



**2026**  
**TX-625 Point in Time Count**  
**Report & Analysis**

**Reported by**  
**ECHO West Texas**  
On behalf of the  
**Lubbock City & County**  
**Continuum of Care**  
**TX-625**

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## I. Executive Summary

The 2026 Point in Time (PIT) Count, conducted on January 22, 2026, represents the first independent annual homeless census for the newly established Lubbock City & County Continuum of Care (TX-625), with ECHO West Texas serving as the lead agency. This count provides a critical, one-night snapshot of homelessness across Lubbock County for planning and federal reporting purposes.

The count identified:

- Total homeless in Lubbock County: 423 persons
  - Sheltered homeless: 268 persons
  - Unsheltered homeless: 164

The community-wide effort employed distinct methods for data collection: the CountingUs application was utilized for unsheltered surveys and for confidential domestic violence-related counts, while the ECHO Homeless Management Information System (HMIS) was used for sheltered reporting from emergency and transitional housing.

The execution of the PIT Count was a major community undertaking, supported by a team of 29 volunteers who dedicated over 145 hours to outreach activities and staffing central warming locations. The structure of the homeless population showed a distinct split: the sheltered group included a large number of families, specifically 122 persons in 30 households with children, whereas the unsheltered population was composed entirely of 164 adults without children. This core demographic difference informs the distinct challenges faced by each population group.

### A. Key findings

- Total homeless Lubbock County: 432
  - 268 sheltered persons
    - Significant number of families: 30 households with children, 122 total persons
  - 164 unsheltered persons
    - Consists entirely of adults without children
    - 43 unsheltered persons categorized as chronically homeless

### B. Major Trends

- **Entrenched chronicity in unsheltered population:** a persistent trend of long-term homelessness among the unsheltered population with the specific finding of 43 persons, 26%, categorized as chronically homeless. This indicates a deeply entrenched crisis for a core group requiring specialized housing interventions.
- **Revolving door/prolonged sheltered stays:** a significant portion of the sheltered population has been homeless for over six months and experienced multiple instances of homelessness in the last three years. This trend highlights a systemic challenge in moving people out of temporary shelter into stable housing, suggesting a lack of available and affordable exit strategies.
- **Diverging needs of subpopulations:**

- The sheltered population is dominated by families with children whose primary barriers are economic stability, poor rental history, and among those families are high rates of domestic violence
- The unsheltered population is composed entirely of single adults whose primary barriers center around chronic health conditions, mental health, substance use, and a long history of homelessness

### C. Top Needs and priority actions

- Access to affordable housing and financial assistance
  - Provide economic resources to exit the shelter system, including security deposits, first/last month's rent, and immediate rental subsidies.
- Specialized case management and housing navigation
  - Implement intensive case management to help people actively search for, apply for, and secure a lease.
- Economic and employment stabilization
  - Offer rapid job placement services and assistance in securing public benefits to cover ongoing living expenses.
- Households fleeing domestic violence
  - Secure housing: immediate, secure housing
  - Legal services: assistance to obtain restraining orders, custody, and divorce
  - Financial resources: aid to establish independence and move away from the abuser's control

## II. Purpose & Background

### A. What is the Point in Time Count

The point in time (PIT) count is a community wide effort to count people experiencing homelessness on a single night. It provides a snapshot of sheltered and unsheltered homelessness for planning and reporting.

### B. Why it matters

The count supports federal reporting requirements and helps communities plan services, target resources, and measure progress over time. It strengthens accountability by providing a consistent annual snapshot.

### C. How the data is used locally

Locally, results are used to identify gaps in crisis response and housing, guide outreach and shelter strategy, and support coordination among providers, local governments, and community partners.

### D. Overview of the Lubbock City & County Continuum of Care (CoC)

The Lubbock County & City Continuum of Care (Lubbock CoC), TX-625, was established February 5, 2025. The previous CoC was the Texas Balance of State CoC (BoS), TX-607. The Lubbock CoC is now made up of local stakeholders and a localized board of directors that coordinate local planning and system operations to respond to homelessness. The goal of any CoC is to reduce and end homelessness by addressing the needs of different

populations to both keep people stably housed and to stably house the currently unhoused.

ECHO West Texas is the lead agency for the Lubbock CoC. ECHO coordinated this count and supports shared planning in conjunction with the CoC.

PIT counts prior to 2026 were conducted under the BoS with results available on the [BoS website](#). 2026 is the first year the Lubbock CoC has conducted its own PIT count independent of the BoS. Year over year trends can be found in Appendix A.

**III. Methodology**

**A. Date of Count**

January 22, 2026

**B. Sheltered vs Unsheltered**

Refer to Appendix C for terminology and definitions including HUD’s definitions of homelessness.

1. Sheltered - emergency shelter and transitional housing counts were compiled from the ECHO Community Collaboration Portal (also known as HMIS), except for domestic violence programs, for shelter stays the night of 1/21/26 - 1/22/26.
2. Domestic violence programs - counts were compiled from surveys and historical extrapolation from previous counts (confidentiality protecting approach).
3. Unsheltered - counts were collected through individual surveys and observation tallies of persons staying in places not meant for habitation the night of 1/21/26-1/22/26.

**C. Survey methods and tools used**

1. The CountingUs application was used for unsheltered surveys and domestic violence-related surveys. Unsheltered surveys were conducted through street outreach teams canvassing known locations where unhoused persons sleep or frequent and by following up on tips provided by those with lived experience of homelessness. The unsheltered community was also invited to two central warming locations – Open Door and Kingdom Co-Op (PIT Party) – where surveys were conducted. Refer to Appendix E for more information on CountingUs.
2. ECHO Homeless Management Information System (HMIS), colloquially referred to as the ECHO Community Collaboration Portal, extracts were used for sheltered reporting (excluding domestic violence counts). The portal is used by all homeless specific housing agencies in Lubbock, with the exception of domestic violence providers, to enroll clients in their programs. Through the portal, counts can easily be taken as a result of the collaboration between agencies. A list of these agencies can be found in Appendix B.
3. Required and Additional questions - HUD regulates information the community is required to collect as part of the annual PIT count. HUD recommends using the count to collect additional

data that may be needed by the community. Additional questions were discussed and approved by the CoC’s database governing committee and the lived experience committee. These questions were added to the unsheltered surveys in the CountingUs app. The additional questions were also provided to those staying in shelters on the night of the count and did not collect any personally identifiable information from sheltered clients. The standardized and additional questions can be found in Appendix D.

4. Deduplication - surveys were conducted through 3 separate outreach teams in addition to surveys conducted at warming locations. Each team was responsible for canvassing non-overlapping areas to avoid duplication of surveys. Additionally, surveys began by asking if persons had already been asked questions that day. Survey responses were compared by name or initials, date of birth, and relative location survey took place to identify any potential duplicates in addition to the deduplication functionality provided by the CountingUs app. None were found. The ECHO Collaboration Portal/HMIS provides duplicate client reports and client merge functionality to avoid duplication of clients and enrollments. This functionality was applied prior to sheltered count reports being generated.

**D. Volunteer Participation**

PIT Count Volunteers	29
Volunteer Hours	145.5

Activity	Volunteers	Total Hours
Street Outreach	15	76.0
PIT Party	14	69.5

**E. Limitations of the PIT Count**

The PIT count is a snapshot of homelessness and may undercount people who are not encountered.

Minimal information is collected through observational tallies taken for those that declined participation in the surveys but a reasonable assumption was made that the individual was unsheltered the night of the count. Observational tallies were also conducted in situations outreach felt were unsafe to engage a person but a reasonable assumption could be made of their unsheltered status the night before the count. Surveys and sheltered counts can contain client refused or missing responses. Such missing responses, as needed, were resolved through statistical methods – imputation – to estimate values of the missing data.

All persons encountered during the PIT count are informed of their rights regarding participation in the survey. Survey participation is completely



voluntary and persons have the right to refuse to answer any question they do not feel comfortable answering. As a result, certain subpopulations may be underrepresented in certain sections of this analysis.

Note that PIT counts prior to 2026 used for comparison were conducted by the BoS. Differences in methodologies may result in skewed comparisons; however, there still may be value in comparing previous counts to identify potential trends that can be verified through other methods. Historical comparison tables can be found in Appendix A.

**IV. Overall homelessness snapshot**

- Total people experiencing homelessness: 432
- Sheltered: 268
- Unsheltered: 164

**A. Household types**

- Households with children
  - Emergency shelter: 23 households, 96 persons
  - Transitional Housing: 7 households, 26 persons
  - Unsheltered: 0 persons
- Households without children
  - Emergency Shelter: 65 households, 65 persons
  - Transitional Housing: 81 households, 81 people
  - Unsheltered: 156 households, 164 persons

**B. Geographic distribution**

The Lubbock County and City CoC is responsible for counting the entirety of Lubbock County including rural and urban areas. Known shelters are located within the City of Lubbock thus the sheltered count was conducted within the city. A list of these shelters can be found in Appendix B

All unsheltered surveys were conducted within, or just outside of, Lubbock City Limits. Most unsheltered surveys were conducted within 1 mile of downtown Lubbock.

Lubbock County Sheriff's Office was contacted for known locations outside of municipalities within Lubbock County. The locations provided were just outside Lubbock City limits with no additional unhoused locations reported in the county by Lubbock County Sheriff Office.

Efforts were made to contact smaller municipalities in Lubbock County to identify known locations of unhoused persons within their jurisdictions. Shallowater was the only municipality to respond stating they were unaware of any unhoused persons in Shallowater. Additionally, dangerous weather the week after the PIT count prevented outreach from canvassing rural areas outside the Lubbock Metro area.

**V. Sheltered population analysis**

- Total sheltered persons: 268
- Total sheltered households with children: 30 households; 122 persons
- Total sheltered households without children: 146 households; 146 persons

Note: Sheltered totals include those fleeing domestic violence and staying in domestic violence shelters/housing. Sheltered totals do not include

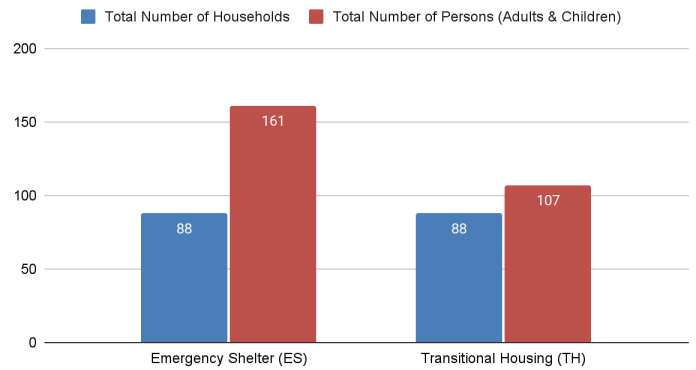
totals from “permanent” housing programs such as permanent supportive housing as participants in these programs are no longer considered homeless.

**A. Household composition**

A list of housing providers and the type of housing - emergency shelter (ES), transitional housing (TH), or domestic violence housing (DV) - can be found in Appendix B.

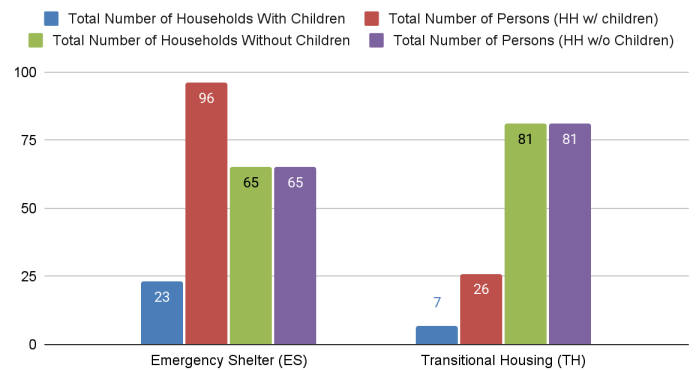
There were no unaccompanied minors under 18 encountered in the 2026 PIT count. All those counted under 18 were accompanied by an adult/guardian over 18 years of age.

Total Sheltered Households & Persons



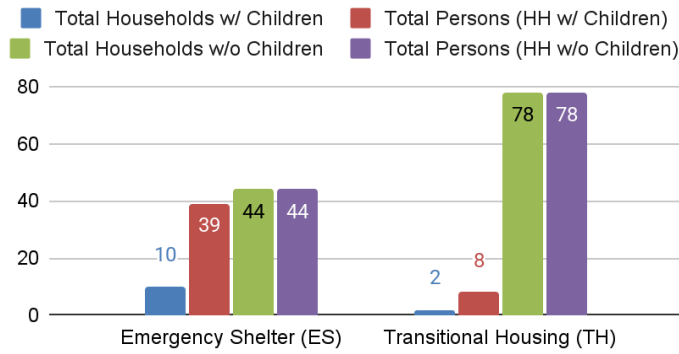
(above) Total sheltered households and total persons

Household Breakdown Totals



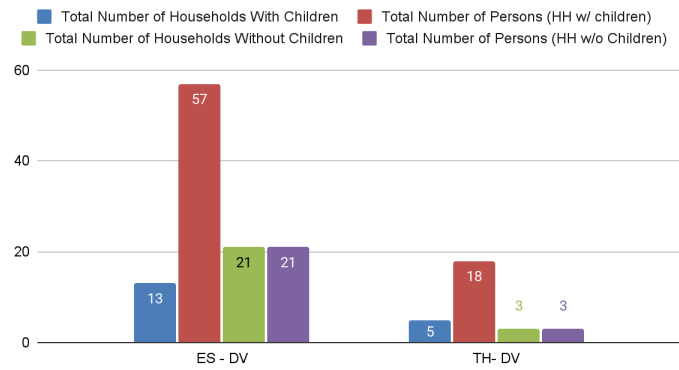
(above) Total households in shelters and total sheltered persons by household type - with and without children

## Total Households (non-DV)



(above) Total sheltered households with and without children that were in general shelters, not in domestic violence shelters. Domestic violence shelters are dedicated to individuals and families fleeing domestic violence; (below) Breakdown of domestic violence (DV) sheltered population by household type - with and without children

## Total households in Domestic Violence Shelter(s)



### B. Length of homelessness & chronic homelessness

Not all persons captured in the PIT count are included in these counts. This data is collected from heads of household only. Persons may also decline to answer the questions that establish length of time and chronic homelessness.

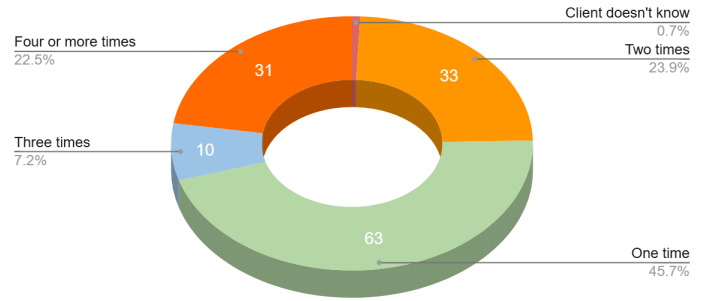
HUD's [definition of chronically homeless](#) is used in this, and subsequent sections. Chronic homelessness is defined as persons with a disability living in a place not meant for habitation, in a safe haven, or in emergency shelter and having been homeless for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months. Disability status is located in subsequent sections.

For context, history of homelessness reported by those sheltered in a transitional housing unit are included in subsequent charts.

- Sheltered chronic homeless (emergency shelter only): 14 persons
- Sheltered first time homeless (self-reported): 55 households

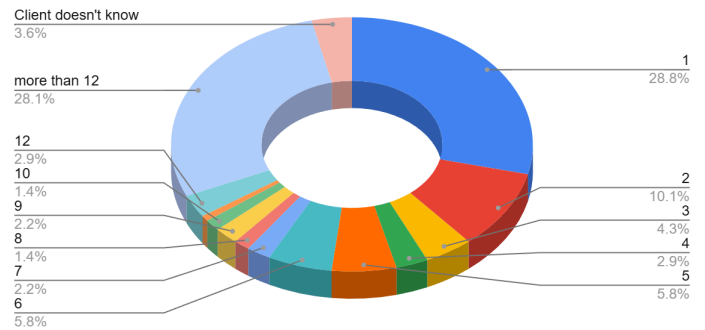
○ Note: first time homeless does not include data on those in domestic violence shelters

## # of times homeless in past 3 years

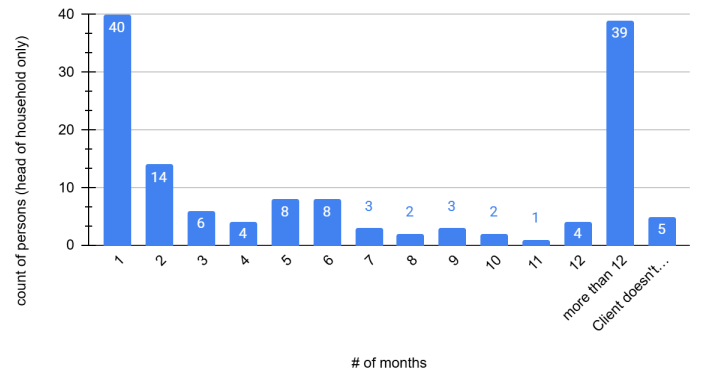


(above) # and % of sheltered persons and the number of noncontiguous instances of homelessness they experienced over the past 3 years, self reported by heads of household; (below) percentages of sheltered persons by number of months persons have experienced homelessness over the past 3 years, self reported by heads of household

## % of persons by number of months homeless over past 3 years



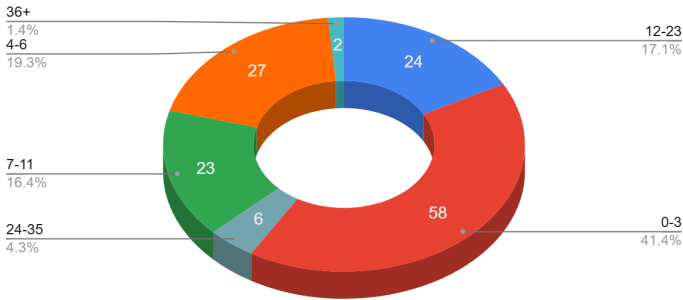
## Months homeless in the past three years



(above) Count of sheltered persons by number of months persons experienced homelessness, self reported by heads of household

(below) Percentage of sheltered persons by number of months homeless during their current episode of homelessness, self reported by heads of household

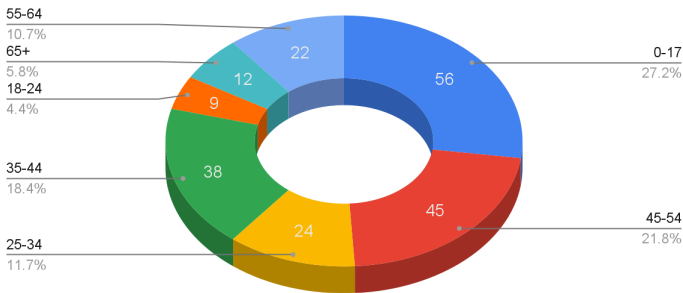
% of persons by number of months homeless this time



### C. Demographic overview

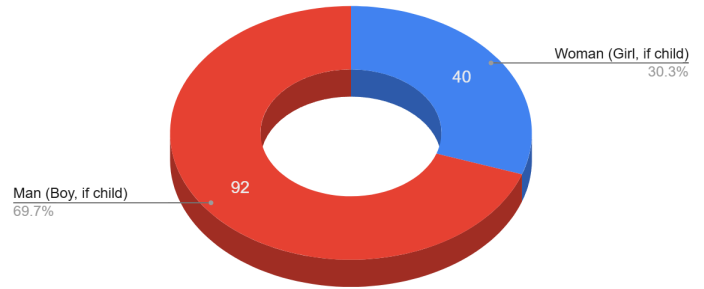
This report will keep demographic reporting factual and non-interpretive.

Sheltered Age Ranges



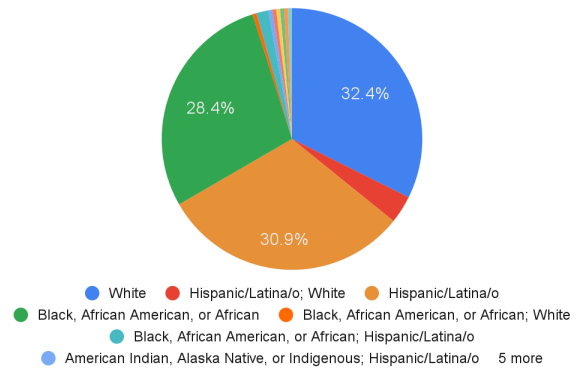
(above) Age ranges of sheltered persons, all persons under 18 years of age were accompanied by adults/guardians at the time of the PIT count

Sheltered Gender Distribution



(above) Gender distribution among sheltered persons

Sheltered Count Race and Ethnicity Makeup



(above) Percentages of persons self-reported in one or more racial/ethnic group(s), breakdown tables can be found in Appendix A.

### D. Barriers to stable housing

- **Fleeing domestic violence** - a significant portion of sheltered households are fleeing domestic violence. This indicated their primary housing barrier is not simply affordability, but the critical need for safe, confidential, and trauma-informed housing. They require:
  - Immediate, secure housing that is not disclosed to abusers.
  - Legal services to obtain restraining orders, custody, and divorce.
  - Financial resources to establish independence and move away from the abuser's control
- **Mental health and stability barriers** - the need for mental health support presents a major challenge to maintaining housing stability. These challenges include:
  - Sustaining employment
  - Managing tenancy responsibilities
  - Navigating the complex housing application process

- **Systemic and economic barriers** - The duration of homelessness and number of times homeless in the last three years suggests a difficulty in exiting the temporary shelter system to stable housing, pointing to deeper systemic and economic issues.
  - Lack of affordable housing - the scarcity of housing units they can afford with limited or no income
  - Poor rental history - instability may have damaged credit or rental history creating a barrier for new landlords
  - Lack of savings/income - the trauma of displacement often results in a complete loss of savings and income stability which makes deposits, moving costs, and initial rent payments insurmountable obstacles.

**E. Primary needs identified**

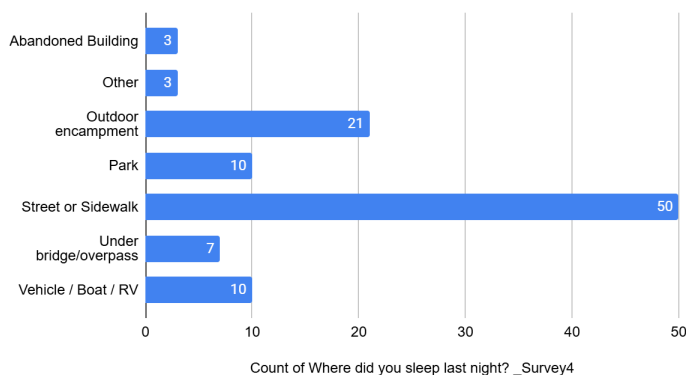
The primary needs for the sheltered population are centered on achieving stability and preventing chronic homelessness while rapidly addressing the causes of their homelessness:

- **Immediate access to affordable housing and financial assistance** - much of the sheltered population has been homeless for over 6 months indicating a significant and sustained barrier to securing permanent housing. The primary need remains the economic resources required to exit the shelter system, including security deposits, first/last month’s rent, and immediate rental subsidies. This funding is the quickest way to end their homelessness
- **Specialized case management and housing navigation** - the length of time homeless of those in shelters suggests persons are experiencing difficulties navigating the housing process, overcoming poor rental history, finding landlords willing to accept vouchers, or finding housing that is affordable for them. Their need is for intensive case management to help them actively search for, apply for, and secure a lease, effectively bridging the gap between shelter and home. Intensive case management can also have a positive affect on economic and employment stabilization.
- **Economic and employment stabilization** - stable housing cannot be maintained without a stable income source. Needs include rapid job placement services and assistance security public benefits to ensure the household has the means to cover ongoing living expenses once housed. In addition to employment, economic stabilization needs include transportation, child care, and additional services needed for persons to maintain employment.

**VI. Unsheltered population analysis**

- Total unsheltered persons: 164
- Total unsheltered households without children: 156 households; 164 persons
- Total unsheltered households with children: 0

Unsheltered Sleeping Locations



*(above) Unsheltered surveys capture sleeping locations the night before the count, 1/21/2026 - 1/22/26, such as streets/sidewalks, parks, vehicles, outdoor encampments, abandoned buildings, and under bridges - responses are not the full count due to persons declining participation in the survey and observational tallies.*

**A. Household composition**

All unsheltered households surveyed were composed of persons over 18 years of age. No families with children or unaccompanied minors were encountered during the unsheltered PIT count.

**B. Length of homelessness & chronic homelessness**

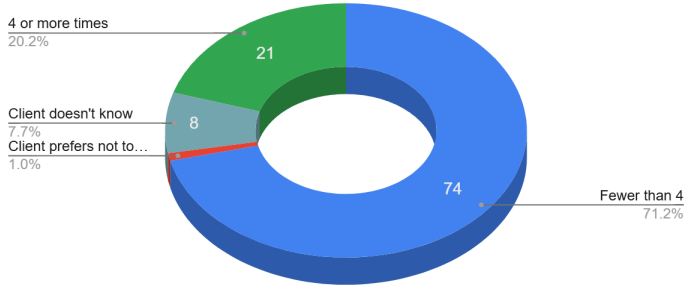
Not all persons captured in the PIT count are included in these counts. This data is collected on heads of household only. Also persons may decline to answer the questions that establish chronic homelessness.

HUD’s [definition of chronically homeless](#) is used in this, and other sections. Chronic homelessness is defined as persons with a disability living in a place not meant for habitation, in a safe haven, or in emergency shelter and has been homeless for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months.

- Unsheltered chronic homeless: 43 persons
- Unsheltered first time homeless (self-reported): 40 households

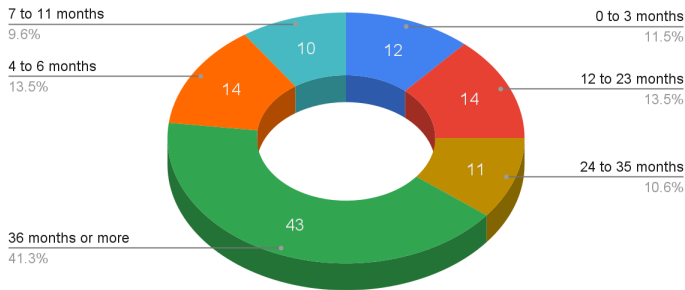
(below) # and % of unsheltered persons and count of noncontiguous instances of homelessness over the past 3 years, self reported by heads of household

# of times homeless in past 3 years

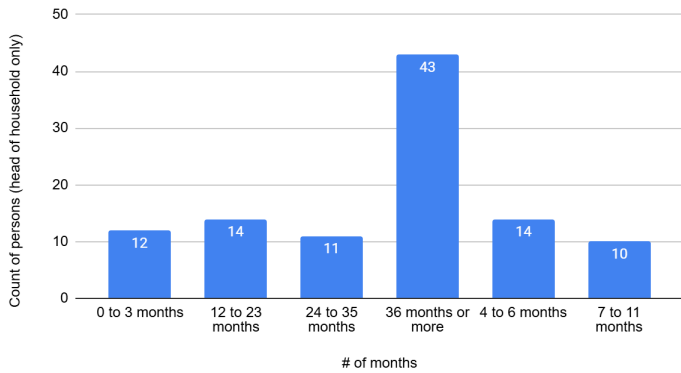


(below) percentages of unsheltered persons by number of months persons have experienced homelessness over the past 3 years, self reported by heads of household

% of persons by number of months homeless over past 3 years

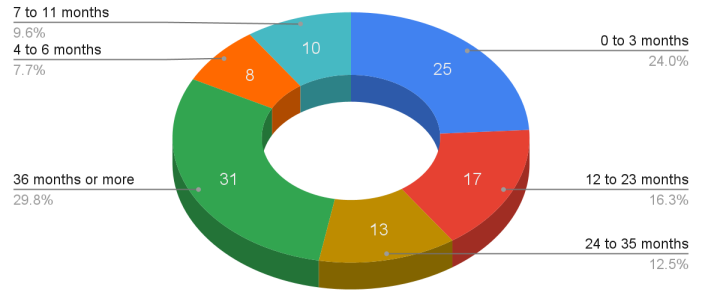


Months homeless in past 3 years



(above) Count of persons by number of months persons experienced homelessness in the last 3 years, self reported by heads of household

% of persons by number of months homeless this time

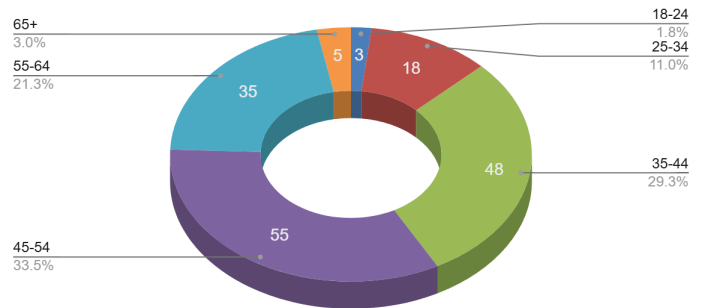


(above) Percentage of unsheltered persons by number of months homeless during their current episode of homelessness, self reported by heads of household

### C. Demographic overview

This report will keep demographic reporting factual and non-interpretive.

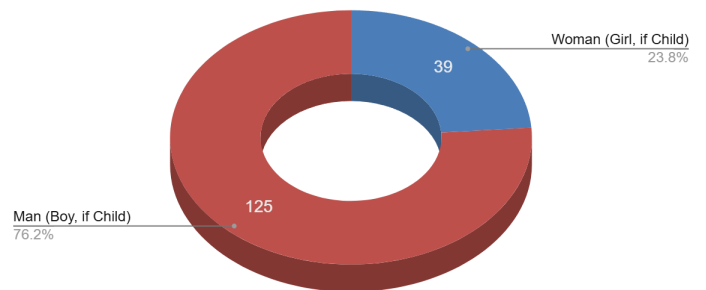
#### Unsheltered Age Ranges



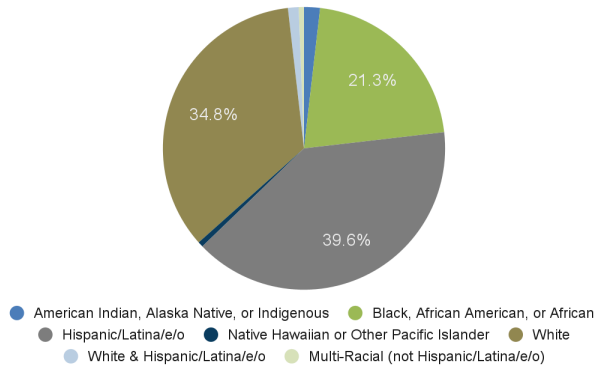
(above) Age ranges of unsheltered persons

(below) Gender distribution among unsheltered persons

#### Unsheltered Gender Distribution



## Unsheltered count Race and Ethnicity Makeup



(above) Percentages of persons self-reported in one or more racial/ethnic group(s), breakdown tables can be found in Appendix A.

### D. Barriers to shelter and stable housing

The common barriers to both shelter access and stable housing are high-acuity, co-occurring challenges that make navigating systems and maintaining tenancy extremely difficult.

- **Chronic barriers** - over one-fourth of the unsheltered population is chronically homeless. This status is a significant barrier to housing as it requires a higher level of costly, coordinated support (i.e. permanent supportive housing) that is scarce making rapid re-entry into housing nearly impossible
- **Health and stability barriers**
  - Chronic health conditions - a large percentage of unsheltered persons reported having a chronic health condition. Managing serious medical issues is challenging while living outside, and the demands of treatment (appointments, medication storage, transportation) make seeking employment or managing tenancy overwhelming.
  - Mental health and physical disability - one-fourth of unsheltered persons reported having a mental health disorder and just under one-fourth of the unsheltered population reported having a physical disability – often as co-occurring conditions. These are significant barriers to work and independent living as they require continuous services which are difficult to access without a fixed address, transportation, etc.
  - Untreated substance use - while the reported rate of substance use was low, the reality of life unsheltered suggests that substance use is a major, often co-occurring barrier that prevents compliance with shelter rules and interferes with the ability to maintain stable housing.
- **Systemic and trauma barriers** - past trauma and lack of engagement with social systems create a cycle of instability.

- History of foster system involvement - over 17% of the unsheltered respondents reported having been in a foster or group home before age 18. This history often signals unaddressed childhood trauma, distrust of systems, and lack of familial support; all of which are major barriers to accessing and maintaining housing later in life.
- Lack of documentation - individuals living unsheltered are more likely to have essential documents (ID, birth certificate, social security card) lost or stolen. The effort required to replace these documents is often an insurmountable administrative barrier to housing, employment, and benefits.

### E. Primary needs identified

The primary needs are intense, and multi-layered. They require highly coordinated, low-barrier services.

- **Permanent supportive housing** - immediate housing paired with wrap-around support services to house and stabilize individuals with severe, high-acuity needs (like co-occurring mental health, substance use, and chronic medical issues). The goal of these services should be to stabilize individuals and prepare them for entry into mainstream services thereby freeing capacity. The high rate of chronic homelessness among the unsheltered population, 26%, is the strongest indicator of this need.
- **Integrated physical and behavioral healthcare** - street medicine teams, mobile clinics, and coordinated health services that integrate care for chronic health conditions, mental health disorders, and physical disabilities. These are a primary barrier to stable housing and employment. Healthcare must be brought to the individuals where they are, focusing on management and stabilization of chronic conditions before housing can be sustained.
- **Intensive case management and documentation support** (system navigation) - low-caseload, intensive case workers to help individuals overcome systemic hurdles. This includes dedicated staff for replacing lost identification, birth certificates, and social security cards. Replacing documents is a critical initial barrier to securing housing, employment, and benefits. Furthermore, persons with a long history of homelessness often require a high level of support to navigate and trust social services.
- **Low-barrier, 'wet', or specialized shelters** - access to shelters with flexible rules that accommodate substance use or severe mental health symptoms, or stabilization centers focusing on immediate recovery. High barrier shelters often exclude individuals with acute mental health or substance use issues which is evident in the high rates of conditions among unsheltered persons versus those in shelters. Low-barrier options are necessary to bring the unsheltered population indoors and connect them to services. These shelters

would require specialized staff in many roles in order to provide care and maintain the health and safety of all residents and staff.

**VII. Subpopulation Analysis**

Subpopulation reporting includes veterans, chronically homeless individuals, unaccompanied youth, parenting youth, survivors of domestic violence, and people with disabilities.

Subpopulations are a subset of the sheltered and unsheltered counts and are aggregated in those totals.

Historical trend tables (2020-2025) are provided in Appendix A.

**A. Veterans**

- Households with children
  - Emergency shelter: 1 household; 6 persons
  - Transitional housing: 0 households
  - Unsheltered: 0 households
- Households without children
  - Emergency shelter: 3 households; 3 persons
    - 2 chronically homeless veterans
  - Transitional housing: 9 households; 9 persons
  - Unsheltered: 6 households; 6 persons

**B. Chronic homeless**

This report uses [HUD’s definition of chronically homeless](#): A homeless person (as an individual or as part of a family unit) with a disability living on the streets, in a safe haven or emergency shelter and has been homeless for at least 12 months or on at least 4 separate occasions in the last 3 years totalling at least 12 months of homelessness.

As a result, all counts for chronically homeless are taken from the length of time homeless and cross referenced with self reported disability status.

- Households with children
  - 0 households with children were reported as chronically homeless
- Households without children
  - Emergency shelter: 14 households, 14 persons
  - Transitional housing: 0 households
  - Unsheltered: 43 households, 43 persons

**C. Unaccompanied youth**

HUD defines [Unaccompanied Youth](#) for the PIT count as: persons under the age of 25 who are experiencing homelessness without a parent/guardian present or as a young parent with children. The unaccompanied youth count does not include parenting youth.

- Unaccompanied children (under 18): 0 persons
- Unaccompanied young adults (18-24):
  - Emergency shelter: 2 households, 2 young adults
  - Transitional housing: 5 households, 5 young adults
  - Unsheltered: 3 households, 3 young adults

**D. Parenting youth**

Parenting youth includes parents of children under 25 and the children of those youth.

- Parenting youth under 18: 0 households
- Parenting youth 18-24: 5 households, 19 persons
  - Emergency shelter: 2 households, 7 persons
    - 2 parenting youth, 5 children
  - Transitional housing: 3 households, 12 persons
    - 3 parenting youth, 9 children

**E. Survivors of domestic violence**

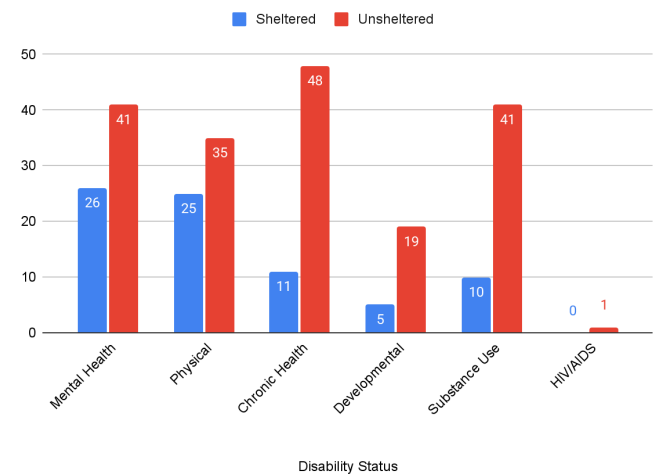
- Emergency shelter: 35 persons
- Transitional housing: 10 persons
- Unsheltered: 11 persons

**F. Persons with disabilities**

Disability status is self reported.

- Chronic health condition
  - Sheltered: 11 persons
  - Unsheltered: 48 persons
- Mental health disorder
  - Sheltered: 26 persons
  - Unsheltered: 41 persons
- Physical disability
  - Sheltered: 25 persons
  - Unsheltered: 35 persons
- Developmental disability
  - Sheltered: 5 persons
  - Unsheltered: 19 persons
- Substance use disorder
  - Sheltered: 10 persons
  - Unsheltered: 41 persons
- HIV/AIDS
  - Sheltered: 0 persons
  - Unsheltered: 1 person

Disability Status

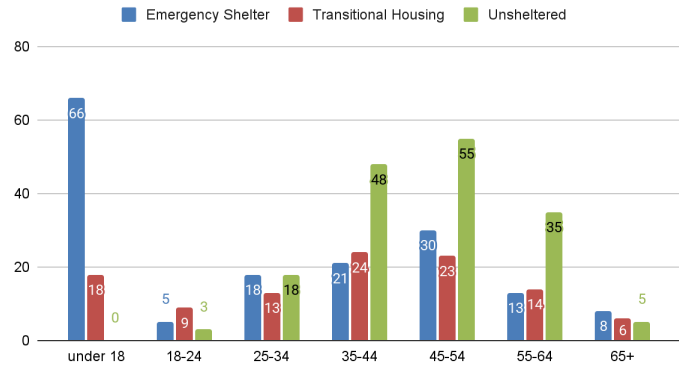


(above) count of self-reported disability status among sheltered & unsheltered persons

**VIII. Demographic Overview**

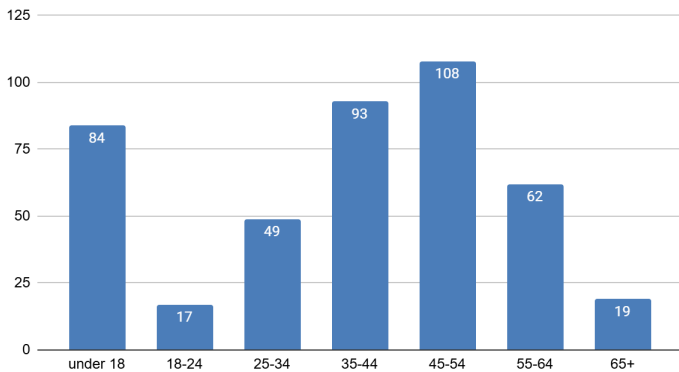
This section presents factual demographic information without interpretation. Historical demographic tables (2020-2025) are included in Appendix A.

Persons by age group & sheltered status



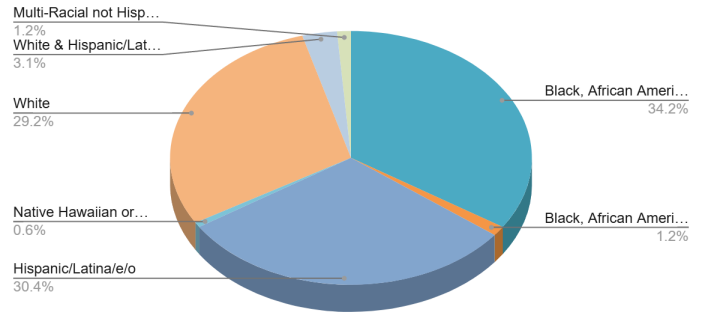
(above) count of persons organized by age group and shelter status

Sheltered & unsheltered combined by age group

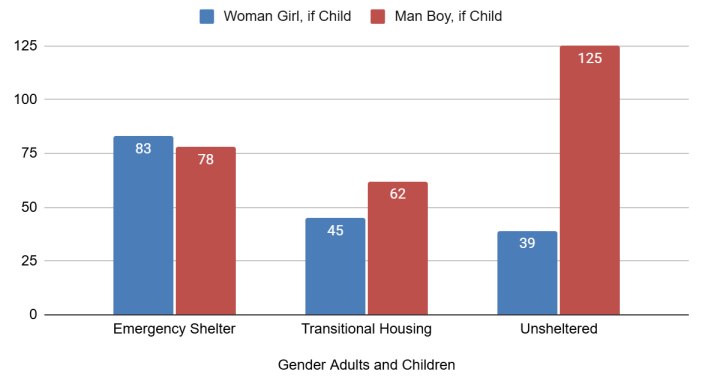


(above) total count of persons organized by age group; (below) racial/ethnic percentages of sheltered & unsheltered persons combined

Race/Ethnicity Sheltered & Unsheltered Combined



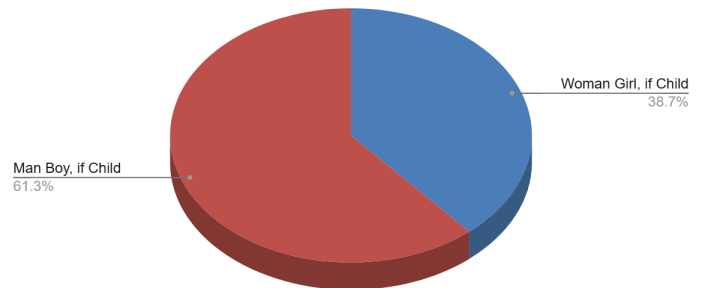
Gender by shelter type



(above) count of persons by gender and shelter status

(below) total gender percentages of sheltered & unsheltered persons combined

Gender sheltered & unsheltered combined



## IX. Health and Vulnerabilities

Information for this, and following, section(s) was taken from the additional questions added to the PIT count for 2026 in addition to the standard HUD PIT questions. As such, no historic data is available for comparison. Previous PIT counts in Lubbock focused on the standard HUD questions for the PIT count and did not include additional questions. The additional questions can be found in Appendix D.

Note that not all participants responded to the additional questions. Depending on the question, 1/3 to 1/2 responded.

- **Significant health vulnerabilities exist despite majority medical access**

- A slight majority of respondents report being able to access medical care. This may be the result of high emergency room utilization.
- The high rate of self-reported disability indicates a significant underlying health vulnerability for the population
- Approximately 16.3% respondents indicated they receive disability benefits suggesting a substantial portion of the surveyed population has a formally recognized disability.
- Despite this high vulnerability, only 50% of those receiving disability benefits reported they are able to get medical care/prescriptions when needed.
- Just under half of the total respondents, 45.2%, reported being able to get medical care/prescriptions when needed indicating a gap in health services.

- **Persons with formal disability status report better medical access**

- The data suggests that individuals with a formal disability status, i.e. receiving disability benefits, may have slightly better, though not guaranteed, access to essential healthcare compared to those who do not report receiving disability benefits.
- Of the respondents who indicated they receive disability benefits, 50% reported they are able to get medical care/prescriptions when needed.
- In contrast, of the respondents who reported they do not receive disability benefits, 45.2% reported they are able to get medical care/prescriptions when needed.

- **Past trauma and vulnerable group status are prevalent**

- Factors indicating past instability and trauma, which contribute to a higher risk of chronic homelessness, were reported by a significant number of individuals.
- 17.28% of respondents reported a history of having been in a foster or group home. This factor often correlates with long-term vulnerability and higher rates of homelessness.

- Veterans are another vulnerable group targeted by dedicated services. Veterans made up a smaller portion of the surveyed population at 5.23% possibly as a result of targeted efforts by veteran services to quickly house and stabilize veterans experiencing homelessness.

## X. Key Findings

Key findings are based on the total count of homelessness, chronic homeless status, veterans, under 18, and 18-24 year olds. A detailed breakdown of older age groups is only available from 2023 onward.

Comparison data (2025-2020) is taken from the [Texas Homeless Network \(THN\)](#). THN was responsible for conducting PIT counts in Lubbock County prior the formation of the Lubbock CoC in 2025. Differences in methodologies may skew data represented in the following year over year comparisons. Refer to section III.E. of this report for details.

### A. Changes from previous years

The overarching trend is a substantial increase in the total homeless population from 2020 to the figures for 2026.

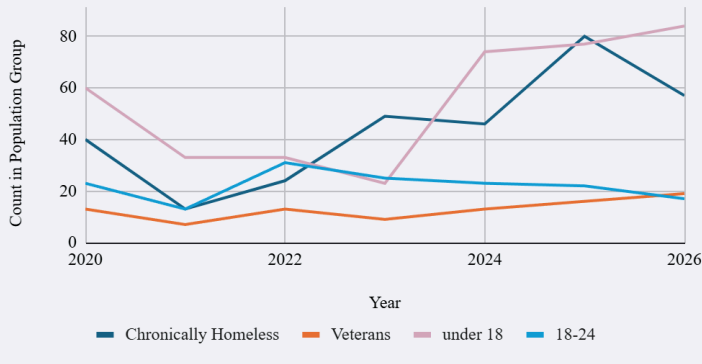
- Total homeless count 2026: 432
  - 65% increase from 283 recorded in 2020
- Shifts in vulnerable sub-populations
  - Children under 18 - The number of children as part of family groups has increased from 23 in 2023 to 84 in 2026
  - Chronically homeless - The count of chronically homeless shows high volatility increasing from 13 in 2021, to 80 in 2025, and 57 in 2026. The dramatic changes may be due to count methodologies changing year over year. Despite this possibility, long term homelessness and homelessness that occurs alongside chronic health conditions is still a significant factor affecting the area.

Total Homeless Population Trend (2020-2026)



(above) homeless PIT count trend 2020-2026; (below) subpopulation trends 2020-2026

Key Sub-Populations Trend (2020-2026)



**B. Year over year totals**

Total persons counted in PIT year over year:

Year	Count
2026	432
2025	390
2024	325
2023	240
2022	259
2021	187
2020	283

Key subpopulation year over year:

Year	Chronic Homeless	Veterans	Under 18	18-24
2026	57	19	84	17
2025	80	16	77	22
2024	46	13	74	23
2023	49	9	23	25
2022	24	13	33	31
2021	13	7	33	13

2020	40	13	60	23
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**C. Homeless History**

- Chronic homelessness - a significant proportion of the unsheltered population, 26%, reported being chronically homeless, while the sheltered population self-reported as approximately 11% chronically homeless.
- Duration of current episode of homelessness - the unsheltered population is more likely to be experiencing long-term homelessness, with 29.8% reporting being homeless for over 36 months this episode, while 1.4% of the sheltered population reported being homeless 36 months this episode. The majority of the sheltered population, 41.4%, reported their current episode of homelessness as being 0-3 months.

**XI. Highest Needs Identified**

- Permanent supportive housing
- Immediate access to affordable housing and financial assistance
- Specialized case management and housing navigation support
- Integrated physical and behavioral healthcare
- Economic and employment stabilization
- Safe, confidential, and trauma informed domestic violence housing

**XII. System Capacity and Gaps**

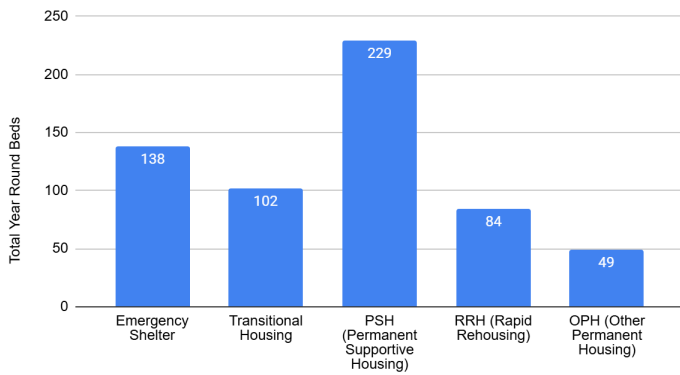
**A. Homeless Shelter/Housing Bed Inventory**

This report focuses on housing dedicated to homelessness. There are many housing services in Lubbock and the surrounding areas; however, the majority of those services do not dedicate themselves to housing homeless persons. These can be anything from low income, long-term care facilities to re-entry programs for justice involved persons. In many cases, HUD considers these to be “mainstream” services. These services are vital for keeping the low-income and at-risk population housed and stable. The CoC and ECHO work to strengthen relationships among these “mainstream” providers and the general homeless response system.

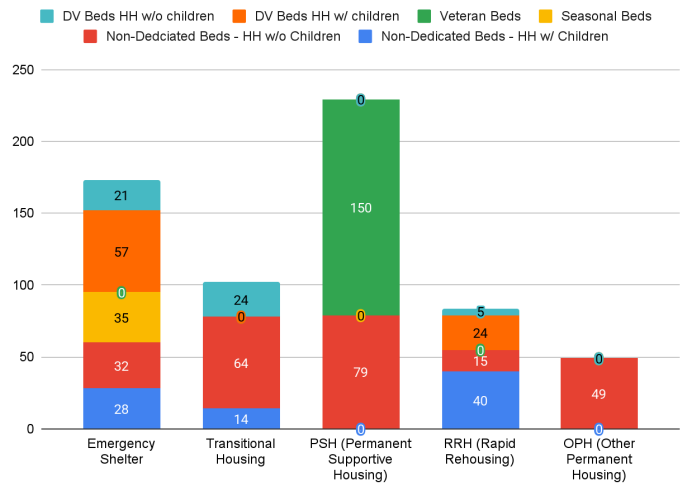
Many of the homeless dedicated beds in the area are dedicated to specific subpopulations, such as veterans or those fleeing domestic violence. In the following chart, the total number of beds includes all dedicated and non dedicated beds. The subsequent chart details beds dedicated to certain populations in addition to non-dedicated beds.

Note: Only those in emergency shelter or transitional housing are considered homeless according to HUD. Persons in PSH, RRH, or OPH are considered stably housed thus are not included in the PIT count. Permanent housing beds are usually at capacity and, with the exception of RRH, and rarely have openings for new applicants.

Total Year Round Beds



(above) total beds by program type; (below) breakdown of beds by non-dedicated, households (HH) with and without children, and dedicated population beds - domestic violence (DV), veteran, seasonal



Beds	Emergency shelter	Transitional Housing	Permanent Supportive Housing	Rapid Re-Housing	Other Permanent Housing
<b>Total</b>	<b>138</b>	<b>102</b>	<b>229</b>	<b>84</b>	<b>49</b>
Non-Dedicated HH w/ Child	28	14	0	40	0
Non-Dedicated HH w/o Child	32	64	79	15	49
Seasonal	35	0	0	0	0
Veteran	0	0	150	0	0

DV HH w/ Child	57	0	0	24	0
DV HH w/o Child	21	24	0	5	0

## B. Capacity Analysis

- **Minimum daily demand for resources** - The 2026 PIT count, 432 persons, suggests the daily demand for system resources – housing or shelter – does not meet the current need.
- **Utilization of Shelter** - The sheltered population, 268 persons, represents the current utilization of emergency shelter, transitional and domestic violence shelter. It does not reflect total available capacity but indicates high daily demand.
- **Accessible Shelter** - The unsheltered population, 164 persons, suggests a gap in immediate, accessible shelter, or a population with such high barriers that they cannot utilize existing shelter resources (e.g. high acuity of needs, lack of low-barrier options).
- **Housing Exit Capacity** - The increase of the homeless population year over year suggests difficulty exiting the shelter system due to a lack of affordable housing and financial support or resources and implies a critical bottleneck in the permanent housing end of the homeless response system.

## C. Gap Analysis

The gaps in the system are primarily related to the quantity and integration of specialized supportive services and housing options needed to address the most complex barriers to stable housing.

- **Permanent supportive housing (PSH) shortage** - this is a critical gap for the unsheltered chronic homeless population, 43 persons. This gap prevents rapid re-entry into housing for individuals with disabling conditions and long histories of homelessness.
- **Affordable housing** - a systemic barrier and a primary need for the sheltered population. Access to affordable housing and financial assistance (security deposits, rental subsidies) indicate a deficit in program exit resources to transition people from shelter to home.
- **Specialized domestic violence housing** - a significant portion of sheltered households are fleeing domestic violence highlighting a gap for safe, confidential, and trauma-informed housing options separate from the general shelter population.
- **Specialized case management and housing navigation** - the duration of homelessness suggests difficulties navigating the housing process. There is a clear need for intensive case management to bridge the gap between shelter and home by helping individuals search for, apply for, and secure leases.
- **Integrated physical and behavioral healthcare** - the unsheltered population has high rates of chronic health conditions, mental health disorders, and physical disabilities. This indicates the system lacks integrated services like street medicine and behavioral health

treatment to manage these issues which are significant barriers to work and independent living.

- **Economic stabilization services** - a gap exists in support that includes rapid job placement, assistance securing public benefits, and essential support services like transportation and child care necessary for individuals to maintain employment and housing.
- **Documentation and trauma support** - systemic barriers like lack of essential documentation (ID, birth certificate, social security card) for the unsheltered population and the need for trauma informed care for those with histories of foster system involvement or domestic violence represent unmet service needs identified by PIT count participants.

### **XIII. Community Impact and Implications**

Resolving the identified needs and gaps in the homeless response system may potentially lead to the following community and systemic impacts. As stated earlier, the goal of any CoC is to reduce and end homelessness by addressing the needs of different populations to both keep people stably housed and to stably house the currently unhoused.

This effort requires significant buy-in from the general community, business leaders, law enforcement, local governments, nonprofit service providers, landlords, healthcare systems, etc. To get such buy-in, the homeless response system must address the concerns of the community as a whole in order to create meaningful change in the homeless community.

#### **A. Current State of Homelessness**

- **Strain on emergency services** - the high prevalence of chronic health conditions, mental health disorders, and physical disabilities within the unsheltered population suggests a significant and continuous strain on public safety and health systems, including emergency rooms, police, and EMTs. These services become the default, costly providers of non-housing related crisis care.
- **Safety and economic concentration** - the geographic distribution data showing most unsheltered surveys occurred within one mile of downtown Lubbock implies a concentrated impact on the city's central area. This can affect public perception, business vitality, tourism, and overall utilization of public spaces.
- **Systemic inequity and economic stress** - the barriers identified imply that homelessness is a visible symptom of wider systemic and economic failures in the community. It signifies a failure of the local housing market to provide options for low-income residents.
- **Intergenerational instability and trauma** - 17% of the unsheltered population reporting a history of foster or group home involvement signals a deep-rooted cycle of trauma and lack familial support. This is an implication for youth services and future social costs if this cycle of instability is not broken.
- **Public safety and domestic violence link** - since a significant portion of the sheltered population are fleeing domestic violence, the community's response to homelessness must be integrated with

the public safety and justice systems as the immediate housing crisis is often rooted in personal safety and violent crime.

- **Need for coordinated, high-acuity care** - the existence of a large, high-need unsheltered population implies the existing system of emergency shelter and transitional housing is not sufficient on its own. The implication is a need for a strategic shift towards highly coordinated, low-barrier services and an increase in permanent supportive housing that includes intense case management and service delivery.
- **Economic cost of crisis management** - the high length of time people spend in shelter suggests the system is operating as a long-term holding pattern rather than a temporary crisis exit. This prolonged reliance on expensive emergency services, rather than rapid re-housing, represents a continuous, inefficient economic cost to the community.

#### **B. Potential Impact of Gap & Need Resolutions**

- **Significant reduction in chronic homelessness** - by addressing the shortage of permanent supportive housing options, the most vulnerable and chronically homeless individuals would be housed and stabilized reducing their visibility on the street and allowing them to work towards more mainstream service options after their highest needs have been addressed.
- **Increased flow and efficiency of the shelter system** - resolving the lack of affordable housing and financial assistance would create positive exits from emergency shelter and transitional housing. This would free up emergency beds more rapidly for people newly entering the crisis system preventing a critical bottleneck in the housing pipeline and lowering the average length of time homeless.
- **Improved long-term stability (reduced recidivism)** - by providing specialized case management and housing navigation alongside economic and employment stabilization services, households would not only find housing but also gain the necessary income, life skills, and support to maintain their tenancy leading to a more sustainable reduction in the overall homeless population.
- **Decreased strain on emergency services** - integrating physical and behavioral healthcare services would lead to better management of chronic conditions and mental health disorders. This would reduce the reliance on costly, high-acuity interventions like hospital emergency rooms, police, and jails for non-housing-related crises.
- **Enhanced community safety and wellbeing** - The stabilization of individuals with mental health and substance use issues through integrated care would improve the perception and reality of safety in central urban areas like downtown Lubbock. Additionally, expanding specialized domestic violence housing would directly enhance public safety for survivors and their children.
- **Breaking the cycle of instability** - addressing gaps in documentation and trauma support for the unsheltered and those with histories of

foster care involvement would help mitigate systemic barriers and prevent intergenerational homelessness.

- **Economic contribution** - economic stabilization services would transition individuals from relying solely on public benefits and emergency resources to stable employment, increasing the workforce and self-sufficiency, and ultimately making them contributing members of the local economy.

**XIV. Recommendations and Next Steps**

Recommendations and next steps are under review by the CoC Board of Directors and applicable committees. Any recommendations would be to address challenges identified in this report and reflective of system-wide gaps that require coordinated action across service providers, business leaders, local governments, and community partners.

Recommendations are an opportunity to strengthen our collective impact. By approaching any recommendations with shared ownership and collaboration, we can improve outcomes, use resources more effectively, and build a stronger, more responsive system of care for our entire community.

**XV. Conclusion**

The challenges identified in this report require a coordinated, community-wide response. No single agency, department, nonprofit, business, or governmental entity can solve these issues alone. The data makes it clear that meaningful, lasting impact will only occur when we align efforts, share responsibility and work toward common goals.

When we approach these recommendations as a collective responsibility rather than isolated tasks, we create:

- Greater efficiency in the use of public and private funds
- Improved outcomes for individuals and families
- Reduced strain on emergency services and public systems
- Stronger economic vitality and community well-being

These recommendations are designed to strengthen the entire local system of care, from prevention and outreach to housing placement, supportive services, and long-term stability. These recommendations represent an opportunity to move from fragmented efforts to unified impact, from short-term responses to long-term solutions, and from individual organizational priorities to a shared community vision.

**XVI. Acknowledgements**

We would like to express our profound gratitude to all those who contributed to the 2026 Point in Time Count. Our deepest thanks go to the volunteers that participated in street outreach and the PIT party at Kingdom Co-Op and to Open Door’s Community Center for taking time out to survey those that frequent their center.

We also acknowledge the crucial role of case workers and service providers who diligently worked to increase data quality and ensure accurate reporting through the collaborative use of the ECHO Community Collaboration Portal (HMIS).

Furthermore, we recognize the essential partnership of the Lubbock City & County Continuum of Care (CoC) and all the participating housing

agencies whose commitment is instrumental in serving the Lubbock Community.

**XVII. Appendices**

**A. Additional & Historical ('20-'25) Tables**

The following tables are breakdowns of the 2026 PIT count totals:

**2026 Racial/Ethnic Breakdown Table**

American Indian, Alaska Native, or Indigenous	3
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	1
Asian or Asian American	0
Asian or Asian American & Hispanic/Latina/e/o	0
Black, African American, or African	119
Black, African American, or African & Hispanic/Latina/e/o	3
Hispanic/Latina/e/o	135
Middle Eastern or North African	1
Middle Eastern or North African & Hispanic/Latina/e/o	0
Native Hawaiian or Other Pacific Islander	2
Native Hawaiian or Other Pacific Islander & Hispanic/Latina/e/o	1
White	147
White & Hispanic/Latina/e/o	17
Multi-Racial & Hispanic/Latina/e/o	0
Multi-Racial (not Hispanic/Latina/e/o)	3

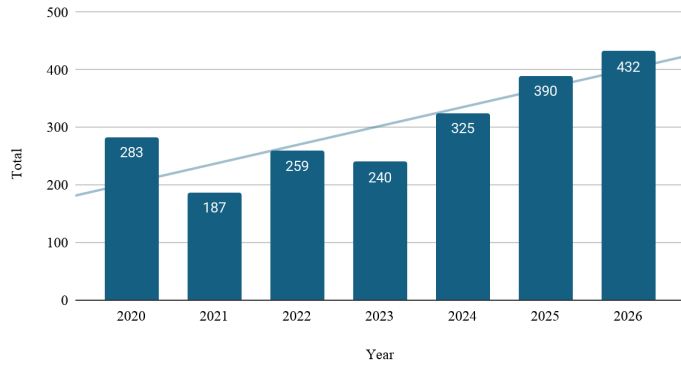
**2026 Age Range Breakdown**

Number of Persons (under age 18)	84
Number of Persons (age 18-24)	17
Number of Persons (age 25-34)	49
Number of Persons (age 35-44)	93
Number of Persons (age 45-54)	108
Number of Persons (age 55-64)	62
Number of Persons (age 65 or older)	19

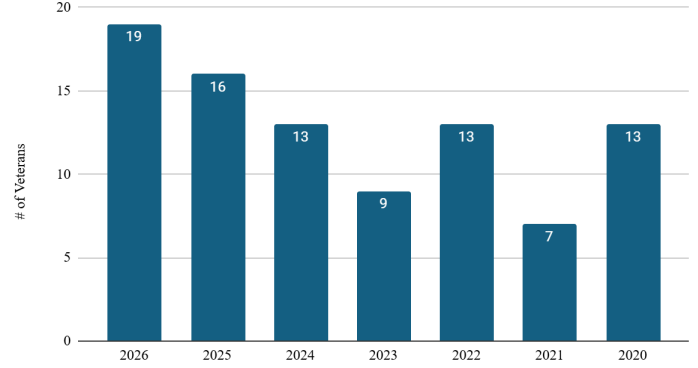
The following charts are historical charts meant to add context to the 2026 PIT count. The counts prior to 2026 were collected by the Texas Balance of State CoC and are available on their [website](#). Some data points for 2020-2021 are not available as a result of Covid restrictions in the survey process.



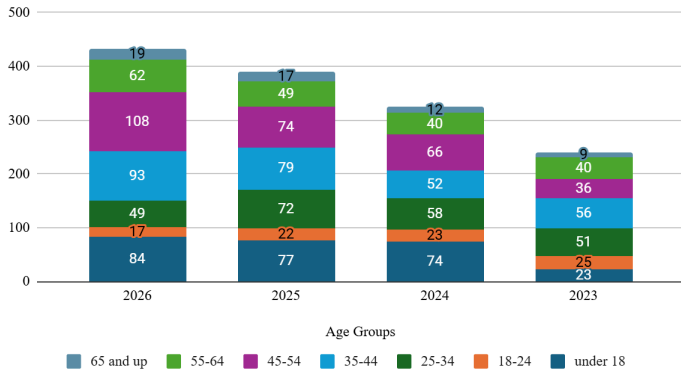
PIT Totals 2026 - 2020



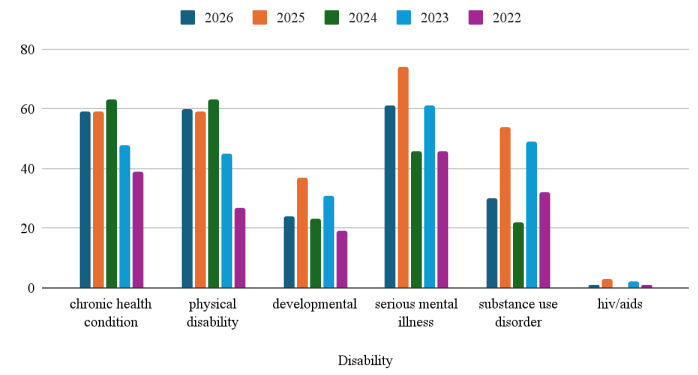
Veterans 2026-2020



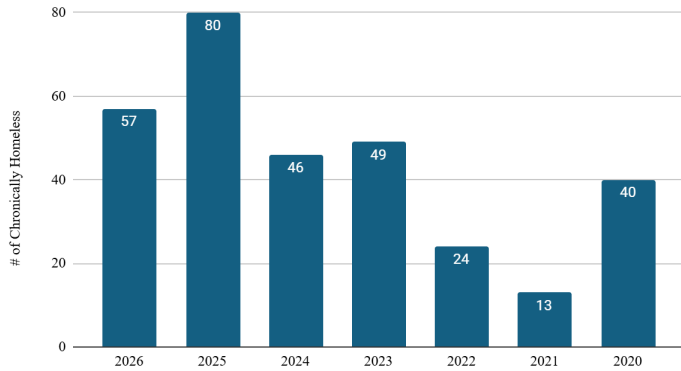
Year over Year Age Ranges 2026-2023



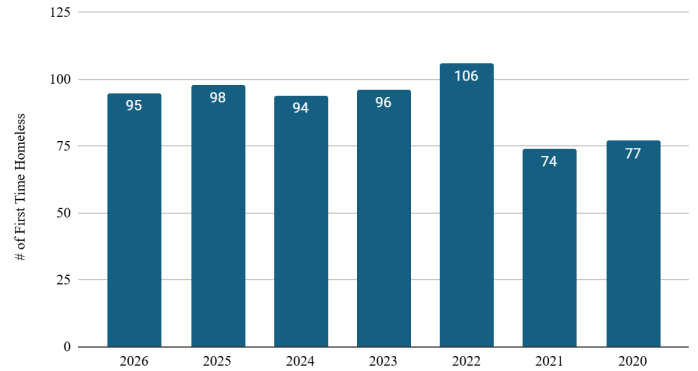
Self Reported Disability Status 2026-2022



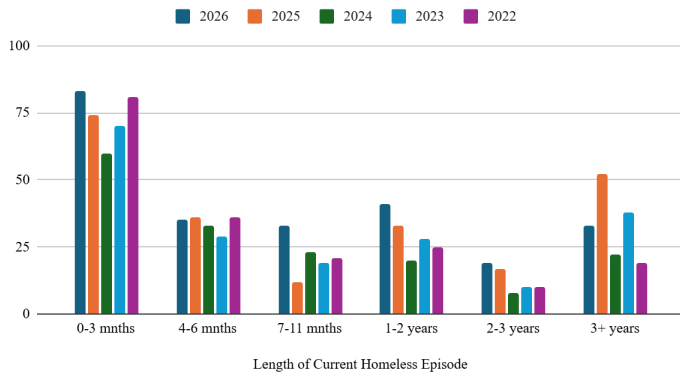
Chronically Homeless 2026-2020



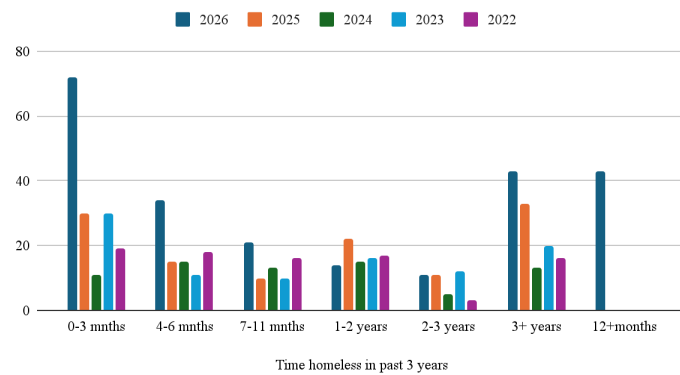
First Time Homeless 2026-2020



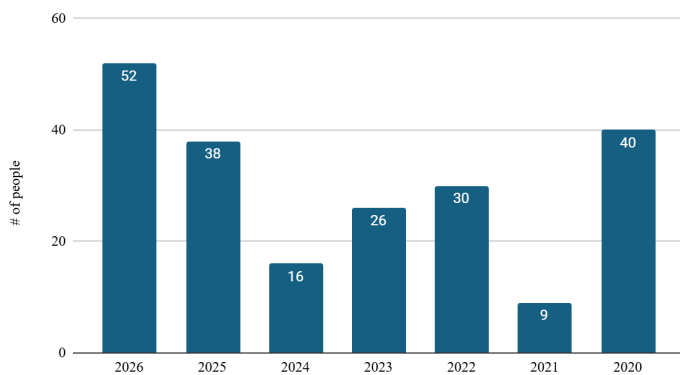
Length of Current Episode of Homelessness 2026-2022



Time homeless in past 3 years 2026-2022



4+ Separate Homeless Occurrences



**B. Housing providers & participating agencies**

Agencies/Organizations represented by volunteers (in alphabetical order):

- After Amen
- Catholic Charities
- Department of Veteran Affairs
- Family Promise of Lubbock

- FOCUS Rehabilitation and Ministry Center
- Hombres Nobles
- Larry Combest Community Health & Wellness Center
- Lubbock Impact
- Lubbock Police Department
- Open Door
- Stages of Recovery
- StarCare
- Still Horizon Housing
- Sustainable Food Center

Housing agencies that participated in the PIT count through conducting surveys at their locations or participating in HMIS (in alphabetical order):

- Family Promise of Lubbock
- Grace Campus
- Open Door (Permanent Supportive Housing & Survivor Housing)
- Redemption Way
- Salvation Army of Lubbock
- Still Horizon Housing

**C. Definitions and terminology**

- **Chronic Homelessness:** a person having a disability and has been homeless for 12+ months continuously or has had a least 4 separate occasions of homelessness in the past 3 years totaling 12+ months

- **Continuum of Care (CoC):** a community based planning body that coordinates funding, services, and housing for individuals and families experiencing homelessness.

- **Disabling Condition:** a physical, mental, or emotional impairment – including substance use, PTSD, or brain injury – that is expected to be long-continuing or indefinite, and substantially impedes the individual’s ability to live independently.

- **Domestic Violence Housing:** a housing program whose only client base are those fleeing domestic violence. These can be temporary emergency shelters, transitional housing programs, or rental assistance programs with supportive services.

- **ECHO West Texas:** the designated lead agency for the TX-625 CoC managing the collaborative funding application to HUD, coordinated entry, and HMIS.

- **Emergency Shelter:** temporary shelter for people experiencing homelessness or fleeing domestic violence.



- **High-acuity, co-occurring challenges:** refers to the simultaneous presences of severe mental health disorders and other complex health issues that create and unstable, high-risk situation requiring intensive, specialized, and sometimes 24/7 care.
- **Homeless Management Information System (HMIS):** a database shared by housing providers to better coordinate services for the homeless population.
- **Housing Navigation:** a service designed to help individuals experiencing homelessness or housing instability secure permanent housing by assisting with identifying housing options, gathering documents, completing applications, and providing move-in support.
- **HUD:** The Department of Housing and Urban Development.
- **Imputation:** the process of replacing missing, null, or inconsistent data points with substituted, plausible values to create a complete dataset by estimating values based on other available data.
- **Parenting Youth:** persons under 25 who are the parent or legal guardian of one or more children (under 18) present with or sleeping in the same place as them. There must be no person over 24 in the household.
- **Permanent Supportive Housing:** non-time-limited housing for homeless individuals or families with at least one member having a qualifying disability.
- **PIT Count (Point in Time Count):** an annual count required by the Department of Housing and Urban Development (HUD). The count is an unduplicated, one-night census of sheltered and unsheltered individuals experiencing homelessness conducted by Continuums of Care nationwide. It provides a snapshot of homelessness in January.
- **Rental Subsidies:** assistance that reduces housing costs for low to moderate income tenants, typically limiting rent payments to 30% of household's adjusted income.
- **Sheltered Homelessness:** subset of "literally homeless" persons living in shelters designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state and local government programs. This includes those fleeing domestic violence living in emergency shelters or transitional housing.

- **Transitional Housing:** supportive accommodation for up to 24 months designed to help homeless persons and families achieve stability and transition into permanent housing.
- **TX-625:** the "CoC Code" of the Lubbock City and County Continuum of Care.
- **Unaccompanied youth:** a person under 24 not in the physical custody of a parent or guardian who lacks a fixed, regular, and adequate nighttime residence, these are sometimes separated into unaccompanied minors under 18 and unaccompanied youth 18-24.
- **Unsheltered Homelessness:** subset of "literally homeless" persons having a primary nighttime residence that is a public or private place not meant for human habitation.

[HUD Homeless Categories](#)

Literally Homeless	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ol style="list-style-type: none"> <li>1. Has a primary nighttime residence that is a public or private place not meant for human habitation; or</li> <li>2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or</li> <li>3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ol> <p><i>Note:</i> An individual or family only needs to meet one of the three</p>
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	subcategories to qualify as Homeless Category 1: Literally Homeless.
Imminent Risk of Homelessness	<p>An individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ol style="list-style-type: none"> <li>1. Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>2. No subsequent residence has been identified; <i>and</i></li> <li>3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.</li> </ol> <p><i>Note:</i> Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.</p>
Homeless Under Other Federal Statutes	<p>Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ol style="list-style-type: none"> <li>1. Are defined as homeless under the other listed federal statutes;</li> <li>2. Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and</li> <li>4. Can be expected to</li> </ol>

	<p>continue in such status for an extended period of time due to special needs or barriers</p> <p><i>Note:</i> HUD has not authorized any CoC to serve the homeless under Category 3. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC’s Consolidated Application. See <a href="#">24 CFR 578.89</a>. Individuals and families that qualify as homeless under Category 3 may be served by the ESG program if they meet required eligibility criteria for certain ESG components.</p>
Felling/Attempting to Flee Domestic Violence	<p>Any individual or family who:</p> <ol style="list-style-type: none"> <li>1. Is fleeing, or is attempting to flee, domestic violence;</li> <li>2. Has no other residence; and</li> <li>3. Lacks the resources or support networks to obtain other permanent housing</li> </ol> <p><i>Note:</i> For the purposes of this binder, “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).</p>

**D. PIT survey questions**

\* indicates HUD required question; some of the phrasing for HUD required questions has been changed to illicit more reliable responses (i.e. “Do you have physical disability” was changed to “Have you been told you have a physical disability”).

1. \*Have you already been interviewed today for the Point in Time Count?
2. \*Where did you sleep last night?
  - a. What type of vehicle or structure are you sleeping in?
  - b. Please provide details on the condition of the RV
  - c. Including yourself how many people are sleeping in this vehicle or structure?
  - d. Please describe the other sleeping location
3. \*Age Range
4. \*Sex (m/f)
5. \*Race/Ethnicity
6. \*Veteran Status
7. Are you a member of the LGBTQ community?
8. \*Is this the first time you have been homeless? (in shelters on the streets in car etc.)
9. \*How long have you been homeless this time?
10. \*How many months did you stay in shelter or on the streets over the past 3 years?
11. \*How many separate times have you stayed in shelters or on the streets in the past 3 years?
12. How long in months have you been in Lubbock county?
13. Do you remember the zip code or city where you were living when you became homeless this time?
  - a. City
  - b. State
  - c. ZIP Code
14. \*Have you been told you have a Substance Use Disorder?
  - a. If yes is this a long-term disability that impairs your ability to hold a job or live independently?\_disability-sa-indefinite
15. \*Have you been told you have a Chronic Health Condition?
  - a. If yes is this a long-term disability that impairs your ability to hold a job or live independently?\_disability-chronic-indefinite
16. \*Have you been told you have a Mental Health Disorder?
  - a. If yes is this a long-term disability that impairs your ability to hold a job or live independently?\_disability-mental-health-indefinite
17. \*Have you been told you have a Physical Disability?
  - a. If yes is this a long-term disability that impairs your ability to hold a job or live independently?\_disability-physical-indefinite
18. \*Have you been told you have a Developmental Disability?
19. Do you receive disability benefits?
20. \*Are you living with HIV or AIDS?
21. \*Are you currently experiencing homelessness because you are fleeing domestic violence dating violence sexual assault or stalking?
22. Before age 18 were you ever placed in a foster home or a group home?
23. Do you have friends or family you can stay with or that you keep regular contact with?
24. If so what keeps you from living with them?
25. Do you have anyone helping you right now—like friends family caseworker etc.?
26. Are you currently working or looking for work?
27. What kind of work have you done in the past
28. What makes it hardest for you to find or keep a job? (transportation id child care health etc.)
29. Are you able to get medical care or prescriptions when you need them?
30. What do you need most right now to feel safer or more stable?
31. If unsheltered—have you tried getting into housing or shelter before?
32. Have you been criminally trespassed from one or more shelters in Lubbock or told you aren't allowed to come back to a shelter?
33. If yes what housing providers have you been trespassed from or not allowed to go to?
34. Whats been the hardest part about finding or keeping housing?
35. What led you to losing your housing this time?
36. What could have been done to help you keep your home?
37. What kind of housing would feel right or safe for you?
38. What would help you the most to get back on your feet right now?

#### E. Survey instrument summary (CountingUs)

The [Counting Us mobile app](#) was developed by Simtech Solutions to automate the collection of data for the annual homeless census. The app is available from both Google Play and the Apple App Store and can be taken for a test drive by registering an account and using the "setup key" of "DEMO".

Each region is provided with a unique setup key and can choose to utilize the standard HUD-compliant surveys or can choose to have the surveys customized to meet local requirements. Separate count activities can also be added to support youth counts, disaster recovery, as well as initiatives such as Project Homeless Connect with each having surveys that are tailored to their unique requirements.

Additional features available to support an automated count process include volunteer registration forms, count team management tools to aid pre-count planning, as well as tools that support the conducting of surveys in areas known to contain people experiencing homelessness while utilizing a statistically reliable sampling approach to derive accurate estimates for the remainder of the region.

#### F. Data limitations and notes

The Point in Time (PIT) count fundamentally serves as a snapshot of homelessness, meaning it inherently risks an undercount of the total

population, particularly those not encountered by outreach teams. The count relies on a mix of voluntary surveys and, when participation is declined or deemed unsafe, minimal observational tallies. This voluntary participation means that some data, such as for chronic homelessness, must be resolved through statistical methods like imputation. Furthermore, limitations in geographic coverage, such as severe weather following the count, prevented outreach from fully canvassing all rural areas of Lubbock County. Any comparisons to counts prior to 2026 should be considered with caution due to differences in methodologies from when the count was conducted under the Texas Balance of State CoC (BoS).

The scope of the data also contains specific exclusions and notes. Sheltered population totals include those fleeing domestic violence but deliberately exclude individuals in "permanent" housing programs, such as Permanent Supportive Housing, as these individuals are no longer considered homeless. Data on the number of first-time homeless is also noted to exclude those in domestic violence shelters. Finally, the unsheltered survey data, which captures sleeping locations for a single night, is not a full count and reflects responses from those who agreed to participate and observational tallies for those that declined surveys.