Dallas Ten-Year Plan

An Action Plan to Identify Goals, Strategies and Methodology to Impact and End Chronic Homelessness

Plan Developed by:

Task Force Committees:
Homelessness Prevention
Outreach/Intake/Assessment
Emergency Shelter / Transitional Housing / Permanent Supportive Housing
Permanent Housing

Facilitation by:
Deloitte
United Way of Dallas

With Support From:
Metro Dallas Homeless Alliance

Executive Summary

In 2001, the U. S. Department of Housing and Urban Development (HUD), in a call to action from President George W. Bush, announced an initiative to end chronic homelessness. As part of HUD's initiative, local communities were given the responsibility to address the chronic homeless issues in their cities and develop a strategic plan, which would be aimed at ending chronic homelessness in ten years. Mayor Miller immediately addressed this issue by making this ten year plan a top priority.

The City of Dallas announced plans to develop a Ten Year Plan to End Chronic Homelessness on September 24, 2003. Deloitte Consulting would facilitate the meetings of the Task Force Committees and write the report and United Way of Dallas would coordinate communications of minutes, meeting times, as well as providing meeting space.

A steering committee was developed consisting of community leaders, city staff and board members of Metro Dallas Homeless Alliance. The steering committee suggested people from the community, city, schools and agencies to participate on the task forces. The four meetings were to discuss; 1) Ideal Services, 2) Current Services, 3) Coordination/New Services and 4) Funding Opportunities. Each committee could elect to meet another time, if needed.

The following areas were the primary focus areas for the working groups:

- **Homelessness Prevention**: the goal of this task force was to identify the first point of contact for individuals in the community who are vulnerable to homelessness and to communicate the availability of advocacy groups and benefits.
- **Outreach/Intake/Assessment:** this task force was charged with the development of an enhanced outreach program in the Metroplex. This group also focused on ways to enhance the success of existing outreach and intake services.
- **Emergency/Transitional Shelter/Permanent Supportive Housing**: the main focus of this working group was to determine the demand for the number and types of emergency/transitional shelter in the next 10 years. This group also developed a list of services that should be provided in the City's planned intake facility; however, a determination of the location of the facility was beyond the scope of this initiative.
- **Permanent Housing:** this task force was responsible for reviewing the potential barriers to the further development of low income housing in the community. Increasing the infrastructure of available, low-income housing was the ultimate outcome of this task force.

The primary goal of the task force was to think in terms of reducing homelessness in the Metroplex over the next 10 years. The focus was not merely managing the homelessness problem; a strategic plan to reduce homelessness was the ultimate objective.

The members of the task force committees met four times and developed long term goals for each section. Each goal was matched with definable tasks and realistic timelines for those tasks. These tasks will be expanded with the opening of the centralized homeless assistance center and a process put in place to monitor the progress of the ten year plan to ensure success. The recommendations of this plan follow the guidelines of the National Alliance to End Homelessness' plan, the national model for plans to end chronic homelessness.

The Plan was presented to the Mayor and City Council on February 25, 2004. City staff has worked in conjunction with MDHA staff to prepare the Plan for final approval by the Dallas Mayor and City Council on May 12, 2004 with subsequent submission to the U.S. Interagency Council on Homelessness.

Implementation of the Action Plan

The City of Dallas retains oversight of the plan through the Health, Environmental, and Human Services City Council Committee. The MDHA will facilitate the implementation of the plan through a memorandum of understanding with the City of Dallas. The plan will be reviewed annually for progress and updated as needed.

MDHA

The Department of Environmental & Health Services (City of Dallas) acted as the lead agency in the HUD Continuum of Care (CoC) planning process from 1995 to 2003. Prior to that, there were more than 30 associations, commissions, committees, and other groups meeting to discuss the issues related to homelessness. The 1995 Dallas CoC called for the establishment of a Homeless Consortium to bring together the diverse groups into one planning body. The City of Dallas took responsibility to facilitate the ongoing activities of the Consortium through the provision of a consortium facilitator and funding mailings, consultants, and other administrative needs. The Consortium membership indicated a desire to extend the planning activities engaged in each year to secure Continuum of CoC funds from HUD into the context of a broader and longer range plan. In September 2002, the Dallas Association for the Homeless and the Dallas Homeless Consortium merged into a nonprofit association called the Metro Dallas Homeless Alliance (MDHA).

Tasks and Timeline

Request Dallas County Review of JP Courts And Approval for Client Services

Select Members for Youth Services Task Force and Develop Recommendations

Review Discharge Planning With Special Emphasis on Prison Release and Recommend Improvements

Work Group on Seniors Reviews Services to Prevent Homelessness in Seniors

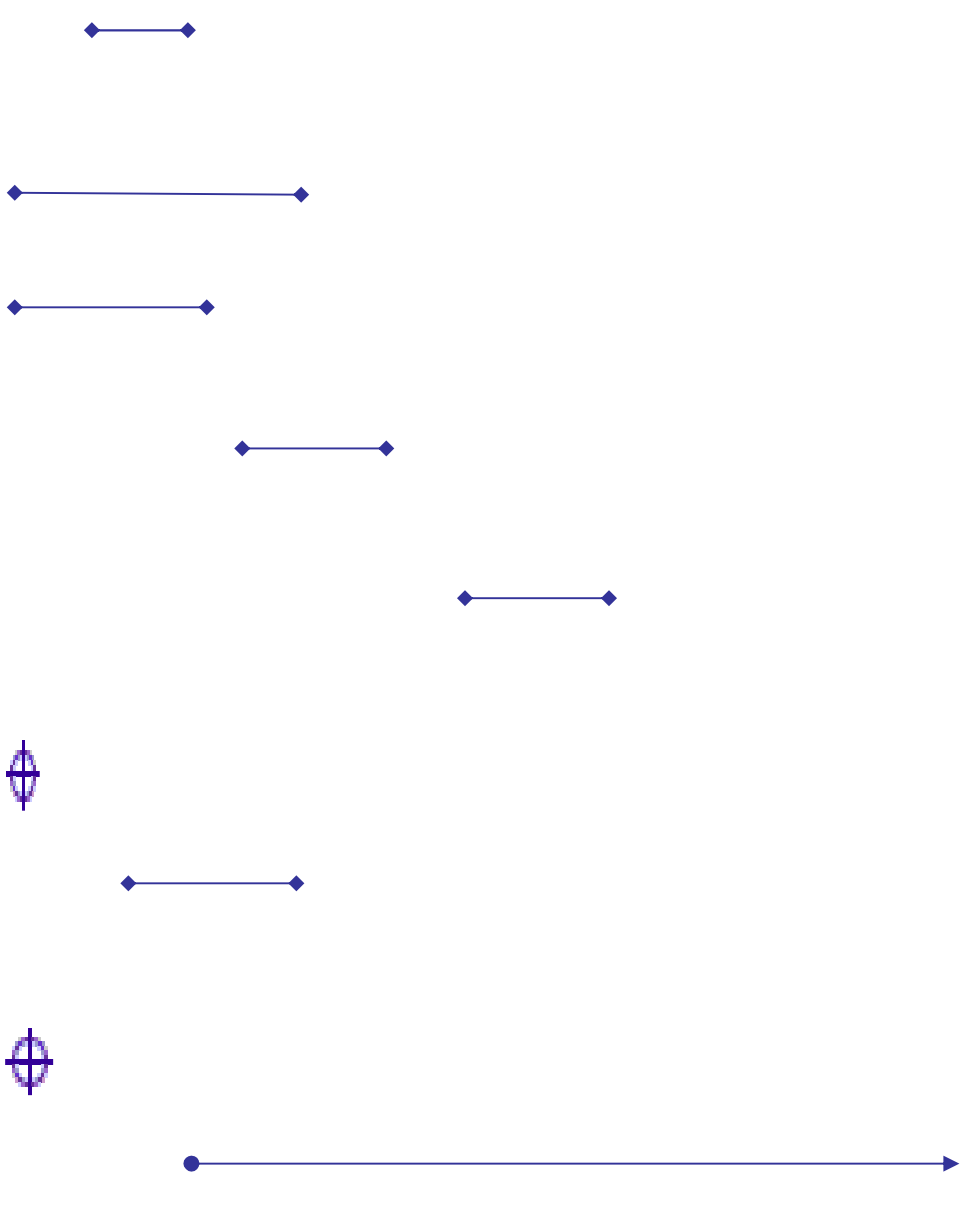
Task Force Working to Compile a Crisis Response Strategy for Homeless Persons

Identification of Funding Sources for Outreach Teams

Deployment of Outreach Teams

Implementation of Public Education Plan

Evaluation and Update of the Plan by Dallas City Council



Facing Chronic Homelessness

Facts Regarding Chronic Homelessness in Dallas

Those Who Are Chronically Homeless

48% reported chronic mental illness

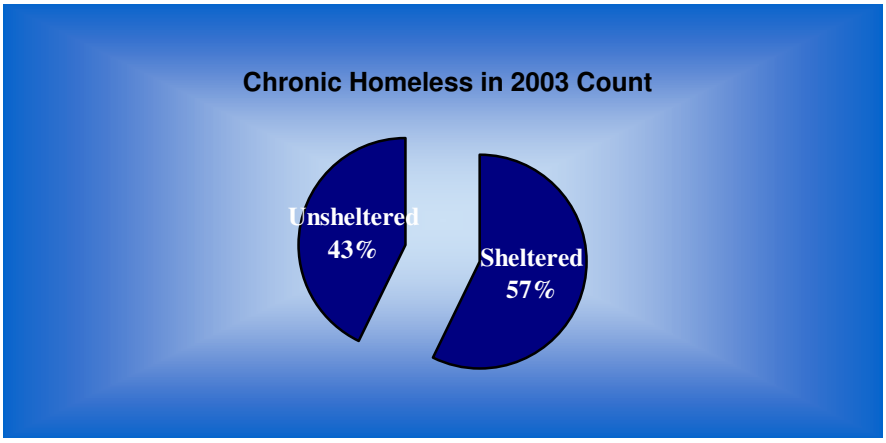
49% reported chronic substance abuse

51% reported criminal histories

51% reported serious medical problems

23% reported having AIDS

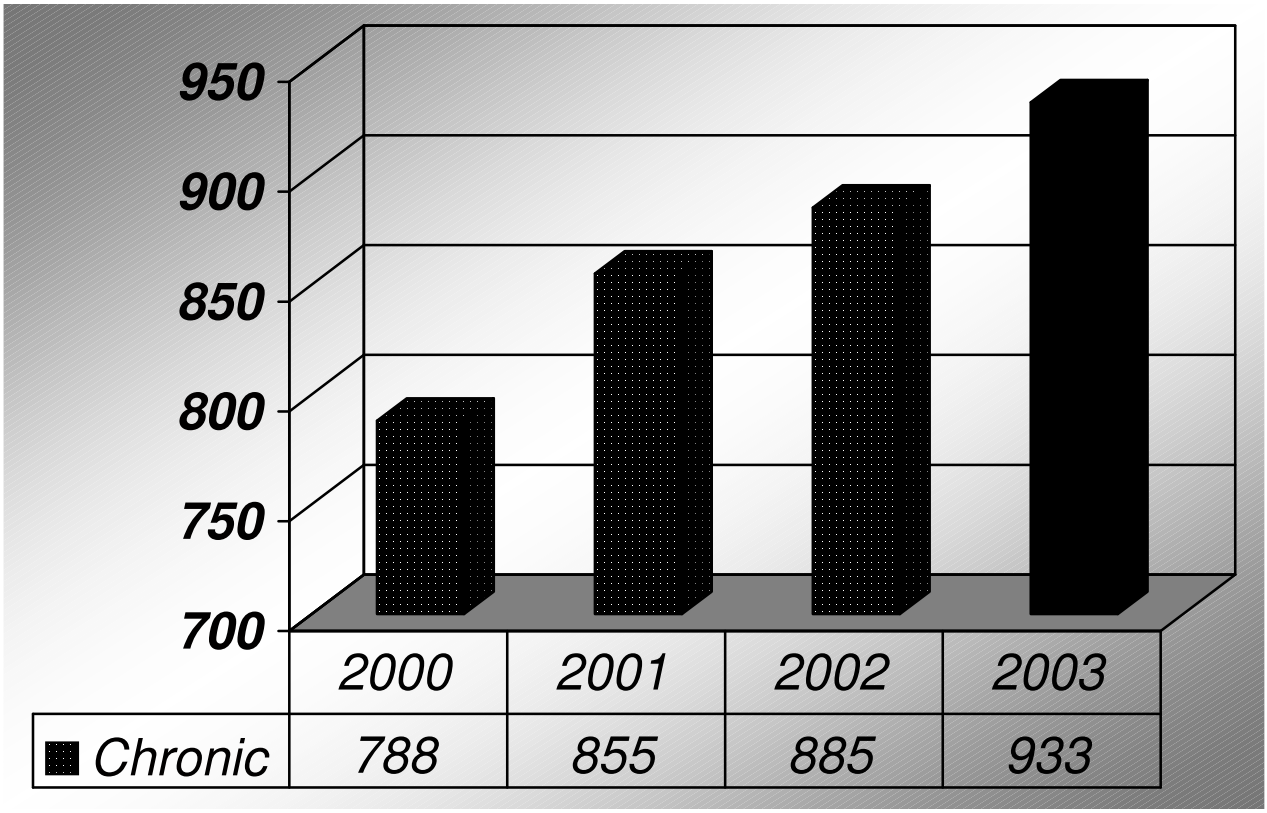
The U.S. Department of Housing and Urban Development (HUD) defines chronic homeless as single persons who have been homeless for more than one year and have a mental illness or addiction to drugs or alcohol. The 2003 homeless census count determined that on any given night in Dallas and the surrounding suburban cities, there are 933 persons fitting the HUD definition of chronically homeless.



Among the single males, 53% were African American males presenting the following demographics:

90% had multiple arrests and negative interactions with the criminal justice system
60% self reported mental illness and /or chronic substance abuse
50 % indicated homelessness extending over 5 years
80% had no contact with their families or their children

Growth of Chronic Homelessness in Dallas



- **Over the past four years, chronic homelessness has increased each year by an average of 9%.**
- **It is reasonable to assume that it is therefore crucial to take the following actions:**
  - **Engage individuals in their earliest periods of homelessness**
  - **Develop and implement outreach services to those at the higher end of chronic homelessness**
  - **Address the conditions that result in creating and perpetuating chronic homelessness**

Self reports from individuals who have been homeless between 2 years and 5 years

Became homeless because:

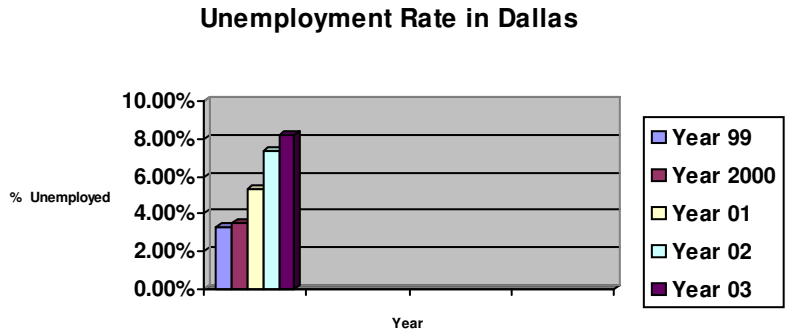
- ⊡ History of chronic alcohol and substance abuse and/or chronic mental illness 39%
- ⊡ Unable to find /retain employment 28%
- ⊡ Criminal history 25%
- ⊡ Major health problems 19%

Remain homeless because:

- Total break with family
- Untreated use of alcohol and drugs and/or chronic mental illness
- Major health problems
- Criminal History
- Unable to secure employment or not seeking employment

Framing Issues that Contribute to Chronic Homelessness in Dallas

Unemployment: Escalated from 3.5% in 1999 to 8% in 2003. Among the higher rates of unemployment in Texas.



Modifications to Behavioral Health Services

Where does Texas rank in per capita mental health expenditures?

Texas ranks 42nd among states (43rd if you include the District of Columbia) in per resident expenditures for mental health services.

Source: National Association of State Mental Health Program Directors, "FY '97 Funding Sources and Expenditures of State Mental Health Agencies."

Community MHMR centers are political subdivisions of the State of Texas, and locally governed components of the MHMR service delivery system. In 247 counties, TDMHMR delegates a community MHMR center the responsibilities of a mental health authority which ensures the provision and continuity of services for individuals with mental illness. NorthSTAR, a behavioral health service system jointly administered by TDMHMR and the Texas Commission on Alcohol and Drug Abuse, through which mental health and substance abuse services are provided to eligible consumers, serves seven counties. NorthSTAR is composed of the Dallas Area NorthSTAR Authority (DANSA) and a Behavioral Health Managed Care Organization (BHO). DANSA provides local authority functions and the BHO manages a provider network, including several community MHMR centers. Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall are the counties served by NorthSTAR. Recent legislation at the state level has reduced funding for mental health services and altered participant eligibility for rehabilitation services. Among the vulnerable populations impacted are – the homeless

mentally ill. Reduction of community mental health priority population to three (3) disorders. Priority population re-defined to include only persons with Schizophrenia, Bipolar disorder, and/or Major Depression. This change will mean that persons with other serious illnesses such as obsessive compulsive disorders, non-suicidal depression, anxiety disorders, autism, personality disorders, will no longer receive support services.

Housing Costs in Dallas County

Fair Market Rents by Number of Bedrooms				
Location	**Zero**	**One**	**Two**	**Three**
Dallas County	$560	$678	$871	$1205

Location	Income Needed to Afford FMR						Estimated Number of Renters Unable to Afford FMR	
	Amount		Percent of Family AMI		Percent of Estimated Renter Median			
	One Bedroom	Two Bedroom	One Bedroom	Two Bedroom	One Bedroom	Two Bedroom	One Bedroom	Two Bedroom
Dallas County	**$22,400**	**$28,720**	**38%**	**49%**	**64%**	**82%**	**33%**	**41%**

Location	Housing Wage				Work Hours/Week Necessary at Federal Minimum Wage to Afford	
	Hourly Wage Needed to Afford *(@ 40 hrs./wk.)*		As % of Federal Minimum Wage *($5.15/hr.)*			
	One Bedroom FMR	Two Bedroom FMR	One Bedroom FMR	Two Bedroom FMR	One Bedroom FMR	Two Bedroom FMR
Dallas County	**$10.77**	**$13.81**	**209%**	**268%**	**84**	**107**

Source: National Low Income Housing Coalition

Public Housing in Dallas

Overview of Dallas Housing Authority - January 2004	
Conventional Public Housing Units	5,762
Active Section 8 Vouchers	17,414
Waiting List Summary as of January 2004 Average Waiting Time 18 to 24 Months	
Public Housing	9,617
Section 8	12,774
Racial characteristics of DHA public housing residents	
African American	87%
White	6%
Hispanic	6%
Asian Americans	1%

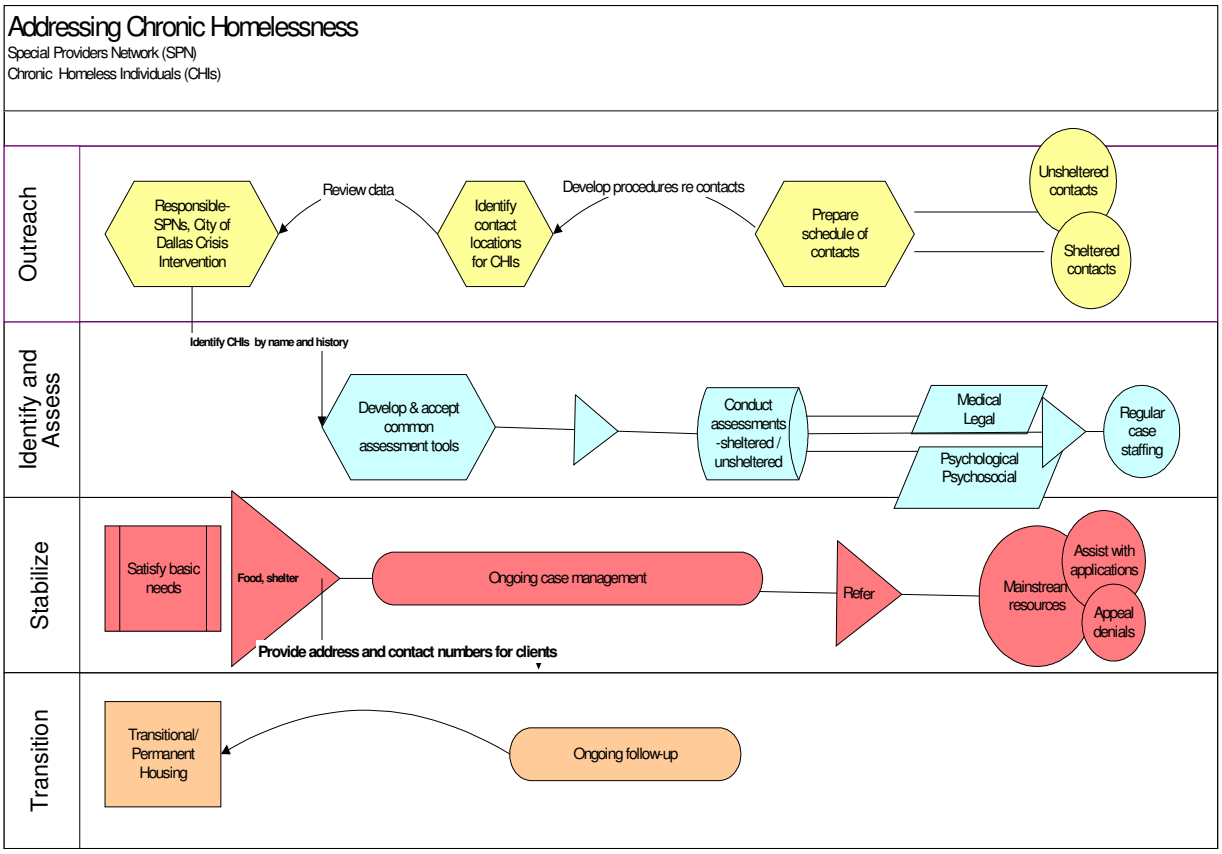
- **Dallas Housing Authority does not offer any resident preferences**

Source: Dallas Housing Authority

Focusing on Solutions

Background

MDHA and City of Dallas began to address the issue of chronic homelessness in 2002 following the model set forth by the National Alliance to End Homelessness. The following model was developed as an interim strategy while the Plan was developed:



OUTREACH

- Three of the agencies providing behavioral health services to homeless persons and the City of Dallas have developed the current plan providing outreach to both shelters and street sleeping sites. The agencies contract with the local managed care entity to provide a range of services including case management, therapy, medication, medication management, and substance abuse treatment.

- Each agency is responsible to do outreach at least once per week to a designated location.

IDENTIFY AND ASSESS

- In previous homeless counts, names and pertinent information regarding the homeless and chronic homeless have not been utilized to further assistance to individuals. This is changing because our new system places emphasis on helping the client rather than just securing data.

- The common assessment tool includes information on medical, psychological, legal, psychosocial, and basic needs of each person.

- Regular case staffing is held to discuss strategies for assisting the homeless clients.

STABILIZE

- Client emergency needs must be identified and addressed if they are to move through the continuum.

- Emergency needs include food, clothing, medical care, crisis intervention, and shelter.

- Once clients are stabilized, ongoing case management begins and includes assisting clients with applications for mainstream resources, transporting them to locations, linking them with legal help to appeal denials for benefits.

TRANSITION

- As soon as feasible clients are placed in appropriate housing with continued case management

Current Strategy

Impact Goals and Approach of the Dallas Ten Year Plan to End Chronic Homelessness

Strategies to end chronic homelessness will fall into two major categories: Prevention and Intervention.[1]

Impact Goals of the 10-Year Plan

1. **Prevention: "Close the Front Door"**
   Reduce the number of people who initially or subsequently become chronically homeless

2. **Intervention: "Open the Back Door"**
   Increase placement into supported housing of people who are currently experiencing homelessness

Approach

Housing First: This approach assumes that *the factors that have contributed to a household's homelessness can best be remedied once the household is housed.*[2] This model seeks long-term self-sufficiency, promoted through a wraparound service philosophy.

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[1] United States Interagency Council on Homelessness, *The 10-Year Planning Process to End Chronic Homelessness in Your Community: A step-by-step guide. Washington DC*

[2] National Alliance to End Homelessness (2000). *A plan: Not a dream. How to end homelessness in ten years. Washington DC: Author.*

Key Initiatives 2004
Dallas 24 Hour Homeless Assistance Center, Capital Campaign, and Hometown Hero

In 2003, the citizens of Dallas passed a $3 million dollar bond item for the construction of a 24 hour intake and service center with a primary focus to provide homeless persons a safe and healthy environment in which to be connected to mainstream resources through intake and triage and to make basic needs such as restrooms and showers available 24 hours daily. The inherent and essential supposition of this "vision" is that supportive services and housing options are available and accessible to meet the current needs of the homeless population with appropriate assessment and referral.

A range of governmental and not-for-profit agencies provide services including housing to homeless individuals across the community. While these entities are effective in alleviating many problems, many unmet needs exist for emergency shelter and temporary housing for homeless individuals. As such, homeless individuals live under bridges and in parks, congregate in downtown Dallas and do not receive services that would assist them in improving their lives.

Many not-for-profit organizations within the Metroplex provide temporary shelter for homeless individuals. However, most shelters have cut-off times after which homeless individuals are not given shelter and services. Further, many shelters charge clients for housing. Finally, a number of shelters are supported by religious organizations and require clients to participate in chapel. In summary, the service community does not offer 24/7 non-religious emergency shelter to homeless individuals.

The City of Dallas has initiated a project to develop a facility to provide housing and services to homeless individuals. The location, facility plans and services provided have not yet been determined. The following are considered as services to be included in the operational plan:

- Hours of operation 24 hours per day (seven days per week) with an emphasis on daytime services.
- Provide, but not necessarily limit, services to the following:
  - Basic needs - shelter, clothing, meals, hygiene kits etc. available at all hours
  - Lockers for personal belongings
  - Rooms for families wishing to stay together
  - Laundry service
  - Screening rooms for various services/agencies not listed below

- Medical and dental services
- Office set-up including computers with internet access, mail slots, and phone service with voicemail
- On-Site or access to off-site child care - 24/7
- Non-medical detoxification services
- Case management available day or night, preferably in three 8-hour shifts
- Service agencies on-site with regular hours
- Legal Services
- Banking Services
- Money Management Training
- Substance abuse counselors
- Employment training and life skills assistance
- Dallas Housing Authority
- Food Service
- Transportation Assistance
- MHMR
- Veterans Administration
- Social Security Administration

The City of Dallas will work with MDHA in compiling and integrating recommendations from various human service and clinical service representatives in order to facilitate the City's efforts in prioritizing and selecting the services to be provided in the Homeless Assistance Center.

Capital Campaign

In order to fund the facilities needs outlined in this 10-Year Plan to End Chronic Homelessness, significant private support will be required. Based on the scope of these recommendations, it is estimated that $30 million in private funding will be needed. A capital campaign to fund the new facility for homeless individuals will be needed to assist in meeting the recommended level of funding. It will require the professional expertise and skills that are dedicated to similar fundraising programs in the university, healthcare and arts communities.

The City of Dallas will lead in the development and implementation of a capital campaign to accumulate significant financial resources for facilities construction and services dedicated to serving homeless individuals.

Hometown Hero to lead the Capital Campaign

A “Hometown Hero” will be recruited to lead the fundraising efforts to build and implement the Homeless Assistance Center. In keeping with the practice that has worked in Atlanta, Mayor Miller has been asked to select a “Hometown Hero” for this Plan.

Discussion – Housing Needs

Permanent Supportive Housing for Person's with Disabilities

Needs Statement

This community requires additional safe, decent, affordable housing that provides the necessary support services to enable homeless persons with special needs to live independently. Persons with disabilities need additional support to provide quality life opportunities and to prevent them from recycling through the system. Special challenges facing this population include HIV/AIDS, mental health disabilities and chronic substance abuse issues. Typically people in this population receive an average of $545 per month in disability income, placing them at 12% of area median income. These support services include case management, continued care for mental or physical health conditions, support groups, medical and dental services, elderly care and other assistance. As with other types of available housing, the current inventory of permanent supportive housing units is insufficient to meet current needs.

Recommendation

Develop 70 units per year for the next ten years of permanent supportive housing. This development will be reassessed based on gap shown during the annual homeless survey and SuperNOFA application.

Action Step 1

Develop a ten-year plan for the construction and operation of 700 additional units of permanent supportive housing. MDHA and constituent agencies and governments should work closely to identify needs and potential funding sources.

Action Step 2

Implement 10-year plan through the development of additional housing units and the periodic reassessment of needs.

Measurable Outcomes

- Total inventory of permanent supportive housing units
- Incremental number of permanent supportive housing units constructed each year

Milestones

- This recommendation should be consistently implemented over 10 years.

Budget and Funding Sources

High-level estimates concluded that each incremental unit of permanent supportive housing would cost approximately $15,000 (this includes housing costs as well as supportive services). Thus, this recommendation would require $1,050,000 per year of funding for ten years. Operational costs to support the units and related services would further increase the cost of this recommendation. Funding opportunities for construction include HUD, Texas Department of Housing and Community Affairs, low-income housing tax-credits, Texas State Bond Board, Dallas Housing Authority, and City of Dallas Housing Finance Corporation. Second tier of funding resources must be developed to support ongoing operations and supportive services. Sources include HUD, private foundations, SAMHSA, managed care and other targeted funders

Responsible Party: MDHA Continuum of Care Committee

Single Room Occupancy Units

Needs Statement

The City lacks sufficient single room occupancy ("SRO") units for extremely low-income individuals. These units are different from those described in the previous recommendation in that they are units without enriched services to support residents.

Recommendation

The City should form a task force with members of the community; the goals of the task force will be to develop a strategic plan to increase SROs in the City. The plan will be a City and community-driven initiative to determine the appropriate number of SROs and the required funding sources needed to increase the current inventory to meet the recommended target number.

Action Step 1

Form a task force that includes the following groups: Dallas Environmental and Health Services Department, local developers, members of the banking community and homeless advocates.

Action Step 2

Develop a strategic plan which should include the following considerations:

- Determine the target number of functioning SROs needed in the next 10 years
- Research the funding issues surrounding the development of SROs. There should be a reliable stream of funding for the future development.
- Develop a plan for the construction, purchase, or renovation of the appropriate number of SROs over the next 10 years.

Measurable Outcomes

- Increase the number of SROs over the next 10 years.

Milestones

- Formation of the committee and the resulting strategic plan by April 2005.

Budget and Funding Sources

To be determined

Responsible Party: City of Dallas

Transitional Housing

Needs Statement

Transitional housing exists to provide a bridge between temporary emergency shelter and permanent housing (supported or un-supported). A variety of not-for-profit agencies (religious and non-religious groups) provide transitional housing and related support services. However, the current inventory of available transitional housing (approximately 500 beds) is insufficient to meet the current demands of the homeless population. Based on estimates of the current homeless census, an additional 300 beds are needed. Additionally, since homeless individuals that are provided with transitional housing have recently entered the system of care, they require a full range of services to progress into permanent housing. As such, transitional housing facilities should be closely linked with the service community in areas such as counseling and case management, on-site or access to child care, credit counseling, life skills training, affordable rental and home ownership programs, employment training and placement, other educational programs and tuition assistance programs.

Recommendation

Develop new or expand existing facilities to provide 30 additional units of transitional housing each year for the next ten years.

Action Step 1

Develop a ten-year plan for the development and on-going operation of 300 additional units of transitional housing. MDHA and constituent agencies and governments should work closely to identify needs and potential funding sources.

Action Step 2

Implement 10-year plan through the development of additional housing units, the development of commitments for operational and maintenance funds and the periodic reassessment of needs.

Measurable Outcomes

- Increase in the total inventory of transitional housing units.
- Difference between number of homeless individuals (as identified in the periodic census) and total inventory of transitional housing units.
- Incremental number of transitional housing units developed each year.

Milestones

- This recommendation should be consistently implemented over 10 years.

Budget and Funding Sources

High-level estimates concluded that each incremental unit of transitional housing would cost approximately $15,000. Thus, this recommendation would require $450,000 per

year of funding for ten years. Operational and maintenance costs would be in addition to this amount. The size of this investment will likely require a public/private partnership bringing together a variety of funding sources, most of which will need to be ongoing in order to support not only operations but also maintenance for the life of the units.

Responsible Party: MDHA Continuum of Care Committee

Safe Havens for Chronically Homeless

Needs Statement

There is a lack of shelter to accommodate the needs of chronically homeless individuals in the community. Many current shelter facilities require clients to attend religious services as a condition for housing. As such, many chronically homeless individuals are unwilling to meet these conditions and thus refuse shelter. In order to fully implement the 10-Year Plan to End Chronic Homelessness, Dallas needs to form the capacity to utilize a "Housing First" approach. This approach can be met through the use of Safe Havens, or a Safe Haven philosophy.

Safe Havens are shelter facilities with the following characteristics:

- No limits on length of stay. Criteria for these safe havens need to be developed and monitored on a regular basis
- Serve hard to reach homeless with severe mental illness, who are unable or unwilling to access services and have been living for an extended period of time on the streets
- 24-hour residence with private or semi-private accommodations overnight for no more than 25 persons
- On-site support services for drop-ins not living in facility
- Be a highly supportive environment making the homeless person feel at ease and out of danger, with no service demands as a condition of occupancy

A Safe Haven should act as an entry point of service. Safe Havens are often ideal in moving chronically homeless individuals into improved conditions. After a period of stability, many are eventually ready to move to more transitional forms of housing.

Recommendation

Establish Safe Havens for the chronically homeless.

Action Step 1

Develop a task force led by the City of Dallas to explore the potential of establishing Safe Havens based on needs, costs and available funding sources.

Action Step 2

Consider integrating the Safe Haven concept as an element in the centralized intake/service center facility.

Action Step 3

Develop Safe Havens based on plans.

Measurable Outcomes

- Decrease the total number of homeless individuals (as identified in homeless census) that are living on the street (minimize) if Safe Haven setting is implemented.

Milestones

- Complete planning process by 2005.

Budget and Funding Sources

Unknown. Implementation of this concept would depend on developing a firm budget for implementation and operation of such a shelter, and identifying and obtaining ongoing funding, possibly through Weed & Seed resources.

Responsible Party: City of Dallas

Property Foreclosure Process

Needs Statement

In August 2002, the Affordable Workforce Housing Task Force issued a report identifying vacant, tax-delinquent properties as a major untapped resource for the development of new affordable workforce housing in Dallas. Following the Task Force recommendation, the City of Dallas was able to obtain passage of new State legislation in the 2003 Legislative Session authorizing implementation of an Urban Land Bank Demonstration Program. Following a December 2003 public hearing, in January 2004, the City Council authorized the implementation of a Land Bank program to acquire, assemble and develop large numbers of tax-delinquent vacant lots for new affordable housing development. Under the State legislation, taxing jurisdictions with an interest in the properties must agree to participate in the initiative. The Dallas Independent School District Board authorized participation in December 2003.

Recommendation

Complete implementation of the Dallas Urban Land Bank Demonstration Program to utilize tax delinquent properties for development of affordable housing as recommended by the 2002 Affordable Workforce Housing Task Force.

Measurable Outcomes

- Increase in tax lawsuits on vacant tax-delinquent properties.
- Acquisition of developable inner-city lots by the Dallas Land Bank.
- Development of new homes for low-to-moderate income households within the urban center.

Action Step/Milestone:

- Complete implementation of the Land Bank Program and begin tax-foreclosure lawsuits by Summer 2004.

Budget and Funding Sources

- Funding for the start-up Land Bank operations has been included in the fiscal year 2003-04 City Budget.

- Dallas voters approved $3 million in General Obligation Bond funds for property acquisition for development of affordable housing.

Responsible Party: City of Dallas

Cost Participation Program

Needs Statement

Developer incentives encourage the development of new permanent housing for low and moderate income households. The City offers the Cost Participation Program (formerly known as Developer Fee Rebate). This program participates in the cost of creating new single-family homes that are sold to income qualified homebuyers. The program is designed to partially offset the cost of City fees relating to the development process.

Recommendation

Continue implementation of the Cost Participation Program (formerly called Developer Fee Rebate).

Measurable Outcomes

- Increase in new single-family homes sold to income qualified households.

Action Step/Milestone:

- Develop and implement the marketing plan in Summer 2004.

Budget and Funding Sources

No additional funds required. The City of Dallas has already budgeted $1 million in the fiscal year 2003-04 Budget from Federal HOME Grant funds and City Center Tax Increment Financing District revenues.

Responsible Party: City of Dallas

Tax Abatement Incentives

Needs Statement

An increase in developer incentives could lead to additional availability of multi-family and single family housing units available to extremely low-income individuals. Policies surrounding tax abatements offered to developers (in addition to those specifically recommended above) could be changed to encourage projects related to housing extremely lower income individuals.

Recommendation

Develop a task force to review the current policies on offering tax abatements to housing developers.

Action Step 1: Establish a task force with the Dallas Developmental Services Department

Action Step 2: Develop a plan to provide full and partial tax abatements to developers (including not-for-profit organizations) that target extremely low income individuals. This plan should include guidelines on the required percentage of housing units allocated to extremely lower income individuals that would enable a developer to qualify for full or partial tax abatements.

Measurable Outcomes

- Increase in multi-family and single housing units for extremely lower income individuals

Milestones

- Completion of review by 2005.

Budget and Funding Sources

None.

Responsible Party: City of Dallas

Affordable Housing Availability

Needs Statement

The City of Dallas Fair Housing Office maintains an inventory of all government-assisted multifamily housing units within Dallas County. This information is provided as a service to assist households seeking affordable housing. The inventory can also be useful in developing strategies regarding the number of units available versus the number needed by at-risk individuals.

Recommendation

Promote the availability of government-assisted housing within Dallas County.

Measurable Outcomes

- Annual update to the number of government-assisted housing inventory
- Increased referrals from service providers to housing providers

Action Step/Milestones

- Implement marketing plan October 2004

Budget and Funding Sources

None. Incorporate into Fair Housing marketing activities funded through the Federal Fair Housing Assistance Program Grant.

Responsible Party: City of Dallas

Dallas Housing Finance Corporation

Needs Statement

The Dallas Housing Finance Corporation (DHFC) was created to provide tax-exempt mortgage revenue bond financing for development of affordable single-family and multifamily housing. For many years, the DHFC was restricted with regard to financing development of new multifamily housing. In August 2002, the Affordable Workforce Housing Task Force issued a report that called for the DHFC to be permitted to provide financing to the extent authorized by law. Since that report, the City has authorized the DHFC to issue bonds to finance new construction of five housing developments providing 1,334 new affordable units. These units provide housing for households with incomes at or below 60% of area median family income. A minimum of 2% of the units are reserved for very low income households.

Recommendation

Continue the recent success of the Dallas Housing Finance Corporation (DHFC) to increase the supply of multifamily housing for low and very low income households through the use of tax-exempt mortgage revenue bond financing as recommended by the 2002 Affordable Workforce Housing Task Force.

Measurable Outcomes

- Increase in the number of new affordable rental opportunities for low and very low income households.

Action Step/Milestone:

- Begin Marketing in March each year, beginning in 2005, for applications to be accepted in September for annual Private Activity Bond allocation lottery.

Budget and Funding Sources

None. DHFC staff performs marketing.

Responsible Party: City of Dallas

Discussion – Social Service Needs

Supportive Services / Comprehensive Service Provision

Needs Statement

Support Services should be accessible, flexible and target housing stability. The individual's needs and goals should be clearly reflected in the design of the supportive services program. Service programs also require adjustment as the needs and interests of individuals and the larger housing community evolve and change. Support services should help ensure stability, maximize each person's ability to be self-sufficient, and be appealing and easily accessible.

Projects vary in how they provide or arrange for services, but they uniformly stress housing stability as a basic and primary goal. In promoting housing stability, service providers focus on helping tenants meet their lease obligations, including paying rent, maintaining a safe and healthy living environment, allowing others the peaceful enjoyment of their homes, and complying with basic house rules.

Depending on the interests of the individuals and the type of resources available, services can be shaped to have the widest possible appeal and may range from small support groups to classes in cooking, the arts, high school equivalency and vocational counseling. Linkages with health and mental health services, legal services, immigration services and local entitlement benefits offices are usually essential. Although the homeless sometimes need to be actively encouraged to use program resources, it is up to the service provider to make the program relevant, available and inviting. [3]

Along with the provision of methods to enhance daily living skills and opportunities of the homeless population, pathways to recovery must be provided. Recovery can be defined as:

> "A process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding a life despite or within the limitations imposed by that condition."[4]

[3] Hannigan, T. & Wagner, S. (2003). *Developing the "Support" in Supportive Housing: A Guide to Providing Services in Housing.* Center for Urban Community Services.

[4] Evans, A.C., Marcus, K., & Kangas, K. (2002). *Toward a recovery system of care.* Hartford, CT: Department of Mental Health and Addiction Services.

Areas of recovery include:[5]

- Homelessness
- Substance Abuse Disorders
- Mental Illness

The U.S. DHHS, SAMHSA "Blueprint for Change" recommends these **key values** that support recovery:

Person-Centered Values

- Choice
- Voice
- Empowerment
- Dignity and Respect
- Hope

System-Level Values

- Believe in Recovery
- Make "Any Door the Right Door" to Services
- Use Mainstream Resources to Serve People Who Are Homeless
- Be Flexible / Offer Low-Demand Services
- Tailor Services to Meet Individual Needs
- Develop Culturally Competent Services
- Involve Consumers and Recovering Persons
- Offer Long-Term Follow-up Support

The integration of comprehensive service provision, or a true Continuum of Care, focuses on reducing barriers, coordinating and improving existing services, and developing new programs to improve the availability, quality, and comprehensiveness of services.[6] The Federal Task Force on Homelessness and Severe Mental Illness states that the ultimate goal of systems integration is to improve outcomes for people with serious mental illnesses or co-occurring disorders who are homeless. A seamless system of care needs to be developed that "assumes a system-wide policy that makes any door the right door to receive needed treatment and services." This approach challenges the ways in which systems with different funding streams; philosophies and missions typically offer services. However, by responding collaboratively to address the multiple needs of people who are homeless, service systems benefit from a more efficient use of limited resources. Individuals benefit from client-centered services that place the burden of coordination on the systems that are service them.[7]

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[5] U.S. Department of Health and Human Services (2203). *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders.* Washington, DC: Substance Abuse and Mental Health Services Administration Center for Mental Health Services.

[6] Miller, E. (1996). *The Evolution of Integration: Federal efforts from the 1960's to present day.* Rockville, MD: Center for Mental Health Services

[7] National Technical Assistance Center for State Mental Health Planning. (2000). *The change agent's toolbox.* Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.

Recommendation

The provision of support services that will enable Dallas to prevent and reduce chronic homelessness ("close the front door and open the back door") should focus on refining and increasing the current continuum of care while actively developing approaches that will further integrate the systems which assist the homeless population and those at-risk of homelessness. Guidelines set forth by HUD's Continuum of Care process, the Interagency Council on Homelessness and the DHHS/SAMHSA "Blueprint for Change" should be utilized to direct future continuum and integration efforts.

Measurable Outcomes

- MDHA will continue to provide monthly membership meetings and provide leadership in the development of the HUD Continuum of Care.
- Barrier reduction activities, and their resulting outcome, will be documented as they occur through membership meetings, training and technical assistance, task forces and collaborative negotiations.
- Communication between groups that impact supportive services will be kept informed of pertinent activities within the 10-Year Plan implementation through email, training activities and networking (through meetings, task forces, or committees).
- Training and Technical Assistance will be provided in evidence-based and promising practices.

Milestones

- These and outcomes will pervade throughout the 10-Year Plan. Implementation on all will begin in 2004 and summary reports will be provided annually.

Budget and Funding Sources

The current level of support services is funded. Increased support services for Prevention, Outreach/Assessment/Intake, Permanent Supportive Housing and Transitional Housing are included in the relative sections within the Dallas 10-Year Plan. The need for increased support services outside of these areas will be determined upon service evaluation of the Continuum of Care.

Responsible Party: MDHA

Training and Technical Assistance / Agency Capacity Building

Needs Statement

In order for service providers to most effectively implement the Dallas 10-Year Plan; it will be necessary to work towards an integrated best practice approach that will enable them to work together in a coordinated fashion. In some cases, the 10-Year Plan challenges service providers to consider policy and procedural changes in order to meet evidence-based or recommended new models of service. There is a need to successfully and efficiently transfer knowledge and resources throughout the professional community in regards to best practice approaches in service delivery. In addition to specific training needs and in order to maximize the flow of resources and information, there is a need for a system of exchange regarding issues and trends, resources and models, and program/staff skills and knowledge. Training and technical assistance will enhance service providers' capacity in areas of policy, practice, theory and research. Challenges agencies face include:

- **Cost and Accessibility** - Service providers need support in meeting their staff and program development needs throughout the community. A variety of training programs and materials are available, but they tend to be costly or not entirely relevant to the agency needs. In times of decreasing budgets, training dollars are reduced; and in an environment where there are never enough services, it is hard to prioritize training when there are people on the doorstep needing services. The crisis nature of homeless services makes it difficult to free up staff to participate in trainings, when back-up staff has to be paid, as well as travel costs to participate in trainings. Accordingly, training must be cost-effective, easily accessible, and targeted to the specific needs of homeless service providers as it pertains to goals within the 10-Year Plan.

- **Staff Experience Level and Turnover** - The continued evolution of needs, combined with ongoing development of new information and resources, means that information and training must be continually recycled and updated. It must also be regularly repeated because of staff turnover. All too often, direct services staff leave for jobs in other sectors where pay, as well as professional development opportunities, are better. It is a constant challenge for programs to maintain quality staff. New staff are frequently inexperienced and under-trained. This is especially disastrous since much of the work accomplished with **resistant** clients (such as the chronically homeless) results from the professional relationships established by skilled, experienced staff over time and repeated contact. Since shelters can't compete with most other jobs in the salary scale, it is essential that we help these centers compensate staff by providing opportunities for learning and professional development that they often can't get elsewhere. While we can't impact pay directly, we **can** offer opportunities for professional development that help to build skills, and also to retain experienced, competent staff.

- **Specific Skill Set** - Homeless service agencies provide highly specialized programs, requiring a unique set of skills and competencies. No formal educational program provides adequate preparation for work with the varied types of homeless populations (chronic homeless, domestic violence shelters, family shelters, runaway and homeless youth, etc.). Staff must demonstrate competency in skills such as complex assessments for history of sexual abuse, risk of suicide, and alcohol or drug abuse as well as developing a working knowledge of how to de-escalate a potentially violent confrontation, deal with crises that can be life-threatening and master the maze of rules and regulations…all while intervening constructively with individuals who are angry and without hope. Management and administration must be able to be visionary, set goals, develop, run and evaluate programs effectively; with sound fiscal management. They must be knowledgeable about relevant program performance standards and best practices, and engage the community effectively. Staff at all levels must be grounded in a strong philosophical base of principles and practices. The following chart summarizes specific knowledge and skills most needed by staff at each level.

Administration	Management	Direct Care
Board of Directors: Recruitment and maintenance, mission/vision development, strategic planning, youth development	**Program Planning:** Needs assessment, trends analysis, visioning, knowledge of standards, program design, program evaluation, strength-based practices	**Prevention/Early Intervention:** Assessment, case management, strengthening marriage, fatherhood and family functioning, crisis intervention, youth development
Resource Development: Grant writing, fundraising, public relations and marketing	**Staff Development:** Recruitment, supervision, training, staff empowerment, team building, mentoring, evaluation, volunteer management, client involvement, cultural issues	**Daily Survival Needs:** Education, health, recreation, employment, life skills development, opportunities for participation and contribution
Program Management: Fiscal accounting and management, cost allocation, budgeting, evaluation, data management, policies and procedures	**Daily Operations:** Residential services management, knowledge of relevant performance standards, scheduling, personnel management	**Special issues:** substance use, abuse/neglect, health risks (HIV, STD's), criminal behavior, suicide, safety, cultural issues, adolescent sexuality, pregnant/parenting teens,
Community Relations: Public relations, advocacy, networking, art of partnering, collaboration, public policy development	**Community Relations:** Develop community resources, advocacy, linkages, community planning, collaboration	**Intervention Techniques:** Strengths-based intervention, behavior management, residential service management, street outreach, peer counseling, mentoring

Recommendation

MDHA will establish an on-going Training and Technical Assistance Committee (T & TA Committee) to plan and implement agency capacity building and staff professional development opportunities that will support the activities of the Dallas 10-Year Plan.

Action Step 1

Members will be selected to serve on the Training and Technical Assistance Committee who represent a variety of specializations within the homeless service provider array of professional skill sets. These individuals will have experience in adult education or experience as professional training / technical assistance providers.

Action Step 2

The Training and Technical Assistance Committee will develop recommendations as to specific topics and workshops that will be needed to empower service providers to develop an integrated best practice approach that will enable them to work together in a coordinated fashion.

Action Step 3

The Training and Technical Assistance Committee will conduct an annual survey of homeless service providers to assess their priorities for T & TA.

Action Step 4

A schedule of Training and Technical Assistance will be developed and provided annually that includes the identified training / technical assistance provider for each.

Action Step 5

Promote and enhance leadership and two-way learning, by providing opportunities for program experts to develop skills as Peer Consultants and Training and Technical Assistance Providers. (i.e. through Training-of-Trainer Workshops).

Measurable Outcomes

- The Training and Technical Committee will be formed by September 2004.
- An annual assessment and analysis of needs will be completed.
- Training and Technical Assistance sessions are held according to the planned calendar of workshops and events.
- A list of qualified Training and Technical Assistance Providers will be developed and maintained.

Milestones

- The Training and Technical Committee will be formed by September 2004.
- Needs assessments will be completed annually.

- Training and Technical Assistant schedules will be developed and implemented annually starting in 2005
- Training and Technical Assistant Providers will be identified by September 2005 and updated annually.

Budget and Funding Sources

$15,000 per year to allow for compensation and travel costs of identified experts and to send identified Dallas professionals to Trainer-of-Trainer Workshops to provide training to local staff.

Responsible Party: MDHA

Discussion – Homeless Prevention

Awareness of 211 Services

Needs Statement

The Community Council of Greater Dallas is the lead agency for 211 services in the Dallas Metroplex including Dallas, Rockwall, Hunt, Collin, Denton, Navarro, Kaufman and Ellis Counties. 211 serves as an initial point of contact for individuals who are homeless or at-risk of becoming homeless. This organization provides referrals, by certified 211 specialists, to service agencies that specialize in such areas as legal services, dependency counseling, and child care services. The limited operating budget for 211 does not allow for proper marketing of their mission, availability and services. Currently at 211 there are 8 counseling specialists that field initial phone calls. These specialists can handle approximately 100 calls per day. It is expected that additional operators may be needed to handle the increase.

Recommendations: Publicize 211 services by using print ads, transit advertising, posters, billboards, Univision, and radio public service announcements. These advertisements should be available in both English and Spanish. The Community Council of Greater Dallas has previously developed the advertising campaigns for all media forms. This campaign has been approved by the State.

Action Step 1

Publicize 211 services by using print ads, transit advertising, posters, billboards, Univision, and radio public service announcements. These advertisements should be available in both English and Spanish. The Community Council of Greater Dallas has previously developed the advertising campaigns for all media forms. This campaign has been approved by the State.

Action Step 2

The Community Council of Greater Dallas will increase the number of 211 operators as indicated from a six-month utilization study. These individuals also require training to become a certified specialist. Funding for these new positions and training would need to be secured from the State.

Action Step 3

The Community Council of Greater Dallas will notify individuals from homeless advocacy groups, faith based organizations, and service providers that 211 case management services are available for all individuals that are at-risk of becoming homeless.

Action Step 4

The Community Council of Greater Dallas has developed a logo for 211 that is available on their website; this logo is available for any faith based organization or service provider. These organizations can download the logo identifying 211 Services to place on business cards, church bulletins, websites, inserts in utility bills, etc. to further advertise 211 services.

Measurable Outcomes

- Increased calls to 211 services which will increase referrals to agencies.
- Increase number of case management follow-ups on at risk individuals done by 211.
- Funding will be secured to provide additional 211 operators as indicated by the six-month study.

Milestones

- If funding is secured, the Community Council of Greater Dallas could begin advertising 211 services within 30 days.
- The six-month study will begin within 30 days after increased marketing begins. The resulting utilization numbers will be compared to the same six month time period from the previous year.
- Funding requests for additional 211 operators will begin according to Milestones established by funding sources and as soon as an upward trend in utilization can be identified.

Budget and Funding Sources

Advertising costs for the first and second years of implementation are estimated at $201,250 and $167,000 respectively. The costs associated with 4 additional operators are estimated at $191,000 per year. If fewer than 4 operators are required, the costs would decrease incrementally. These funds will need to come from state funding.

Responsible Party: Community Council of Greater Dallas

Awareness of Veterans Services

Needs Statement
The Veterans Affairs("VA") office located in the Dallas Metroplex has noted that there are many veterans who are unaware of the services available to them through the VA. A significant number of homeless population or those at risk of becoming homeless are veterans who qualify for benefits such as health care and housing.

Recommendation
Increase awareness of VA benefits and services through the following methods:
(1) Develop public service announcements to advertise the availability of benefits through the VA
(2) Coordinate with social service agencies to facilitate referrals to VA

Action Step 1
The VA should secure funding to publicize VA services by using public service announcements. Obtain any necessary approvals by the VA or state.

Action Step 2
Ensure that agency I & R specialists refer clients who are veterans to the VA so that the VA can inform the veterans of their benefits.

Measurable Outcomes

- Increased calls to VA for veterans who are homeless or at risk of becoming homeless.

Milestones

- If funding is secured, the VA could begin advertising, through public services announcements, within 90 days.

Budget and Funding Sources: Undetermined

Responsible Party: VA

Justice of the Peace Court Accessible to those At-Risk of Homelessness

Needs Statement

Currently, there is no Justice of the Peace ("JP") Court located in downtown Dallas. The JP Courts are responsible for hearing eviction cases. Many of the at-risk population are either located downtown or use the services located near downtown (child care, faith based food services, legal aid.) The nearest JP courts are anywhere from 4 – 7 miles from Dallas City Hall. Traveling via public transportation to these JP Courts for hearings on evictions can take a significant amount of time. For at-risk individuals without the ability to ask for time off from work or to find appropriate child care services, these extra hours traveling to JP Courts is burdensome. A JP Court Judge cited that failure for a tenant to appear in court for an eviction matter would cause the judges to automatically rule in favor of the landlords. Those individuals that are willing to appear but cannot travel to the JP courts due to work or time constraints are automatically evicted. When the location for the homeless assistance center is selected, the proximity of a JP Court to that location should be reviewed to assess the need for relocation.

Recommendations: Request Dallas County to review location of JP Courts

Responsible Party: MDHA

Pre-Approved Referrals for Dallas County and Area Agencies

Needs Statement

Dallas County Health and Human Services Department often refers clients to area service organizations for treatment. This treatment can range from drug treatment facilities to mental health clinics. Referrals are required to go through an approval process prior to release for treatment. This approval process takes some time; this time can be critical to at-risk individuals that are not expeditiously placed into treatment.

Recommendation

Request Dallas County Health and Human Services Department to implement a system to provide pre-approved referrals to those agencies that have a history of providing quality service within the Metroplex. This will expedite treatment for at-risk individuals in the Dallas area.

Action Step 1

Ask Dallas County Health and Human Services Department to develop criteria for the pre-approved referrals to occur. Items to consider include:

- Nature of referral service
- Operating history between the County and the organization
- Annual evaluations of the service providers to ensure that the quality of the services received by the clients warrant the pre-approved status of those agencies.
- County Judge and Commissioners' Court approval of the criteria/plan.

Measurable Outcomes

- Decrease in the response time from initial assessment of the at-risk individual to placement with a service provider.

Milestones

- Response from Dallas County

Budget and Funding Sources

None.

Responsible Party: MDHA

Children, Youth and Young Adults at-risk of Chronic Homelessness

Needs Statement

Life situations that increase the odds of an individual joining the ranks of chronic homelessness often take root during childhood (under 18 years of age), and subsequently, young adulthood (18 years of age to 21 years of age[8]). These children and youth are vulnerable, often finding themselves victims to those who prey on children. The major entry points to chronic homelessness faced by children and youth are:

- **Learned Homelessness** – Learned homelessness occurs in children who first experience homelessness as a member of a homeless family. The very nature of homelessness itself surrounds the developing child in an environment that is devoid of many of the opportunities required to establish skills leading to self-sufficiency. In addition, the child is introduced to a culture where homelessness appears to be the norm. The combination of deprivation and established cultural patterns often creates a lifestyle filled with challenges and barriers to exiting homelessness.

- **Throwaways and Separated Youth** – Many youth experiencing homelessness have been pushed away from their homes and family due to economic factors, family dysfunction or family crisis. A family living with homelessness or facing economic ruin often "releases" the eldest child to make it on their own. Family issues leading to deliberate or unintended separation of a youth from his home run the gamut from parents who cannot cope with a teen's behavior to a youth with a chronically ill or dying parent. The resulting condition is that these youth are thrust into an adult world prematurely before given the opportunity to fully develop skills leading to self-sufficiency; therefore, they find themselves entering the front door of chronic homelessness.

- **Runaways** - the predominant cause of youth running and staying away from their homes is physical, sexual or emotional abuse. These youth may at first try to survive through "couch-surfing" from friend's house to friend's house, then eventually find themselves having to obtain basic needs from strangers who demand sexual or criminal activities, such as drug running, in return for providing food or shelter. Without intervention, these youth are prime candidates for entering a chronic homeless lifestyle.

- **Street Dependent Youth** – Youth who have survived for more than a year "on the streets" often become Street Dependent Youth. These youth typically entered

[8] Young adults in the 18-21 year age group, while no longer minors, are still considered to be "youth" as defined by federal legislation for transitional living programs and street outreach services for youth under the Department of Health and Human Services - Administration for Children, Youth and Families -Family and Youth Services Bureau - Runaway and Homeless Youth (DHHS-ACYF-FYSB-RHY).

the streets as a pre-teen or young teen (ages 10 – 14). The skills they have developed are those of basic survival, doing what must be done to eat and find shelter from the elements. They often self-medicate with drugs or alcohol to cope with the chronic depression resulting from childhood prostitution and despair. Socially, it is not unusual for them to develop small clusters of close relationships with other Street Dependent Youth, forming non-traditional family units, often taking on the role of an older sibling to the younger youth just entering the streets. It is extremely difficult for these youth to exit chronic homelessness due to the lack of socialization learned in a normal family setting and schools. Rules of shelters, institutions and society are foreign to these youth. The older youth often encourage younger youth to talk to street outreach workers and state, "It's too late for me, but you can still live a better life." Their survival skills, while keeping them alive, do not suffice for life skills that will obtain and sustain self-sufficiency, and the high incidence of substance abuse has frequently led to chemical dependency requiring medical detoxification services.

In a study of Texas youth who had exited foster care, 40% reported having been homeless at least once.
--Center for Public Policy Priorities (2000)

- **Aging-Out Foster Care Youth** – Many youth exiting the foster care system are ill prepared for transitioning into self-sufficiency, and enter the front-door of chronic homelessness instead. The close monitoring of residential treatment centers, while providing supervision of a youth's behavior, does not allow a young person to move through the normal developmental stages required to master independence. Often, the experience of moving through numerous foster care and group home placements does not allow the child an opportunity to develop the ability to form lasting relationships or the problem-solving skills required to exist in a community or maintain a job. The 18 year old exits a public system to enter the community without a support system and usually without a job. They quickly learn that they are now in limbo where they are too old for a youth shelter, but too young for many adult Dallas shelters, some of which require a minimum age of 21 for females and 45 for males.

Youth facilities and services fall into two categories, those that serve youth less than 18 years of age and those who serve youth/young adults in the 18 – 21 years of age. The shelters for unaccompanied youth under 18 years of age must be licensed by the state of Texas. These facilities in Dallas are currently facing cutbacks in funding sources and have even had to close some services over the past year. These agencies must maintain funding in order to maintain emergency shelter services and transitional housing or Dallas will lose these beds. Supportive services must continue in order to strengthen families and reunite disrupted families whenever it is safe for the youth.

Recommendation

Youth serving providers should be empowered to work together to further enhance youth services, while striving to stabilize funding streams. Gaps in services should be

assessed and specific plans developed to prioritize and address identified needs, especially as it pertains to the 18 – 21 year age group.

Action Step 1

MDHA will develop an on-going Youth Sub-Committee for those agency members who serve youth. Members will be offered an opportunity to strategize on funding collaborations, program development and advocacy to serve this specialized population.

Action Step 2

Funding announcements that may support youth and/or family services will be distributed by MDHA to assist in funding efforts by member agencies.

Action Step 3

MDHA will form a task force of agency providers, government and funding sources to explore the feasibility of establishing or increasing emergency shelter services for the 18 to 21 year age group. Representatives of youth serving agencies, as well as adult serving agencies willing to work with this younger age group will be invited to participate.

Measurable Outcomes

- A Youth Sub-Committee will be convened by MDHA.
- Funding announcements will be distributed by MDHA to agency members.
- MDHA will convene a Task Force to explore emergency shelter options for 18 – 21 year olds.

Milestones

- The Youth Sub-Committee will be established by June 2004.
- The funding announcements will be distributed on an on-going basis.
- The Task Force on Emergency Shelter Options for 18 – 21 year olds will be established by September 2004 with recommendations to be reported by March 2005.

Budget and Funding Sources

None required for the Youth Sub-Committee and Task Force for 18 – 21 year olds. The cost for establishing or increasing emergency shelter services for youth in the 18 – 21 year age group are to be determined by the recommendations of the Task Force.

Responsible Party: MDHA

Discharge Planning from Public Systems to Community Services

Needs Statement

Discharge planning is a primary component of facilitating a successful transition from public system care into the community. It is not unusual for individuals to be released from hospitals due to the loss of insurance or because the maximum limit for service delivery has been reached. Discharge planning should occur prior to the release of a patient/client from services. Too often, staff providing these services are directed to facilitate a release into the community before the appropriate discharge planning can occur and the appropriate referrals and resources can be established.

Recommendation

The current system of discharge planning from public services to community-based organizations should be assessed for efficiency, expediency and quality. Best practices should be established as identified in order to provide a more seamless continuum of care.

Action Step 1

- The City of Dallas will form a Task Force to refine the current system of discharge planning from public systems such as criminal justice and mental health (as required by HUD and further defined in the 2003 Continuum of Care).

Action Step 2

- The Task Force will examine best practices from other large metropolitan areas, including any specific best practices identified within Texas systems.

Milestones

- Task force recommendations completed by December 2004.

Budget and Funding Sources

No funding required for the Task Force. Costs for improvements in discharge planning to be determined by the two Task Force recommendations.

Responsible Party: City of Dallas

Senior Citizens at-risk of Chronic Homelessness

Needs Statement

Senior citizens are a vulnerable sub-population who are at-risk of becoming homeless. Often, a low fixed-income does not cover the basic needs required to maintain independency. These seniors find themselves struggling to buy food, depending on community-based services to augment a poor diet. Each year, the media covers stories of seniors who freeze to death in their own homes, or die in Texas summer heatwaves …simply for the lack of of funds to pay their electric bill. Dementia and the increased occurrence of Alzheimers lead to a level of confusion that renders a senior unable to safely care for themselves. The inability to pay rent leaves no recourse but living with a relative, or on the streets if no one will care for them. Tragically, caregivers attempting to provide 24 hour care while supporting their own families can become so overwhelmed that neglect unintentionally occurs. Frustration, fatigue and anger can lead to abuse of their loved one. Desperation all too often leads to abandonment. Nursing homes are often too expensive for seniors with limited Medicare and Social Security or even private insurance which can't meet the cost. Of immediate concern is the reality that Dallas must face the aging of the baby boomers without the level of resources required to meet the subsequent increase in demand for services to maintain self-sufficiency.

Recommendation

A Task Force consisting of members representing community and faith-based organizations, housing professionals, health care systems and Adult Protective Services should be established to identify the current delivery system of services to assist seniors in maintaining housing and basic needs. A comparison of the current level of services compared to the anticipated need according to the 2000 Census should be developed and accompanied with a plan to meet any identified increased need.

Measurable Outcomes

- The Dallas Senior Affairs Commission will convene a work group on Homelessness Prevention for Seniors.
- Recommendations regarding improvements to the system will be completed.
- A timeline of implementation for each recommendation will be established.
- A report providing the analysis of future needs will be provided to the City of Dallas.

Milestones

- Work group to begin by October 2005 with recommendations completed by October 2006.

No funding required

Responsible Party: City of Dallas

Discussion Outreach / Intake / Assessment

Crisis Response Strategy

Needs Statement

Although various government and private agencies have allocated resources to assist homeless individuals in crisis, a community-wide strategy to coordinate resources and programs has not been developed. Currently, several governmental agencies including Dallas MetroCare, Dallas County Constable, the Dallas Police Department and Parkland Hospital provide services or support related to assisting homeless individuals in mental or physical health crisis situations. However, these services are not coordinated across the community such that response to crisis situations is available on a 24/7 basis. Please note: homeless individuals include single adults, families, youth and victims of domestic violence.

Recommendation

MDHA should assemble a task force to develop a community-wide crisis response strategy. The task force should be composed of representatives for the major agencies that are currently providing services in this arena. A community-wide strategy for responding to homeless individuals in crisis should include the following elements:

- Objectives for crisis response
- Government and private agencies that provide services
- Operating plan for providing and coordinating crisis response resources on a 24/7 basis
- Service expectations and related performance measures to assess strategy performance
- Clear procedures as to when 911 should be contacted to ensure immediate response by the police or emergency medical services
- Service or resource gaps that need to be addressed

Action Step 1

Convene task force of service providers to develop strategy.

Action Step 2

Examine current service levels, resource availability and innovative practices from other communities.

Action Step 3

Develop overall strategy and implementation plan.

Action Step 4

Implement strategy and new coordination, service and communication practices.

Action Step 5

Document the delivery of services in the Homeless Management Information System (HMIS)

Measurable Outcomes

- Development and implementation of community-wide strategy.
- Number of homeless individuals in crisis who receive services within an acceptable milestones (as documented in strategy).

Milestones

- The crisis response strategy should be developed before the end of 2004

Budget and Funding Sources

None required for adults. $25,000 required for Project Safe Place.

Responsible Party: MDHA

Mobile Outreach / Intake Teams / Assertive Community Treatment

Dallas is home to approximately 6,000 homeless people. Presently, several governmental agencies and non-profit organizations offer a wide variety of social services that attempt to address the general needs of the city's homeless populations. Faith-based organizations primarily provide some feeding programs and operate overnight shelters for homeless families and individuals. However, these services traditionally are inconsistent and are available only during the daytime. Traditional provider services and other outreach initiatives are limited or non-existent during the critical late evening hours, thereby further reducing efforts to target chronic, "hard-to-reach" or "shelter-resistant" homeless individuals who prefer to sleep in places unfit for human habitation. Drug and alcohol addiction and mental illnesses characterize chronic homeless individuals. As a result, they are considered to be most at-risk to succumb to common illnesses or diseases, or become victims of crime and violence. However, it seems that the only interaction encountered by unsheltered homeless individuals during the late evening and early night-time hours involves law enforcement officers who are ill equipped to handle their special needs.

Project Description

It is essential to initiate an assertive community outreach to the chronic homeless populations, particularly during late evening hours when existing social service agencies and organizations are not generally available. Mobile outreach teams, including the City of Dallas Crisis Intervention Unit and Dallas Metrocare, can aggressively target areas where the homeless are known to collect, and can provide professional intervention through physical and mental health assessments, diagnoses, and referrals to appropriate resources.

Recommendation

Four homeless outreach teams, consisting of at least two assigned caseworkers, can be utilized effectively to respond rapidly to any crisis involving chronic homeless people throughout the city during the late evening and nighttime hours. They will also respond to any critical or emergency-related calls from public safety officers involving initial contacts with homeless individuals, families or groups. Assertive Outreach Teams will be able to conduct professional assessments involving mental health, addiction, abuse, or neglect, and make referrals for appropriate services. All caseworkers will be specially trained to work collectively with the police, shelters, and other professional organizations to better understand the demographics of the homeless community, and will be fully equipped to properly respond and to engage chronic homeless individuals on a daily basis to determine needs and to assertively direct them to seek treatment or shelter.

Measurable Outcomes

- Increase the numbers of identified chronic, “hard-to-reach” homeless receiving treatment or other services within the system of care through assertive community outreach initiatives.
- Reduce the number of chronic, “hard-to-reach” homeless individuals as identified through annual homeless counts.

Action Step 1

Develop a detailed resource plan (including funding analysis) for deployment of four additional outreach/intake teams as described above. The plan should examine the possibility of utilizing resources that could be dedicated or “donated” from existing service agencies or governmental entities.

Action Step 2

Secure incremental funding for resource plan. In all likelihood, incremental resources will need to be secured from local, state or federal resources. However, grant funding from private or corporate foundations should also be sought to fund this initiative.

Action Step 3

Deploy mobile outreach/intake teams and assess results on an ongoing basis. Periodically, the level of resources dedicated to this initiative should be assessed to determine the level of services needed, the appropriate resource mix and hours of operation.

Action Step 4

Explore the possibility of utilizing volunteers to staff or augment outreach/intake teams. Although the use of volunteer resources would require the development of training programs and higher levels of coordination, it would also lessen the cost burden of providing these services.

Milestones

- Identify funding sources by targeting corporate communities within twelve (12) months of activation of this initiative
- Identify and train eight (8) Mobile Outreach Caseworkers within six (6) months of activation

Budge and Funding Sources

It is presently estimated that each Outreach Team (2 caseworkers each) will cost approximately $250,000.00 - $200,000.00 annually. This will include salaries, benefits, and equipment costs. These estimates will be revised based upon whether to utilize City of Dallas or from other participating service agencies. The total cost of this recommendation is $600,000 - $800,000 annually.

Responsible Party: MDHA

Public Perceptions and Understanding of Homelessness

Needs Statement

Public perceptions related to homeless individuals and the issue, in general, are often inaccurate. Typically, the average citizen believes that all homeless individuals are those seen on street corners or around City Hall – the chronically homeless. While these individuals are the face of homelessness in many communities, they are not representative of the majority of homeless individuals. The negative perceptions of the homeless population are an obstacle to public support for homeless initiatives including funding by governments, finding locations to develop housing units and raising private funds to support programs and capital needs.

Recommendation

MDHA should work collaboratively with media outlets and development firms to assess their willingness to develop a public informational campaign. Ideally, a coalition of media outlets and developers would work collaboratively to develop a public informational campaign that is "broadcast" through several outlets in various forms, including print or billboard campaigns, public service announcements or an in-depth radio/television documentary or insight series. A campaign of this nature would begin the process of dispelling many of the myths concerning homelessness, changing the public perceptions of who homeless individuals are and building public support for government initiatives and private donations.

Action Step 1

Research public informational campaigns that have been conducted in other communities across the U.S. Based on this information, develop a range of options that would meet local needs.

Action Step 2

Conduct one-on-one meetings with media organizations to assess the level of willingness to initiate a campaign and allocate appropriate resources to it.

Action Step 3

Enlist the support and assistance of government and business leaders to gain additional support of the initiative.

Action Step 4

Work collaboratively with media organizations to build a public informational campaign that is consistent with objectives for the initiative.

Action Step 5

Deploy campaign and explore opportunities to sustain campaign or leverage it for fundraising purposes.

Measurable Outcomes

- Number of media organizations participating in public informational campaign.
- Number of print and billboard ads deployed in campaign or amount of radio/television time dedicated to campaign.

Milestones

- An initial assessment of the level of willingness to participate or contribute resources to a public informational campaign should be completed in the next 90 days. Following this assessment, the campaign should be developed over the following six months and deployed thereafter. Based on the need to leverage the campaign for fundraising purposes, the timing of deployment should be coordinated with development efforts.

Budget and Funding Sources

- Planning – contributed time from organizations
- Campaign – pro-bono resources and private donations from foundations, corporations and individuals.

Responsible Party: MDHA

Bilingual Services

Needs Statement

The need for bilingual services among providers of services to the homeless is growing. This is due primarily to changes in the composition of homeless individuals in the community. Although service providers in areas such as housing and legal services have deployed bilingual personnel within their systems, the availability of bilingual personnel in the areas of outreach and intake have generally not been addressed. Although personnel with these skills cannot reasonably be immediately available continuously (on a 24/7) basis, the availability of resources on a part-time basis that could be deployed to specific areas within the community are absolutely necessary in addressing the needs of non-English speaking homeless individuals. The long-term goal will be to have such personnel available on a 24/7 basis.

Recommendation

Service providers in the areas of outreach and intake should assess their ability to provide services to non-English speaking homeless individuals. If gaps in the availability of bilingual personnel are noted, the provider should strive to address the gap in future recruitment, hiring and volunteering activities.

Measurable Outcomes

- Number of outreach and intake personnel (across community) who possess bilingual skills.

Action Step 1

Assess needs for and availability of bilingual personnel in outreach and intake service areas.

Action Step 2

Revise recruiting practices and hiring requirements as appropriate.

Milestones

- Each entity should complete a self-assessment by December 2004. Bilingual recruitment should be continuous.

Budget and Funding Sources

Costs borne by individual agencies.

Responsible Party: MDHA

Adult Protective Services

Needs Statement

Although Adult Protective Services (APS) in Texas is the primary agency charged with the protection of elderly citizens, their service offerings and investigations are not coordinated with community initiatives to prevent homelessness. APS's program mission is to *protect older adults and persons with disabilities from abuse, neglect and exploitation by investigating and providing or arranging for services as necessary to alleviate or prevent further maltreatment*. While their mission is consistent with many homelessness prevention efforts within the community, APS does not regularly participate in homelessness prevention planning efforts or service delivery. APS service offerings and personnel need to be coordinated with the community of care that has been established to prevent and assist homeless individuals. At a minimum, APS personnel should be engaged with service providers to elderly homeless individuals and a system should be established to provide referrals between entities based on the needs of elderly clients.

Recommendation

MDHA should initiate efforts to engage local APS representatives in future homelessness prevention planning initiatives. Further, communication and collaboration links between community-based providers of services and APS should be established and leveraged to address the needs of elderly homeless individuals.

Action Step 1

Contact local APS office to establish communication and understand service offerings.

Action Step 2

Obtain commitment from local APS officials to participate in future homelessness prevention planning efforts and build links with community-based organizations as appropriate.

Action Step 3

Gain participation of APS personnel in ongoing meetings of MDHA to build relationships, increase the level of discussion of the needs of elderly homeless individuals and establish means through which

Measurable Outcomes

- Number of meetings and forums conducted by MDHA and other key entities at which personnel from APS are present.
- Number of elderly homeless individuals (minimize).

Milestones

- Contact with APS should occur in the next 30 days. Assuming that APS is willing to engage with MDHA and community-based service providers, APS personnel should begin to participate in planning efforts and community-wide meetings and forums within the next three months.

Budget and Funding Sources

None required.

Responsible Party: MDHA

Appendix

Community Involvement

In order to obtain community input, expertise and best practices, personnel from the City of Dallas, the Metropolitan Dallas Homeless Association ("MDHA") and the United Way of Metropolitan Dallas ("UWMD") established four task forces to develop the 10-Year Plan to Reduce Homelessness. The goal in forming the task forces was to ensure that it was an inclusive process that involved all major service providers and communities in the Metroplex.

Chair

Liz Minyard
Co-Chair of the Board & Co-CEO, Minyard Food Stores, Inc.

Each task force focused on specific service delivery and resource availability issues as outlined above. The task forces and their composition are provided below.

Homeless Prevention Task Force

Chair:
Betty Culbreath, Dallas County Health and Human Services Department

Members:
Jan Hart Black, Dallas Chamber of Commerce
Dr. James Baker, Dallas Metrocare Services
Martha Blaine, Dallas Community Council Greater Dallas
Judge Al Cercone, Dallas County Justice of the Peace
Reverend Jay Cole, Crossroads Community Services
Chief Ray Daberko, Dallas Police Department
Douglas Denton, Homeward Bound, Inc.
David Kellogg, Mental Health Association of Greater Dallas
Hattie Johnson, Veterans Administration
Leonor Marquez, Dallas County Hospital District
Debbie Meripolski, Greater Dallas Council on Alcohol and Drug Abuse
Jonathan Vickery, Legal Aid of Northwest Texas
Randal Weir, Workforce for Dallas County

Outreach / Intake / Assessment Services Task Force

Co-Chairs:

Major Bill Mockabee, Salvation Army
Rev. Bill Thompson, Union Gospel Mission

Members:

Ron Anderson, M.D., President, Dallas County Hospital District
Karen Boudreaux, City of Dallas
Dorothy Budd, Dallas Faith Communities Coalition
Joan Covici, American Civil Liberties Union
Adrianna Cuullar-Rojas, Meadows Foundation
L.J. Dial, Jr., American Civil Liberties Union
Lt. Vince Goldbeck, Dallas Police Department
Betsy Jullian, Private Consultant
Hon. Margaret Keliher, Dallas County Commissioners Court
Carol Luckey, Dallas Metrocare Services
Greta Mankins, Veterans Administration
Dr. Karen Settle, PhD., Southern Methodist University
Jack Wierzenski, Dallas Area Rapid Transit
Deb Wood, Community Council of Greater Dallas

Emergency Shelter / Transitional Housing / Permanent Supportive Housing Task Force

Chair:

Linda Owen, President, Real Estate Council

Members:

Bruce Buchanan, Stewpot/MDHA Board
Yvonne Butler, Housing Crisis Center
Janet Cobb, Turtle Creek Manor
Paige Flink, The Family Place/MDHA Board
Ben Johnson, Advocates for Change
Patty Kleinknecht, Central Dallas Association
Barbara Landix, Vogel Alcove
Ann Lott, Dallas Housing Authority – President and CEO
Don Maison, AIDS Services of Dallas
Dale McEowen, Promise House
Klaire Powers, Baron & Blue Foundation
Barbara Van Pelt, Dallas Foundation
James Waghorne, Dallas Metrocare Services/MDHA Board

Permanent Housing Task Force

Chair:

Jon Edmonds, President, Foundation for Community Empowerment

Members:

Michael Bachman,U.S. Dept. of Housing and Urban Development
Charles Bissell, Integra Realty Resources/Habitat for Humanity
Sonia Brown, Dallas Affordable Housing Coalition
James Field, Bank of America
Rabbi Rachel Goldenberg, Temple Emanu-El
Bruce Hatton, Federal Home Loan Bank
Gerald Henigsman, Apartment Association of Greater Dallas
Jill Jordan Assistant City Manager – City of Dallas
Jerry Killingsworth, City of Dallas
Linda McMahon, JP Morgan Chase
Mark Obeso, City of Dallas
Theresa O'Donnell, City of Dallas
George Rodriguez, Vinson and Elkins
Scott Willoughby, St. Michael's Outreach
Effie Worrell, Fannie Mae

With Special Thanks to:

The homeless individuals with Advocates for Change who expressed their ideas and concerns.

Glossary

Administrative Hearing / Administrative Law Judge Hearing – A hearing before an Administrative Law Judge in which a person seeking Social Security disability benefits may present testimony concerning their disability(ies). The Administrative Hearing is the second stage in the disability determination appeal process after an application for benefits has been denied by the State Disability Determination Services (DDSs).

Affordable Housing – Housing that costs no more than 30% of a household's adjusted gross income.

Aftercare – Follow up medical care or supervision for individuals released from the hospital or emergency room.

Boarding Home – Private businesses providing sleeping accommodations, meals and laundry services to the public, paid for on a daily or monthly basis, carried out by individuals, sometimes using their own home. Most are not licensed or regulated.

Chronic Homeless – Defined by the U.S. Department of Housing and Urban Development (HUD) as 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Continuum of Care – A network of services designed to help homeless persons make the transition to maximum independence and self-sufficiency. The Continuum of Care is the U.S. Department of Housing and Urban Development's proposed model for addressing homelessness.

Continuum of Care Grant – A nationally competitive grant that provides funding for certain components of the Continuum of Care. The grant is issued by the U.S. Department of Housing and Urban Development and requires that communities conduct a comprehensive needs assessment and reach consensus agreement regarding priorities for funding.

Emergency Shelter – Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of homeless.

Good Neighbor Agreements – Written agreements that specify how supportive housing will be operated in order to address concerns of adjacent property owners. These agreements are developed through discussion between the owner/manager of the supportive housing and area property owners.

Harm Reduction – A set of strategies to reduce the negative consequences of drug use.

Homeless Management Information System (HMIS) – An integrated computerized information system that collects data on homeless persons, their needs and characteristics and the services they use. HUD requires that communities receiving funds under the Continuum of Care grant have an HMIS in place by 2004.

Mainstream Services – Publicly funded programs providing services, housing and/or financial assistance to poor persons, regardless of whether they are homeless.

Examples include “welfare” (Temporary Assistance to Needy Families, or TANF), Medicaid (health care), Food Stamps and Veterans’ Assistance. Because of a variety of barriers, homeless persons generally do not take full advantage of these programs. In addition, many of these programs do not comprehensively address the needs of homeless persons.

Permanent Supportive Housing – Affordable housing with supportive services, designed for persons with disabilities. This housing has no time limits and is intended to be a home as long as a person chooses to live there. Supportive services help residents live as independently as possible and may be provided on site, or by visiting staff.

Presumptive Eligibility –A procedure, authorized by Social Security rules, under which some applicants for Social Security disability can receive a preliminary decision that they are disabled, before a full medical evaluation is completed. This allows Social Security to immediately begin paying benefits to those applicants, for up to six months, while the medical evidence in the case is reviewed. If the review finds the applicant disabled, she will continue to receive SSI/SSDI payments. If the applicant is found not to be disabled, he/she can appeal, and he/she will not be required to repay any presumptive benefits that were paid.

Priority Population – People who have a diagnosis of severe and persistent mental illness. This priority population is eligible to receive services through MHMR under guidelines set forth by the state of Texas. If a person meets the priority population as defined by the illness listed below, the level of services received will depend upon his or her level of need.

- Schizophrenia
- Major Depression
- Bipolar disorder
- Other severely disabling mental disorders that require crisis resolution and ongoing and long-term support and treatment, and a 50 or below on Global Assessment of Functioning Scale (GAF).

Rapid Housing Program – A program in which trained staff help locate and secure housing for homeless persons in order to prevent or reduce their stay in emergency shelter. Staff work with private and public property owners to overcome homeless persons’ barriers to housing, i.e. substance abuse addiction, criminal histories, prior evictions, bad credit, etc. The program also ensures that supportive services and assistance are in place so that individuals achieve housing stability.

Representative Payee – An individual who receives and manages SSI/SSDI benefits on behalf of someone else. A representative payee is required when the Social Security Administration determines that someone is eligible to receive benefits, but unable to manage them due to a mental disability or severe physical disability. A representative payee receives the monthly check and ensures that SSI/SSDI payments are spent in the claimant’s best interest.

Respite Care – Medical respite care provided in an alternative, less expensive setting than a hospital. Respite care services may include acute, sub-acute, preoperative,

recuperative and/or end-of-life care. The purpose of this program is to divert emergency room visits, avoid hospitalizations and shorten lengths of stay at hospitals.

Supplemental Security Income (SSI) – A federal program that pays monthly benefits to people who are disabled, blind or at least 65 years old and who have limited income and resources. This program is used to assist individuals who have no work history. Once an individual has established eligibility for SSI, they are automatically eligible for Medicaid.

Supplemental Security Disability Insurance (SSDI) – A federal program that pays benefits to people who are disabled and have worked in jobs covered by Social Security. Individuals must have a medical condition that meets Social Security's definition of disability. Benefits usually continue until the individual is able to work again on a regular basis.

Wrap-around Services – Services based on the needs of the individual, rather than the availability or convenience of services. Includes both conventional agency-based services and informal services available through the community, family and other resources.

System of Care – A coordinated network of services organized to address an individual's needs. The emphasis is on a system of different complementary parts that have integrated decision making in key areas such as assessment, referral, placement, tracking and monitoring, service planning, transitioning into another level of care, appropriate service mixes, and discharge. Other characteristics include:

- "Wrap-around" services addressing all aspects of client need
- Informal as well as agency provided services
- Flexible funding for services
- Surrogate family support/mentoring

Substance Abuse Treatment "On Demand" – Treatment for substance use disorders available to any and all who need it, immediately or soon after they request it. The need for treatment "on demand" is based on the premise that there is only a short window of opportunity after an individual with substance abuse problems has agreed to accept treatment. If treatment is not made available soon after this decision has been made, the individual may change his or her mind, or give up, and the opportunity for rehabilitation will be lost.

Transitional Housing – One type of supportive housing used to facilitate movement of homeless individuals and families to permanent housing. Housing in which homeless persons can live in for up to 24 months and receive supportive services that enable them to live more independently (limited to 18 months if a youth age 16 – 21 years of age is in a program funded by DHHS/ACYF/FYSB/RHY).

Dallas 10-Year Plan Development Process

On September 24, 2003, the task forces were first convened following a preliminary meeting with Ms. Liz Minyard, Chairperson, Mr. Gary Godsey, President of the UWMD, and representatives from Deloitte and MDHA. The initial plan for the task forces was to accomplish the following tasks in four separate meetings:

- Initial Meeting: The goal was to outline the ideal services that could be available to at-risk and homeless populations in the Metroplex. Each member of the task force was challenged to brainstorm and develop their "wish lists" to change current policies/laws and to increase services, resources and funding.

- Second Meeting: The focus of this meeting was to list the current services and funding available in the Metroplex to address the needs of the homeless. Further, the task force chairpersons facilitated discussions on programs that have been successful in the Metroplex or other communities in addressing homelessness issues.

- Final Meetings: In the final two meetings, the critical gaps from the ideal services and the current services were identified. These critical gaps provided the basis for the action plans. Through their diligence, expertise and cooperation, the task forces were able to develop specific plans, potential costs, and related timelines for each recommendation.

- To aid in the preparation for task force participation, the chairpersons and members were given information on various studies and plans on the community's homelessness problems. Specifically, the task forces were provided with the following documents:

- The 2003 Continuum of Care Application, prepared by the City of Dallas.

- The Community Council of Greater Dallas Homeless Services Task Force Community Report and Recommendations (1990)

- MDHA's Homeless Census as of January 21, 2003

This information provided a basis for understanding current service offerings and service demands.

- **Development of the Framework:** Based on input from the City and the current guidelines established by HUD's Continuum of Care program, the following task forces were formed to comprehensively address pertinent areas of the overall

strategy: Homelessness Prevention, Outreach/Intake Assessment, Transitional/Supportive Housing, and Low Income Housing.

- **Task Force Formation:** The groups collaborated with the City to solicit volunteers to join the task force. Individuals were considered based on their expertise in the areas of servicing or treating the homeless population (or those at-risk of becoming homeless). Fortunately, within the Dallas community, many individuals possess a wealth of knowledge on the subject, and collectively comprise the City's preeminent resource on reducing the population of homeless. These experts were from various service agencies, faith-based organizations, departments within the City and Dallas County and were central to the development of the action plans. Integral to this process was the identification of an overall chairperson and the four task force chairs.

- **Management of the Process:** The UWMD took the lead in establishing the meeting dates and logistics of the task force meetings. Part of the success of the task forces was the UWMD's position as a central point of contact for questions, dissemination of research material, and meeting information. Additionally, representatives from UWMD, MDHA and Deloitte were present at all task force meetings to facilitate discussion, provide progress reports and record ideas/strategies.

- **Preparation of the Final Plan:** Deloitte's responsibility and role in the project was to document the findings, strategies and developed by the each task force. Deloitte prepared the report in collaboration with the City, UWMD, MDHA and the task force chairs.

Process Summary

All task force members contributed their expertise, ideas, experiences and time to this effort. As such, to ensure effective project management, the meeting agendas were outlined in advance. Each meeting was designated with specific purposes and desired outcomes as outlined below.

Initial Meeting: The agenda for the initial meeting prompted the discussion of best practices and ideal solutions. Primarily, the task forces were encouraged to brainstorm and share ideas for potential service or process improvements and best practices observed in other communities. Moreover, in the first meeting the task forces began the discovery process by reviewing existing studies. These studies included:

- The 2003 Continuum of Care Application for the Dallas area written by city staff and presents an overview of the status (as of Spring 2003) of the Continuum of Care for the Dallas area (including the cities of Dallas, Grand Prairie, Irving, Mesquite, Garland, and Richardson). This document is a community-based plan for providing assistance to homeless individuals and those at risk of becoming homeless. The plan covers a broad spectrum of programs and services for this population, from homeless prevention efforts to permanent housing.

- The Community Council of Greater Dallas Homeless Services Task Force Community Report and Recommendations (1990): This comprehensive report was provided to outline the services and critical gaps facing the Metroplex 13 years ago. This report afforded the task forces with an opportunity to see the history of the homelessness problem within the community. Unfortunately, this report highlighted several service areas that remain under-funded in 2003.
- MDHA's Homeless Census as of January 21, 2003.
- The census provided an account of the homeless population at one point in time. This census categorized the population as follows: males, females, children, race, veterans, substance abusers, victims of domestic violence, AIDS patients, etc. The census quantified the vastness of the homelessness issue in the community and provided a basis for addressing the issues and gaps.

Second Meeting: In the follow-up meeting, the task forces focused on current level of services, laws, processes, funding sources, census data, inventories of available housing units, etc. The 2003 Continuum of Care was vital in establishing an understanding of current service providers and funding levels. However, the members of the task forces were aware of other community nonprofit agencies and faith-based organizations that provide additional services

Final Meetings: Two additional meetings were held for each of the four task forces. These meetings were vital to identifying the critical gaps in the ideal services and the current level of services. These meetings covered a breadth of areas, ideas and strategies. The groups' solutions for covering the service gaps ranged from no-cost, short-term improvements in existing processes to far-reaching changes in current policies. Critical issues that resulted from these meetings included: a lack of centralized triage in the community, suggestions on the services to be provided in the new intake facility, insufficient outreach programs, severely low numbers of transitional and permanent single room occupancy units and a lack of a community-wide capital campaign to fund initiatives. Regarding the new intake facility, the task forces were not charged with determining the location of the facility and have not developed recommendations related to this issue. The City of Dallas has formed a task force (independent of the ten year plan development process) to study and develop recommendations in this area.

Unfortunately, for the action plan to be practical and viable, there were more comprehensive ideas developed in the task forces than could conceivably be included in the plan. The task forces were challenged to prioritize their recommendations and innovative solutions. The result is an action plan that is achievable, sound, and will make an impact on the community's homelessness issues.