MINUTES OF THE CITY COUNCIL COMMITTEE
THURSDAY, JANUARY 18, 2024

24-0014

SPECIAL CALLED HOUSING AND HOMELESSNESS SOLUTIONS MEETING
CITY COUNCIL CHAMBER, CITY HALL/VIDEO CONFERENCE
COUNCILMEMBER JESSE MORENO, PRESIDING

PRESENT: [5] Moreno, Mendelsohn, West, Gracey, Willis

ABSENT: [0]

The meeting was called to order at 6:15 p.m. with a quorum of the committee present.

The meeting agenda, posted in accordance with Chapter 551, "OPEN MEETINGS," of the Texas Government Code, was presented.

After all business properly brought before the committee had been considered, the meeting adjourned at 9:06 p.m.

_____
Chair

ATTEST:

_____ _____
City Secretary Staff Date Approved

The agenda is attached to the minutes of this meeting as EXHIBIT A.

The actions taken on each matter considered by the committee are attached to the minutes of this meeting as EXHIBIT B.

The briefing materials are attached to the minutes of this meeting as EXHIBIT C.

E X H I B I T A

City of Dallas

1500 Marilla Street,
Council Chambers, 6th Floor
Dallas, Texas 75201

Public Notice

240059

Housing and Homelessness Solutions Committee

January 18, 2024

6:00 PM

SPECIAL CALLED MEETING

2023 CITY COUNCIL APPOINTMENTS

COUNCIL COMMITTEE	
ECONOMIC DEVELOPMENT Atkins (C), Narvaez (VC), Arnold, Bazaldua, Ridley, Stewart, West	**GOVERNMENT PERFORMANCE AND FINANCIAL MANAGEMENT** West (C), Blackmon (VC), Mendelsohn, Moreno, Resendez
HOUSING AND HOMELESSNESS SOLUTIONS Moreno (C), Mendelsohn (VC), Gracey, West, Willis	**PARKS, TRAILS, AND THE ENVIRONMENT** Stewart (C), Moreno (VC), Arnold, Bazaldua, Blackmon, Narvaez, West
PUBLIC SAFETY Mendelsohn (C), Stewart (VC), Atkins, Moreno, Willis	**QUALITY OF LIFE, ARTS, AND CULTURE** Bazaldua (C), Resendez (VC), Blackmon, Gracey, Ridley, Schultz, Willis
TRANSPORTATION AND INFRASTRUCTURE Narvaez (C), Gracey (VC), Atkins, Mendelsohn, Resendez, Schultz, Stewart	**WORKFORCE, EDUCATION, AND EQUITY** Schultz (C), Arnold (VC), Bazaldua, Blackmon, Resendez, Ridley, Willis
AD HOC COMMITTEE ON ADMINISTRATIVE AFFAIRS Atkins (C), Mendelsohn, Moreno,	**AD HOC COMMITTEE ON GENERAL INVESTIGATING AND ETHICS** Mendelsohn (C), Gracey, Johnson, Schultz, Stewart
AD HOC COMMITTEE ON JUDICIAL NOMINATIONS Ridley (C), Resendez, West	**AD HOC COMMITTEE ON LEGISLATIVE AFFAIRS** Mendelsohn (C), Atkins, Gracey, Narvaez, Stewart
AD HOC COMMITTEE ON PENSIONS Atkins (C), Blackmon, Mendelsohn, Moreno, Resendez, Stewart, West, Willis	**AD HOC COMMITTEE ON PROFESSIONAL SPORTS RECRUITMENT AND RETENTION** Gracey (C), Blackmon, Johnson, Moreno, Narvaez, Resendez, Schultz

(C) – Chair, (VC) – Vice Chair

Note: A quorum of the Dallas City Council may attend this Council Committee meeting.

Handgun Prohibition Notice for Meetings of Governmental Entities

"Pursuant to Section 30.06, Penal Code (trespass by license holder with a concealed handgun), a person licensed under Subchapter H, Chapter 411, Government Code (handgun licensing law), may not enter this property with a concealed handgun."

"De acuerdo con la sección 30.06 del código penal (ingreso sin autorización de un titular de una licencia con una pistol oculta), una persona con licencia según el subcapítulo h, capítulo 411, código del gobierno (ley sobre licencias para portar pistolas), no puede ingresar a esta propiedad con una pistola oculta."

"Pursuant to Section 30.07, Penal Code (trespass by license holder with an openly carried handgun), a person licensed under Subchapter H, Chapter 411, Government Code (handgun licensing law), may not enter this property with a handgun that is carried openly."

"De acuerdo con la sección 30.07 del código penal (ingreso sin autorización de un titular de una licencia con una pistola a la vista), una persona con licencia según el subcapítulo h, capítulo 411, código del gobierno (ley sobre licencias para portar pistolas), no puede ingresar a esta propiedad con una pistola a la vista."

“Pursuant to Section 46.03, Penal Code (places weapons prohibited), a person may not carry a firearm or other weapon into any open meeting on this property.”

"De conformidad con la Sección 46.03, Código Penal (coloca armas prohibidas), una persona no puede llevar un arma de fuego u otra arma a ninguna reunión abierta en esta propiedad.”

A 24-269 Briefing on the Homelessness, Organizations, Policies, and Encampments (H.O.P.E.) report. - Task Force

B 24-271 Discussion of H.O.P.E report.

24-274 **Closed Session**
Attorney Briefing (Sec. 551.071 T.O.M.A.)
- Seeking legal advice from the city attorney regarding the H.O.P.E. report.

24-272 Public comments on Agenda Item No. B.
Speakers can register here:

Closed Session
Attorney Briefing (Sec. 551.071 T.O.M.A.)
- Seeking advice from the city attorney regarding the H.O.P.E. report.

EXECUTIVE SESSION NOTICE

A closed executive session may be held if the discussion of any of the above agenda items concerns one of the following:

1. seeking the advice of its attorney about pending or contemplated litigation, settlement offers, or any matter in which the duty of the attorney to the City Council under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Texas Open Meetings Act. [Tex. Govt. Code §551.071]

2. deliberating the purchase, exchange, lease, or value of real property if deliberation in an open meeting would have a detrimental effect on the position of the city in negotiations with a third person. [Tex. Govt. Code §551.072]

3. deliberating a negotiated contract for a prospective gift or donation to the city if deliberation in an open meeting would have a detrimental effect on the position of the city in negotiations with a third person. [Tex. Govt. Code §551.073]

4. deliberating the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee; or to hear a complaint or charge against an officer or employee unless the officer or employee who is the subject of the deliberation or hearing requests a public hearing. [Tex. Govt. Code §551.074]

5. deliberating the deployment, or specific occasions for implementation, of security personnel or devices. [Tex. Govt. Code §551.076]

6. discussing or deliberating commercial or financial information that the city has received from a business prospect that the city seeks to have locate, stay or expand in or near the city and with which the city is conducting economic development negotiations; or deliberating the offer of a financial or other incentive to a business prospect. [Tex Govt. Code §551.087]

7. deliberating security assessments or deployments relating to information resources technology, network security information, or the deployment or specific occasions for implementations of security personnel, critical infrastructure, or security devices. [Tex Govt. Code §551.089]

E X H I B I T B

OFFICIAL ACTION OF THE CITY COUNCIL COMMITTEE

JANUARY 18, 2024

BRIEFING ITEMS

Item A: Briefing on the Homelessness, Organizations, Policies, and Encampments (H.O.P.E.) report. - Task Force

The following registered speakers addressed the committee on the item:

Terry Lynne, 13215 George St.
Bruce Arfsten, 17085 Windward Ln.
Steve Babick, 3705 Canon Gate Cir.

The following individuals briefed the committee on the item:

- Peter Brodsky, Board Chair, Housing Forward;
- Ellen Magnis, President & CEO, Family Gateway;
- Betty Culbreath, Board Chair, Dallas Housing Authority; and
- Darilynn Cardona-Beiler, Senior Vice President for Specialty Healthcare, Meadows Mental Health Policy Institute

OFFICIAL ACTION OF THE CITY COUNCIL COMMITTEE

JANUARY 18, 2024

BRIEFING ITEMS

Item B: Discussion of H.O.P.E report.

The following individuals addressed the committee on the item:

Kandi Duplantis, 5202 Harbor Town Dr.
James Porter, 1400 Hi Line Dr.
Robert Ceccarelli, 1822 Young St.
Dolores Serroka, 4822 Swiss Ave.
Rhonda Johnson, 4321 Sycamore St.
Louis Darrouzet, 4939 Harvest Hill Rd.
Brad Anderson, 4411 Gilbert Ave.
Bryan Tony, 1500 Pecos St.
Liz Gifford, 1813 Park Ave.
Brad Schweig, 7879 Spring Valley Rd.
Mark Nunneley, 14185 Dallas Pkwy.
Stephanie Hudiburg, 2528 Elm St.
Rob Hays, 14185 Dallas Pkwy.
Adrienne Santaularia, 4636 Ross Ave.
Petey Parker, 1717 Arts Plz.
Susan Owens, 4501 Ivy Dr.
Jason Killmeyer, Not Provided
Patricia Simon, Not Provided
Jacob Colglazier, Not Provided
Ed Zahra, 1003 Valencia St.
Carlos Flores, 2600 N. Stemmons Fwy.
Chris Culak, 1223 Kings Hwy.
Daniel Wohlberg, 4310 Junius St.
Mike Stapell, 9718 Amberly Dr.
Adam Keith, 5826 Gramercy Pl.

The following individual briefed the committee on the item:

- Kimberly Tolbert, Deputy City Manager, City Manager's Office

OFFICIAL ACTION OF THE CITY COUNCIL COMMITTEE

JANUARY 18, 2024

CLOSED SESSION

Attorney Briefing (Sec. 551.071 T.O.M.A.)
- Seeking advice from the city attorney regarding the H.O.P.E. report

Not held

E X H I B I T C

City of Dallas

1500 Marilla Street
Council Chambers, 6th Floor
Dallas, Texas 75201

Agenda Information Sheet

File #: 24-269 **Item #:** A

Briefing on the Homelessness, Organizations, Policies, and Encampments (H.O.P.E.) report. - Task Force

The Mayor's Task Force on Homelessness, Organizations, Policies, and Encampments (HOPE)

Report to the Housing and Homeless Services Committee of the Dallas City Council

January 18, 2024

Who We Are

- Expertise on family and individual homelessness; mental health and addiction; housing; policy creation; and on-the-ground realities
- Diverse experiences, ideologies, perspectives and opinions
- Co-Chairs:
  - Peter Brodsky, *Board Chair of Housing Forward*
  - Betty Culbreath, *Board Chair of Dallas Housing Authority*
  - Ellen Magnis, President & *CEO of Family Gateway*
- Committee:
  - Obie Bussey, *Adult Rehabilitation Ministry;* Darilynn Cardona-Beiler, *Meadows Mental Health Policy Institute;* Judge Glock, *Cicero Institute;* Larry Gordon, *Downtown Dallas, Inc.*; Ikenna Mogbo, *Metrocare Services;* Daniel Roby, *Austin Street Center;* Dave Woodyard, *Catholic Charities*

What we Did

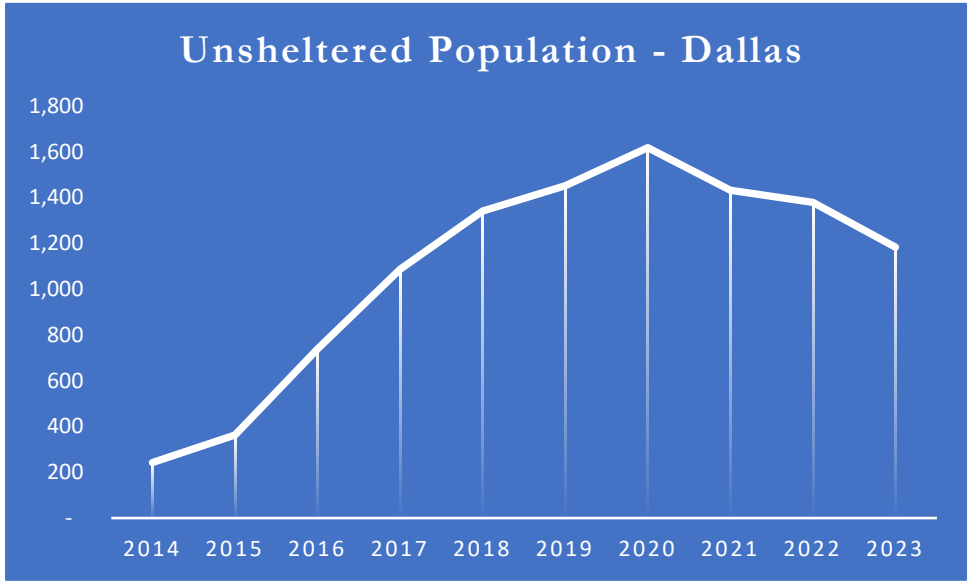
- Met as a task force for more than 20 hours over 16 weeks; worked separately or in pairs on specific assignments outside of meeting times.
- Interviewed 20+ local, state and national experts, including academics and practitioners.
- Researched, presented and studied data of Dallas, other metropolitan areas, and the nation as a whole; utilized expertise of two national researchers to broaden our understanding.
- Extensively debated the implications of our findings in a civil, respectful environment.
- Agreed on a consensus report: any member could reject a recommendation that he or she could not lend their name to, which caused us to work diligently to find common ground.
- Submitted report to Mayor Johnson on Monday, June 19th.

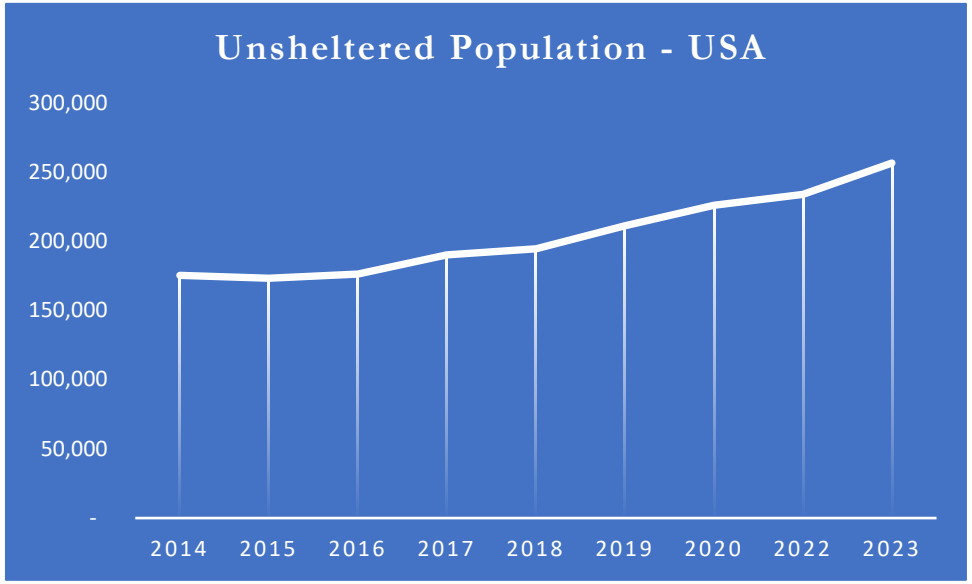
What We Found: First, a Note about the Data

- To define "homelessness," we used the HUD definition of being "literally homeless" to focus our discussions around those who are sheltered and unsheltered in our city.
- Our total homelessness numbers are based on the annual Point in Time (PIT) Count
  - The PIT Count is a **snapshot in time** and is **not** intended to represent the actual number of people experiencing homelessness.
  - The PIT Count is used for **trending**. By using similar methodologies across the country over a series of years, HUD is able to judge whether homelessness is increasing or decreasing in a geographic area.

What We Found

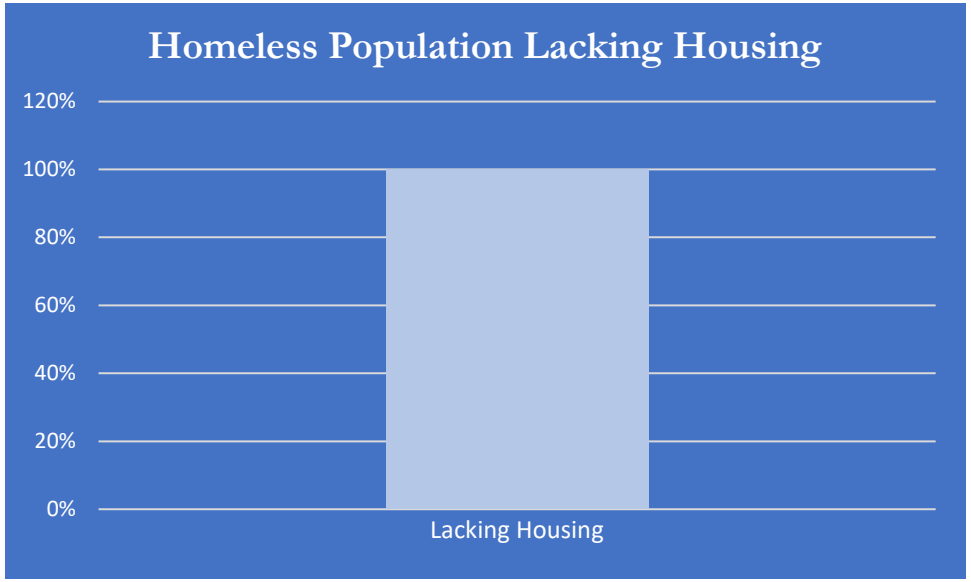
- Unsheltered homelessness in Dallas *spiked significantly* between 2014 and 2020, rising from 242 to 1,619, and average annual growth of 37.3%, vs. significantly higher than the US average of 4.3%. However, since 2020, Dallas' unsheltered population has *declined by an average of 9.9% annually*, with a 14% decline in 2023, vs. a US average of 4.3% growth.

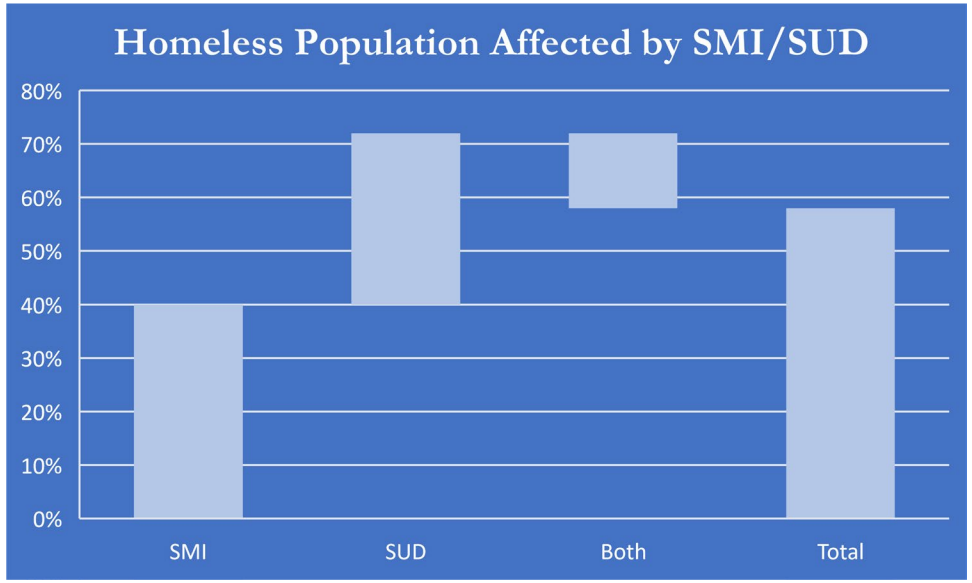




What We Found

- Key factors in the causes of homelessness include:
  - Lack of affordable housing – 100% of people experiencing homelessness lack housing
  - Mental health and/or addiction issues – 40% of the homeless population suffer from Serious Mental Illness (SMI) and 32% suffer from Substance Use Disorder (SUD), with 14% suffering from both, for a total of 58% suffering from one or the other. No data is available on which came first, the homelessness or the SUD/SMI.





What We Found

- Enforcement: While it is not possible to enforce our way out of the problem, Dallas needs a strategy to comply with Texas HB 1925 for prohibition of camping in public places. In addition, the public has a right to be and feel safe, so a balance between short-term and long-term strategies must be achieved. However, displacement without alternatives is inhumane.
- Interim solutions should be approached with caution. They can easily morph into long-term solutions and divert money away from permanent solutions, both of which can keep people unhoused for longer than necessary.

What We Found

- Many inefficient City of Dallas functions could be improved to significantly increase the effectiveness of its homelessness response efforts, including: permitting, duplicative governance structures, and cumbersome contracting practices.
- Child Poverty Action Lab reports a shortage of >33K units of Deeply Affordable Housing (for those making at or below 50% of the Area Median Income).

What We Recommend: Three Principal Areas in Report

- Temporary and Permanent Solutions: Actions City could take to increase access to temporary shelter and accelerate permanent housing efforts.

- #2 - Acceleration of strategies to develop long-term solutions and the creation of multiple types of housing.

- #3 - Expansion of availability of behavioral health services, enhancement of collaborative efforts across healthcare, homeless response system, and justice system; and augmenting substance use disorder treatment services.

What We Recommend:
Temporary Shelter and Permanent Housing

- Continue to focus on encampment decommissioning
  - Note the distinction between *decommissioning* and *closure:*
    - *Decommissioning* occurs when CoC agencies work with encampment residents for 4-8 weeks to get them housed and on the day of the encampment closure, everyone is brought to temporary or permanent housing.
    - *Closure* occurs when the City of Dallas moves everyone out of an encampment without providing housing.
  - Increase street outreach workforce to focus on encampment decommissioning efforts;
  - Support existing coordination with mental health and other services;
  - Advocate that decommissioning prioritize encampments with violence, crime and concerns of residents;
  - Ensure former encampments are fenced and monitored to reduce re-population.

What We Recommend:
Temporary Shelter and Permanent Housing

- Create alternative, non-congregant shelter options such as use of inexpensive hotels.
- Swiftly activate City-owned facilities that have been sitting vacant; consider for both temporary and permanent solutions.
  - Simplify and accelerate procurement, legal, zoning, permitting, contracting and payment processes to encourage engagement with non-profit agencies.
- Maximize space in existing shelters, allowing an increase in capacity such as is done during inclement weather periods. Review restrictions placed by community (rather than code compliance/safety regs) on new shelter projects.

What We Recommend:
Temporary Shelter and Permanent Housing

- Support the CoC's data collection by encouraging private funders to require that their gifts be tied to required data entry into/sharing with HMIS, Similar to the requirements the City places on those receiving funding.
- Re-invigorate commitment to have shelter or Deeply Affordable Housing in every Council district. Encourage active Councilmember engagement with community.

What We Recommend:
Temporary Shelter and Permanent Housing

- Eliminate duplicative committees intended to provide oversight that are instead creating complexity and redundancy in light of oversight and accountability now existing:
  - A stronger lead agency.
  - City and County representation on the two-county wide focused CoC Board.
  - Additional support now from White House/USICH.
  - A City with:
    - Housing and Homelessness Solutions Committee
    - Office of Homeless Solutions

What We Recommend:
Acceleration of Strategies to Develop Long-Term Solutions

- Make City-owned land available for development of Deeply Affordable Housing and alternative housing options.
- Create faster and less expensive environment for development (consider if construction and building regulations can be loosened while maintaining safety)
- Streamline permitting processes.
- Consider more registered boarding homes, group homes, single room occupancy solutions, shared housing, accessory dwelling units, tiny homes, micro-apartments and recovery housing.
- Allocate current and future bond funds to drive development of Deeply Affordable and alternative housing options.

What We Recommend:
Behavioral Health Services; Collaboration Across Systems

- Encourage that all PSH is accompanied with enhanced behavioral health support
- Prioritize collaboration across systems, such as was done with the Harris Center for Mental Health and Intellectual and Developmental Disabilities:
  - Healthcare
  - Behavioral health
  - Crisis response
  - Justice
  - Homeless response
- Advocate for increased County and State support for those with substance use disorders or co-occurring disorders requiring intensive substance use treatment.

City of Dallas

1500 Marilla Street
Council Chambers, 6th Floor
Dallas, Texas 75201

Agenda Information Sheet

File #: 24-271 **Item #:** B

Discussion of H.O.P.E report.

Task Force

on

Homelessness, Organizations, Policies, and Encampments (HOPE)

Report to Mayor Eric Johnson

June 2023

Task Force on Homelessness, Organizations, Policies, and Encampments (HOPE)

June 2023

The Honorable Eric L. Johnson
Mayor of Dallas
1500 Marilla Street
Dallas, Texas 75201

Dear Mayor Johnson,

Thank you for the opportunity to serve on the Mayor's Task Force on Homelessness, Organizations, Policies, and Encampments (HOPE). It is an issue that each of us feels passionately about and understands its importance to the City of Dallas. Great cities are judged by their quality of life, their business climate, their recreational opportunities, their cost of living, and how they treat their most vulnerable populations. The issue of homelessness touches each of these areas. Dallas cannot truly be at its best with more than 4,000 people experiencing homelessness and more than 1,000 people living outside.

You assembled a diverse group of leaders, each with a different area of expertise, and with vastly different perspectives, and tasked us to be data-informed and to try to build consensus around a series of solutions to a complex problem. We strived to do just that. Over four months, we met weekly with experts and spent time between the meetings gathering and studying data to share with the group. Our discussions were always civil and respectful, and we all came away with enhanced respect for the intellect and humanity of each and every Task Force member.

And, despite some fundamental disagreements on issues of policy, our shared commitment both to finding a way to help people experiencing homelessness and to addressing the concerns of the greater public allowed us to find consensus on a series of recommendations that we have all signed onto.

Because of the complex nature of the issue of homelessness and the many governmental and non-profit entities required to address the problem, the City of Dallas cannot solve homelessness on its own. It will require a collective impact model, with contributions from the City of Dallas, Dallas County, surrounding municipalities and counties, the State of Texas, the federal government, and the 100+ non-profits in our community's homeless response system. In order to make the recommendations of this Task Force *actionable*, we have focused them on areas that the City of Dallas itself can implement. If we felt the need to address an area over which the City of Dallas does not have direct control, our recommendation was for the City to use its powerful voice to advocate. Our hope is that you, the City Council and City Management will take these recommendations and create policies and action strategies from them.

One final note on the population we address in this report. Early in our discussions, we agreed as a Task Force to focus on the population that is "literally homeless" under the HUD definition of

"individual or family who lacks a fixed, regular, and adequate nighttime residence," rather than the much broader definition used in the McKinney-Vento Homeless Assistance Act of "lacking a fixed, regular place to live," which can include those living temporarily with family or friends, staying in a hotel to avoid homelessness, and many other unstable situations. Using the broader definition would have added many layers of complexity and could have diluted our focus away from the primary issue the Task Force felt was our mandate to address: unsheltered homelessness.

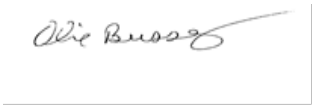
We look forward to reviewing this report with you at your convenience.

Sincerely,

Peter Brodsky, Co-Chair

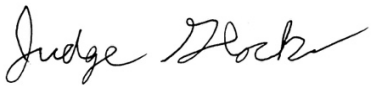
Betty Culbreath, Co-Chair

Ellen Magnis, Co-Chair



Obie Bussey

Darilynn Cardona-Beiler



Judge Glock

Larry Gordon

Ikenna Mogbo

Daniel Roby

Dave Woodyard

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THE TASK FORCE:

CO-CHAIRS	PROFESSIONAL ROLE
Peter Brodsky	CEO, The Shops at RedBird Board Chair, Housing Forward
Betty Culbreath	Chair of the Dallas Housing Authority Director, Dallas County Health and Human Services (Retired)
Ellen Magnis	President & CEO, Family Gateway

MEMBERS	PROFESSIONAL ROLE
Obie Bussey	Executive Director, Adult Rehabilitation Ministry (Retired)
Darilynn Cardona-Beiler	Senior Vice President for Specialty Health Care and Systems Integration, Meadows Mental Health Policy Institute
Judge Glock	Director of Research and Senior Fellow, Manhattan Institute
Larry Gordon	Chief of Public Safety and Field Operations, Downtown Dallas Inc. Retired Dallas police sergeant
Ikenna Mogbo	Chief Housing Officer, Metrocare Services
Daniel Roby	CEO, Austin Street Center
Dave Woodyard	President & CEO, Catholic Charities Dallas

OTHER CONTRIBUTORS

Special thanks to others who contributed their data, insights, and/or expertise to this Task Force:

INDIVIDUAL	ORGANIZATION
Chris Baker	The Other Ones Foundation
Garrett Boone	Dallas Greening Czar
Dr. Dennis Culhane	University of Pennsylvania, School of Social Policy & Practice
Jay Dunn	The Salvation Army
Tom Dunning	Former Dallas Homeless Czar
Sarah Kahn	Housing Forward
Kevin Oden	City of Dallas
Petey Parker	Longtime Homelessness Volunteer
Melissa Rowan	Meadows Mental Health Policy Institute
Mandy Shreve	CitySquare
Brenda Snitzer	The Stewpot
Wayne Walker	Our Calling
David Woody	The Bridge
Wayne Young	Harris Center for Mental Health and IDD
Current/prior members	Citizen Homeless Commission
Current/prior members	Dallas Area Partnership to Prevent and End Homelessness
HMIS Team	Housing Forward

GLOSSARY

In discussions of homelessness, terms are often used without all parties having a common understanding of their meaning. In order to avoid misinterpretation of the Task Force's recommendations, we provide below a glossary of terms used in this report. In addition, we provide an overview of the structure of the homeless response system to define and put in context the organizations referenced in this report.

OVERVIEW OF THE HOMELESS RESPONSE SYSTEM

BACKGROUND INFORMATION

The Department of Housing and Urban Development (HUD) is the primary provider of funding for homeless services in the United States. HUD has divided the country up into geographical regions, which then compete for HUD funding on an annual basis. To qualify for funding, HUD requires all agencies and governmental entities that work on any aspect of homelessness to form a coalition and agree to coordinate their efforts under one unified strategy. Each regional coalition is called a **Continuum-of-Care**, often abbreviated as **CoC**. Note that a Continuum-of-Care is not a separate organization or entity but is simply the group of homeless services agencies in a given geographical area. HUD further requires that each CoC appoint an agency, known as the **Lead Agency**. The job of the Lead Agency is to: assist the Board and Workgroups of the CoC in developing policies; administer funding; collect, analyze, and distribute data; conduct an annual Point-in-Time Count (see below); and act as the primary spokesperson for the CoC.

DALLAS INFORMATION

The HUD-designated geographical area for the City of Dallas is Dallas and Collin Counties. The name of the CoC in the Dallas region is **All Neighbors Coalition**. The City of Dallas is a key member of the All Neighbors Coalition and sits on its Board of Directors. The name of the Lead Agency in the Dallas Region is **Housing Forward**, which is an independent 501(c)(3).

In the pages that follow, the terms "Continuum-of-Care," "CoC," and "All Neighbors Coalition" are used interchangeably. Similarly, the terms "Lead Agency" and "Housing Forward" are used interchangeably.

OTHER KEY TERMS

TERM	DEFINITION
Area Median Income (AMI)	A metric often used to define eligibility for subsidized housing. While not all subsidized housing is allocated based on AMI, using AMI has become a standard way to define the target population for such projects. See "Deeply Affordable Housing" below.

TERM	DEFINITION
Density Bonus	Policies that allow new development projects to have increased density in exchange for keeping a proportion of the units affordable for people with low to moderate incomes.
Deeply Affordable Housing	Housing aiming to be affordable to people earning 0%-50% of AMI. For instance, in Dallas, AMI for a family of three is $80,100 per year. Therefore, Deeply Affordable Housing would target families of three earning $0-$40,050 per year. With rent calculation of 30% of income = $1,001/mo. For a single person, AMI is $62,300, so Deeply Affordable Housing would target individuals earning $0-$31,150 per year. With rent calculation of 30% of income = $779/mo. As a comparison, Workforce Housing is typically targeting people earning 60%-120% of AMI.
Encampment	A makeshift living arrangement or settlement typically created by individuals experiencing homelessness. These encampments often consist of tents, makeshift shelters, or temporary structures set up in public spaces such as parks, under bridges, or along streets. Homeless encampments can vary in size and composition, ranging from a few individuals to larger groups of people living together and have a health, safety, and environmental impact on those who are housed and unhoused.
Encampment Decommissioning	The closure of an encampment of people experiencing homelessness, in which every encampment resident is brought to temporary or permanent housing on the day of the closure. This process usually takes 4-6 weeks and involves working with each resident to build trust, explore options, and secure vital documents that will be needed for most temporary or permanent housing solutions. Encampment Decommissioning is distinct from Encampment Closure, which is the closing of an encampment and dispersal of its residents without providing housing. Encampment Closures can lead to individuals creating new encampments, often in places that are harder to find, such as forests or feeders to the Trinity River, which are both dangerous and can cause significant environmental harm.

TERM	DEFINITION
Homeless/Experiencing Homelessness	This report addresses the population that conforms to the HUD definition of "literally homeless": individual or family who lacks a fixed, regular, and adequate nighttime residence. Note that in other contexts, the term "homeless" can also address a much broader population of people who are not stably housed, but that broader population is not the subject of this report.
Homeless Management Information System (HMIS)	The data system in which the Lead Agency collects all data from the Continuum of Care to track progress and inform strategy and policies.
Permanent Supportive Housing (PSH)	Housing coupled with onsite or offsite supportive services and a source of rental subsidy (usually a HUD voucher).
Point-in-Time (PIT) Count	A HUD-mandated annual live count of people experiencing homelessness in each CoC. PIT counts are arranged by the Lead Agency and utilize community volunteers to count and interview those experiencing sheltered or unsheltered homelessness. While PIT Counts cannot and do not account for every person experiencing homelessness, they do provide helpful trending information, as well as demographic data.
R.E.A.L Time Initiative	The next evolution of the Dallas R.E.A.L. Time Rapid Rehousing initiative, a $72 million effort to house 2,700 people over two years. Based on the success of the program, the All Neighbors Coalition has been awarded additional HUD and private funds to expand and extend the program, now aiming to house 6,000 people by the end of 2025.
SMI	Serious Mental Illness
Street Outreach	The process of making contact and building trust with people experiencing unsheltered homelessness. Street Outreach workers are critical to the success of Encampment Decommissioning.
SUD	Substance Use Disorder

EXECUTIVE SUMMARY

The Task Force on Homelessness, Organizations, Policies, and Encampments (HOPE) acknowledges the seriousness of the homelessness crisis in our city. We are aware of the physical, mental, and emotional strain that homelessness imposes on people experiencing homelessness. We also understand the eagerness of the public and business communities to see visible progress towards resolving this issue. The Task Force acknowledges that the existing homelessness crisis has been generations in the making and has no magical, quick-fix solution.

Over the last four months, the Mayor's HOPE Task Force convened more than 20 times, engaged with numerous local and national experts, and thoroughly analyzed both national and local data. Below, we outline our key findings and recommendations. Please note that we have limited our recommendations to areas under the control of the City of Dallas, so that the Mayor, City Council, and City Management have the ability to implement them. If we felt the need to address an area over which the City of Dallas does not have direct control, our recommendation was for the City to use its powerful voice to advocate. Each finding and recommendation listed in the introduction is further detailed in the sections that follow.

STATE OF HOMELESSNESS

Dallas has seen significant increases in homelessness, especially unsheltered homelessness over the last ten years. While the overall number of individuals experiencing sheltered homelessness in the city has been stable for over a decade, Dallas has seen a sharp rise in the number of individuals experiencing unsheltered homelessness - from 242 in 2014[1] to more than 1,300 in 2022[2]. The rise in Dallas' unsheltered homeless population over this time period outpaced the national average.

More recent actions and activity over the last 12-18 months have shown improvement in homelessness trends, especially when compared to the growth in the city's total population. In 2021, the CoC reconstituted its Lead Agency and adopted a new strategy focused on unsheltered homelessness. The 2023 Point-in-Time count showed a small decrease in overall homelessness (2%) and more significant declines in both unsheltered homelessness (14%) and chronic homelessness (32%). These results, along with material recent increases in HUD funding awards, provide early indications that the state of homelessness in Dallas is heading in a positive direction.

HOUSING AND HOMELESSNESS

Homelessness is the result of a multitude of factors and many interrelated problems, but the one common characteristic of every person experiencing homelessness is that they lack housing. In addition, lack of housing exacerbates any other issues an individual or family may be facing. Dallas simply does not have enough housing available to accommodate people making 0%-50% of Area Median Income (AMI) (what we will refer to in this report as Deeply Affordable Housing), which is the income level that most people have when they are in jeopardy of falling into homelessness or

[1] 2014 Point-In-Time Homeless Count, as reported to HUD.
[2] Troisi, Catherine, Metro Dallas Homeless Alliance Continuum of Care 2022 Homeless Count & Survey Independent Analysis, page 6.

trying to climb out of homelessness. Until Dallas either has more Deeply Affordable Housing or fewer people who need it, we will be playing a game of musical chairs in which there is always someone who cannot be housed. Below, we will recommend some specific steps the City of Dallas can take to increase the availability of Deeply Affordable Housing, as well as market rate housing. While past commissions and task force groups have identified the need to add well over 1,000 units of additional PSH, only about 300 units have come online in the past five years.

MENTAL HEALTH AND SUBSTANCE USE CONDITIONS AMONG THE HOMELESS POPULATION

People with mental illness and substance use disorders who are also experiencing homelessness are living in communities across the country. Characteristics vary from person to person, as do the causes of chronic homelessness, which are complex and multifaceted. Poverty, poor mental health, substance use, and homelessness are interwoven challenges. According to the Meadows Mental Health Policy Institute, data on adults experiencing homelessness in Dallas County reveals that 40% suffer from severe mental illness (SMI), 32% have a substance use disorder (SUD), and approximately 14% experience both a severe mental illness and substance use diagnosis simultaneously.[3] These statistics exceed what self-reported annual Point-in-Time (PIT) counts can accurately capture and highlight that in the Dallas region, the occurrence of SMI among homeless adults is eight times higher than in the general adult population,[4] while SUD rates are nearly twice as high.[5] The timing of the development of SMI and SUD in relation to the onset of homelessness is unknown. What is important to acknowledge is that individuals have varied needs, spanning from minimal assistance to intensive behavioral health services necessary for attaining and sustaining stability and that homelessness worsens both mental and physical health. Therefore, Dallas should strive to increase support for behavioral health services for this population by ensuring that Permanent Supportive Housing (PSH) includes enhanced behavioral health services for those with mental illnesses and co-occurring disorders.

ENFORCEMENT

Addressing enforcement presents a complex challenge as we strive to keep our streets safe for both those who are experiencing homelessness and general public, while actively avoiding the criminalization of poverty. The Task Force agrees that Dallas needs a strategy to comply with Texas House Bill 1925 as it relates to the prohibition of camping in public places. However, we also concur that merely displacing an encampment without providing alternative options for residents is not an effective long-term strategy, and for those without any alternatives, can be inhumane. Further, such actions can push people experiencing unsheltered homelessness to move to areas that are more hidden (often in forests or places such as Joe's Creek), often with negative consequences for both them and

[3] Meadows Mental Health Policy Institute Transforming Service Delivery Models in Permanent Support Housing in Dallas and Collin Counties, March 31,2023

[4] In 2020, approximately 4% of Dallas and Collin County's adult population had a SMI. Holzer, C., Nguyen, H., & Holzer, J. (2022). Previously cited.

[5] In 2021, the national adult prevalence of past year alcohol or illicit drug substance use disorder was 17.3%. Substance Abuse and Mental Health Services Administration. (2023, January). *2021 National Survey on Drug Use and Health Detailed Tables - Table 5.1.B.* https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables

the environment. The current encampment resolution strategy being executed by the All Neighbors Coalition in partnership with the City of Dallas does result in encampment closures in which every encampment resident is provided with temporary shelter or housing on the day of the closure, which is a strong policy that should be expanded, especially for our public thoroughfares, under bridges, etc. We advocate that violence and crime be essential factors in deciding which encampments to target for decommissioning to address the legitimate concerns of citizens.

CITY OF DALLAS FUNCTIONS

The City of Dallas plays a vital role in addressing homelessness, with the Office of Homeless Solutions providing valuable support to the Continuum of Care. By implementing the following measures, the City can significantly improve the effectiveness of its homelessness response efforts.

1. Implement actions to stimulate the creation of new Deeply Affordable Housing, such as:
    a. Improving the Permitting Department;
    b. Allocating significant funds in the 2024 Bond;
    c. Ensuring fair distribution of Deeply Affordable Housing across all districts by City Council agreement;
    d. Facilitating housing secured and maintained by non-governmental organizations for extremely low-income individuals; and
    e. Releasing city-owned land for development of projects that include Deeply Affordable Housing and/or innovative housing models.
2. To address the bottleneck in the rehousing system and ensure comprehensive support for unsheltered individuals during housing navigation efforts, including encampment closures, we support the current discussions between the CoC and the City regarding funding for 16 additional street outreach workers. However, while we agree that the funding should come from either the City, Dallas County, or a combination of both, we recommend that the funding be provided to the CoC to directly employ the outreach workers. This measure will help expedite the rehousing process, ensure consistent training and coordination, and enhance assistance for those experiencing homelessness.
3. Dissolve the Citizens Homeless Commission and the Dallas Area Partnership to reduce redundancy.
4. Consistently allocate City resources, including police, sanitation, and code-related services, to encampment closures and prevent their re-establishment.
5. Expedite the utilization of properties acquired by the City to assist unsheltered individuals, by rapidly outsourcing the renovation and operation of these properties.
6. Enable proven non-profit partners to fast-track bidding processes, facilitating their participation, and streamlining operations.
7. Continue workforce development initiatives to increase affordability of market rate housing and reduce the need for subsidized housing.
8. Continue to require agencies that receive City funding to share data, and request private funders of homeless services (foundations, corporations, and individuals) to require their

grantees to contribute data to the Homeless Management Information System (HMIS) for collective problem-solving.

INTERIM SOLUTIONS

The Task Force acknowledges the public frustration with rising visible unsheltered homelessness and the desire for prompt solutions. However, there is no quick fix for this complex issue. Dallas has successfully implemented some temporary measures to relocate individuals from encampments while awaiting permanent housing. Yet, there are important considerations while designing and implementing interim solutions:

1. It is essential to set clear time limits for temporary measures to avoid mistaking them for long-term solutions.
2. Implementing temporary measures can be costly, diverting funds from permanent solutions. Balancing short-term and long-term needs is crucial.
3. The City must approach temporary measures with caution, prioritizing long-term solutions, and learning from experiences of other cities to avoid exacerbating homelessness challenges.

If, with these important considerations in mind, the City determines that it is in the collective best interest to implement interim solutions, the Task Force recommends the following interim strategies:

1. Transition encampment residents to non-congregant shelters like hotels, existing nonprofit-run shelters (removing deed or zoning restrictions from properties that are already designated as shelters or inclement weather shelters to increase capacity to an extent that is practical and safe), and into empty City-owned facilities as temporary shelters, providing humane accommodations while permanent housing is secured.
2. Compile and widely share a comprehensive list of non-traditional housing providers for expanded options, including group homes, recovery housing, and shared housing.
3. Expedite permanent supportive housing projects coupled with comprehensive onsite behavioral health and supportive services.

COORDINATION OF EFFORTS TO ACCELERATE PROGRAMS AND IMPACT

The Task Force supports the current structure of our Homeless Response System. Our two-county-wide Continuum-of-Care, of which the City of Dallas is a key member, convenes agencies and governments to address the needs of people experiencing homelessness across municipalities coinciding with the City's goals for a comprehensive regional approach. Furthermore, the Task Force supports the strategy adopted by the All Neighbors Coalition to pursue its R.E.A.L. Time initiative of housing 6,000 people by the end of 2025, understanding that the strategy will continue to evolve based on data and best practices from other communities.

CONCLUSION

In summary, the HOPE Task Force recognizes that homelessness is a nationwide issue and not one exclusive to Dallas; however, the Task Force also recognizes that Dallas has distinctive problems, especially with unsheltered homelessness, that need to be addressed. The Task Force does not advocate for a complete strategy overhaul but rather urges the acceleration and improvement of existing efforts to create a community where support is provided to those in need and where streets are safe for housed and unhoused individuals alike. The Task Force believes that with some substantial operational and oversight adjustments, the City of Dallas has the potential to become a leading example for the nation.

RECOMMENDATIONS FOR CITY OF DALLAS ACTIONS

With a problem as complex and multi-faceted as homelessness, the City of Dallas is not in a position to single-handedly solve it. It will take all hands on deck – city, county, state, and federal governments, as well as all of the non-governmental agencies focused on the issue – to establish long-term solutions for the issue of homelessness. However, the City of Dallas does have the ability to impact several aspects of the solution. This section of our report will focus on several areas where strategic action from the City of Dallas could substantially enhance the effectiveness and efficiency of the ongoing rehousing endeavors and deliver the tangible outcomes Dallas citizens desire. Our Task Force has thoroughly examined and deliberated on each potential recommendation and has coalesced on three principal areas:

1. Actions that the City of Dallas could take to increase access to temporary shelter and accelerate permanent rehousing efforts.
2. Acceleration of strategies to develop long-term solutions and the creation of multiple different types of housing.
3. Expansion of the availability of behavioral health services, enhancement of collaborative efforts across healthcare, homeless response systems, and justice system; and augmenting substance use disorder treatment services. Although the City of Dallas may not have full control over healthcare services, it can incentivize collaborative efforts and be a powerful advocate. We have included behavioral health in our recommendations because no strategy to reduce homelessness is viable without addressing the healthcare needs of this population.

ACTIONS TO INCREASE ACCESS TO TEMPORARY SHELTER AND ACCELERATE PERMANENT REHOUSING EFFORTS

INTERIM SHELTER

While the current strategy of the CoC appears to be showing positive results, the time-intensive process of rehousing, the continued inflow of newly unhoused people, the lack of Deeply Affordable Housing in Dallas, and the lack of shelter capacity in the city means that without action, Dallas will likely see unsheltered homelessness for years to come.

The City has obligations under state law HB 1925 to enforce existing laws against camping and not allow encampments of unsheltered individuals to spread. It also has a duty to provide alternatives to unsheltered individuals who do not have options other than to reside on the streets or in parks. Thus, this Task Force recommends combining new efforts to accelerate the existing encampment decommissioning process with creating short-term alternatives to provide humane places for unsheltered individuals to go.

The City does have the tools necessary to issue citations for people who refuse to leave existing encampments, but the Task Force agrees that such sanctions should be a last resort utilized solely

for individuals who have been offered an alternative and still refuse to leave encampments that have been closed or refuse to leave unsafe or unsanitary locations.

Recommendations

1. Increase street outreach in conjunction with encampment decommissioning efforts. See "Street Outreach" below for more detail.
2. Create alternative shelter options to help facilitate the transition of individuals from encampments to safer environments. These can include the use of emergency non-congregate shelters, inexpensive hotels, and transitional housing, each of which could be programmed to be a Navigation Center.
3. Swiftly activate City-owned facilities acquired using pandemic relief funds and allocate the necessary resources to ensure their operational viability. See "City-Owned Properties" below for more detail.
4. Remove the deed or zoning restrictions that limit the maximum utilization of existing shelter spaces, including for inclement weather shelters, and allocate funding to support the necessary expansion requirements.
5. Advocate that the CoC's encampment decommissioning strategies continue to include coordination with comprehensive supportive services such as mental health, substance use treatment, benefits and employment assistance, and access to healthcare. Making these services available can help individuals increase their chances of long-term housing stability.
6. Advocate that CoC protocols for decommissioning assess the prevalence of violence and crime as one of the preeminent reasons for decommissioning encampments. This reprioritization is necessary to address the concerns of Dallas residents and to ensure that the rights of both housed and unhoused individuals are protected.
7. Advocate for the CoC to continuously improve data collection and monitoring. Regularly collecting data on encampments, their residents, and the outcomes of decommissioning efforts will help evaluate the effectiveness of strategies and identify areas for improvement. Monitoring ongoing encampments can also help identify emerging issues for proactive response.

CITY-OWNED PROPERTIES

City-owned facilities designated for temporary or permanent supportive housing have remained inactive. Currently, only one City-owned facility acquired using pandemic relief funds is operational. The main reason for these delays is inefficient practices within the City. The complex nature of procurement, legal, zoning, permitting, contracting, and reimbursement processes pose significant challenges for non-profit organizations, resulting in vacant facilities despite the urgent need to transition individuals from unsheltered homelessness. In addition, projects have been slowed by community opposition. It is crucial to recognize that if there is reluctance to establish shelters or provide housing for individuals who were previously homeless in our immediate neighborhoods, the consequence may be an increase in visible homelessness and encampments in public spaces, directly impacting our own communities.

Recommendations

To improve the development, implementation, and management of housing initiatives, the City should develop a new blueprint within which it can foster a more efficient and supportive environment for individuals and organizations working towards addressing homelessness. This blueprint can encourage collaboration, expedite project implementation, and ensure that resources are effectively utilized to provide shelter and housing for those in need. In addition, the City of Dallas must proactively work with communities to garner acceptance of housing for formerly homeless neighbors.

We recommend following these key components:

1. Implement a scoring system to assess the capacity of organizations or individuals to undertake new projects. Those with higher scores would receive expedited treatment and have a greater likelihood of success in securing support and resources.
2. Simplify and expedite procurement, legal, zoning, permitting, contracting, and reimbursement processes. This includes removing the need for nonprofit organizations to raise private dollars in order to fund a City grant; rather, the City should allocate a portion of a grant award as an advance to allow cash flow burdens to shift to the City. This can remove unnecessary bureaucratic hurdles, making it easier for nonprofits to engage with the City and participate in homeless services and housing projects.
3. Establish a pre-approval mechanism that enables developers and nonprofits to gain initial approval from the City. This would grant them the authority to pursue real estate deals with aligned vouchers and services. Additionally, expedited timelines for zoning approvals and other requirements can help accelerate the progress of these projects.
4. Do not acquire additional properties for homeless services and housing, but rather enable the purchases of such facilities by nonprofits.
5. Initiate a rapid restart of the procurement process for City-owned facilities that currently lack operators. These facilities can be utilized as temporary solutions while waiting for permanent supportive housing operators to come onboard. It is essential to ensure that these properties are equipped with necessary supportive services to effectively address the needs of individuals experiencing homelessness.
6. Reinvigorate the commitment to establish shelter or housing facilities that can address the needs of those earning 0%-50% AMI in every Council district. This renewed commitment can ensure that every district within the city has the necessary resources and infrastructure to address the needs of unhoused individuals and assist them in their journey towards stable housing.
7. Promote proactive leadership among Councilmembers to address community pushback when it comes to homeless services and housing initiatives. Encouraging open communication and dialogue with neighbors is crucial. Councilmembers should actively engage with community members and ensure that they are well-informed about the Good Neighbor requirements associated with homeless facilities, and assure residents that new shelters, housing, or services are not accompanied by increases in crime or disorder,

including guaranteeing any necessary police presence. By fostering transparency and addressing concerns, it becomes possible to build support and understanding within neighborhoods, facilitating the successful implementation of homelessness solutions.

STREET OUTREACH

Homeless street outreach services are essential for providing immediate support, establishing trust, connecting individuals to services, promoting stability, and preventing homelessness recurrence. These services are a critical component of comprehensive efforts to address and alleviate homelessness in our community and critical to the success of encampment decommissioning.

Currently, the agencies of the All Neighbors Coalition employ nine general outreach workers and eight encampment outreach workers. The City's Office of Homeless Solutions (OHS) employs 23 outreach workers, of which three are assigned to encampment outreach and 20 are assigned to health and safety (i.e., responding to 311 calls). To perform at maximum capacity, the CoC needs an additional nine general outreach and seven encampment outreach workers. The addition of these 16 positions would allow the CoC to significantly accelerate the speed at which encampments are closed and people are housed.

Additional outreach workers would also improve our understanding of the City's homeless population, by increasing the number of people gathering data for the Homeless Management Information System (HMIS). Currently, some privately funded agencies – both those with large and small street outreach teams – do not contribute data to HMIS or coordinate with the CoC, resulting in significant gaps in our understanding of our unsheltered population.

Recommendations

1. Provide (or advocate for funding to enable) the CoC to significantly increase the number of outreach positions, to be focused on general and encampment outreach. Doing so would significantly advance the goal of reducing unsheltered homelessness in the City of Dallas and, by allowing CoC agencies to employ the outreach workers directly, it would ensure that they remain focused on general and encampment outreach, receive consistent training, and understand the importance of both collaboration and data collection.
2. Encourage private funders to require that their grantees enter data into the Homeless Management Information System (HMIS). This is a comprehensive data collection and management system designed to track and monitor information related to homelessness. HMIS plays a crucial role in the effective delivery of homeless services. By centralizing and standardizing data collection, HMIS helps identify gaps in service provision, ensures equitable access to resources, and enables efficient coordination among service providers. If privately funded major players in our homeless response system do not provide their data, we will continue to have an incomplete picture of both our status, successes, and areas for improvement.

MAINTENANCE OF CLOSED ENCAMPMENTS

After the CoC has completed the housing of residents of an encampment, the City can close that encampment. The actual encampment closure involves resources that only the City can provide, including police, Code enforcement, sanitation, etc. Once an encampment is closed, it is at risk of being repopulated unless the City provides fencing, and the police diligently patrols the former encampment. Unfortunately, sometimes other City priorities cause the necessary resources to be deployed elsewhere and encampments do get repopulated.

Recommendations

1. Ensure that former encampments are immediately fenced where possible and the maintenance of the closure remains a priority for DPD. Vigilant patrols and protection are especially critical in areas that are unable to be completely fenced (e.g., under overpasses, Joe's Creek, etc.).

ELIMINATE DUPLICATIVE OVERSIGHT COMMITTEES

Historically, Dallas and Collin Counties did not have an effective Lead Agency, and in the absence of a coordinated strategy, the Continuum-of-Care was less effective than it should have been, despite enormous effort on the part of many agencies. In that void, the City of Dallas (and Dallas County) created structures intended to provide oversight and accountability. It was in that context that the City's Citizens Homeless Commission (CHC) and the Dallas Area Partnership (DAP) were created. However, in today's environment, with the City Council's Housing and Homeless Service Committee, an Office of Homeless Solutions, a stronger Lead Agency, and new full-time support from the White House and USICH working with the City and our two-county-wide system, the CHC and DAP add complexity and redundancy. The City of Dallas also now has a seat on the Board of the CoC.

Recommendations

1. Dissolve the CHC and the DAP to reduce redundancy, while still ensuring that the City has the appropriate access to information and can perform its oversight function through other committees.

ACCELERATION OF STRATEGIES TO DEVELOP LONG-TERM SOLUTIONS AND THE CREATION OF MULTIPLE DIFFERENT TYPES OF HOUSING

AVAILABILITY OF DEEPLY AFFORDABLE HOUSING IN DALLAS

While the City and municipalities focus on introducing affordable housing for individuals earning 80% or less of the Area Median Income (AMI), it is crucial to acknowledge that those experiencing homelessness typically fall within the 0%-50% AMI range and encounter substantial obstacles in finding suitable housing options. Merely placing every individual experiencing homelessness into a traditional apartment or home will not adequately address the complex challenges we face. The spring 2023 Child Poverty Action Lab's report notes that the "City of Dallas has a 33,660 rental unit supply gap for its lowest-income households, making at or below 50% of the Area Median Income.

There is currently no supply gap for households making above 50% AMI." See this link for the report.

Yet, despite this urgent need it is difficult to build housing, especially Deeply Affordable Housing in the City of Dallas. The City cannot control interest rates or construction costs, but it does have several opportunities to make the creation of housing faster and less expensive.

Recommendations

1. Make City-owned land available for development of Deeply Affordable Housing and alternative housing options, which would eliminate a major cost of development. In doing so, the City should establish clear criteria and guidelines for its release, prioritizing projects that contribute to Deeply Affordable Housing, mixed-income developments, or innovative housing models. Further, the City should pursue development joint ventures with non-profit organizations or community land trusts.
2. Explore how the City could loosen construction and building regulations so as to create a faster and less expensive environment for development of Deeply Affordable Housing *without compromising safety or quality*. We recommend that the City engage with developers, architects, and community members to identify areas of opportunity.
3. Streamline the permitting process to expedite construction projects and encourage the creation of housing.
4. Expand the range of housing options. Individuals experiencing homelessness have distinct needs and preferences. By embracing atypical housing solutions, we can provide more tailored and effective support to those in need. Alternatives may include registered boarding homes or group homes, single room occupancy solutions, shared housing arrangements (such as roommates), accessory dwelling units, tiny home villages, micro-apartments, and recovery housing options.
5. Utilize alternative funding mechanisms, such as current and future bond initiatives, to allocate financial resources not available in the General Fund for both Deeply Affordable Housing and atypical housing solutions.

EXPANSION OF BEHAVIORAL HEALTH SERVICES; ENHANCEMENT OF COLLABORATIVE EFFORTS ACROSS HEALTHCARE, HOMELESS RESPONSE SYSTEMS, AND JUSTICE SYSTEMS; AND AUGMENTATION OF SUBSTANCE USE DISORDER TREATMENT SERVICES

Those experiencing homelessness are at a high risk of deterioration, both physically and mentally, and those who remain chronically homeless are among the most vulnerable in our community. Therefore, addressing homelessness requires a multi-dimensional approach that addresses both the immediate needs of people experiencing homelessness and the underlying causes of homelessness, while providing the necessary behavioral health supports for people to thrive and reach their full potential.

Poverty, poor mental health, substance use, and homelessness are interwoven challenges. According to the Meadows Mental Health Policy Institute, data on homeless adults in Dallas County reveals that 40% suffer from severe mental illness (SMI), 32% have a substance use disorder (SUD), and approximately 14% experience both a severe mental illness and substance use diagnosis simultaneously.[6] As with SMI and SUD, the rate of mortality among homeless individuals is elevated compared to the general population.[7] This is partly attributable to the poor access to healthcare and vast unmet healthcare needs experienced among homeless individuals.[8] In the Dallas region, approximately 55% of individuals experiencing homelessness are connected to ongoing treatment services, presenting an opportunity for the expansion of access to behavioral health services for this population. In 2022, approximately 310 unsheltered individuals lost their lives to various causes. Out of these deaths, approximately one-third, or roughly 110 fatalities, were likely attributed to drug overdose. Furthermore, in the same year, approximately 3% of deaths among the homeless population in Dallas were the result of suicide, involving 16 adults.[9]

Recommendations

1. Ensure that all Permanent Supportive Housing (PSH) is accompanied with enhanced behavioral health support to meet the needs of individuals experiencing homelessness with serious mental illnesses and co-occurring disorders. It is crucial to ensure that housing initiatives incorporate supportive services tailored to each tenant's specific level of need.
2. Prioritize collaborative efforts among healthcare, behavioral health, crisis response systems, justice systems, and homeless service providers. Strengthen the Dallas Deflection Center's capabilities and promote closer collaboration with behavioral health outreach teams and shelter providers in order to facilitate access to behavioral health crisis stabilization beds for individuals experiencing homelessness with severe mental illness, substance use disorders, or co-occurring disorders. This approach can help reduce unnecessary emergency room visits and interactions with law enforcement while supporting housing navigation efforts. The Task Force offers The Harris Center for Mental Health and Intellectual and Developmental Disabilities, a partnership among Harris County and the City of Houston. The Harris Center for Mental Health and IDD, and area CoC, are excellent examples of full-service centers that offer mental healthcare to individuals experiencing homelessness and also work with them to become housed.
3. Advocate for increased County and State-level support to expand the availability of treatment beds and facilities for individuals with substance use disorders (SUD) or co-occurring disorders requiring intensive substance use treatment.

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[6] Meadows Mental Health Policy Institute Transforming Service Delivery Models in Permanent Support Housing in Dallas and Collin Counties, March 31,2023

[7] Morrison, D. S. (2009). Homelessness as an independent risk factor for mortality: Results from a retrospective cohort study. *International Journal of Epidemiology, 38*(3), 877–883. https://doi.org/10.1093/ije/dyp160

[8] Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: A national study. *American Journal of Public Health, 100*(7), 1326–1333. https://doi.org/10.2105/AJPH.2009.180109

[9] Meadows Mental Health Policy Institute, Transforming Service Delivery Models in Permanent Support Housing in Dallas and Collin Counties, March 31,2023

RESPONSES TO MAYOR ERIC JOHNSON'S GUIDING QUESTIONS

As the Task Force worked towards the above recommendations, we also worked to answer specific questions from Mayor Eric Johnson. Many of these questions and answers are deeply interconnected, and many of the answers are incorporated in our recommendations above. As a result, some answers may be redundant.

1. WHAT SHOULD BE THE BASELINE FOR COMPARISON WHEN ASSESSING WHETHER HOMELESSNESS IS INCREASING OR DECREASING IN DALLAS? COMPARED TO THAT BASELINE, IS HOMELESSNESS INCREASING OR DECREASING IN DALLAS?

We need to assess our local context and consider the unique characteristics of our community, such as population growth, the number of people experiencing homelessness reported on the Point-in-Time Count over time, and the number of individuals entering the system based on data collected and entered into the Homeless Management and Information System (HMIS).

According to the latest census data released in August 2021, the DFW region witnessed a notable population increase of 20% since 2010. In particular, the City of Dallas saw a population growth of approximately 9% (approximately +117,000) during that timeframe. At the beginning of 2023, the region reported an annual growth rate of 1.33% compared to the previous year. Similarly, at the start of 2022, the region experienced a growth rate of 1.42% compared to the year 2021.

As detailed in our answer to question number 2 below, Dallas has, in some respects, mirrored national trends on homelessness, but the increase in homelessness, especially unsheltered homelessness, has been larger here than elsewhere since around 2015, including when it is compared to many other cities in Texas. The increase in overall homelessness, especially unsheltered homelessness, has also been larger than the increase in population in the area. In 2023, Housing Forward reports that in the first three months of this year, more than 1,800 individuals who were previously unrecorded in the HMIS system have reported experiencing homelessness. These individuals were not previously accounted for in the system. While many of these cases might be transient or short-term, there are no indications that the number of individuals entering homelessness is decreasing compared to previous years. To this end, this data point should be monitored by the Housing and Homeless Services Committee of City Council.

In summary, while Dallas and the DFW area have undergone substantial growth over the last decade, homelessness has grown faster than the population and faster than comparable US cities. However, that trend has begun to reverse itself, as we have seen some notable reductions in unsheltered homelessness since 2021.

2. HOW DO THE HOMELESSNESS POPULATION AND POPULATION TRENDS COMPARE TO OTHER MAJOR CITIES IN TEXAS AND IN THE UNITED STATES?

Dallas, in many respects, has seen similar trends in homelessness as the nation, with the notable exception of Dallas's more recent and rapid rise in unsheltered homelessness.

Nationally, homelessness declined from 2007 to 2016, when it hit its nadir of 549,928 individuals experiencing homelessness. Since then, it has continually increased to 582,462 individuals. The decrease and then increase among unsheltered individuals have similar trajectories but are starker. The number of unsheltered individuals declined from 2007 until it hit 173,268 in 2015. After that, the nation saw a rapid increase, until in 2022 America counted 233,832 unsheltered homeless individuals. Most of these national changes mimicked those in major cities in this period, where around half of all individuals experiencing homelessness lived. Numbers indicate that suburban and rural Continuums-of-Care (CoC) saw more steady declines or stabilized numbers after 2007.

The Dallas CoC had 3,408 individuals experiencing homelessness in the count in 2007, but that declined slightly to 3,141 in 2015. Since then, there has been an increase in overall homelessness, and this increase has been sharper in Dallas than in other large cities state- and nationwide. In 2023, the CoC counted 4,244 homeless individuals. The number of sheltered individuals in the city is virtually unchanged since 2007. The biggest driver of the overall increase in Dallas, by far, is among those who are unsheltered. While before 2014, Dallas generally had around 200 unsheltered individuals, after 2014 that number rose rapidly until it peaked at 1,619 in 2020. There has been a notable decline since then, to 1,184 in the 2023 count, but that still leaves the unsheltered population about 500% higher than its lowest point.[10]

Unlike some cities or CoCs, there is no overall excess capacity for shelter beds in Dallas. Depending on the night, there may be some available shelter beds for families, and at least according to the most recent Point-in-Time count, fewer than a dozen family members sleep outside. However, when it comes to individuals, there were no reported available shelter beds for most lone individuals sleeping outside.

Comparisons to homelessness in other Texas cities, including Austin, Houston, and San Antonio, show the potential for divergent trajectories. Houston saw a continued decline in homelessness from the early 2010s, but their biggest drops were in the sheltered population, which declined from 5,457 to 1,622. It is noteworthy that most of that drop involved the reduction in 3,292 transitional housing beds in 2011 to 844 in 2022. Efforts to provide permanent solutions supported the transition of approximately 2,500 individuals who were counted as homeless in transitional housing are now counted as not-homeless as they were placed in rapid-rehousing or permanent housing. Although other cities across Texas and the country have seen similar shifts, in Houston the move away from

[10] HUD CoC homeless Populations and Subpopulations Reports, ; Housing Forward, 2023 State of Homelessness & PIT Count, https://housingforwardntx.org/pit-count/ In 2023 Collins County had 516 of the 4,244 homeless individuals in the CoC, with a slightly smaller proportion of their total being unsheltered.

transitional housing to permanent housing solutions was accelerated. The reduction of 4,418 unsheltered individuals in Houston in 2011 to 1,502 in 2022 is a substantial success.

San Antonio has seen generally flat numbers on overall homelessness, but they saw a reduction from 1,627 unsheltered individuals to 1,036 in 2022. The City of Austin showed a drop in homelessness including unsheltered individuals until around 2010, but since then they have seen almost continuous climbs in homelessness, particularly among those who are unsheltered, which increased from 448 at the nadir in 2014 to 2,238 in 2022 (although that last number is estimated due to the absence of a count in that year.)[11]

These figures demonstrate that while Dallas has, to some extent, followed national homelessness trends, the notable rise in unsheltered homelessness from 2015-2020 is somewhat unique to the city and not observed on a national level or even across most other major cities in Texas.

3. IF HOMELESSNESS IS INCREASING IN DALLAS, WHAT ARE THE ROOT CAUSES DRIVING THE INCREASES?

Although the funding, strategy, and execution of the Continuum of Care have improved, leading to a decrease in total and unsheltered homelessness in 2023 compared to 2022, it is undeniable that the homelessness crisis has worsened in the past decade.

Homelessness is a complex problem influenced by numerous factors such as housing and job discrimination, mental illness, substance use disorders, domestic violence, mass incarceration, aging out of foster care without proper placement, and challenges faced by the LGBTQ+ community, to name a few. These factors can contribute to situations where individuals find themselves without a home.

In recent studies of communities across the US, variation in homelessness rates is highly correlated with housing costs.[12] Cities with higher rents generally have higher rates of homelessness. This is true regardless of rates of individual factors such as mental illness, substance use, etc. In Dallas, incomes have not kept up with rents. Since 2015, rents have increased by 52%, while incomes have increased 46%. As a result, the gap between average rents and what the average renter can afford has grown from $276 to $463, an increase of 74%.[13]

Most people in the US who experience risk factors such as mental health issues, substance use disorders, etc. never lose their housing. Further evidence comes from several studies which show that federal rental subsidies – which help families/individuals pay for housing – are highly effective at preventing and ending homelessness.[14] However, these resources are scarce and today, less than a

[11] HUD CoC Homeless Populations and Subpopulations Reports, https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=&filter_Scope=CoC&filter_State=TX&filter_CoC=TX-600&program=CoC&group=PopSub; HUD CoC Housing Inventory County Reports, https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/.
[12] Colburn and Aldern (2022), Homelessness is a Housing Problem: How Structural Factors Explain US Patterns
[13] Glynn and Fox (2017), Dynamics of Homelessness in Urban America
[14] Colburn and Aldern (2022), Homelessness is a Housing Problem: How Structural Factors Explain US Patterns

quarter of households eligible for federal rental subsidies receive one. In Dallas there are 18,000 active Dallas Housing Authority (DHA)vouchers, and 50,000 people on the waitlist.

Research has shown that individual-level factors can significantly increase the risk of homelessness, especially when combined with structural factors that make housing unaffordable. Poverty plays a major role in homelessness, with individuals with extremely low incomes being most affected by the high costs of housing.[15] The widening gap between incomes and housing expenses has disproportionately impacted those living in poverty, pushing them towards homelessness. A sudden loss of income or an unforeseen event such as a health emergency can disrupt housing stability and eventually lead to homelessness.

In a city like Dallas, the situation is particularly challenging, with minimum-wage workers paying a staggering 87% of their income towards rent for a one-bedroom apartment. Additionally, housing cost burdens were experienced by nearly half of renters in 2018. The scarcity of rental homes in the Dallas area for those with extremely low incomes exacerbates the problem, with only 20 available and affordable options for every 100 extremely low-income renters, according to estimates from the National Low Income Housing Coalition.[16]

Black Americans are particularly affected by poverty, housing instability, and other associated ills and continuing inequities prevalent in various systems such as employment, healthcare, housing, and the criminal justice system contribute to this disparity. Historical discrimination in job opportunities, housing access, and credit markets has resulted in wealth disparities, leaving minority families with fewer resources to fall back on during housing crises. The median wealth of white households in the US was found to be 13 times greater than that of Black households by 2013, and the income disparity between racial groups persists. Moreover, the rate of incarceration among Black Americans is more than six times higher than that of white Americans, creating significant barriers to housing and employment, further compounding the risk of homelessness.[17]

Domestic violence is another factor that can lead to homelessness, particularly when affordable alternative housing options are not available. Research comparing low-income families who are housed with those who are unhoused reveals that violence is a prevalent issue for both groups. When families facing violence cannot afford suitable housing, they may be forced into homelessness. However, it is worth highlighting that many low-income households experiencing violence never become homeless.[18]

Furthermore, national evidence consistently demonstrates that sexual orientation and gender identity can lead to social exclusion, which in turn increases the risk of homelessness, particularly among LGBTQ+ youth. A survey conducted among service providers nationwide revealed that two-thirds of homeless LGBTQ+ youth had been rejected by their families, and over half had experienced

[15] Child Poverty Action Lab (2019), Housing in Dallas: A Framework for Action
[16] National Low Income Housing Coalition (2022), *The Gap: A Shortage of Affordable Rental Homes*.
[17] Shinn and Khadduri (2020); and National Alliance to End Homelessness, *Homelessness and Racial Disparities*
[18] Shinn and Khadduri (2020); and National Alliance to End Homelessness, *Homelessness and Racial Disparities*

violence before leaving home. These factors contribute to the higher likelihood of LGBTQ+ individuals experiencing homelessness.[19]

In summary, individual risk factors such as poverty, racism, mental illness, substance use, domestic violence, and LGBTQ+ discrimination all contribute to the complexity of homelessness. While structural factors play a significant role, it is crucial to recognize the interplay between individual-level vulnerabilities and the broader societal issues that make housing unaffordable for many individuals, ultimately leading them to experience homelessness.

4. WHO MAKES UP DALLAS' POPULATION OF PEOPLE EXPERIENCING HOMELESSNESS? WHAT PERCENTAGE OF THE HOMELESS POPULATION IS DRIVEN BY EACH ROOT CAUSE? WHAT PERCENTAGE OF THE UNSHELTERED HOMELESS POPULATION IS DRIVEN BY EACH ROOT CAUSE?

Homelessness is a complex issue stemming from various interconnected factors. As mentioned previously, key contributors include poverty, a lack of affordable housing, unemployment, and untreated mental health or substance use disorders. Additional causes encompass domestic violence, systemic barriers such as racism, chronic health issues, and life transitions like aging out of foster care or military service.

Annually, the Dallas community comes together to carry out the Point-in-Time (PIT) Count, a valuable tool for understanding the scope and characteristics of homelessness in the area. Despite its limitations—being an annual event that may miss year-round fluctuations of homelessness, and relying on self-reported data which may be influenced by stigma or fear—it provides a crucial snapshot of the count of sheltered and unsheltered homeless individuals on a specific night.

Given the multifaceted nature of the homeless population, determining the exact percentage each root cause contributes to the unsheltered homeless population is challenging. However, based on the PIT count, we know that the homeless population in Dallas is comprised of the following:

- Individuals (77.1% of 2023 PIT): This encompasses both men and women without stable housing due to factors such as unemployment, poverty, mental health issues, substance abuse, or personal crises.
- Families (22.3% of 2023 PIT): This includes families affected by economic hardships, eviction, or domestic violence, comprising single-parent families, couples with children, or extended family units.
- Veterans (8% of 2023 PIT): This group is comprised of individuals who have served in the armed forces and may face challenges transitioning back to civilian life.

[19] Durso and Gates (2012), Serving Our Youth: Findings from a National Survey of Services Providers Working with Lesbian, Gay, Bisexual and Transgender Youth Who Are Homeless or At Risk of Becoming Homeless

- Youth and Young Adults (20% of 2023 PIT): This includes unaccompanied individuals, typically under 25, who may have faced family conflict, aged out of foster care, or experienced other circumstances leading to homelessness.
- Individuals with Mental Health or Substance Abuse Issues: A significant portion of the homeless population in Dallas includes those experiencing mental health conditions or struggling with substance abuse disorders.
- Chronically Homeless Individuals (16% of 2023 PIT): This group includes individuals who have been homeless for an extended period, often coupled with significant health issues or disabilities.

It is important to note that the total percentages exceed 100% due to overlapping categories. For instance, an individual could be both a veteran and chronically homeless. Additionally, the makeup of Dallas' homeless population is subject to change over time due to factors such as economic conditions, housing availability, and the execution of homeless prevention and support initiatives.

5. WHICH ORGANIZATION IN THE CONTINUUM OF CARE IN THE DALLAS REGION CURRENTLY ADDRESS EACH TYPE OF HOMELESSNESS BASED ON THE VARIOUS, PREVIOUSLY IDENTIFIED ROOT CAUSES?

To support the varying needs of this population, numerous organizations within our homeless response system cater to distinct groups, including individuals, families with children, veterans, victims of domestic violence, and unaccompanied minors, with larger organizations often serving multiple groups. These entities assist those facing episodic or chronic homelessness. Certain organizations specialize in specific services like mental health, housing, employment, food, etc., while others provide a wide array of services.

Our Continuum-of-Care (CoC) in the Dallas and Collin Counties' homeless response system encompasses about 130 organizations. A comprehensive list of member agencies, sorted by budget size and services, can be found in Appendix One.

Among the 130 CoC agencies:

- 67 have budgets less than $1 million (most under $500K);
- 35 have budgets between $1-5 million;
- 10 have budgets between $5-10 million;
- 15 have budgets exceeding $10 million.

Most CoC nonprofits that fully engage with the City in homeless response have budgets over $5 million, as smaller agencies do not have the financial capacity to afford either the legal services necessary to negotiate an agreement with the City or the capacity to navigate the reporting requirements of the City.

6. WHAT RESOURCES ARE REQUIRED TO HANDLE EACH TYPE OF HOMELESSNESS (FOR EXAMPLE, SHELTER BEDS, MENTAL HEALTH BEDS, SUPPORTIVE HOUSING)? ARE THOSE RESOURCES CURRENTLY AVAILABLE IN DALLAS? HOW ARE THOSE RESOURCES DEPLOYED IN DALLAS?

Given the diverse types and root causes of homelessness, it is essential to scale different interventions accordingly. At present, these resources are predominantly offered through the Dallas-Collin County Continuum-of-Care, with additional support from City and County resources.

Individuals with the lowest acuity, or fewest compounding problems, often homeless due to poverty and rising housing costs, can usually self-resolve with minimal support. The primary solution for this group is naturally occurring affordable housing. With Dallas median rents increasing 60% since 2015 and 33% since January 2020, the immediate need for these units is around 33,660 (as per CPAL report), projected to grow to 83,000 by 2030. Strategies to boost naturally occurring affordable housing include:

- Easing zoning and permitting rules to facilitate quicker construction of alternative housing types like accessory dwelling units;
- Implementing density bonuses for some types of affordable housing;
- Accelerating the permitting process for housing aimed at 50% Area Median Income (AMI) and below;
- Distributing affordable housing across all council districts to ease council approval.
- Promoting shared housing and incentivizing split leases (especially among DHA voucher holders);
- Leasing City property to Community Development Corporations and affordable housing developers.

Individuals with moderate acuity often need more housing support as they typically can't self-resolve due to compounded issues of poverty, the need for increased income for housing sustainability, and moderate mental health and addiction struggles. Recommended supports for this group include:

- Expanding low-barrier emergency shelter beds: Based on surveys, an additional 356-562 beds for individuals and 49-80 youth-specific beds are needed to serve 25%-41% of the unsheltered population who would use shelter if available.
- Enhancing and extending rapid rehousing programs, such as the Dallas Real Time Rapid Re-Housing Initiative.

Those with high acuity need significant care to maintain housing. They often experience chronic homelessness and severe mental health and substance use. The following supports are recommended for this population:

- Establish non-congregant, ultra-low-barrier Navigation Centers as steppingstones to permanent housing, similar to the Love Field Inn's role in encampment decommissioning.

- Ensure the provision of permanent supportive housing models with co-located or intensive services. Supportive housing can take various forms such as:
    - Built-for-purpose permanent supportive housing, like single-room occupancy dwellings;
    - City-monitored and supervised boarding homes;
    - Sober living, for those seeking support for addiction.

Currently some planned permanent supportive housing for high acuity needs is underway by multiple agencies, either through private funding, the new infusion of $22.8 million federal dollars recently awarded to our community, or via other private/public partnerships. These new units are expected to be available for our community in late 2023-2026. A listing can be found in Appendix Two.

7. WHAT COULD, AND SHOULD, THE FOLLOWING ENTITIES BE DOING TO ADDRESS EACH TYYPE OF HOMELESSNESS BASED ON THE VARIOUS PREVIOUSLY IDENTIFIED ROOT CAUSES? CITY OF DALLAS; NEIGHBORING CITIES; DALLAS AND COLLIN COUNTIES; HEALTH DEPARTMENTS; MEDICAL INSTITUTIONS; NON-PROFIT ORGS.

The City of Dallas should focus on supporting agencies that can accelerate the development of deeply affordable housing options and permanent supportive housing initiatives in coordination with service providers to offer comprehensive support services such as mental health resources, substance use treatment, and vocational opportunities. Continuing to allocate funding for shelter services, coordinated outreach efforts, homelessness prevention programs, and rapid rehousing initiatives is also important.

Neighboring cities are already working in partnership with the City of Dallas via Housing Forward to plan on a regional basis and to explore ways to pool resources. Neighboring cities should also continue to provide support to local nonprofit organizations working to address homelessness. These cities can advocate for regional policies that address systemic issues contributing to homelessness, such as lack of deeply affordable housing.

Health departments should integrate homelessness prevention and intervention strategies into their public health programs to reduce the inflow of individuals and families into the homeless response system. They can provide funding and resources for targeted behavioral health services for individuals on the verge of or already experiencing homelessness.

Medical institutions should expand their partnerships with local homeless service providers to offer tailored healthcare services. Providing training to healthcare professionals on trauma-informed care and addressing the unique challenges faced by homeless individuals is necessary as well as advocating for policies that improve healthcare access for vulnerable populations, including those experiencing homelessness. Supporting research initiatives that explore the links between homelessness, mental health, substance use, and physical well-being can contribute to evidence-based interventions. Additionally, they should work in collaboration with Housing Forward and service providers to eliminate the practice of exiting individuals from hospitals to the streets.

Nonprofit organizations should continue providing direct services including but not limited to prevention and diversion efforts, emergency shelter, housing, navigation, and supportive services. These entities should continue to advocate for increased funding and resources from government entities to support their work and continue collaborating with local government agencies, healthcare providers, and community organizations to develop holistic and coordinated approaches, and offering targeted programs and services addressing specific populations in need.

8. WHAT MODELS EXIST NATIONALLY FOR COOPERATION BETWEEN THE ENTITIES?

In 2011, John Kania and Mark Kramer proposed the concept of Collective Impact in the Stanford Social Innovation Review as a solution for complex social issues. They outlined five crucial components for successful implementation: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations[20].

The U.S. Interagency Council on Homelessness (USICH) echoes this, suggesting that tackling encampment issues requires widespread collaboration and coordination[21]. The Collective Impact model, where governmental bodies and nonprofits work together under a unified strategy and execution plan, has proven to be extremely effective in reducing homelessness. For example, Houston is a leading model of this collaborative approach. As reported by the New York Times in June 2022, over the past decade, Houston has housed more than 25,000 people and seen a 63% reduction in homelessness[22]. This has been achieved by combining efforts of county agencies, local service providers, corporations, and charitable nonprofits, creating a cohesive response.

Another exemplary case is Santa Clara County, California. Utilizing the collective impact model, they have successfully housed 3,708 men and women across their care system in the past two years, boasting a 93% retention rate. This success stemmed from all parties—funders, elected officials, service providers—agreeing on a common strategy and committing to collective goals[23].

9. WHAT ENTITIES, IF ANY, IN THE CURRENT RESPONSE SYSTEM ARE SUPERFLUOUS, DUPLICATIVE, OR INEFFECTIVE?

City processes in Dallas could be optimized to enable a more efficient response to homelessness. City Council members have noted that funding often goes to the same organizations. This pattern largely stems from the infrastructure and readily available funds nonprofits need to navigate the City's complex processes and await reimbursement for granted funds. Without intending to, the City places considerable strain on nonprofits in the homeless response system through its prolonged and inefficient procurement, scheduling of awards for council approval, contracting, and reimbursement

[20] Stanford Social Innovation Review, "Collective Impact." John Kania & Mark Kramer. Winter 2011
[21] U.S. Interagency Council on Homelessness, "7 Principles for Addressing Encampments." June 2022
[22] New York Times, "How Houston Moved 25,000 People from the Streets to Homes of Their Own." Michael Kimmelman. June 14, 2022
[23] U.S. Interagency Council on Homelessness, "Harnessing the Power of Collective Impact to End Homelessness." Jennifer Loving. January 9, 2018.

processes. Nonprofits working with the City on operating facilities face additional challenges in city planning, permitting, fire inspections, and other functions, occasionally receiving conflicting guidance from different departments. These inefficiencies impose significant costs on nonprofits, both in terms of finances and staff time spent navigating the City's cumbersome processes.

Moreover, the Citizen Homelessness Commission (CHC) and the Dallas Area Partnership to End and Prevent Homelessness (DAP) are now redundant, given a Council Committee on Housing and Homeless Solutions, an enhanced lead agency, a CoC Board with a Board seat to provide oversight and accountability, and an Office of Homeless Solutions.

10. WHAT LEGAL TOOLS EXIST (E.G., CITY ORDINANCES, CITY CHARTER, STATE OR FEDERAL LAWS) TO DEAL WITH THE VARIOUS TYPES OF HOMELESSNESS, BASED ON THE PREVIOUSLY IDENTIFIED ROOT CAUSES, AND ANY RELATED PUBLIC SAFETY AND PUBLIC HEALTH CHALLENGES?

We do not know the exact number of individuals experiencing homelessness in the City of Dallas that come from outside of the City. We do know that in other cities a substantial number of those experiencing homelessness are mobile. In San Francisco and Austin, around a third of the homeless reported becoming homeless outside the city before moving there, and in Los Angeles it was about a third of all unsheltered, who make up the vast majority of the homeless population in that city. In Seattle one report in 2016 found that less than half had become homeless inside the city.[24]

The mobility of some of the homeless population does not absolve the City of responsibility for their well-being, but it draws attention to the need to combine a humane strategy of encampment enclosure and a regional approach to homelessness services and prevention. The humane enforcement of state and local laws against sleeping and camping in public places, accompanied by referral to services and alternatives, can be a means to reduce homelessness in Dallas and to encourage uptake of services. Again, the Task Force agrees any enforcement should only be done as a last resort when all other alternatives are exhausted.

State law HB 1925 not only bans camping in public places and requires cities to enforce laws against camping, but it also requires officers using the state law to make a reasonable effort to advise the campers of alternatives and contact any relevant service-providers.

Dallas ordinances Section 31-13 and 31-13.1 prohibit sleeping or camping in public places. 13.1, the ordinance against camping or erecting temporary shelters, also requires an oral or written warning before any citation or arrest is issued.

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[24] Sarah Duzinski and Matt Mollica, "2020 Point-in-Time Count Austin/Travis County," ECHO, https://www.austintexas.gov/edims/document.cfm?id=340650 ASR "San Francisco Homeless County and Survey, 2022 Comprehensive Report," San Francisco Department of Homelessness and Supportive Housing, https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf "Greater Los Angles Homeless Count 2020," Los Angeles Homeless Services Authority," https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation; ASR, "2016 Homeless Needs Assessment," City of Seattle, https://humaninterests.wpenginepowered.com/wp-

A substantial number of the homeless population, and especially the chronically and unsheltered homeless populations, have severe mental health conditions. The state laws for involuntary commitment are a means to secure treatment, but only when all other alternatives have been exhausted. Chapter 574 of the state mental health codes allows any adult to file an application for court-ordered mental health services for an individual who is experiencing a mental health crisis. A judge may then refer the individual to inpatient or outpatient treatment if that individual has a mental illness that will make them a danger to self or others or if that illness is severe and persistent. Such referrals, especially to outpatient treatment, may be necessary for those individuals experiencing homelessness who are unaware of their own mental illness and are unable to take care of themselves.

Chapter 462 of the Food, Drugs and Hazardous Substances Code, allows a peace officer to apply for a commitment for those exhibiting a "chemical dependency," or an extremely severe substance use disorder (SUD) accompanied by a substantial risk of serious harm to themselves or others. As a last resort, and only when all other alternatives have been exhausted, this may be used to help secure treatment for some individuals experiencing homelessness who may not recognize the depth of their chemical dependency.

These tools, as well as the street outreach, shelter, casework, and permanent housing referrals discussed elsewhere, are all means to deal with homelessness in the city.

11. WHAT STRATEGIES THAT ARE NOT CURRENTLY BEING IMPLEMENTED – OR HAVE NOT BEEN FULLY IMPLEMENTED – IN DALLAS HAVE PROVEN EFFECTIVE IN OTHER CITIES ACROSS THE UNITED STATES?

The Task Force supports the All Neighbors Coalition's R.E.A.L. Time initiative, as it aims to house 6,000 individuals by 2025. Housing Forward, as the lead CoC, has a strategic plan to address unsheltered homelessness, including the enhancement of initiatives in Dallas that have proven successful in other cities across the country. These strategies involve streamlining housing pathways through coordinated outreach, supporting encampment decommissioning efforts, enhancing housing/shelter availability, and expanding Permanent Supportive Housing (PSH) programs.

Homeless diversion, a noteworthy initiative, has launched in the family homeless response system, but is yet to be fully implemented in Dallas, despite proving its success with families and in other cities across the United States. Homeless diversion efforts are crucial in addressing homelessness. This initiative focusses on helping individuals and families identify immediate alternate housing arrangements to prevent them from entering the homeless services system. The goal is to divert people away from emergency shelters or the streets.

Diversion can include a range of strategies, such as conflict resolution and mediation with landlords, short-term rental or utility assistance, relocation support to stay with friends or families, and connection with mainstream resources or benefits. It's a flexible, problem-solving approach that emphasizes quick resolution and can reduce the strain on shelters and other homeless services.

Recent federal and private funding granted to Housing Forward will allow further scale of this important practice.

The implementation of effective diversion programs requires specially trained staff, funding for flexible financial assistance, and strong partnerships with local community resources. This strategy can help the City of Dallas address homelessness by reducing the demand on the shelter system, decreasing the number of people experiencing homelessness, and aiding individuals and families in maintaining or quickly regaining housing stability. For maximum effectiveness, it is critical for the City of Dallas to collaborate with the CoC in aligning this strategy, leveraging new HUD resources meant for diversion initiatives, and leveraging the CoC's community-specific expertise.

12. WHAT OPPORTUNITIES EXIST TO ENGAGE AND COOPERATE WITH THE COUNTY, STATE AND FEDERAL GOVERNMENTS?

By actively engaging and cooperating with county, state, and federal governments, Dallas can harness collective resources, expertise, and influence to effectively address homelessness and work towards sustainable solutions. Together, we can work towards creating a more compassionate and supportive environment for individuals experiencing chronic homelessness.

Dallas has opportunities to engage and cooperate with county, state, and federal governments in addressing homelessness. Collaboration with county, state, and the federal government can present valuable opportunities to address homelessness. HUD funding greatly supports our local efforts. By working together, the City of Dallas can continue to advocate for policies that promote affordable housing and supportive services at the county, state, and federal levels. Through upcoming collaborations with USICH and the White House on the development and implementation of best practices the region has the potential to enhance service delivery and improve outcomes. In addition, the development of data sharing agreements using HMIS within local systems and state agencies could enable a comprehensive understanding of homelessness and facilitate targeted interventions. Training and capacity-building opportunities offered in coordination with USICH could enhance the skills and capabilities of our local workforce. Lastly, collaboration could extend to advocating for legislative changes that address homelessness. Through these cooperative efforts, the City of Dallas can maximize its impact and create sustainable solutions to homelessness.

Furthermore, concentrating on chronic homelessness opens the door for collaborative endeavors within the county, state, and federal governments. Housing Forward reports a significant rise of 93% in chronic homelessness since 2019, with more than 1,000 people falling into this category according to the 2022 point-in-time count, although the number of chronically homeless individuals declined more than 30% in 2023. Although Permanent Supportive Housing (PSH) is typically prioritized for those facing chronic homelessness, PSH projects have only seen a moderate growth of 5% over the past three years across the Dallas region. To address this issue, the City can:

- Fund the implementation of Permanent Supportive Housing (PSH) with comprehensive wrap-around services;
- Invest in training for case workers and case managers;
- Utilize Mental Health Peer Specialists and Recovery Support Specialists; Incorporating individuals with lived experience of mental health and substance use challenges into the

support system can bring a unique perspective to the table. These specialists can better understand and relate to the struggles faced by those experiencing such issues, facilitating more effective and empathetic support. Also, it would foster an environment where individuals facing these challenges may find solace and hope through connections built on shared experiences with the specialist;

- Consider investing in smaller nonprofits and sober living homes catering to individuals struggling with substance use and mental health problems. Many of these organizations run at about 65% occupancy and offer services for free or at a minimal cost. By supporting these smaller nonprofits, the community can help expand their capacity via staff training programs and increased backing from the City and larger agencies.

APPENDIX ONE

LISTING OF MEMBER AGENCIES OF THE DALLAS/COLLIN COUNTIES CONTINUUM OF CARE

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
The Bridge Homeless Recovery Center	Emergency Shelter/Housing/Street Outreach		>$10M
Catholic Charities of Dallas	Supportive Housing/Supportive Housing Development/Food/Immigration		>$10M
Catholic Housing Initiative	Low Income Housing		>$10M
The Family Place	DV Shelter/Housing	DV	>$10M
Genesis Women's Shelter and Support	DV Shelter/Supportive Housing	DV	>$10M
Goodwill Industries of Dallas	Workforce		>$10M
Homeward Bound	Mental Health/Addiction/NEW Dallas Deflection Center		>$10M
Metrocare Services	Mental Health/Supportive Housing/Supportive Housing Development		>$10M
Metrocrest Services	Rental Assistance/Food/Workforce		>$10M
Nexus Recovery Center	Women/Children Addiction Recovery/Rehab	Women	>$10M
North Texas Behavioral Health Authority	Mental Health/Regional Tenant Based Rental Assistance Coordinator/The Living Room		>$10M
Prism Health	Healthcare for those with HIV	HIV	>$10M

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
The Salvation Army	Emergency Shelter/Supportive Housing	Individuals, Families w/Children w/Family Gateway; some DV	>$10M
United Way Metropolitan Dallas	Rental Assistance Collaborative Leader/Community Leadership		>$10M
Volunteers of America Texas	Affordable Housing/Substance Use/Mental Health		>$10M
AIDS Services of Dallas	Congregate Supportive Housing and Services for those with HIV	HIV	$5-10M
Austin Street Center	Emergency Shelter/Housing/Street Outreach		$5-10M
Endeavors	Supportive Housing/Rapid Deployment for Emergency Services/Veterans	Veterans+	$5-10M
Family Gateway	Assessment & Diversion/Emergency Shelter/Housing	Families w/Children	$5-10M
Hope's Door New Beginning Center	DV Shelter/Housing	DV	$5-10M
Legal Aid of Northwest Texas	Legal		$5-10M
Mosaic Family Services	Shelter/Housing/Services	DV/Refugee/Trafficking	$5-10M
Our Calling	Street Outreach/Day Shelter/Inclement Weather Services		$5-10M
Promise House	Emergency Shelter/Transitional Housing Children/Youth - in transition - services TBD	Children/Youth	$5-10M
The Stewpot	Supportive Housing/Day Services		$5-10M

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
Vogel Alcove	Children's Services (Childcare/Preschool)	Children	$5-10M
Congregation Shearith Israel	Congregation		$3-5M
Dallas Life	Transitional Shelter		$3-5M
Frisco Family Services	Financial Assistance/Food/Workforce		$3-5M
Recovery Resource Council	Supportive Housing/Supportive Services for Veteran Families	Veterans	$3-5M
Samaritan Inn	Transitional Shelter (McKinney)		$3-5M
Seasons of Change	Youth Transitional Living/Maternity Group Home	Youth	$3-5M
Temple Shalom	Congregation		$3-5M
Wilshire Baptist Church	Congregation		$3-5M
Agape Resource & Assistance Center	Transitional Housing (Collin County)	Women w/Children	$1-3M
AIN	Health Services/Counseling	HIV	$1-3M
American GI Forum	Veterans Services	Veterans	$1-3M
Association of Persons Affected by Addiction	Addiction/Mental Health		$1-3M
Chocolate Mint Foundation	Financial Assistance/Food Mentoring		$1-3M
City House	Transitional Shelter/Housing for Young Adults w/Children	Youth w/Children	$1-3M

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
City of Refuge Lake Highlands	NA - not operating at this time		$1-3M
Episcopal Church of the Transfiguration	Congregation		$1-3M
First Unitarian Church Dallas	Congregation		$1-3M
First United Methodist Church Dallas	Congregation		$1-3M
Harmony CDC	Rental Assistance/Food		$1-3M
Housing Crisis Center	Supportive Housing		$1-3M
Irving Cares	Financial Assistance/Food		$1-3M
Jonathan's Place	Emergency Shelter/Transitional Housing	Children/Youth	$1-3M
JV Land and Homes	Affordable Housing		$1-3M
Legacy Cares	Congregate Housing/Hospice/Home Care/Counseling	HIV	$1-3M
New Friends New Life	Financial Assistance/Counseling/Workforce	Women/Children Trafficked or Abused	$1-3M
Northway Christian Church	Congregation		$1-3M
Our Friends Place	Transitional Housing	Women	$1-3M
Rainbow Days	Children's Services	Children	$1-3M
Texas Muslim Women's Foundation	DV Shelter/Housing	DV	$1-3M
The Human Impact	Street Outreach		$1-3M

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
The Turn Around Agenda	Youth Outreach in Schools via Oak Cliff Bible Fellowship	Youth/Families	$1-3M
Transcend STEM Education	Workforce		$1-3M
Under 1 Roof	Supportive Housing		$1-3M
Viola's House	Emergency Shelter/Transitional Housing/Maternity Shelter	Pregnant Mothers	$1-3M
Youth 180 Inc.	Youth Health/Mental Health	Youth	$1-3M
After8toEducate	Youth Drop in Center/Shelter (shelter not operational yet)	Youth	$500K-$1M
Arapaho United Methodist Church	Congregation		$500K-$1M
Baylor Scott and White Health	Health/Mental Health		$500K-$1M
Bring The Light Ministries	Street Outreach/Food		$500K-$1M
Dallas Furniture Bank	Furniture		$500K-$1M
Dallas Responds (Oak Lawn UMC)	Congregation/Inclement Weather Shelter		$500K-$1M
Downtown Dallas Inc.	Street Outreach		$500K-$1M
Journey to Dream	Transitional Housing/Services (Denton County)	Youth	$500K-$1M
Metro Relief	Street Outreach		$500K-$1M
Shared Housing Center	Supportive Housing		$500K-$1M
Streetside Showers	Mobile Showers		$500K-$1M

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
Wellness Center for Older Adults	Social Services/Health/Counseling (Plano)	Seniors	$500K-$1M
1 New Life Veterans Ministry	Housing	Special Needs	<$500K
A Twist of Faith Outreach	Emergency Housing/Services		<$500K
Anointed Sisters Housing	Housing	Women	<$500K
Ark of Hope, Inc.	Transitional Housing	Formerly Incarcerated	<$500K
Assistance Center of Collin County	Financial Assistance (Collin County)		<$500K
BBK Pest Control	Quarterly Pest Control		<$500K
Bella House	Maternity Shelter	Pregnant Women	<$500K
Body & Soul	Street Outreach/Meals		<$500K
Bonton Farms/CityBuild CDC	Education (nutrition/job/finance)/Rent to own		<$500K
Bridges Safehouse	DV Shelter/Housing		<$500K
Carter's House	Clothing		<$500K
City of Refuge Ministries	Congregation		<$500K
Code Pink Productions	Financial/Education/Career Services/Mentoring/Tutoring	Women and Girls	<$500K
Crisis Ministries	Irving Volunteer Led		<$500K
Cynthia Mickens Ministries	Housing/Services	Women and Children	<$500K
D.F.W. Economic Solutions	Housing/Services	Previously Incarcerated	<$500K
Dallas Hope Charities	Youth Shelter LGBTQ	Youth	<$500K

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
Deep Ellum Foundation	Community security and accessibility (Deep Ellum)		<$500K
Dwell with Dignity	Clothing		<$500K
Elevate North Texas	Youth	Youth	<$500K
EXPOW	Collin County Moms/Children		<$500K
Families to Freedom	DV Transportation	DV	<$500K
Family Promise of Collin County	Shelter - Hotel/Congregation		<$500K
Family Promise of Irving	Shelter - Hotel/Congregation		<$500K
Fighting Homelessness	Advocacy		<$500K
Gideon Group of North Texas	Shelter/Education/Job Readiness		<$500K
GLOWS	Garland Overnight Warming Shelter		<$500K
Grand Prairie Homeless Outreach Organization (GPHOO)	Street Outreach		<$500K
Heart of Courage	Services for mothers with children in foster care	Women w/children	<$500K
Hope Restored Missions	Collin County Street Outreach and Services		<$500K
Hopeful Solutions	Shelter/Rental Assistance/Services	Recovering Women with Children	<$500K
In My Shoes	Maternity Shelter/Housing	Pregnant Women	<$500K
Incarnation House	Youth Drop In	Youth	<$500K

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
Level Pathways	Irving Youth Services	Youth	<$500K
LifeChange Housing Associates	Congregation - Irving - Inclement Weather		<$500K
LifePath Systems	Street Outreach/Crisis/ECI/Peer Services/Medical/Financial		<$500K
M25:35	Street Outreach/Meals/Clothing		<$500K
Many Helping Hands	Irving Coalition of Congregations		<$500K
Mental Health America of Greater Dallas	Mental Health		<$500K
Mission Driven Ministry	Cedar Hill Ministry		<$500K
Mission Oak Cliff	Food/Clothing/Counseling		<$500K
Need A Break Inc.	Financial Assistance/Childcare/Counseling		<$500K
OCC Living	Rental Assistance/Clothing		<$500K
Project Lorenzo	Food/Training		<$500K
RoommateMe LLC	Roommate locator		<$500K
Shelters to Shutters	Housing/Workforce		<$500K
Shiloh Place	Case management/Financial counseling (Collin County)	Single Mothers	<$500K
St. Vincent de Paul - Holy Family of Nazareth	Congregation		<$500K
St. Vincent de Paul - St. Mark's	Food Pantry		<$500K

AGENCY	SERVICES	SPECIAL POPULATION	SIZE
Tapestry Ministries	Support Groups/College Prep	DV/Youth	<$500K
Texas Tenants Union	Advocacy		<$500K
The Lullaby House	Housing	Teenage Pregnant/Moms	<$500K
Vine of Life Church	Congregation		<$500K
Well Community	Residential/Support Services	Chronic Mental Health	<$500K
White Rock Center of Hope	Food Pantry/Clothing/Financial Assistance		<$500K
Women Empowering Women for The Next Generation Ministries	Home Prep/Clothing/Furniture	Women	<$500K

APPENDIX TWO

NEW PERMANENT HOUSING SOLUTIONS FOR THOSE WITH HIGH ACUITY NEEDS ON THE HORIZON

NON-PROFIT HOUSING PROVIDER	PROJECT TYPE	TIMING OF PLANNED EXPANSION	NUMBER OF NEW UNITS
The Bridge Homeless Recovery Center	Supportive Housing: New HUD grant ($22.8 million shared)	Late 2023-2024	50
Catholic Charities	Supportive Housing: HUD	Late 2023-2024	16
Catholic Housing - St Jude Vanguard	Affordable and Supportive Housing: Lake Highlands Hotel	1st Q 2024	132
CitySquare	Supportive Housing: New HUD grant ($22.8 million shared); plus extra from HUD	Late 2023-2024	95
Metrocare Services	Supportive Housing: New HUD grant ($22.8 million shared)	Late 2023-2024	100
Our Calling	Supportive Housing: Our Community Assisted Living (tiny homes)	Phase one 2025	400; Phase I will be 50
The Salvation Army	Supportive Housing: On new campus	2025	50
The Salvation Army - Plano	Supportive Housing: New HUD grant ($22.8 million shared)	Late 2023-2024	25
The Stewpot	Supportive Housing: New HUD grant ($22.8 million shared)	Late 2023-2024	75
Under 1 Roof	Supportive Housing: New HUD grant ($22.8 million shared); plus extra from HUD	Late 2023-2024	100

City of Dallas

1500 Marilla Street
Council Chambers, 6th Floor
Dallas, Texas 75201

Agenda Information Sheet

File #: 24-274 **Item #:**

Closed Session

Attorney Briefing (Sec. 551.071 T.O.M.A.)

- Seeking legal advice from the city attorney regarding the H.O.P.E. report.

File #: 24-272 **Item #:**

Public comments on Agenda Item No. B.

Speakers can register here:

Closed Session

Attorney Briefing (Sec. 551.071 T.O.M.A.)

- Seeking advice from the city attorney regarding the H.O.P.E. report.