and neighbors for shelters. Many in the “hidden homeless” population are younger people who have experienced a sudden catastrophic life change, trauma, or challenges as a result. Many youths are often harassed and discriminated against when they seek alternative housing, which contributes to their disproportionately high rate of homelessness. Compared to older people, young people are often considered "invisible homeless" - and statistics about them are scarce as they don't typically access services. The first sign of homelessness for them may be couch surfing or sleeping over with friends, which is less serious and obvious than sleeping on the street.

Appendix B

Summits 1 - 3

Citizens Addressing Homelessness | Summits 1 - 3



First Solutions Summit: Held January 18, 2024

Organizers: Louis J Wilson, MD and Steve Sparks

MEETING AGENDA

14:30 pm	Welcome Reception
15:00 pm	Opening Prayer (Rev. George Davis, New Harvest Church)
15:05 pm	Opening Remarks: Louis J Wilson, MD and Steve Sparks
15:15 pm	Attendees Introductions (Attendees)
15:30 pm	Addressing the Questions (Attendees)
16:30 pm	Organizing for Next Steps
17:00 pm	Adjournment

THE QUESTIONS ADDRESSED AT THE INITIAL SUMMIT

1. DEMOGRAPHICS OF THE CHRONICALLY HOMELESS: What are the definitions we should use? What are the demographic realities of the chronically homeless in Wichita Falls? How many? Who are they? Why are they homeless? How many chronically homeless in Wichita Falls have relocated here from other M.S.A.s.
2. How many of the chronically homeless have psychiatric illness? What type of illnesses do they have? How many are addicted to alcohol or drugs?
3. How many of the chronically homeless are already connected to public resources such as Medicaid, VA Benefits, Medicare, or Disability Benefits etc.?
4. How many of the chronically homeless are a public danger?
5. What is the effect of the North Texas State Hospital on the homeless population?
6. What is the effect of homelessness on local business?
7. What are the ethical foundations or considerations of this effort?
8. What is being done by local organizations or citizens that enables or worsens the problem?
9. How many of the chronically homeless have been previously arrested or have been recently released from incarceration?
10. What is the role of enforcement in these efforts? Should that role change? How can law enforcement be better supported in these efforts?
11. COOPERATION - How effective is the city-wide cooperation between groups and resources to address the issue? Is there a need for processes outside of the current Homeless Coalition (Continuum of Care Coalition managed by the Nortex RPC)? Should the current Homeless Coalition be managed differently? How can better cooperation between NGOs and government improve the outcomes?
12. What can we reasonably expect to accomplish?
13. Are there ways to increase the “leverage” on homeless citizens to participate in case-management, use available resources or seek appropriate care?
14. What can be expected of the chronically homeless citizens themselves? How could they be part of the solution? What should be done with refractory cases?
15. How could ordinary citizens be better engaged in the effort? Could ordinary citizens be trained or better engaged to fill gaps in available human resources?

January 18 Summit attendees included: **Glenda Adams Overstreet** (Office Manager, Wichita County Indigent Health); **Mark Beauchamp** (County Commissioner); **Manuel Borrego** (Police Chief, Wichita Falls Police Department); **Major Burton** (Major, Salvation Army); **Chelsea Carlton** (Assistant District Attorney, District Attorney's Office); **William Carter** (Health Educator, Wichita County Public Health); **Darcy Clear** (Health Educator, United Regional Transition Clinic); **Katie Cogdell** (MVP Program, United Regional Health System); **George Davis** (Pastor, New Harvest Church); **Karel Davis** (Program Manager, Wichita County Public Health); **Vanessa Dishman** (Administrative Assistant, WFISD Dr Donny Lee); **Terry Floyd** (Development Services Director, City of Wichita Falls); **Liz Flynn** (TX 13 Eastern District Manager, Congressman Ronny Jackson); **Rita Gauthier** (Director Client Services, Catholic Charities); **Guy Gilmore** (Deputy Police Chief, Wichita Falls Police Department); **Kyle Guthrie** (Case Manager, Faith Mission); **Diana Gwin** (Human Resources Manager, Mann Hummel/Pamlico Air); **Lauren Hargrove** (Clinical Supervisor Adult Mental Health, Helen Farabee); **Donald Hughes** (Fire Chief, Wichita Falls Fire Department); **Brian Hull** (Medical Director, Transition Clinic); **Jim Johnson** (County Judge, Wichita County); **Blake Juecek** (Assistant City Manager, City of Wichita Falls); **Andrew Martin** (Associate Executive Director, Helen Farabee Centers); **Candi McKee** (Assistant Pastor) and **Dwayne McKee** (Pastor), Church Without Walls; **Martin Melenie** (Case Manager, Faith Mission); **Diane Morgan** (Housing Services Director, Nortex Regional Planning Commission); **Michelle Nelson** (Director of Ambulatory and Supportive Care, United Regional Health System); **Emile Payne** (Director of Community Health, United Regional Health System); **Rod Payne** (Pastor of Missions, First Baptist Church); **Bob Payton** (District Director for James Frank, Bob Payton Consulting); **Teea Reed** (COO, Union Square Credit Union); **Stephen Santellana** (Immediate Past Mayor, City of Wichita Falls); **Steve Sparks** (Executive Director, Faith Mission); **Nancy Townley** (C.O.O. Retired, United Regional Health System); **Scott Vaughn** (Deputy Police Chief, Wichita Falls Police Department); **Troy Williams** (Fire Fighter, Wichita Falls Fire Department); **Louis Wilson** (Physician/Managing Partner, Wichita Falls Gastroenterology); **Greg Wilson** (Lieutenant, Wichita County Sheriff's Department); and **Julie Wilson** (Wichita County GOP Chairwoman). Also present: **Pam Hughes Pak** and **Sam Pak**.

ACTION GROUPS ORGANIZED

After the Solutions Summit, several Action Groups were organized. The groups were tasked to create innovations and actionable solutions for the areas identified during the first summit. The ACTION GROUPS created were as follows:

1. Business Leaders Addressing Homelessness - Organizer Bob Payton
2. Community Education and Communication - Organizer Karel Davis
3. Innovating the Continuum of Care Coalition – Organizer Pat Daughtery
4. Consolidation and improvement of the Navigation Pathway - Organizer Nancy Townley
5. Boots on the Ground Recruitment and Training – Organizer Stephen Santellano
6. Mission Statement/Ethical Framework Development - Organizer Steve Sparks

Second CAH Solutions Summit: Held March 21, 2024

Organizers: Louis J Wilson, MD and Steve Sparks

MEETING AGENDA

14:30 pm	Welcome Reception
15:00 pm	Opening Prayer
15:05 pm	Opening Remarks: Louis J Wilson, MD
15:15 pm	New Attendees Introductions (Attendees)
15:30 pm	Mission Statement and Vision (Steve Sparks)
15:45 pm	Action Group Break Out Sessions
16:15 pm	Action Group Open Discussions (Action Group Leaders)
16:50 pm	Next Steps/Action Items Review (Louis J Wilson, MD)
17:00 pm	Closing Prayer and Adjournment

1. Business Leaders Addressing Homelessness - Organizer Bob Payton

- Provide business perspective and economic concerns.
- Provide support from place of employment for the efforts of the other actions groups.
- Discuss ways to enhance employment opportunities for homeless citizens.
- Collaborate with Faith Mission and other addiction recovery programs to train and employ homeless citizens.

2. Community Education and Communication - Organizer Karel Davis

- Develop communication channels for efforts to reduce homelessness.
- Communicate the mission and vision of CAH.
- Explore opportunities to educate the community about best practices related to homelessness and the best use of available resources.

3. Innovating the Continuum of Care Coalition – Organizer Pat Daugherty

- Enhance the effectiveness of the COC through innovation and collaboration.
- Make use of the COC infrastructure to accomplish the action items and goals of reducing homelessness.
- Provide expanded and improved resource navigation for those working with homeless citizens while simultaneously meeting the needs of the COC to provide “coordinated entry”.

4. Consolidation and improvement of the Navigation Pathway - Organizer Nancy Townley

- Innovate the methods and provision of resource navigation for citizens affected by homelessness.
- To work with the COC to provide coordinated entry of homeless citizens while also providing streamlined resource navigation tools.

5. Boots on the Ground Recruitment and Training – Organizer Stephen Santellano

- Explore best practices to engage and train community citizens in work to reduce homelessness.
- To better make use of the communities’ charitable energies in effectively addressing homelessness.
- To build relationships with churches and other entities where people may be recruited and trained for the work needed at current shelters and organized efforts.

6. Mission Statement/Ethical Framework Development - Organizer Steve Sparks

- To create and explain the ethical foundation for the work of CAH.
- To provide mission-based direction to all the efforts of CAH.

Citizens Addressing Homelessness

Summit 3: Thursday October 10, 2024

URHCS Transition Clinic

1301 Third Street

MISSION STATEMENT:

Ethically reducing homelessness through citizen partnerships, innovative solutions, and effective actions.

VISION:

To be an exceptional community that responds to the difficult problem of homelessness with durable and sustainable solutions.

MOTTO:

“A City at Home”

The meeting began with remarks by Dr Louis J Wilson that included a list of recommended “steps” for the community response to homelessness. The list has been developed based on the first two summits on homelessness and numerous other meetings of task force leaders, community leaders, visits to encampments, mental health facilities, shelters, addiction recovery programs, the food bank, and ‘ride-alongs” with police and the parks department. After the presentation of the list, attendees made remarks and suggestions. The list discussed is here:

Appendix C

Accompanying Police on Patrol

Accompanying Police on Patrol (1) LAW ENFORCEMENT RIDE-ALONG EXPERIENCE

Dr. Louis J. Wilson spent a shift with W.F. Police Officer Robert Ruff on February 22, 2024, which included visitation of several homeless encampments in Wichita Falls, Texas. Multiple citizens affected by homelessness were interviewed. Specific encounters are described as follows:

A. Visited the **Helen Farabee Crisis Intervention Services Unit** and **Wood Group Crisis Respite Center (Temporary shelter)** at 500 Broad Street, Wichita Falls, Texas.

Staff members at both facilities were interviewed including the law enforcement liaison, crisis relapse and prevention case manager, and crisis services and continuity of care director. The facilities were found to be moderately dilapidated and could benefit from significant repairs and upgrades. The beds at the shelter facility were not full. A total of 16 beds are present, two of which are usually specifically assigned to people with intellectual and developmental disabilities (IDD). Sex offenders are a population that may be sheltered at this facility, and these clients are especially difficult to find long-term placement for. Typically, clients in urgent need stay at the *Respite* three to five days. During that time, it functions as a skilled nursing facility with psychiatric care. We interviewed the registered nurse on duty as well.

We were informed that psychiatric patients discharged from the North Texas State Hospital often are discharged to this facility, which creates a potential source of homelessness because it only provides short-term shelter to those in immediate need. If those clients are then found to be inappropriate for local shelters such as Faith Mission or the Salvation Army, they may end up homeless. Clients are often from outside of the Wichita Falls MSA and are nevertheless released by the state hospital to temporary addresses in the community without transportation back to their original city. Since their support network may be many miles away in other communities, this creates a high risk for homelessness. Some clients are “wanderers” who have been homeless in numerous different communities or other states before arriving in Wichita Falls. Some are victims of trafficking or violence and are referred to law enforcement only with the client’s permission. Program “dropouts” from the addiction recovery programs in town may also become CRS or Respite patients.

Citizens affected by homelessness often have a sophisticated awareness of the rules and policies of the various hospitals, mental health facilities, shelters or legal authorities and may make use of them in a variety of ways that may allow them to avoid long-term care. For instance, clients may come to Crisis Intervention Services (CIS) because they are having personal troubles with other homeless people in their encampment. The clients know that the Crisis Intervention Services program is the fastest way to get into Helen Farabee clinic system. They also know that if they have trouble either because they owe money or have a conflict with other homeless individuals at an encampment, that they can come to the Respite Shelter and “hide.” At other times, they may use the shelter to “hide” from law enforcement for the same reason and rely upon the HIPAA rules under those circumstances to remain anonymous. The law enforcement liaison at the CIS told us they often see homeless clients coming from the local

homeless encampments in a recurring cycle and may be called “frequent flyers” who are aware of the words or phrases to use to be admitted immediately to the Crisis Respite Unit (the 16-bed shelter). Those phrases include statements about being “suicidal” or “homicidal.” Others have also been known to physically harm themselves to meet criteria to be admitted to Red River Hospital. CIS has contracted beds at Red River Hospital for those instances. The mental health professionals at CIS often act like “air traffic controllers for mental health” or mental health triage, or as case managers to manage resources across entities.

B. **Parking lot of abandoned Piggly Wiggly**, eastside Wichita Falls, Texas.

An abandoned and dilapidated Piggly Wiggly store parking lot in the east side of Wichita Falls is a homeless encampment. Multiple people were seen and interviewed at the site. Several were drinking alcohol and socializing on furniture outside of the building. Tents or beds have also been set up along the wall of the facility. It was not clear that all the people socializing there were homeless, and a couple of them stated that they had homes nearby.

C. **Sewers** adjacent to Walgreens store on Kemp Boulevard at the intersection of Kemp and Southwest Parkway.

Homeless individuals take up temporary residence in the sewers underneath Kemp Street near the Walgreens. We investigated the sewers and identified a sleeping bag and extensive trash that suggested previous habitation. No people were seen.

D. **Spudder Park encampment** - Spudder Park in the eastside of Wichita Falls, Texas, was visited.

There is an encampment located on city property on the north side of Spudder Park. Only one tent was seen when we were there, but it was reported to us that others had recently been forced to relocate. Evidence of recent fires for cooking or warmth were seen on the grounds. The resident we interviewed told us he has been “allowed to stay” in Spudder Park by officials in the city of Wichita Falls Park Department while awaiting an apartment at the Midtown Manor Apartments. Apparently, the individual was told that he could stay for a week but had been there about five weeks since then. He told us that homeless individuals had been recently evicted from Spudder Park due to fire building and littering, but he claimed he was allowed to stay there because “he cleaned up the trash.” He was aware that a bed was available for him at the Faith Mission, and he had already been in contact with the Faith Mission men's case manager, Kyle Guthrie, but chose to remain at the park. Officer Ruff confirmed with Midtown Manor by telephone that the individual was on the waiting list for an apartment and was expected to have a residence there sometime in March.

This situation demonstrates how inconsistency in enforcement or sporadic leniency for individuals who have other resources available to them for housing such as at the Faith Mission shelter, results in unnecessary homeless encampments on public spaces.

E. **O. K. Liquor Store encampment**, east side of Wichita Falls.

We visited an encampment directly West of the O K Liquor store which is in a lot with heavy growth of tall cattails. The cattails have been cut and groomed by campers to allow for passageways to and from tents hidden from view. It appears to have been inhabited for an extensive period even to include placement of carpet squares on the “entranceway” through the cattails. Extensive garbage, clothing, food debris and evidence of liquor bottles were present, but no people.

CONCLUSIONS FROM LAW ENFORCEMENT RIDE ALONG EXPERIENCE:

1. Enforcement of anti-camping and anti-solicitation ordinances is inconsistent and may represent an opportunity for a reduction in homelessness by leveraging people into opportunities for housing and care. Erratic enforcement of these rules could potentially make closing or preventing encampments more difficult. Citizens in areas of the city near these parks and encampments may also benefit from more consistent enforcement of those laws. Communication between the City Parks Department and other agencies involved in housing and care for the homeless should be improved.
2. Coordination of mental health resources and crisis services is exceedingly challenging, such that Mental Health Crisis Services and Crisis Respite are an important part of the homelessness “cycle”. The cycle involves the North Texas State Hospital, the Crisis Intervention Services and Crisis Respite Center, as well as other local shelters, jails, and the streets or public places. Many of the chronically homeless cycling through these facilities are aware of policies and rules of the resources available to them for periodic shelter, periodic services, and manipulate those services for short-term benefit. Improved resource navigation and communication between providers at these facilities offers an opportunity for improvement.

Accompanying Police on Patrol (2)

Wichita Falls Parks Department Ride-along experience:

“If we can’t see you, we’ll leave you alone.”

Dr. Louis Wilson spent the afternoon in a “ride-along” with Wichita Falls Assistant Director of Parks, Terry Points, on 03/14/2024. This included a visit to several homeless encampments on or near parks and public spaces and interviewing Mr. Points about the effect of homelessness on his 30 years of work as an employee of the department.

1. Bridwell Park on Harrison Boulevard

Bridwell Park is a common loitering location for homeless citizens who often use the park benches, tables, and shelter during the day, but rarely at night. The city installed a durable park bathroom to be used by visitors to the park which Points described as nearly “indestructible” with metal walls, metal roof, a prison toilet and sink, and concrete floors. It is very similar to bathrooms installed in many Wichita Falls parks. Unfortunately, these bathrooms often become a “house” or have been used for “cooking crack or meth” by homeless people at the park, and, therefore must be locked or closed most of the time. During the summer, they usually open the bathroom for the public to use, but park staff must “watch it closely.”

2. Wichita Falls Circle Trail/River Trail:

We traveled along a mile long section of the Wichita Falls Circle Trail section adjacent to the Wichita Falls River on the east side of Wichita Falls near third street. Wooded areas there have become a “makeshift neighborhood” of homeless encampments mostly hidden in the trees. Homeless campers have created a network of trails through the wooded areas and cut down trees to create space for tents, sitting areas, and areas used as toilets. We walked such a trail to isolated camps which were filled with trash, discarded tools, broken furniture, toys, bicycles, and a variety of used or unused building materials such as shingles or boards. A man named Jason sleeping in a tent came out to talk with us. He said he had been living at this encampment for about a year. There were stacks of fresh canned goods near his tent which he received from the pantry near the city library or other pantries he visits for foods frequently. He also says he makes additional income by “finding things that people throw away” and fixing them to sell. He denies any active addiction but says he has become homeless because of a broken relationship. He is not interested in residence in a shelter because he prefers to “just stay here” for now. He does not have an ID card.

3. Emanuel Davis overpass:

The overpass provides shelter for the homeless to camp underneath. We observed trash and sleeping bags in the area, but no people were sleeping at the time. Mr. Points explained that he has spent a great deal of staff time and city money removing such camps and associated trash, but also cleaning graffiti from the concrete structures.

4. Kemp-Sunnyside Park and Multipurpose Center.

The park bathroom at this park has been used for drug use, and on one occasion Mr. Points had to help rescue a homeless man who had overdosed on fentanyl. The door to the bathroom had been locked, and several firefighters had to work for an extended period to get into the bathroom.

5. The “Fly Over”. Public spaces between Broad Street and Holliday Street and green spaces nearby.

This area is a popular place for the homeless to solicit money from drivers and to loiter in the shade during the day. The green spaces have been heavily damaged by the effect of homelessness. Trees and landscaping in such areas must be adjusted frequently and all plantings must take into consideration the damage and effect of homelessness. For example, the green space at the south end of the “fly-over” contained a beautiful grove of juniper trees planted by the city surrounded by pine trees. Each tree must also have a special drip watering system installed. Terry estimates that he has planted over 20,000 trees during his time with the department along with over 300 miles of drip watering system. However, the Juniper trees became a popular bathroom for homeless people sleeping near Broad Street and Holliday Street and became severely damaged. Park employees frequently had to clean human waste in the cluster of trees. Therefore, all the trees had to be removed from the site, the watering lines capped and the pine trees that remained had to be trimmed up to remove any privacy. This improved the situation, but trees in the area remain a popular sleeping spot for the homeless. Over the past 30 years, many of the city’s plantings have had to be replanted or revised entirely because of the destruction of homelessness.

6. Harold Jones Park (previously Bellevue Park).

Harold Jones Park was once a popular, highly visible, and beautiful recreation area for people driving through Wichita Falls for many years but is now virtually unused. The Harold Jones family donated funds to build a beautiful “sunken water garden” at the park including dancing fountains and pools. However, the sunken garden became a popular location for bathing by homeless people and was soiled by human waste daily. Park employees attempted to clean the fountain daily, often finding it full of trash, filthy clothing, and human waste. Therefore, the fountains were abandoned and decommissioned altogether. Plans are being made to consider filling the area entirely with dirt and planting grass over the top of it. Mr. Points says that many such beautiful parks and recreation opportunities for travelers, visitors, and citizens have been lost to the effect of homelessness.

7. “If I can’t see you, I will leave you alone.”

The park’s employees have told homeless citizens living in encampments on public property that if they “can’t see them,” they will leave them alone. This drives them into hidden areas or wooded areas and out of public sight but does nothing to reduce the damage they cause. It is a “temporary solution” that seems to accept the camping as unavoidable.

8. Hiring Homeless people for the parks department - “Two success stories out of 100.”

Mr. Points reports he has had more than 100 conversations with homeless people in Wichita Falls, offering them jobs in the park department. The Wichita Falls Park Department desperately needs employees at this time, and he has observed that many of the homeless that he encounters appear to be able-bodied and could work. In more than a 100 such conversations, he has “two success stories.” of previously homeless people that have taken up his offer and worked for the park department. Both have been successful in doing so. One of them continues to work for the city currently.

Bleeding Resources: Extensive city recreational resources, staff time, and financial resources are continuously required to overcome the destruction and clutter associated with homelessness. Park department employees interact with homeless citizens frequently and are sometimes indirectly responsible for determining who stays on public property. The process is informal and does not represent a good long-term solution.

What about food programs? Area food programs are designed to address poverty related food insecurity, but policies at area pantries may also indirectly contribute to the problem of homelessness. The distribution of free food at pantries not only indirectly increases the burden of trash that city employees must subsequently clean, but the presence of pantries near encampments enables the homeless to receive free food while avoiding interaction with opportunities for improvement in their lives and reducing their need to work or consider the more comprehensive resources available to them. Food distribution is also a valuable opportunity to collect information about unsheltered individuals that could be useful to providing aid to them.

Appendix D

Leadership Insights

**Citizens addressing homelessness
Action group leaders meeting on 08/01/2024.**

Present were Dr. Louis Wilson, Steve Sparks, Karel Davis, Bob Payton, Pat Daughtery, and Nancy Townley.

Creating a Dynamic and Useful HMIA:

The meeting focused on creating a more dynamic coordinated entry process in our region, and eventually settled on the idea of expanding the access and usefulness of the homeless management information system (HMIS) being used by our local continuity of care (COC). The HMIS system used by the COC is called **Service Point** (formerly known as WellSky). The agency partners currently using the system is limited to very few, including Faith Mission and Faith Refuge, First Step, and Nortex. Resource navigation throughout the community is highly fragmented currently. Connecting the functions of *coordinated entry*, which is required by HUD for the COC, and resource navigation, might have several advantages to the community:

1. Decrease in the duplication of services,
2. Decrease in the misuse of services, and
3. Decrease waste of services provided to those affected by homelessness in the Wichita Falls area.
4. Allow for more efficient identification of homeless individuals and track resource providers they utilize.
5. Allow law enforcement and city officials more efficient identification of homeless individuals.

Initially, the plan is to contact officials of the city of Wichita Falls, particularly the police department and the parks department, and potentially also code enforcement, county law enforcement, healthcare providers such as Helen Farabee, United Regional, and the Community Healthcare Clinic. Access to the HMIS could be allowed through memorandums of understanding or business service agreements. Core functions and data for sharing would be defined and the system modified to be as useful as possible. Every attempt would be made to create a dynamic entry and sharing of important information. We acknowledge that many entities have a limited workforce for data entry and may propose that COC grants or city administrative funds be applied to the effort.

Business Leaders | Employers Action Group

Notes from 3/6/24 meeting led by Bob Payton

Various Awareness Campaigns need to be developed to have the Employer Community and others become aware of issues and options for involvement, all pointed toward a goal of opening additional job opportunities for our homeless population.

- Expand Employer Vision of Homeless
 - Grow understanding that "homeless" is not some faceless group over there.
 - Share true life stories of functioning, employed homeless possibly already working for you.
 - You may already have worthy employees that are in transition or need an extra level of support for a period.
 - Video/PowerPoint stories of employees who moved past homelessness after gaining employment.
 - Make presentations to HR Management Association, Civic Clubs, Professional associations, Chamber of Commerce
- Targeted meetings with largest employers for support
 - Help build awareness through their employee base.
 - Identify what job opportunities could fit and accommodation that could be made to hire homeless.
 - Work with their various business units as well as their HR department.
 - Example A: WFISD PIE Partners as well as district could be a tie for related businesses, HR, Homeless Liaison, and educational opportunities.
 - Example B: URHCS helping with Transition clinic, but now also HR department.
 - SAFB and MSU opportunities need to be explored.
- Community/Business Awareness/Support
 - Bring back Night in a Box or other awareness events.
 - Dress For Success - either clothing closet or workshops on proper attire
- Employer Hiring
 - Work with shelters to identify hurdles to hiring.
 - Example: If transportation is an issue, have a reverse job fair with employers coming to interview candidates
 - Employers will need Community Support.
 - Our limited data suggests homeless have the best ability to thrive if support systems from community programs stay in place. There is a need for the program, employee, and employer to work together to achieve success.

Contributions by CAH Attendees

Kyle Guthrie – Faith Mission Case Manager 11/13/2023

The Vision at Faith Mission is to eliminate homelessness, and our Mission at Faith Mission is to provide Christ-centered programs and services that lead the homeless and addicted towards self-sufficiency.

Some solutions:

1. The number one thing that must take place is city involvement and county involvement. This is not just the police and Faith Mission. That's just the revolving cycle. It takes an Army to make change and see change. We need the Mayor, County leaders, City leaders, Fire Dept., additional churches, but mostly the public, because the public is what people see. We don't have everyone's involvement for resolutions and the answers.
2. The Special Response Team- I.E., Harris County Sheriff's Office and Houston Police Department have their own dedicated units for the homeless. They actively assist and are engaged. I encourage each to watch this short episodeⁱ. Mission has a Mobile Outreach Team, both case managers hit the streets twice a week and seek out those in need and even the ones that don't want the help. What do we do with those that don't want help? Can't force them, so what's the solution? We deem them chronically homeless.
3. We need certified mental health case managers inside the shelters. Working one on one. Our mental health system is broken, all we have is CRU at Helen Farabee. That is a walk in and walk out facility. The State Hospital only takes folks on certain conditions. WFPD can't even take them out there anymore unless they take them to CRU first, or they meet a certain criterion.
4. The housing situation is a long wait, some can't even get in because of evictions, criminal history and so forth. We need more places with second chance opportunities. Section 8 and Wichita Falls Housing Authority are the only things we have here in the city that have a direct connection with the homeless through our homeless shelter. We don't have enough housing units, we need more.
5. Everyone, all entities, and agencies must work together. A centralized system/database for tracking.
6. Homeless people with I.D.D., need rapid group home rehousing. I.E., homeless people that are fleeing from domestic violence and are a victim of DV, automatically get rapidly rehoused and pushed to the top of the list. I have seen folks housed within just a few weeks being DV victims. I.D.D., doesn't have anything local like this.
7. Registered Sex Offenders that are homeless, don't have a shelter. Faith Mission and Salvation Army will not take them. The city or county deems them as transient and puts them in a geographical location, according to the TX DPS Reg Site. I.E., sleeping somewhere near Walmart off Greenbriar. We need a centralized area for these offenders that are homeless to go to and group together, so we have a better location to find them. List of resources and agencies that do help with the offenders.

Steve Sparks – Faith Mission Chief Executive Officer

Some thoughts on the homeless situation in Wichita Falls from Steve Sparks:

1. Contributing factors include the economy, addiction, and mental health.
2. There is also a shortage of affordable housing in our community. The waiting list at the WF Housing Authority is upwards of 6 months. For some it is longer.
3. There aren't any serious efforts being made to get the mentally ill off the streets. Those without family support end up at the shelters or on the streets.
4. When P.D. is called for a mentally ill person, they can transport them to the North Texas State Hospital for evaluation. They are usually released within 24 hours and the person usually repeats the cycle.
5. Group homes are full, with waiting lists and are mostly for individuals with I.D.D.
6. WF Faith Mission does not have trained mental health professionals on its staff. I'm not sure about the Salvation Army.
7. I believe part of the solution for Mentally Ill could be taking steps to stabilizing as many as possible. That means assessing them, providing medication if necessary and case management care to keep them on their meds, make sure they keep their appointments and refill their meds.
8. Those who live on the streets will not do these things for themselves and many won't come into the shelters to receive help.
9. We have seen that building relationships with people on the street takes time but pays off. Some eventually agree to come in while others accept some help with things like I.D.'s.
10. The only leverage we have at WF Faith Mission is our 10-day rule. They can stay for 10 days and if they want to extend their stay, they must see a case manager and develop a plan. This has some success, but not nearly enough.
11. Some coordination between WF Faith Mission and Salvation Army is necessary so the chronically homeless can't jump back-and-forth without ever getting any help.
12. Criminal and violent behavior is a problem in the shelters. People who get barred from the shelters have no place to go.
13. Registered Sex Offenders also have no place to go.
14. A Mental Health Response Team with members of P.D., mental health professionals and EMT could be great for the first response, but what happens next?

Some solutions:

1. Tougher ordinances on sleeping and panhandling won't work unless there is an option other than fines or jail.
2. Housing with wrap-around support. More houses won't help unless those placed in them have addressed the reason, they became homeless in the first place.
3. More case management or social work on the streets. Many of those on the street have never been to a shelter or any other agency. Some are from out-of-town and don't have any plan except survival.

4. A more centralized system for tracking with the cooperation of all agencies.
5. More beds for addiction recovery. Some progress is being made helping those with addiction problems. WF Faith Mission only serves adults. I'm not sure what is being done for youth.

Appendix E

City Leaders Meeting

Meeting with city leaders on citizens addressing homelessness

Date March 28, 2025

Location: City Offices Third Floor Conference Room

Attendees: Dr. Louis J. Wilson; Steve Sparks – CEO of Faith Mission; Nancy Townley – task force leader for information city leaders in present; James McKechnie – acting city manager; Chief Manuel Borrego – chief of police; Paul Menzies, assistant city manager; Kinley Heggland – city attorney; Cody Melton – staff director; Terry Floyd – Director of development services; Whitney Flack – city council member; Austin Cobb – city council member; and acting chief of the fire department.

- Dr. Wilson opened the meeting with a discussion of the origins of citizens addressing homelessness and its community action plan. This included discussion of the mission statement, the vision, and the motto.
- The specific reason for the meeting was to ask city leaders for official support and to update them about the presence of this action plan.
- Each of the categories in the action plan was reviewed briefly.
- City leaders requested that the final report of citizens addressing homelessness be put into a form that can be shared.

Action items from the meeting:

1. The acting city manager will consider ways the city can support the Citizens Addressing Homelessness initiative.
2. CAH organizer Dr. Louis Wilson will modify the report of the outcome of the first year of citizens addressing homelessness and put it into a form that can be shared with other city leaders.
3. The meetings will include county officials such as county judge, Jim Johnson, and continuing of care board and president, Pat Daughtery.

A record year for homelessness:

“Point in Time” Count Results: Steve Sparks provided attendees with an update on the PIT completed in **January of 2024**. The results revealed **a record year** for the homeless population in Wichita County with a total of 307 total homeless counted, 185 in emergency shelters, 106 unsheltered, and 24 veterans. Those counted were individually interviewed by PIT volunteers. Those interviewed “self-reported” as 115 suffering from mental illness, 39 homeless due to domestic violence, and 60 with substance abuse.

GOOD NEWS: We would also like to give you a follow-up on the issue of single use bus passes for clients of the emergency shelters and other programs. At the meeting, Faith refuge Case Manager Melanie Martin explained how recent changes in payment options for city bus services threatened access to transportation for those staying at shelters or participating in addiction recovery and return to work programs. Nortex RPC Housing Programs Director Diane Morgan also expressed concerns. The policy involved a possible discontinuation of single ride payment tokens and the requirement to use electronic multi-ride cards. During and after the meeting, Bob Peyton, Mayor Tim Short, and Police Captain Kevin Fulmer made calls to investigate. City Transportation Director John Burrus responded immediately and has expressed his commitment to retain the single token option for these clients. We are relieved by this positive development and grateful for the positive outcome.

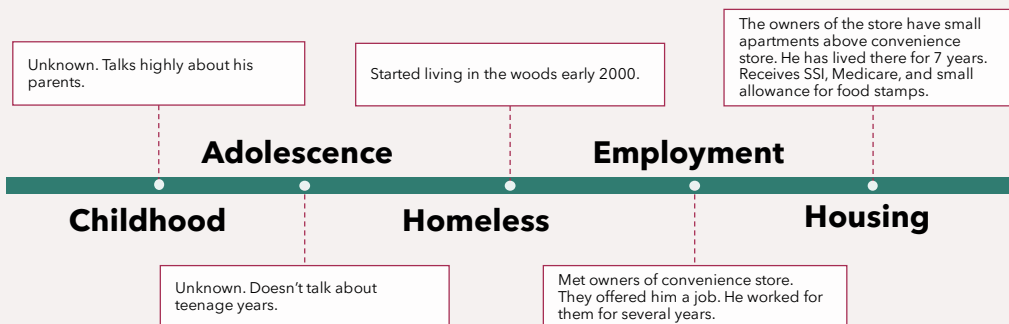
Appendix F

Success Stories

T.C. Age 65

T.C. Age 65 Backstory

- I met TC in 2010
- Began bringing him food every Wednesday on my way to work.
- Got to know him.
- He's educated.
- He loves talking about politics.
- We still stay in touch and have coffee once a year.



TC's Timeline

Victoria, Age 28

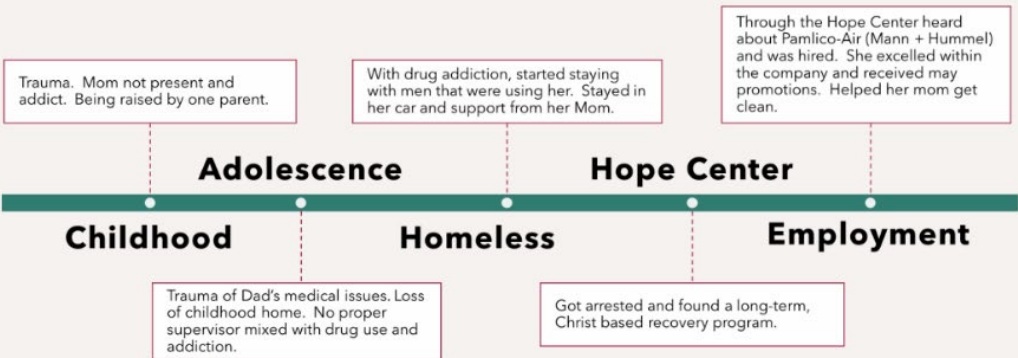
Victoria, Age 28

What was your experience with homelessness?
How long were you homeless?

I was homeless on and off for like 15 years. Ended up crashing on different couches, mainly with folks who were wanting to sleep with me.

Sometimes, even when I wasn't really feeling it, I had to play along just to have a roof over my head for a bit. That led to me getting kicked out a bunch, especially when I wasn't around much or wasn't into the person I stayed with.

So, I kept all my important stuff in my car to stop it from getting swiped while I was crashing somewhere. My clothes, electronics, even my makeup - it was all in there. My car basically became my home. I never want to experience that time in my life again.



Victoria's Timeline

Appendix G

Resources | Aligning with WFAFB

Aligning with Wichita Falls Area Food Bank

Louis Wilson had meetings on May 21, 2024, with leadership/staff of the WFAFB.

The meetings were facilitated by Bryan Miller, the commercial donations manager at the Wichita Area Food Bank (WFAFB). Meetings at the food bank facility also included Rusty Williams, operations director; Julie Nawrocki, executive coordinator and director of philanthropy; and David O'Neil, chief executive officer. Louis Wilson and Bob Payton also had a lunch meeting with Chris Horgen, Public Information Officer for the CWFTX and President of the Board for WFAFB.

Feeding America Rules: Last week, Feeding America sent trainers to the Wichita Falls Area Food Bank to review new rules that relate to categorizing donations, tax implications, and the uses of donated food products. The Feeding America guidelines restrict how information is gathered from clients, and those rules are strictly followed at the Wichita Falls Area Food Bank. However, WFAFB is also an independent local entity and is open to partnering with other organizations for the betterment of the community.

“We should be making our lines shorter.” – David O’Neil, CEO WFAFB

Part of the rebranding of the Wichita Area Food Bank is an attempt to become a part of broader “upstream” solutions than just providing food. David O'Neil stated that they would like to be a part of long-term solutions that reduce long-term dependency on food assistance. Currently, that effort is only in the beginning. They are willing to be a part of conversations with other area stakeholders to find broader solutions and more sustainable solutions to improve people’s lives rather than just focus on food security alone.

Good Timing - Rebranding Efforts at the WFAFB:

Timing is right for alignment of goals to address homelessness in this community. The Wichita Falls Area Food Bank is currently in a “rebranding” effort to transition for the future. The effort includes a new logo design and new information systems designed to make gathering information on food clients easier and more comprehensive. The food bank struggles under “mountains of paperwork”. Some of this paperwork is related to gathering statistics about clients which are collected from the various agency partners (“Neighbors”) such as food pantries and produce express distributors across 12 counties to be submitted to Feeding America. In addition to the work of these agency partners, the food bank itself provides about 45 food pantries and produce-express events per month across the area. Most of those are mobile food pantries events which involve parking distribution trucks at various locations. The typical system is to pass out pre-packaged boxed “healthy foods,” based on client self-reported needs. The produce deliveries are typically in support of agency partner food pantries that need fresh produce delivered.

Information from clients is generally unverified:

Families that receive food donations from the pantries are typically required to give some type of information such as an address. This information is not usually verified with any identification and is often filled out on pieces of paper collected at the pantry. The information must be then entered into an electronic system later to be used. The agency partners that distribute food separately from the WFAFB have their own specific methods for collecting this information. This varies based on the entity’s resources and volunteers. At times, there can be a backlog of this process.

Families/food recipients may visit other pantry events as well and are permitted to accept food for each other. This is also not verified. Therefore, the same household could receive or collect food repeatedly for multiple pantries throughout the month. Since there is no verification of identity or address most of the time, homeless clients are required to give some type of address, but that address could be disinformation. Staff estimated that 25% of food recipients are homeless.

“We accept what people tell us.”

Clients who receive food are described as “neighbors.” Agency partners are now being called “community partners” and include the food pantries and produce express distributors. There are a total of 92 area pantries or produce express distributors. These include the faith mission, boys and girls club, a variety of churches, and other nonprofits. As an example, one of those is the United Samaritan Services of Vernon, Texas (USSV). Louis met with Susan Long of USSV at the Food Bank Distribution Center. They were picking up food for the USSV food pantries. There are a total of three different food pantries in Vernon alone. The pantries generally operate on a weekly basis. Neighbors/clients may receive food from each of the different food pantries. The efforts of the three pantries are not coordinated. The information taken from neighbors/clients is voluntary and unverified.

The information that people give includes who they are collecting food for, how many are in the household, how many children are present, and the address. Some neighbors/clients give the address as “homeless” which is accepted by USSV as a legitimate address. The number of people in the household is unverified but determines how much food can be received. Because Vernon is a small community, the organizers say that they accept that a substantial amount of the information they receive is misinformation or incorrect. They state that “people lie” about how many kids they have or how many people are in the household. They also do not validate the income verification. Although there are income requirements, that information is not verified in any way. They also admit that there is no program of goal at USSV currently to reduce long-term dependency or address underlying causes or determinants for food insecurity. However, when financial assistance is requested, more detailed personal information is collected from neighbors/clients. Only the food distribution portion does not require that same level of detail.

Take away points from this visit:

1. Food distribution is a critical part of the services and resources supporting chronically homeless individuals.
2. The mission of the food bank is not focused on reducing homelessness but is primarily directed toward providing food security in a general sense. It is therefore focused primarily on poverty.
3. The food bank is undergoing a change in branding and focus under the new leadership of David O'Neil. This includes new information systems, which may align with Citizen's Addressing Homelessness efforts to reduce information-related silos.
4. The leadership of the Wichita Falls Area Food Bank has expressed interest in being a part of broader solutions to reduce homelessness and dependency in our community.
5. There is an opportunity for engagement concerning information systems and resource navigation systems.

6. Area food pantries collect very little information from clients/neighbors who receive food donations. That information is essentially reduced to statistical information based on unverified household information. There is considerable variation among agency partners in the methods used to collect and input that information.

7. Citizens addressing homelessness should engage with the Wichita Falls Area Food Bank and look for alignment to expose chronically homeless citizens to resources to improve their lives as they receive food assistance.

Appendix H

Resources |

Navigation Lessons from Helen Farabee

Resource Navigation Lessons from Helen Farabee

Louis Wilson and Nancy Townley met with Lauren Hargrove and Kyle L. Gullette at the Helen Farabee Clinic at 500 Broad Street, Wichita Falls. April 2, 2024

1. CharityTracker is used by Interfaith Ministries in Wichita Falls. Nancy reported that this program has many excellent features to accomplish resource navigation.
<https://www.charitytracker.com/> The features include case intake, kiosk and remote intake, client identification with barcode scanning, report creation and tracking of outcomes, and change over time reports.
2. Helen Farabee Clinic maintains a community resource list on an Excel spreadsheet. Social work interns are responsible for adding new information and editing old information on the list. The spreadsheet has tabs broken down by the counties that Helen Farabee serves. Clerical staff/interns update the information and verify it as well as manage the additions and changes. The document is housed in Helen Farabee on a shared server with access by everyone in the clinic on desk top computers. The information is not proprietary and may be made available to anybody who asks for it in the community.

Recently, the Mental Health Clinic in Jacksboro, Texas, met with Kyle Gullette and asked how resource navigation was handled. He offered their community resource list to them which they found extremely useful.

The limitations of this is that the list is a static purely informational spreadsheet which requires regular updates and verifications. It is not useful for referrals in or out of these services.

3. “The Magic Portal”

This was a term Lauren Hargrove used to describe a hypothetical “portal” which would contain demographic and resource information about clients in need of various services such as housing or mental healthcare. It would function as an exchange system between the various electronic tools currently used by agencies, corporations, hospitals, and clinics. Currently, Findhelp.com functions as a similar approach to this, but lacks client information and referral capabilities.

4. Starting over new every time”

Nancy Townley expressed her long-term frustration that the hospital and other points of contact for community services seem to be “starting over new every time” a new client is presented for intake. Since information about resource utilization for a given client is not portable, centrally maintained, and available to those addressing the client, the process seems to begin anew. A “magic portal” would need to address that situation.

5. The Long-Term Services and Support Workers Portal

The LTSS (long-term services and support workers portal). is a system maintained by the State of Texas Department of Health and Human Services.
<https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/long-term-services-supports-worker-portal-ltss>

The LTSS was part of the Balancing Incentive Program (BIP) initiative to help more people access long-term services and support in community-based settings. Although BIP funding ended in 2018, the Texas Health and Human Services Commission (HHSC) continues to maintain the LTSS Worker Portal. The purpose of this training is to instruct you how to conduct the LTSS Screening Questionnaire, navigate the LTSS Worker Portal, and manage referrals.

This is a portal to navigate information and referrals for people who have applied for long term service benefits. Kyle Gullette is familiar with the portal. He noted that when clients are on-boarding in the system, they have the option to share their information among the agencies. This can save time in applying for services from different agencies.

6. Clinical Management for Behavioral Health Services

CMBHS is another system Kyle Gullette mentioned. The Department of State Health Services (DSHS) developed the Clinical Management for Behavioral Health Services system (CMBHS), and it began operating in December 2009. The system is used across the state with DSHS and Health and Human Services Commission (HHSC) contracted substance use and mental health treatment service providers and others who qualify. Some providers use CMBHS as their electronic health record and claims payment system, while others mainly use it to submit data to the state to fulfill contract requirements. The system includes clinical tools that standardize the assessment, diagnosis, and level-of-care determination and treatment processes. Providers also use it to document the services provided and send claims directly to the HHS program that processes and pays for that claim type.

CMBHS supports data exchange between:

- HHSC and local mental health authorities.
- Contracted substance abuse and mental health service providers (with client consent as required by law).
- HHSC and other state agencies to coordinate care and help with oversight of services and claim payments.

Service providers with Texas HHSC contracts for delivering mental health services or substance use disorder services are the primary users of CMBHS. The requirements for using CMBHS are defined in their contracts. Some providers and state agencies don't directly contract with HHSC for service delivery but might qualify for CMBHS and must sign a user agreement. These providers might be Medicaid managed care providers of mental health targeted case management or mental health rehabilitative services that need access to complete assessments. This data must be submitted to HHSC or other state agencies serving the same populations that might need this information to ensure coordination of care.

- ## 7. Interagency memorandums of understanding – these types of agreements may allow agencies to share information with each other. A similar idea is “care coordination agreements.” These agreements might be useful for various agencies to share information across systems.

Fragmented Resource Navigation

A. 2-1-1 System: Health and Human Services

2-1-1 is a special abbreviated telephone number reserved in the North American Numbering Plan (NANP) as an easy-to-remember three-digit code to reach information and referral services to health, human, and social service organizations. 2-1-1 center hours vary. Many, but not all, are open 24/7 to refer callers to organizations that provide services in such areas as:

- Addiction counseling
- Affordable housing
- Alzheimer's assistance
- Childcare
- Debt counseling
- Disaster relief
- Donation opportunities
- Education
- Emergency food, such as food banks and soup kitchens
- Financial assistance
- Homeless services
- Job counseling
- Parenting programs
- Psychotherapy counseling
- Senior citizen programs
- Suicide prevention.
- Telephone reassurance, care for the elderly.
- Volunteer opportunities.
- Youth programs

Where available, 2-1-1 is operated by a private non-profit community-service organization, local government, or local United Ways, which are part of the broader United Way Worldwide network. 2-1-1 provides information and referral to callers on where to obtain assistance from local and national social service programs, local and national governmental agencies, and local and national non-profit organizations as well as where to volunteer or donate locally. Referrals are often given from databases accessed by call specialists. These databases are maintained by 2-1-1 staff following stringent data management guidelines. The databases are typically local but, in some cases, linked together to form statewide databases.

B. FindHelp.org

Aunt Bertha is a “public benefit” corporation that provides a social care network. The corporation is now better known as simply “Findhelp”.

In 2010, Erine Gray founded Findhelp after personally experiencing the challenge of finding social care resources. The company mission is to connect all people in need with the programs

that serve them (with dignity and ease). They seek to “honor community organizations as partners” in social care as a public benefit corporation and a B Corp they do not compete with organizations for funding or resources.

They have institutionalized this mission in two distinct ways:

1. Legal Incorporation as a Public Benefit Corporation Findhelp incorporated as a business in 2010 and became a Public Benefit Corporation in Delaware in 2015. A Public Benefit Corporation is a legal designation (like an LLC or C Corp); it is a for-profit business that has a stated “public interest” purpose (beyond maximizing profit).
2. The Articles of Incorporation (documents that form and govern the organization) legally cement it as a public benefit purpose: “to increase accessibility of human services information to people and programs.” Findhelp has been a Certified B Corp since 2011 and was most recently re-certified in 2019 (see past and current scores). Certified B Corporations are businesses that meet the highest standards of verified social and environmental performance, public transparency, and legal accountability to balance profit and purpose.

Every Certified B Corp is assessed annually, and their B Impact Report is available publicly on [bcorporation.net](https://www.bcorporation.net).

C. HMIS: Homeless Management Information System

HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

SNAPS Data Strategy & Usability

HUD and our Federal partners are committed to assisting communities to end homelessness for individuals and families. Collecting complete and accurate data about homelessness in your communities is a core element to achieving the goal.

The SNAPS Strategy sets out three overarching goals for itself and communities:

Communities use their data to optimize systems of care through making ongoing system performance improvements and determining optimal resource allocation; Communities operate data systems that allow for accurate, comprehensive, and timely data collection, usage, and reporting; and Federal government coordinates to receive and use data to make informed decisions in coordination with other data sets, across and within agencies.

To end homelessness, communities must be able to analyze data at both the system and project levels and to evaluate their efforts by subpopulation, across project types, and in other ways. Not only must communities continue increasing HMIS bed coverage and improving data quality, they also should be using data to gain a more holistic picture of the communities’ progress toward ending homelessness. To assist with this effort, HUD has produced several products and

tools to assist communities to improve data quality and engage in system and project-level analysis.

Nortex Regional Planning Commission (NRPC) is a region-wide voluntary association of local governments. NRPC's mission is to serve its members as the instrument of local government cooperation and coordination for the purpose of improving the health, safety, and general welfare of their citizens.

NRPC is the entity through which local governments consider issues and cooperate in addressing area wide problems.

NRPC is governed by an Executive Committee comprised of local elected officials, representing member government bodies within the region.

Nortex Regional Planning Commission is the grantee for the **Permanent Supported Housing Program (PSH)**. The purpose of the program is to provide permanent, safe housing to chronically homeless, disabled individuals and families. Services within this program include **case management** and transportation assistance. Nortex utilizes a **Homeless Management Information System (HMIS)** for single point access and avoidance of service duplication.

Continuum of Care Funding competitive funding opportunities are managed by the NRPC. Applications are available on the website. The COC management in Wichita County is called the "Homeless Coalition".

Continuum of Care

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. In 2007, 461 CoCs submitted applications for federal homeless assistance funds in all 50 states, plus DC, Puerto Rico, and Guam. CoCs represent communities of all kinds, including major cities, suburbs, and rural areas.

In 1995, the US Department of Housing and Urban Development (HUD) began to require communities to submit a single application for McKinney-Vento Homeless Assistance Grants in order to streamline the funding application process, encourage coordination of housing and service providers on a local level, and promote the development of Continuums of Care (CoCs). By requiring communities to submit a single application, HUD hoped to encourage a more structural and strategic approach to both housing and providing services to homeless people. A CoC would provide this more strategic system by providing homeless people with housing and services appropriate to their range of needs.

The Four Parts of a Continuum of Care

According to HUD, a CoC is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." HUD identifies four necessary parts of a continuum:

- Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both.
- Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children.
- Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed.
- Permanent and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.

Appendix I

Actions Steps

Recommended Steps for the Wichita Falls community response to homelessness.

(CAH recommends the Items in bold print be addressed first.)

1. Improved communication/cooperation and information sharing:

- a. Various service providers. This will first include the following list of initial participants. After this, the list of participants will be expanded.
- b. City departments including police, fire, and parks
- c. County government and Regional Planning Commission (COC)
- d. Healthcare/mental health providers.
- e. The WFA Food Bank and the various food pantry providers.

(This step is likely to include the acceptance by stakeholders to collect and share information using the homeless management system currently deployed by the COC). Nancy Townley has accepted leadership in this effort.

2. Improved resource navigation and management. This effort will include education about resource navigation tools already in use and the deliberate sharing of resource lists by stakeholders.

3. Educating the community about the steps to confront homelessness

- a. Resources available
- b. Opportunities for constructive involvement
- c. Reducing counterproductive involvement
- d. Combating apathy.

4. Expanding Access to Addiction Recovery and increasing utilization

- a. There have been an increasing number of addiction recovery opportunities in the Wichita Falls area, but many of the chronically unsheltered suffer from addiction.

5. Expanding access to mental health care and related crisis services

- a. Supporting Helen Farabee
- b. Supporting, raising funds, community support for the Crisis Respite and Crisis Intervention Services. This may include reconsideration of plans for a new Crisis Respite Unit as previously planned by community leaders before the Covid pandemic. An effort will be made to reevaluate the need to build additional respite beds and to review policies at the CRU in order to better meet the needs of the community.
- c. Multidisciplinary Crisis response Team (CART) recently deployed which includes police, emergency medical and mental health professionals to respond to acute mental health crisis situations. Funding for a second unit will likely be needed. Helen Farabee Associate

Executive Director Andrew Martin reported on the initial success of beta testing for this team.

- d. Increasing availability and reach of case-management services into the streets and neighborhoods. Innovative solutions to expand the reach of current mental health case managers were discussed. As an example, current or new case managers at Faith Mission and Faith Refuge may be involved to extend mental health case management into the streets.
6. **Support and increase support for emergency shelters:** As the above steps become realized and as enforcement of anti-camping and anti-solicitation laws is increased, there may be an increased need for emergency shelter beds, **particularly for certain populations**. The most immediate need is for shelter beds for **women with minor children** and unsheltered people with **short term medical needs**. The teen population is also vulnerable to a shortage of beds.
 - a. Expand access for emergency shelter for specialized/challenging populations (eg. medically and mentally ill, mothers with children, teens, and non-binary gender identities etc.)
 - b. **The Faith respite Units: New emergency shelter capacity for unsheltered people with short term medical needs. These include patients recently discharged from hospitals and emergency rooms. (Regular emergency shelters cannot accept these people)**
7. Innovate the permanent supportive housing system:
 - a. Improve access to permanent supportive housing through changes that encourage increased turnover/circulation of vouchers for those in need.
 - b. Consider methods to incentivize movement away from housing vouchers (graduation from the program)

Appendix J |

Additional Readings

ADDITIONAL READING AND HOMESSNESS IN THE NEWS

[What's Behind the Unprecedented Rise in Homelessness, and How Can We Reverse It?](#)

By Kevin Corinth, COSM Commentary, December 30, 2024

Notes from this article:

- The main reason homelessness grew so quickly over the past two years is the influx of migrants into the United States who have overwhelmed homeless shelters in a handful of areas. Sheltered homelessness grew by just under 150,000 people over the past two years. That represents a 43% increase, which is approximately 10 times as large as the second largest two-year increase on record, when sheltered homelessness grew by 4% from 2008–2010.
- While the migrant crisis explains the unprecedented rise in sheltered homelessness, it does not explain the 17% rise in unsheltered homelessness over the past two years. The same four places that experienced the largest increases in sheltered homelessness saw their unsheltered homeless populations collectively rise by 33%, almost double the national average of 17%, but comprising only about a twentieth of the national rise in unsheltered homelessness from 2022–2024.
- While there are competing explanations for the upward trend in unsheltered homeless, one potential cause is relaxed enforcement of quality-of-life ordinances in many areas, reducing pressure on unsheltered homeless individuals to come indoors.

Homelessness is rapidly increasing nationally.

[The U.S. H.U.D. Homelessness Report on Homelessness based on the January 2023 Point-in-Time Count:](#)

2023 Annual Homelessness Assessment Report - by the numbers:

- 653,104 people experiencing homelessness on a single night in January 2023. This is the highest number of people ever reported as experiencing homelessness on a single night since the national reporting on the Point-in-Time count began in 2007.
- In the 2023 Point-in-Time Count, which measured homelessness on a single night in January 2023, homelessness increased for both sheltered and unsheltered settings, and for all sub-populations, people experiencing homelessness in families with children rose and veterans, though not as high as for other populations. Compared to 2022, homelessness overall rose by 12 percent, or roughly 70,650 people.

BREAKDOWN OF AMERICAN HOMELESSNESS IN 2023:

Homelessness:

Sheltered +13.7% Unaccompanied youth +15.3%.

Veterans +7.4%.

Unsheltered homelessness rose by 9.7%.

Individuals +10.8%.

Chronic among individuals +12%.

Families with children +15.5%

Demographics of the 2023 U.S.A Point-in-Time Count:

- Nearly 4 in 10 people experiencing homelessness identified as Black, African American, or African. People who identify as Black made up just 13 percent of the total U.S. population but comprised 37 percent of all people experiencing homelessness.
- Nearly one-third of people experiencing homelessness identified as Hispanic or Latin(o/a/x). The number of people experiencing homelessness who identified as Hispanic or Latin(o/a/x) increased by 28% between 2022 and 2023. People who identify as Hispanic or Latin(o/a/x) made up 55 percent of the total increase in people experiencing homelessness between 2022 and 2023. Most of this increase (33,772 people) was among people in sheltered settings.
- More than a quarter of adults experiencing homelessness were over the age of over 54.

[Homelessness in the U.S.A. up 12% to record level.](#)

by Jack Birle, Breaking News Reporter, December 15, 2023, 04:20 PM

The number of homeless people in the U.S. rose to record levels this year, according to the Department of Housing and Urban Development, as pandemic-era homelessness programs continue to lapse.

The department released part of its annual homeless assessment report on Friday, showing that there were 653,104 homeless people on a single night in January. The figure is the highest for a single night since reporting began in 2007.

[Midsize Cities Struggle with Snowballing Homelessness](#)

Grand Rapids, Mich., enacted ordinances and pumped money into housing and resources as numbers keep rising nationwide.

By Shannon Najmabadi and Jon Kamp, The Wall Street Journal, Dec. 20, 2023

GRAND RAPIDS, Mich.—Firefighters and mental-health workers set out before dawn in this west Michigan city one November morning, rousing people sleeping on the streets before businesses open and seeing if any need help.

Firefighter Mike Waldron spoke to two people sleeping above a steam vent outside a smoothie shop and returned to the group's van.

"Businesses complain about this place all the time," he said. "They said 'we'll stay here until the business opens.' [I said] 'I'm trying to keep you out of trouble and I'm asking you to go ahead and start getting up.'"

Midsize cities like Grand Rapids are testing out new ways to handle unhoused populations that have surged since the pandemic, as a record spike in the nation's homelessness numbers has grown far beyond expensive coastal areas with entrenched homelessness problems.

The city's efforts—which have been particularly wide-ranging—demonstrate the difficulties communities face trying to make a dent in reducing homelessness. The number of homeless people counted in Grand Rapids increased more quickly than the nation as a whole this year.

The number of homeless people counted in the U.S. increased 12% between 2022 and 2023, the biggest increase since the U.S. first published comparable data in 2007. A majority of places reported an increase in people sleeping outside, a finding described as startling by federal officials.

[Is the homeless population growing in Wichita Falls?](#)

by: Curtis Jackson

Posted: Aug 29, 2022 / 04:48 PM CDT and Updated: Aug 29, 2022 / 06:24 PM CDT

WICHITA FALLS (KFDX/KJTL) — According to the United States Interagency Council on Homelessness, as of 2020, more than 27,000 Texans were experiencing homelessness on any given day, and right here in Wichita Falls, those numbers seem to be steadily rising.

Executive Director for Wichita Falls Faith Mission Steve Sparks said these numbers could be a mix of long-lasting COVID effects when it comes to employment, but also, inflation has a big impact on our economy.

Over the past two weeks, two bodies have been found due to the heavy smell of decomposition. Both bodies are believed to be homeless individuals, something that Sergeant Charlie Eipper with the Wichita Falls Police Department said he's noticed an increase in.

"I think just seeing more folks walking around the downtown area, especially Brook Street and Holliday and Broad, a lot of folks walking around sitting underneath the overheads, I think just a type of protection from the sun and some shade, especially in this really hot summer that we're having," Eipper said.

Not only are officers seeing more foot traffic, but Sparks has also noticed more traffic inside his shelter.

"The heat does drive them in but we're seeing higher numbers all across the board probably for the past six to eight months," Sparks said.

Currently, the Faith Mission is roughly 65% full, Sparks said he believes one reason for the uptick in numbers could be due to inflation.

"It's just a theory, but I believe it's the economy because we're starting to see people come in from out of town. We're averaging one or two intakes every night," Sparks said.

Something that Eipper agreed with.

"Maybe the economy, maybe just places that were housing them just can't anymore because they're tapped out," Eipper said.

Sparks said with more clients comes a need for more clothing, beds, and food, he said that's where the community can step in and lend a helping hand.

“I think the best way that the community can help us is with donations of food and clothing and those kinds of things. It helps us because we don’t have to go and buy a lot of food whenever it’s donated to us. Canned goods and those kinds of things are helpful to us,” Sparks said.

[Wichita Theatre owner looking to drop charges on homeless man.](#)

Published: Aug. 7, 2023, at 9:34 PM CDT Copyright 2023 KAUZ. All rights reserved

WICHITA FALLS, Texas (KAUZ) - The Owner of the Wichita Theatre is looking to drop charges against a homeless man after posing no harm.

Dwayne Jackson has owned the Wichita Theatre Performing Arts Center for 29 years and has encountered three break-ins during that time.

The most recent break-in made him show grace to a homeless person who was just trying to stay cool.

“We know he was just trying to stay out the heat,” Wichita Theatre Performing Arts Center Owner, Dwayne Jackson said.

“He has access to iPad, laptops, and much more and he didn’t touch any of it. No crook would do that” Jackson said.

26-year-old Khamoney Randolph was the suspect arrested Sunday morning. Officers found Randolph under the stairwell in the theatre lobby.

“It is our desire to get with the D.A. and talk to them and say let’s talk about this. Is this worthy of formal pursuit because we’re sympathetic, these are hard times” Jackson said.

After looking at more surveillance, Jackson believes Khamoney Randolph was coming in and out of the theatre since early July.

“Housing First” Has Failed the Most Vulnerable

American Cornerstone Institute Special Report, June 7, 2023

It’s long past time we rethink our national approach to homelessness and realize as a nation that the government policy of “housing first” has not achieved the results it has promised. In fact, despite spending billions of taxpayer dollars, homelessness across the United States has only increased. According to the U.S. Department of Housing and Urban Development’s Annual 2022 Homeless Assessment Report (AHAR), which is based on a periodic count of homeless individuals, the number of homeless increased for the sixth consecutive year. The COVID-19 pandemic prevented most communities from conducting full counts in 2021, but by all estimates, these “point-in-time counts” are usually undercounted, particularly for the unsheltered homeless. Nonetheless, they remain the most reliable estimate of people experiencing homelessness.

Housing First is a homeless assistance approach that prioritizes providing permanent housing to homeless individuals without any requirements before accessing or retaining housing. Housing first moves homeless people from the streets or shelters to permanent subsidized housing, while providing support services to improve housing stability. However, even after over a decade of implementation, it

has not been clear that Housing First strategies have been successful in reducing homelessness. Federal funding for homelessness assistance has increased every year over the last decade, even before the billions allocated during the COVID-19 pandemic. From 2009-2019, federal homelessness assistance spending increased 200%. From 2014 to 2019, the number of rapid rehousing and permanent supportive housing units increased to 42.7%. Yet over that same period, the number of unsheltered individuals in the U.S. increased by 20.5%.

Our once-great cities are seeing homelessness skyrocket. In San Francisco and Los Angeles, early adherents to the Housing First philosophy are seeing unsheltered homelessness only continue to increase. In California, homelessness grew by 47% despite a 33% increase in the number of housing units.

A Harvard study that assessed the long-term effectiveness of permanent supportive housing found that while housing retention in the first year was high, rates declined precipitously thereafter. After 10 years, just 12% of the previously homeless remained housed. The simple truth is that other solutions must be brought to make an impact on this issue, and housing this vulnerable population will require more long-term medical and social support, rather than simply providing these people with housing.

Before Housing First, the homeless population had available to them a variety of housing and services that reflected the community's needs. Permanent supportive housing and other low-barrier housing for the homeless became the priority for funding needs at the expense of short-term shelter and other transitional housing programs and homeless service systems. After the adoption of Housing First by HUD, local communities changed their funding priorities, and the number of transitional housing beds fell by nearly 50%. Additionally, homeless service systems focused less on substance abuse, mental illness, and other social ills that contribute to the underlying struggles that homeless individuals face.

It is clear the Housing First policy is failing our most vulnerable, and we must change course as a nation. Given the pressures of the economic downturn and increasing cost of housing, which is placing more individuals and families at risk for homelessness, the federal government should reassess its emphasis on Housing First policies and allow for a holistic approach that includes addressing mental illness and substance abuse.

2022 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S.

Date Published: February 2023

2022 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S. - HUD Exchange

Description: This report outlines the key findings of the Point-In-Time (PIT) count and Housing Inventory Count (HIC) conducted in January 2022. Specifically, this report provides 2022 national, state, and CoC-level PIT and HIC estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth.

[Wichita Falls was awarded over \\$350k to reduce homelessness](#)

Written by: Joshua Hoggard

Posted: Feb 6, 2024 / 03:28 PM CST and Updated: Feb 6, 2024 / 06:21 PM CST

WICHITA FALLS (KFDX/KJTL) — More than \$350,000 in federal funding is headed to Wichita Falls and the surrounding area in an effort to help reduce homelessness.

According to a press release from the office of U.S. Senator John Cornyn (R-TX), the Nortex Regional Planning Commission was awarded two federal grants totaling \$357,458 through the U.S. Department of Housing and Urban Development's Continuum of Care Program.

"This funding will give those on the front lines of this crisis in Wichita Falls the tools to help Texans secure permanent housing and achieve their long-term goals," Sen. Cornyn said in the press release. The goal of the grants is to provide housing assistance and support services for individuals, families, minors, and domestic violence survivors experiencing homelessness.

"Homelessness in Texas is on the rise, and higher costs on everything from rent to utilities to groceries have made it even harder for these individuals to get back on their feet," Sen. Cornyn said in the press release.

On Monday, January 29, 2024, the Biden-Harris Administration awarded \$3.16 billion to more than 7,000 homelessness projects around the country. More than \$161 million was awarded in the state of Texas.

[Housing Boston's Chronically Homeless Unsheltered Population: 14 Years Later](#)

Roncarati, Jill S. ScD, MPH, PA-C; Tiemeier, Henning MA, MD, PhD; Tachick, Rebecca BA; VanderWeele, Tyler J. PhD; O'Connell, James J. MD

Medical Care 59 p S170-S174, April 2021. | DOI: 10.1097/MLR.0000000000001409

Objective: The long-term outcomes of permanent supportive housing for chronically unsheltered individuals, or rough sleepers, are largely unknown. We therefore assessed housing outcomes for a group of unsheltered individuals who were housed directly from the streets after living outside for decades.

Methods: Using an open-cohort design, 73 chronically unsheltered individuals were enrolled and housed in permanent supportive housing directly from the streets of Boston from 2005 to 2019. Through descriptive, regression, and survival analysis, we assessed housing retention, housing stability, and predictors of survival.

Results: Housing retention at ≥ 1 year was 82% yet fell to 36% at ≥ 5 years; corresponding Kaplan-Meier estimates for retention were 72% at ≥ 1 , 42.5% at ≥ 5 , and 37.5% at ≥ 10 years. Nearly half of the cohort (45%) died while housed. The co-occurrence of medical, psychiatric, and substance use disorder, or "trimorbidity," was common. Moves to a new apartment were also common; 38% were moved 45 times to avoid an eviction. Each subsequent housing relocation increased the risk of a tenant returning to homelessness. Three or more housing relocations substantially increased the risk of death.

Conclusions: Long-term outcomes for this permanent supportive housing program for chronically unsheltered individuals showed low housing retention and poor survival. Housing stability for this vulnerable population likely requires more robust and flexible and long-term medical and social support.

[How Houston Cut Its Homeless Population by Nearly Two-Thirds](#)

Greenblatt, Alan; Governing, August 30, 2023

Houston has created a real system to address homelessness, aligning city, county and nonprofit efforts. That innovative program is now under threat, due to changes in leadership and funding.

In Brief: Over the past dozen years, Houston has driven down its homeless population by 64 percent, including a 17 percent reduction last year.

Its success is built on a system that coordinates public policy with 100 different nonprofits.

But a major source of federal money is running dry and experts are nervous about what a mayoral handover might mean.

[Why Private Developers Are Rejecting Government Money for Affordable Housing](#)

By Christine Mai-Duc and Will Parker, Photographs by Alex Welsh for The Wall Street Journal

Wall Street Journal, March 16, 2024

Complex in Los Angeles for formerly homeless costs less than half as much as buildings financed with public money.

[San Fransicko: Why Progressives Ruin Cities](#)

Michael Shellenberger, Harper Collins Publishers, October 12, 2021
