

Memorandum



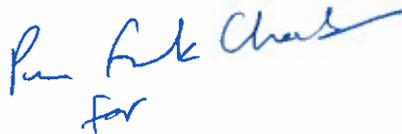
DATE April 1, 2016

TO The Honorable Mayor and Members of the City Council

SUBJECT The Homeless in Dallas

On Wednesday, April 6, 2016, you will be briefed on The Homeless in Dallas. The briefing is attached for your review.

Please let me know if you have any questions.



Alan E. Sims
Chief of Neighborhood Plus

c: A. C. Gonzalez, City Manager
Rosa A. Rios, City Secretary
Warren M.S. Ernst, City Attorney
Craig Kinton, City Auditor
Daniel F. Solis, Administrative Judge
Ryan S. Evans, First Assistant City Manager
Eric D. Campbell, Assistant City Manager
Jill A. Jordan, P. E., Assistant City Manager
Mark McDaniel, Assistant City Manager
Joey Zapata, Assistant City Manager
Jeanne Chipperfield, Chief Financial Officer
Sana Syed, Public Information Officer
Elsa Cantu, Assistant to the City Manager – Mayor and Council



The Homeless in Dallas

A Briefing to the Dallas City Council
April 6, 2016

Purpose

- To collectively **review data**, information and derive knowledge about the nature and extent of homelessness
- To **inform our decisions** on how to move forward and build an effective homeless response system
- To be honest with one another about the challenges, barriers and obstacles our homeless residents face and as providers **own up** to what role we play in removing or creating them
- To **welcome ideas and insights** from all persons on how to make homelessness **rare, brief and non recurring** in our community

The Department of Housing & Urban Development (HUD) Requirements for Continuum of Care

- The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended and reauthorized the McKinney-Vento Homeless Assistance Act.
 - Amendment streamlined HUD’s homeless grants by consolidating the Supporting Housing, Shelter Plus Care, and Single Room Occupancy grant programs into what is now the CoC program.
- The CoC is *“a geographically based group of representatives that carries out the planning responsibilities of the [CoC] program [...] These representatives come from organizations that provide services to persons experiencing homelessness, or represent the interests of the homeless or formerly homeless.”* (HEARTH Act Interim Rule, page 45423)
- The CoC is required to designate a collaborative applicant to apply to HUD for CoC funding on behalf of all of the local applicants (Dallas and Collin counties) as well as designate a Homeless Management Information System (HMIS) administrator.
 - The local CoC has designated **Metro Dallas Homeless Alliance (MDHA)** as the collaborative applicant and HMIS administrator

:60 second tutorial

- **MDHA** = Metro Dallas Homeless Alliance
- **PIT** = Point in Time census of the homeless
- **HUD** = US Department of Housing and Urban Development
- **HMIS** = Homeless Management Information System (the database of homeless persons and programs)
- **CoC** = Continuum of Care which is *BOTH* a local Board of Directors of stakeholders and professionals charged with our homeless response system *AND* a federal grant from HUD
- **UN** = Unsheltered **ES** = Emergency Shelter **TH** = Transitional



Leading the development of an effective homeless response system that will make the experience of homelessness rare, brief and non-recurring in Dallas and Collin Counties.

MISSION

Primary Functions of MDHA

- Lead agency for Continuum of Care Operations and Planning for the homeless response system
- Conducts local CoC Program Grant competition and grant submission
- Administer the single Homeless Management Information System for additional HUD, VA, SAMHSA, RHY, HOPWA, ESG and other housing and homeless services programs
- Develop the Coordinated Assessment/Access System
- Maintain inventory count of homeless housing (ES, SH, TH, RRH, PSH, Other PH)
- Maintain count of persons experiencing homelessness
- Coordinate the efforts of over 60 agencies that provide services to homeless people

2015-2016 Accomplishments of the Continuum of Care Group

- **Addressing the Data Gap:** IRIS as the new HMIS, built HUD latest standards. Mapping pathways between clinical and social information.
- **Improving quality of care** through professional development and interagency communication
- **Building the system** infrastructure: Data, Inventories and Prioritization
- **Reinforcing the policy infrastructure:** amended bylaws, leadership



2016 POINT IN TIME COUNT

Homeless Count

- Geographic Coverage Blitz Style = Improved Accuracy
- Sheltered data came from HMIS and agency data
- Unsheltered from Volunteer Interviews and Observations
- Just over 700 volunteers in both counties
- + Police Officers

It was big, but it needs to be bigger

Goal was 750 volunteers

We need 1,000 in Dallas to improve geographic coverage **in 2017**

All Homeless – 2016 PIT

	UN	ES	SafeHaven	Transitional Housing	Total	Change
2016	739	1,873	23	1,269	3,904	24% +
2015	363	1,748	23	1,007	3,141	

2014 National AHAR 31% of homeless are unsheltered.

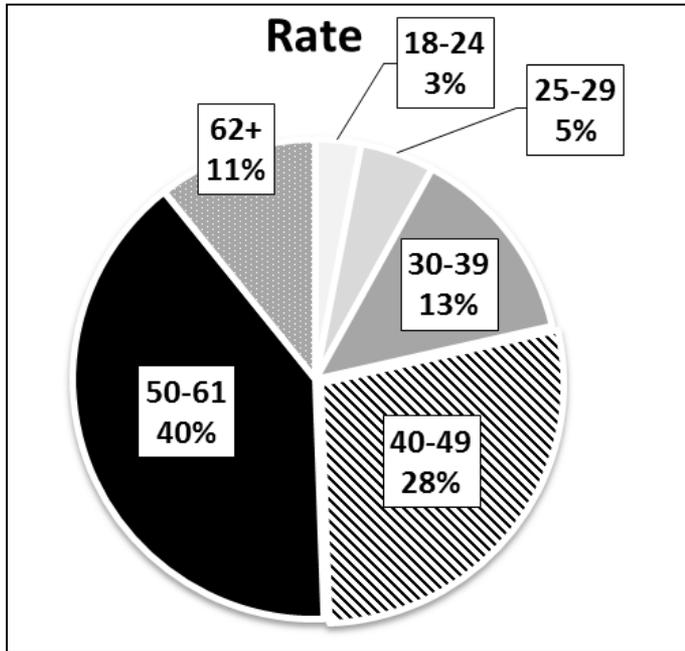
PIT GIS Maps Dallas County

- [Total CoC Area Density Map](#)
- [Dallas Area Density Map](#)

Unsheltered Homeless

TOTAL UNSHELTERED	739	Proportion
Dallas	586	79%
Irving	27	4%
Garland	70	9%
Dallas County	680	92%
Plano	35	5%
Frisco	1	0%
McKinney	15	2%
Wylie	5	1%
Collin County	56	8%

Age of Unsheltered

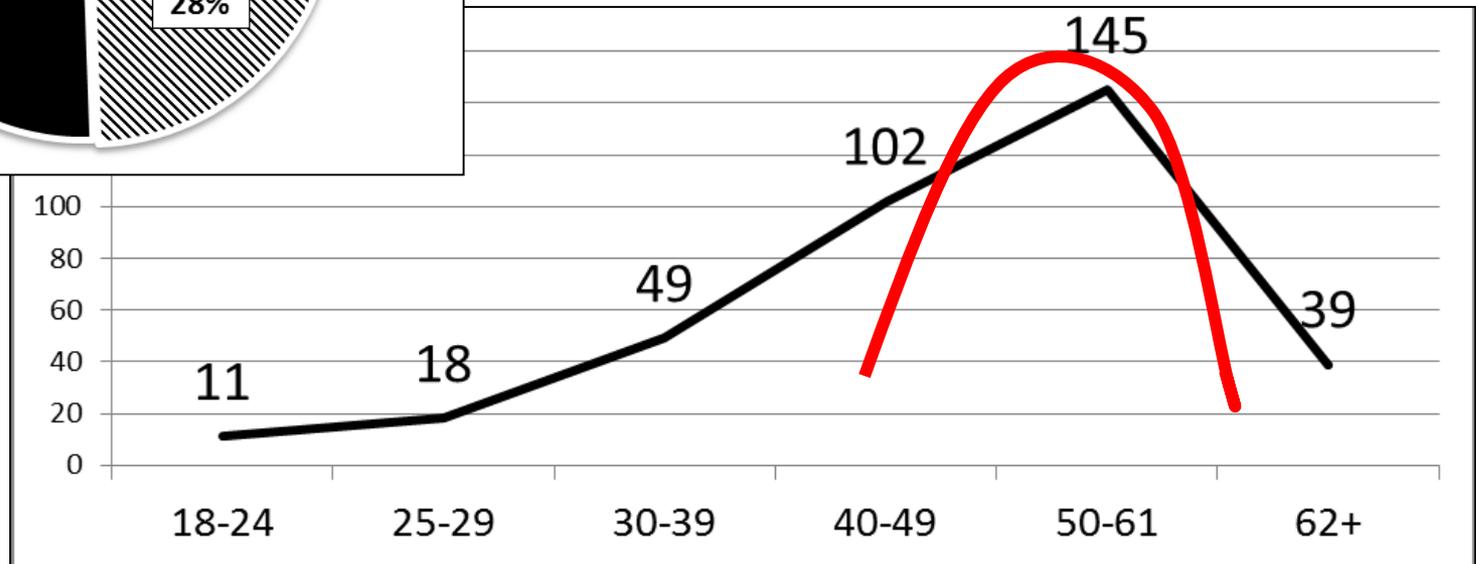


Average Age: 47.5

Youngest: 19

Oldest: 79

48% of Unsheltered 40-61



Gender of Unsheltered

Total Responses: 562

Men: 440

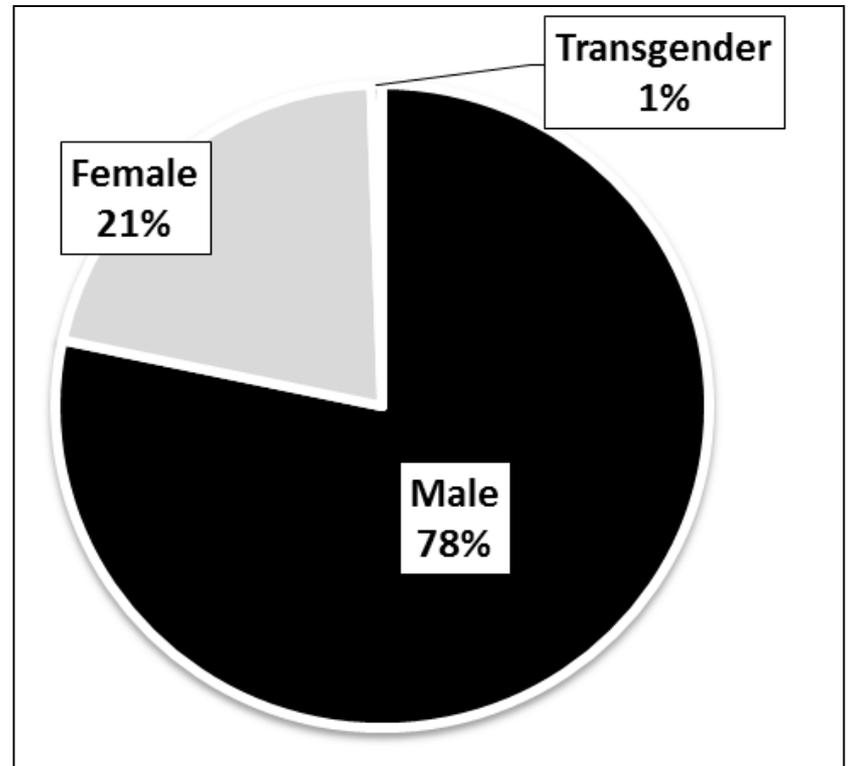
Women: 119

Transgendered: 3

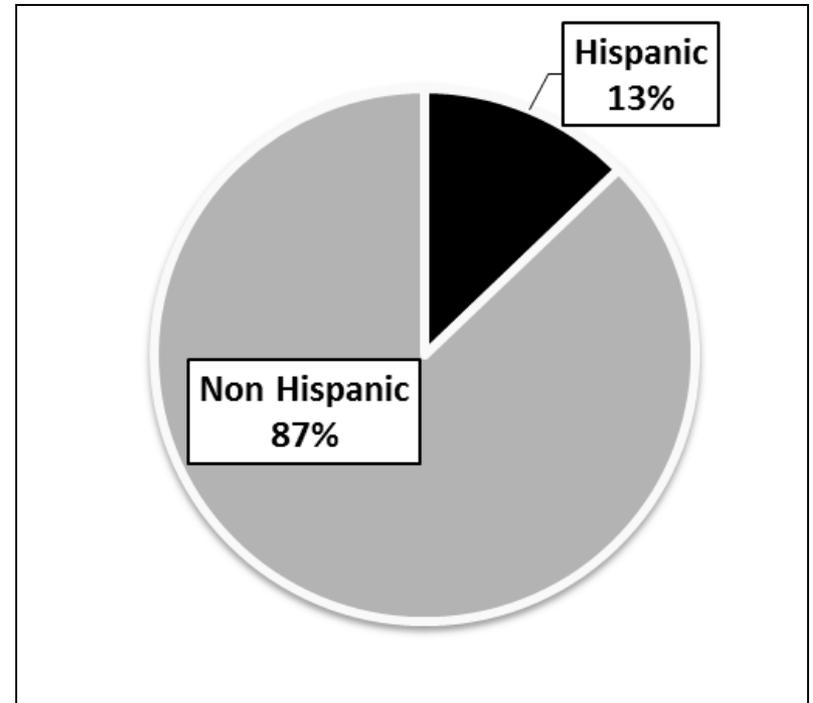
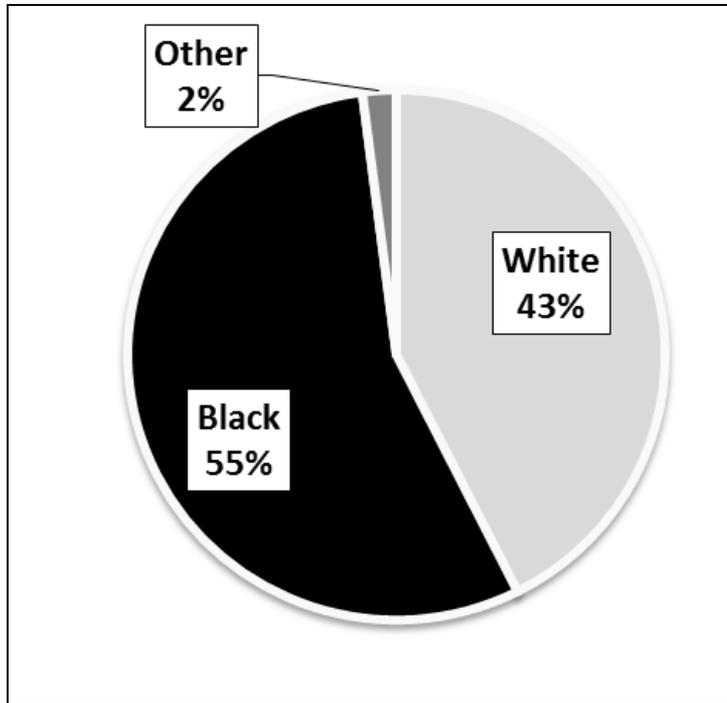
Been Attacked While Homeless?

Women: 19 16%

Men: 86 20%



Race and Ethnicity of Unsheltered



Unsheltered Veterans

Total Veterans: 54

Men: 54

Women: 0

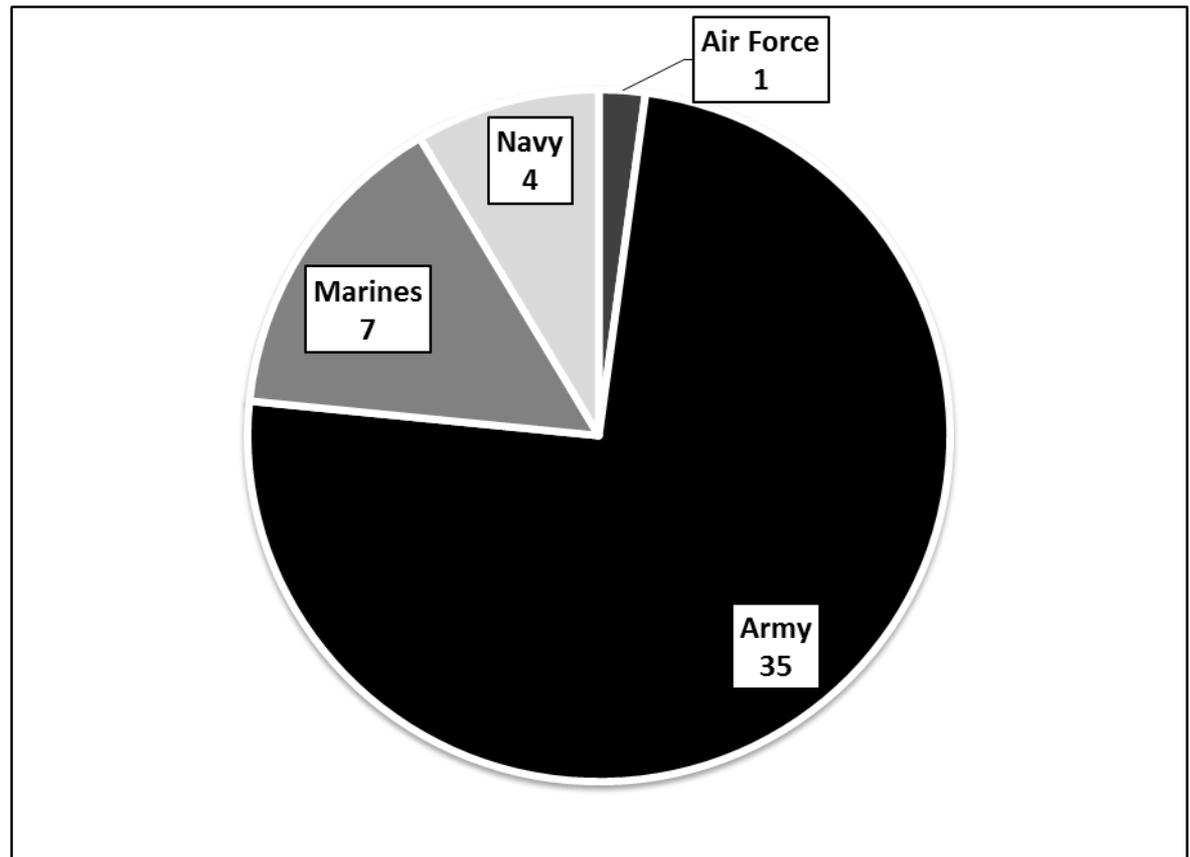
Discharge Status

Honorable: 25

General: 6

Dishonorable: 6

Bad Conduct: 2

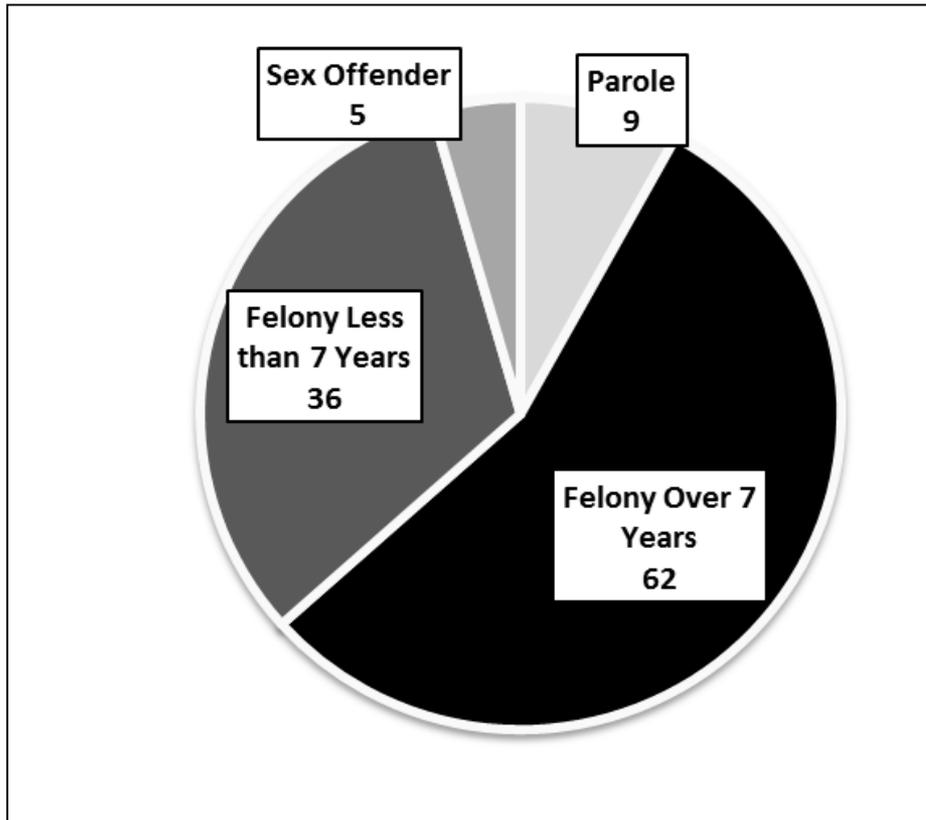


Total Veterans

	UN	ES	SH	TH	Total
Individuals	54	170	0	75	299
Households with Children	0		0	5/15	5/15
				TOTAL	304 Veterans

- Of the 304 Veterans, 189 directly connected to a Veterans program.
- Significant improvement in VA and emergency response system collaboration
- **7.7%** of all homeless

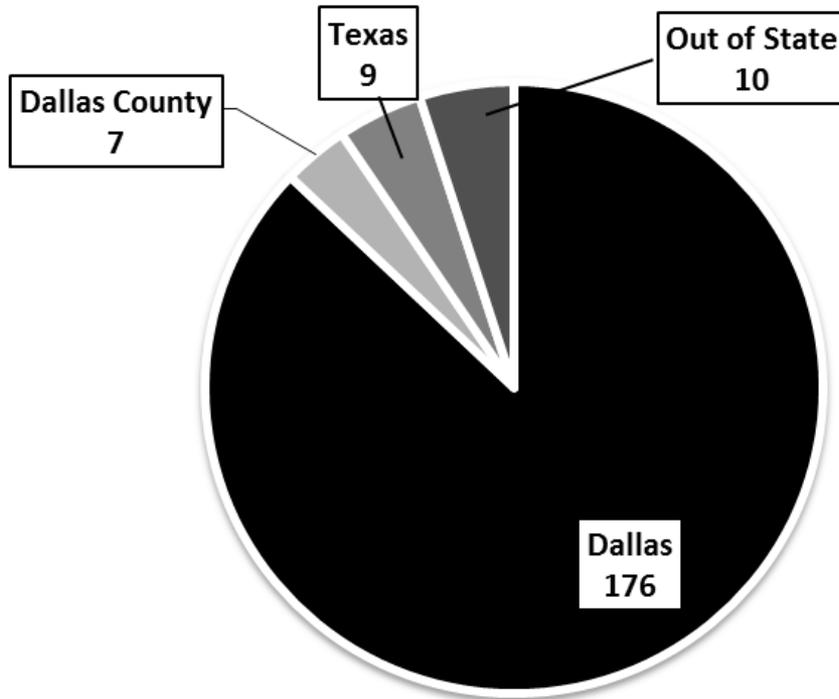
Experience in Criminal Justice System



Total Responses: 358
Served in Jail or Prison: 267

75% have exited in some capacity from the criminal justice system

Where Homeless in Dallas are from



Total Responses: 202

From Dallas: 87%

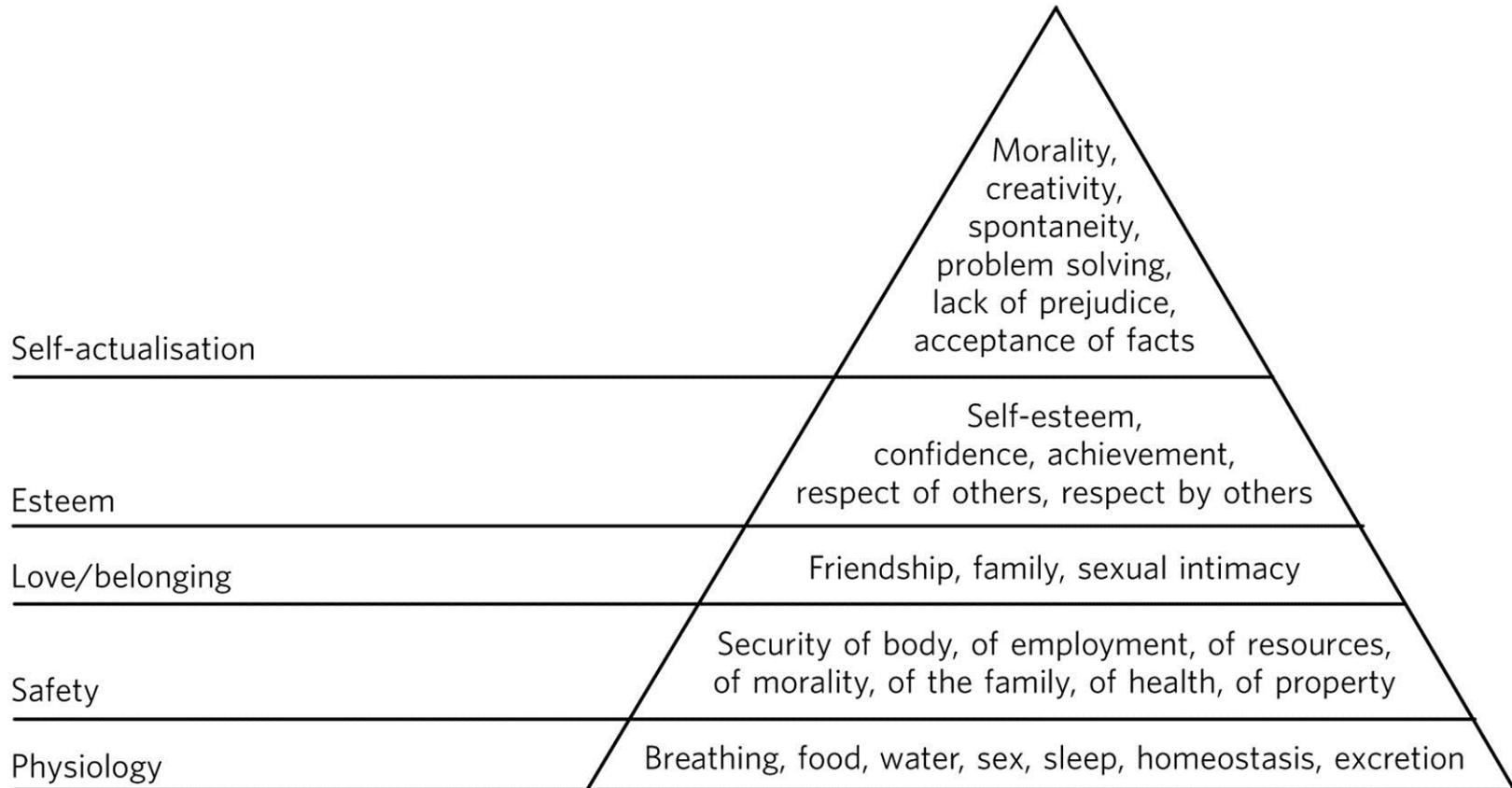
From Dallas County: 3%

From Texas: 4%

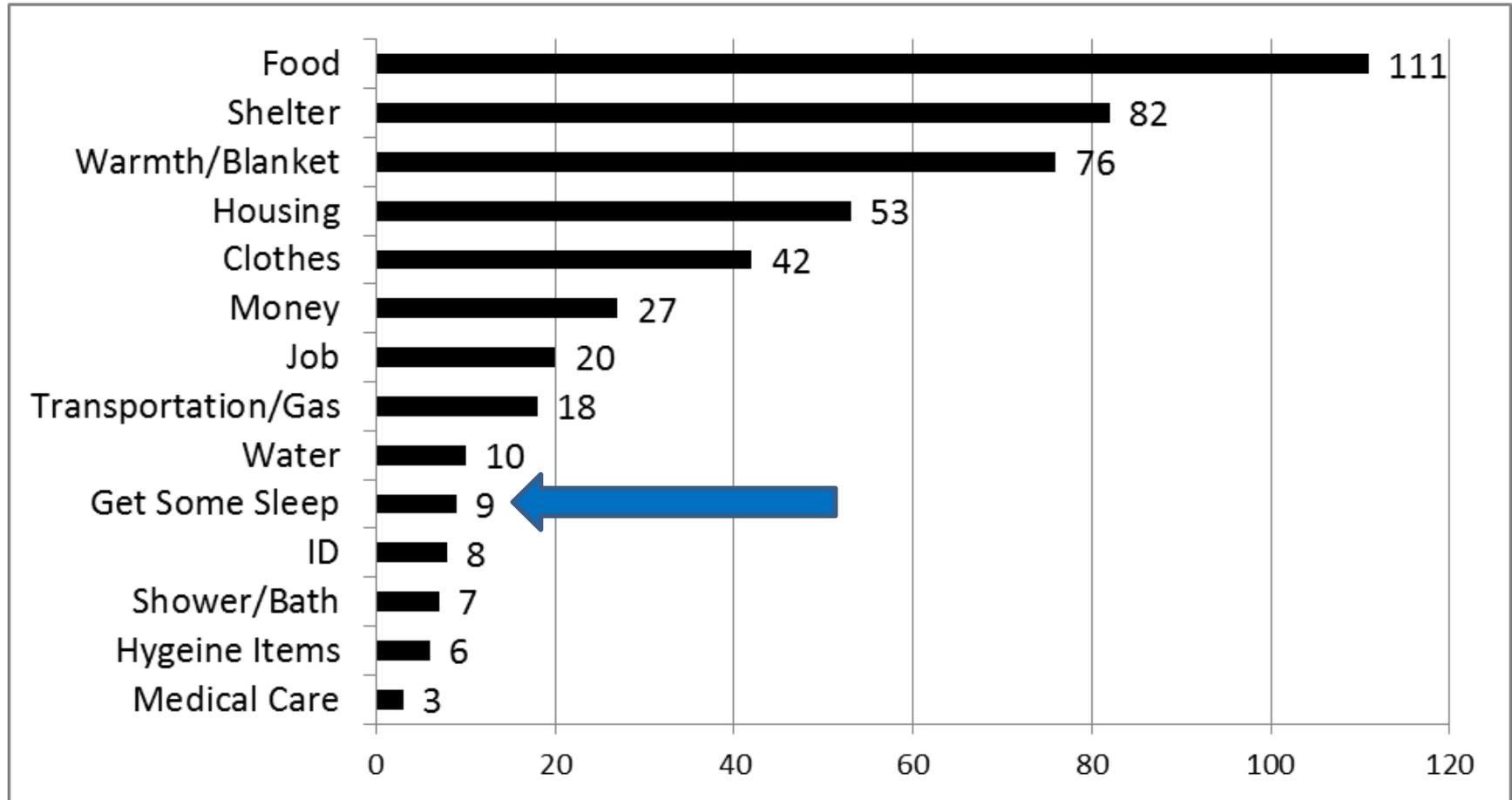
From Other Stats: 5%

This is a typical distribution.

Hierarchy of Needs



What I Need Tonight - Unsheltered



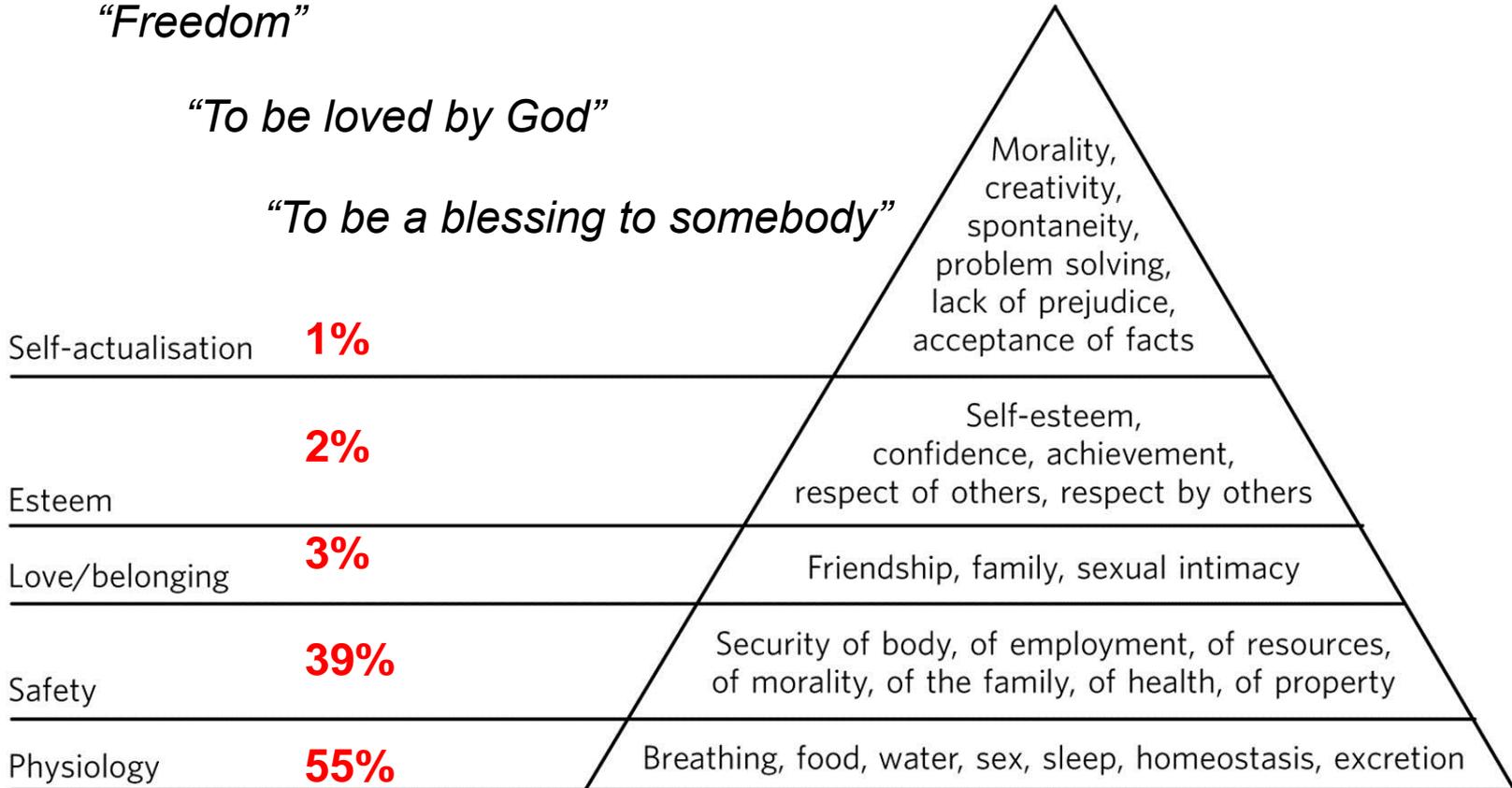
What I Need Tonight

“Medicine for my friend”

“Freedom”

“To be loved by God”

“To be a blessing to somebody”

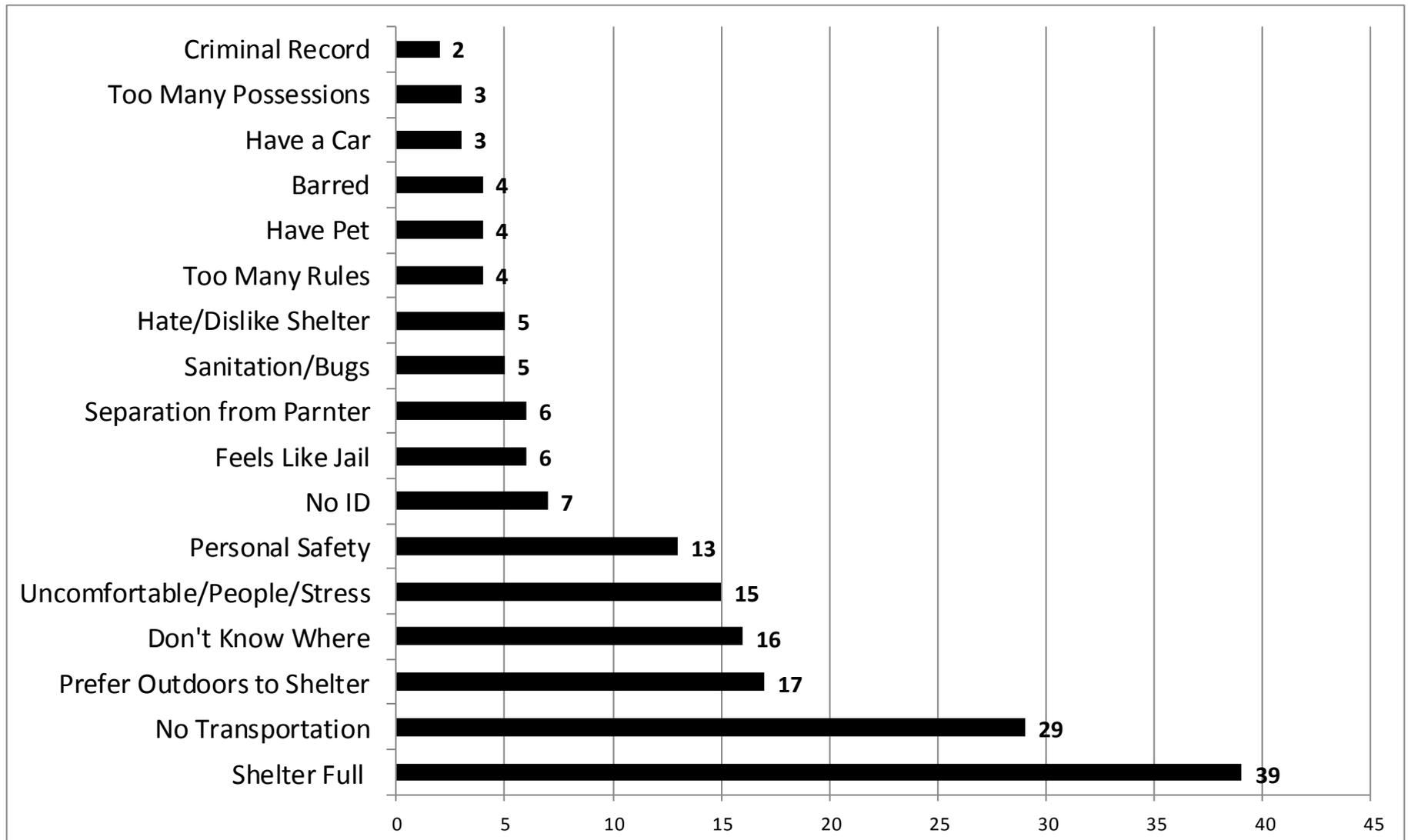


Do unsheltered homeless want help?

- 365 persons gave us their full name
- 216 asked for a street outreach follow up visit
- 186 gave detailed contact information
- 136 let us take their picture for the HMIS

Yes.

Why are you not staying in an Emergency Shelter?



Chronic Homeless

Definition:

*Homeless **at least 1 year** or homeless four or more times in the last 3 years where the cumulative time homeless is at least 1 year AND Possess a documented **disabling condition**.*

Goal:

End chronic homelessness moved, again, to December 2017.

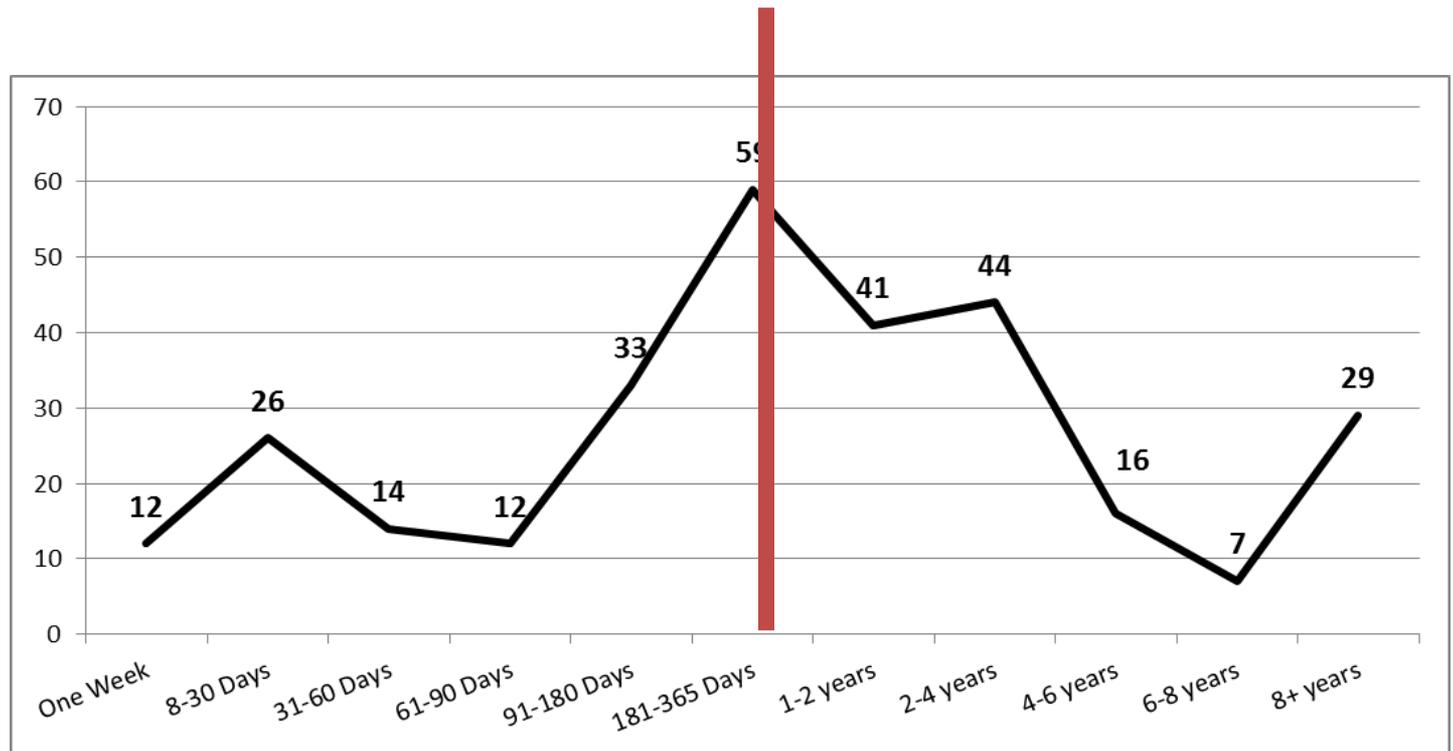
Length of time homeless - Unsheltered

Total Responses: 293

Homeless less than 30 days: 13%

Homeless over one year: 47%

First Time Homeless: 147



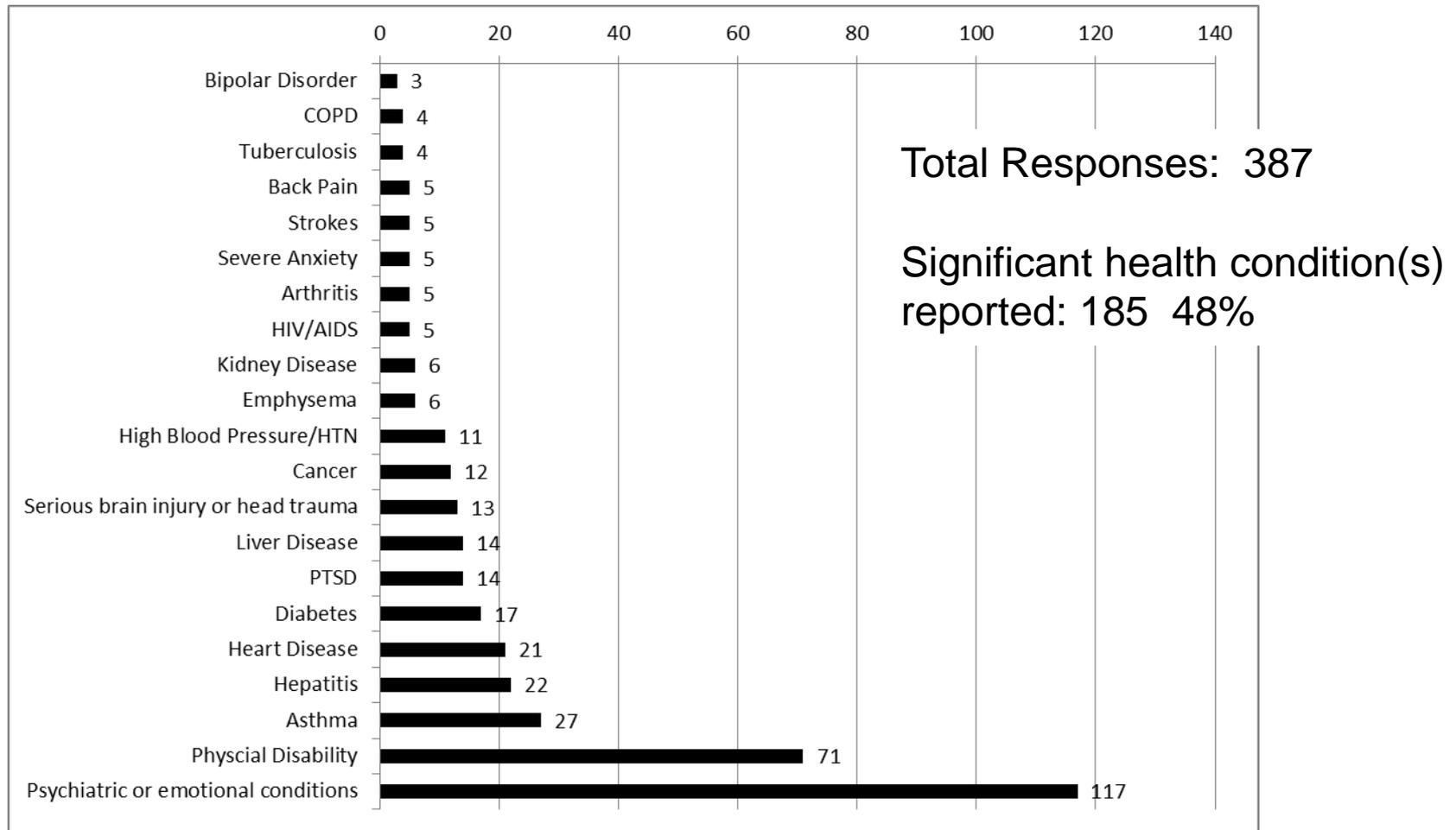
Health and Unsheltered Homelessness

- Irregular or no proper administration of prescription drugs (lost, no storage, stolen, sold)
- Insufficient, irregular nutrition
- Irregular access to clean water
- Unsanitary living conditions
- **Sleep deprivation**

Health and Unsheltered Homelessness

- Poor physical health is associated with poverty in general but is more pronounced among those who are without homes (APA, 2010).
- Rates of mental illness among people who are homeless in the United States are twice the rate found for the general population (Bassuk et al., 1998).
- 47% of homeless women meet the criteria for a diagnosis of major depressive disorder—twice the rate of women in general (Buckner, Beardslee, & Bassuk, 2004).
- When compared with the general population, people without homes have poorer physical health, including higher rates of tuberculosis, hypertension, asthma, diabetes, and HIV/AIDS (Zlotnick & Zerger, 2008), as well as higher rates of medical hospitalizations (Kushel et al., 2001).
- **Housing is Healthcare**

Health Status - Unsheltered



Chronic Homeless – Disabling Conditions

133 Chronic Unsheltered (34% of the 387 interviewed)*

- 64 with 1 disabling condition
- 51 with 2 disabling conditions
- 15 with 3 disabling conditions
- 3 with 4 disabling conditions

**HUD report will include only the actual identified. For local CoC Planning, the 34% rate applied to the total unsheltered would yield an estimated additional 118 chronically homeless.*

Total Chronically Homeless

2016	UN	ES	SafeHaven	Total	2015
Chronically Homeless Individuals	133	411	22	566	
Chronically Homeless Families	0	12 Households 31 persons	0	31	
			TOTAL	597	615

Where the Chronic live:

- Unsheltered – 22%
- Metrocare Safehaven – 4%
- The Bridge – 5%
- Austin Street – 28%
- Dallas Life Center – 19%
- The Salvation Army – 19%
- Union Gospel Mission – 3%

Families with Children

2016	UN	ES	SH	TH	Total
Total Households	2	149	0	283	434
Total Adults	3	172	0	308	660
Total Children	3	356	0	485	844
Unaccompanied Youth				7	7
					1,511

21.7% of total homeless are under 18.
National 2014 average was 23%.



TENT CITY

I-45 Encampment – “Tent City”

- Location: I -30 to the North, Corinth to the South, under the I-45 Bridge
- Size: length is 1,759 ft. with the number of occupants varying from 60 in summer 2015 to over 300 a month ago
- Sections: Five sections labelled A-E

Tent City Population

- Mean age: 50
- Median Age: 52
- Men: 60%
- Women: 40%
- 92% from Dallas
- 85% previously incarcerated
- 50% with psychiatric or emotional conditions
- Low of 60 tents with a peak of 300 tents

Who's Involved

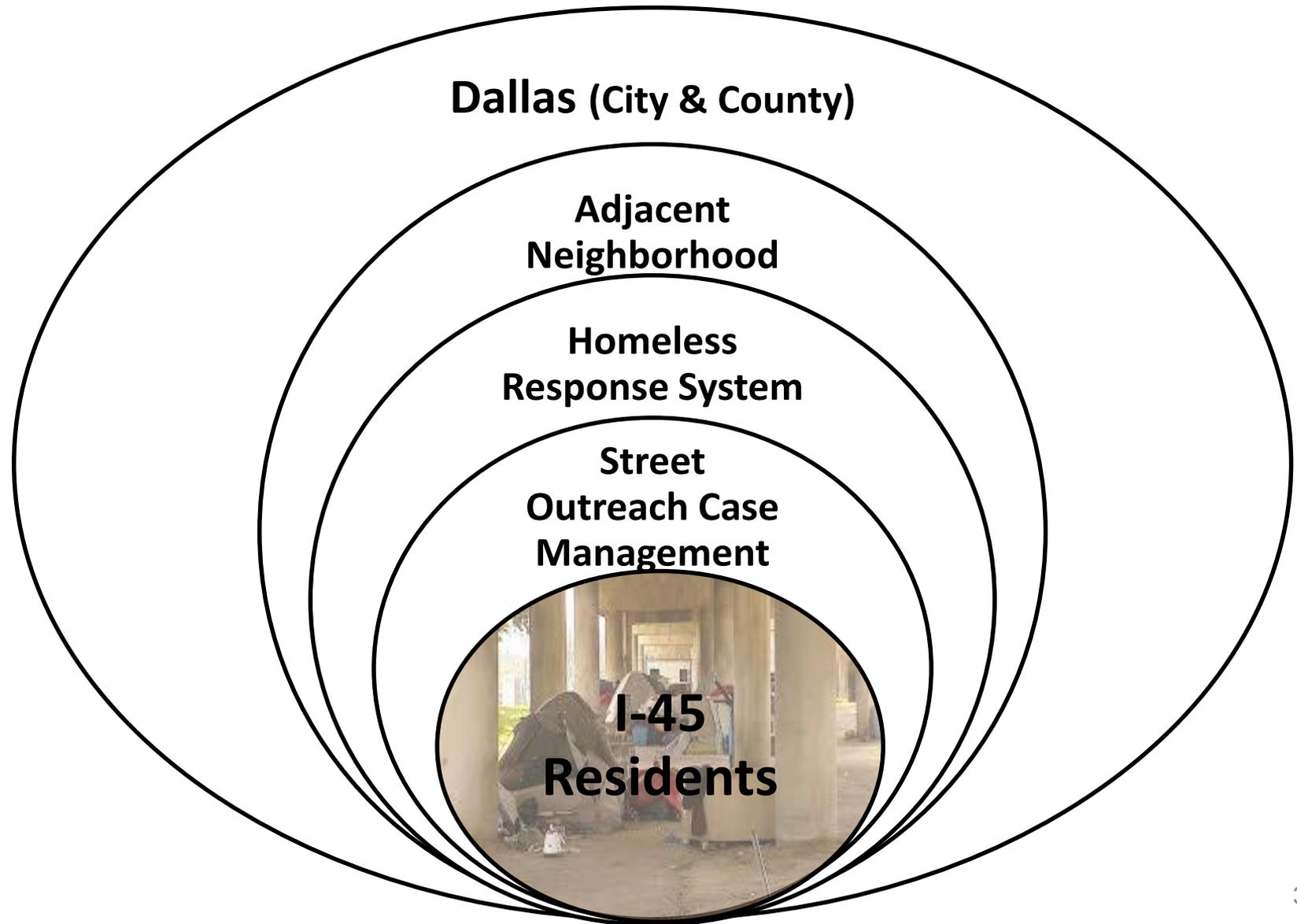
- City, State, and Dallas County Elected Officials
- Metro Dallas Homeless Alliance
- City of Dallas: DPD, Crisis Intervention, City Attorneys, Community Courts, Community Prosecutors, Housing, Inter Governmental Services, Streets, Sanitation, Public Works, City Managers
- Dallas County: Health and Human Services, Criminal Justice
- Cedars and Farmers' Market Neighborhood Associations
- Emergency Shelters
- Nonprofit organizations serving homeless
- Churches

I-45 Encampment – “Tent City”

- 8.5 case workers since March 21, 2016
- 221 case files established, entered into the HMIS, vulnerability and housing barrier assessments complete
- ID Blitz at City Square
- Daily contact, **daily problem solving**
- Weekly resident meetings started 3/21
- Weekly Community Court services
- Weekly SSI/SSDI services
- 20 moved out through services, 23 scheduled in next 10 days
- Self-selecting and camp migration
- Closure Notices began 3/25/16

Tent City Communication Targets

Building a System



Lessons from I45 Encampment to Date

- Dallas **must** increase professional **Street Outreach**/ACT Teams
- ID access cannot be funneled to ONE agency when it is a pervasive need
- **HMIS HMIS HMIS** – must document episodes of unsheltered homeless
- **Interagency collaboration** saves time, money, and improves care.
- **Interagency staffing** breaks down barriers, stops service ‘shopping’ and focuses on problem solving
- Homeless can and should when possible be housed **directly from the street.**

Next Steps

- Continue daily outreach efforts to connect residents with resources and obtain critical documents
- City to complete assessment of what it will cost to close each section (A-E) of Tent City and secure the site with TxDOT assistance
 - Secure sections as vacated
- City will formalize agreements with shelters for an overflow plan
- Notices of Closure began March 25, 2016 and will continue every two weeks

Possible Outcomes

- Ideally, all residents will:
 - move into stable housing
 - go to shelters
- Consider using vacant buildings/sites for emergency shelter
 - Dawson State Jail
 - Parkland
 - Hensley



STRATEGIC WORK PLAN

Supply – Emergency Shelter Beds

100 beds in an Emergency Shelter
Average Length of Stay is **180 days**.

Can serve **200 people** in a year.

OR

100 beds in an Emergency Shelter
Average Length of Stay is **90 Days**

Can serve **400 people** in a year

Supply – Emergency Shelter Beds

How many beds do we need?

More.

But, to plan properly, more data is required to ‘right-size’:

- Number of *new* homeless each month
- *Length of Stay* in the emergency system (UN, ES, TH)
- Recidivism rates
- Shelters have to share information and plan together

What do we do in the *Short Term* ?

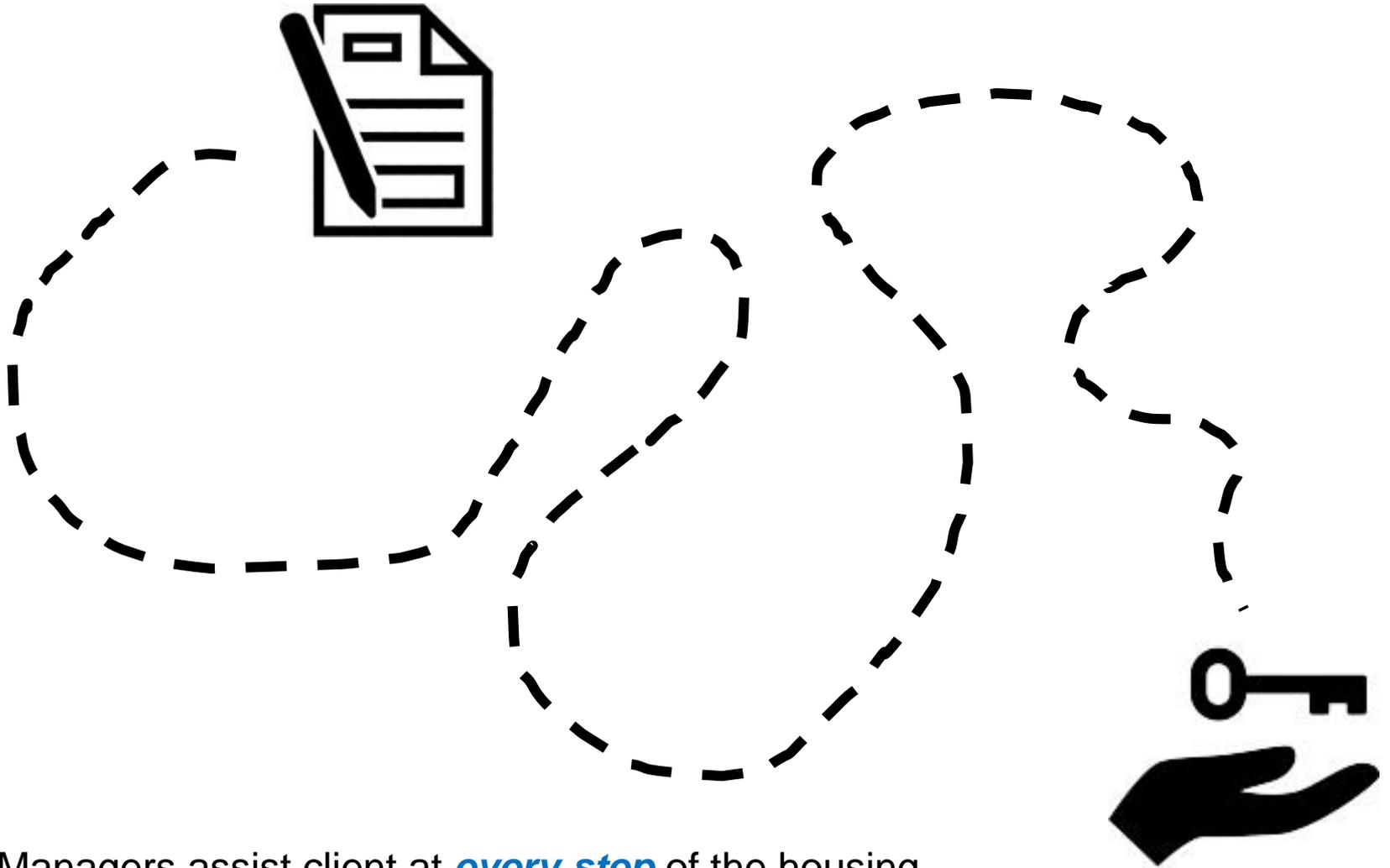
- Continue Street Outreach Work- Funding from State and Federal Grants
- Work with All Emergency Shelters
 - To accommodate overflow
 - To cover costs (estimate:240 people x\$25/day x 365 days=\$2,190,000)
- Paid professional real estate Apartment Finder Brokers to place voucher holders– \$125 per person x 250 =\$31,250
- Aggressive implementation of Coordinated Assessment System to *prioritize* resources- Funding from HUD
- Ready-to-Rent curriculum to Improve Tenancy- \$5,000
- *Real-time housing inventories* within HMIS- Funding from HUD
- Pervasive top to bottom mantra “*What is your Housing Plan?*”- Continuum of Care group

Emergency Shelter Capacity

Agency	Estimated Occupancy/Night*	Additional Guests that may be Served within Available Space**
Austin Street Shelter	411	At maximum capacity
Bridge Steps	250	50
Dallas Life	320	100
Salvation Army	600	40
Union Gospel Mission	700	50
TOTAL	2,281	240

* Includes emergency and transitional beds

**Additional funding will be necessary to cover increasing bed space



Case Managers assist client at **every step** of the housing process **till the key is in the door**

And Long Term Housing solutions?

- Total service provider participation in HMIS (data sharing)
- Provide more supportive services for DHA homeless preference vouchers
- Policy Changes: NIMBY and acceptance of vouchers
- Prioritize Development Incentives for Permanent Supportive Housing units
 - Estimate of 1250 units needed
- Private ‘Matching Funds’ for State and Federal Grants
 - Example: Funders Together to End Homelessness
- Capital Improvement Program ***General Obligation Bond Election: Affordable Housing***
- Transportation Pilot to access health & human services
 - Example: Seattle’s circulator bus



THE TAKE-AWAYS

Final Thoughts

How the Community Can Help?

- *Contact and donate to emergency shelters*
- *Donate to the homeless service providers*
- *Donate to MDHA flex fund*
- *Volunteer to assist in the shelters*
- *Support Affordable Housing opportunities in your neighborhood*

Each of us can do better.



DISCUSSION