



DALLAS COMMISSION
ON HOMELESSNESS

FINAL REPORT

Executive Summary

November, 2016

EXECUTIVE SUMMARY

Homelessness affects the entire Dallas community, not just the thousands of residents who experience homelessness over the course of the year. Despite a challenging history and current environment, nothing prevents Dallas from making great progress, as so many others have, provided we make the effort. The Dallas Commission on Homelessness has identified a path forward.

Background

Following the closure of a large homeless tent encampment, Dallas Mayor Mike Rawlings and other community leaders formed the Commission in May 2016. Its charges were to analyze the current environment, review the best practices of others, and recommend strategies that can help move Dallas forward. Operationalizing a homeless plan, however, is the purview of those responsible for funding and implementation. This report contains the Commission's findings and recommendations.

Community Perspectives

The Commission found that the community clearly supports efforts to reduce homelessness. The Commission actively engaged the community through a series of charrettes, public forums, and surveys. The Commission also met with, and surveyed, those experiencing homelessness. The community identified the following needs: 1) collaborative city and county leadership among public and private concerns; 2) integration of primary and behavioral health services with homeless assistance programs and housing; 3) a prevention strategy; 4) an increase in affordable and supportive housing; and 5) an array of housing options and resources, including rapid re-housing and permanent supportive housing (PSH). The community is concerned not only about people experiencing homelessness, but also about the quality of life in affected neighborhoods.

The Current Environment in Dallas

POVERTY AND INEQUALITY

More than 300,000 Dallas residents live in poverty, and almost 600,000 live in housing distressed households. Nationally, Dallas has the highest rate of children living in poverty and the most severe wealth inequality among neighborhoods. Housing practices in Dallas have been ruled to be discriminatory against minorities and low-income individuals, from as early as 1987 through the U.S. Supreme Court decision that determined Dallas policies violated the Fair Housing Act.

HOMELESSNESS

Homelessness in Dallas is pervasive. The annual Point-in-Time count, a snapshot of homelessness from one day, showed approximately 4,000 homeless individuals (a 24 percent increase over the previous year). The annualized number exceeds 10,000. The Dallas Independent School District reports 3,700 enrolled homeless students, and the city's primary intake center, The Bridge, reported providing services to 9,147 individuals.

Homelessness wears on our neighborhoods, depresses our businesses, and shocks our visitors when they see such extreme deprivation alongside great prosperity. The human condition in our numerous encampments is deplorable. Of the 2,000 beds in our five major emergency shelters, the majority are full every night. The average stay at The Bridge is 4 months; however, many report having lived in the shelter system for years, as there exists no housing plan to relieve the pressure on the system and begin moving people experiencing homelessness off the streets, out of shelter, and into housing.

AFFORDABLE HOUSING

Dallas lacks affordable housing. The rental market's vacancy rate shrank to 8 percent in 2014. The median gross rent of \$950.00 is unaffordable to the homeless population. Dallas has had virtually no net increase in the number of supportive housing units available. Federal resources are ineffectively coordinated and leveraged at the local level, and not used to drive overall solutions to homelessness. For instance, the Dallas Housing Authority reports 1,100 vouchers issues to homeless citizens have gone unused due to the lack of housing options. This represents approximately \$8 million in annual federal funding that is wasted.

THE CONTINUUM OF CARE

The Continuum of Care (CoC) is a group of organizations that fulfills requirements for U.S. Department of Housing and Urban Development (HUD) funding. Participating agencies receive approximately \$16 million in federal funds to support homeless and housing services. CoCs are scored and ranked annually by HUD, and Dallas is ranked among the lowest performers. Thus, Dallas projects missed out on more than \$2 million during the 2015 CoC funding cycle. By comparison, the CoC in Houston realized \$33 million of similar funding and was rated among the highest performing CoCs in the United States. There are strong indicators that suggest the level of performance and collaboration of the Dallas CoC will be substantially improved going forward, primarily stemming from strengthened leadership and recent efforts by the lead agency, Metro Dallas Homeless Alliance (MDHA). Active assistance from key business and government leaders could further boost future success.

ALIGNED PRIORITIES, ACCOUNTABILITY AND COMMUNITY INVESTMENT

Unlike other communities that have made progress, neither the City nor the County has taken meaningful steps to align resources or provide local government oversight of the homeless response system in Dallas. The response system in Dallas is aligned primarily around HUD funding, rather than a community-wide collaboration at all levels to drive successful interventions to prevent and end homelessness. Compared to other communities, our local government investment is minimal. A long-term, sustainable funding method is critical to our success.

STRENGTHS IN THE DALLAS COMMUNITY

The Mayor and City Council in Dallas have recently become more engaged, and community strengths include interested elected officials, a strengthened lead agency, strong private philanthropy, and an environment of strong economic growth.

Effective Practices of Other Communities

Nationally, several communities have made substantial progress in implementing solutions and reducing the homeless population. These communities have deployed financing strategies, made significant investments in housing, implemented evidence-based practices, and used a strong leadership and accountability structure.

Among other cities that have made great strides in reducing homelessness, perhaps the most notable is Houston. Since 2011, Houston has seen a 57 percent reduction in homelessness. In 2015, HUD recognized Houston for *effectively ending* veteran homelessness. Its work began with a strong mayoral push, coupled with an interagency collaborative to set priorities and drive community-wide outcomes.

Recommended Strategies

Get organized and aligned: Develop a Community-Wide System of Leadership and Accountability.

The City and County need a formal and ongoing collaborative structure, a comprehensive plan, and a system of dedicated leadership and accountability which holds all organizations responsible for performance against agreed-upon plan metrics. The expectation is this high-level organization is complemented by enhanced citizen engagement.

Act now: Increase Targeted Street Outreach, Housing Placement, and Supportive Services to Manage Encampments and Unsheltered Individuals.

The City and other community stakeholders should develop a formal protocol for encampment outreach and closures, making housing options available to those being displaced. This requires immediate, aggressive, and persistent street outreach and acquiring scattered site apartment units from existing inventory for PSH. Financial incentives for apartment managers and expanded case management support are needed to place the maximum number of clients in housing with supportive services.

Use Technology: Convert to Community-Wide Coordinated Entry and Single System HMIS.

An automated homeless response system will enable all clients to be matched with housing and related services based on an established priority system. A key first step is to set up a single-system HMIS platform with dashboard support for performance analysis. All homeless housing and service providers, major health providers, and criminal justice facilities should be incentivized to participate in a single HMIS and coordinated entry system.

Address Capacity: Facility Development and Shelter Capacity. Feasibility analyses should focus on expanding shelter capacity, creating respite facilities for those discharged from hospitals, increase transitions from shelter to housing, and explore temporary housing options. There are also numerous local government facilities that may be better utilized to support expanded capacity.

Add housing: Increase Supportive Housing to Correspond to the Demand. The expectation is to add a minimum of 1,000 new PSH units to existing inventory by 2021, through five approaches: 1) scattered-site apartment location through housing navigation; 2) single-manager, multi-unit leasing of apartment blocks through a master leasing program; 3) aligned city development and zoning policies; 4) acquisition and conversion of existing complexes throughout the City and County; and 5) new PSH development. Rapid rehousing flexible funds are needed.

Prevent Homelessness: Create System Navigator Program within Criminal Justice and Treatment Facilities. Add system navigator staff to correctional facilities and treatment settings to assist in preventing homelessness and streamlining access to medical, mental health, substance abuse, and respite care services.

The expected time horizon for full implementation of these strategies is five years, however, annual review is essential to understand the need for course corrections. Please review the full report to better understand the context, the framework for solutions, and the financing considerations.

The Commission respectfully encourages the community to take action.