Ending Homelessness the Dallas Playbook

*How MDHA is leading the development of the homeless response system
that will make homelessness in Dallas rare, brief and nonrecurring,
and what it needs from the community to deal homelessness a decisive blow.*

*David S. Gruber, Development and Communications Director
469-222-0047, david.gruber@mdhadallas.org*
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The pictures of our homeless friends in this playbook were taken by award winning, Fort Worth based photographer, B.J. Lacasse, and are shared with our friends' permission.

What is MDHA and What Does It Do?

As someone who grew up in the Middle East, I can't say that I really understand American Football, but I am told that these gladiators of the gridiron have something called a "playbook". Interestingly, over the course of the last two years, MDHA has developed what may be called a "playbook". The interesting thing about homelessness is that though it might seem mysterious (just as Football does to someone like me), the solutions for it are not really that complicated. From the national level all the way down to the local level, we really know what to do, and we have been doing it. We need the community to exercise the political will to take a few hard but simple steps, which can break a couple of significant logjams – the most significant one being a shortage of affordable housing.

So, what is MDHA and what do we do?

The Metro Dallas Homeless Alliance (MDHA) is a non-profit organization leading the development of an effective homeless response system that will make the experience of homelessness in Dallas and Collin Counties rare, brief, and non-recurring. MDHA engages nonprofit and public service organizations, policy makers, funders, people experiencing homelessness and the public in making continuous progress toward this goal.

MDHA brings together more than 100 shelter, housing and supportive services programs in retooling homeless services into a crisis response system. Guided by principles of collective impact[i], homeless services must be transformed into a nimble system of care, that is easily navigable by consumers, responsive to service needs, and accountable to funders, both public and private. As the system's backbone organization[ii] for Dallas and Collin Counties' homeless response system, MDHA is client focused, agency informed and funder driven, in providing the leadership and infrastructure guiding this transformation.

Imagine We Could End Homelessness

Let's back up, though, and take it from the top. Close your eyes, and imagine…

There are many social ills of the past, that seemed intractable, that people would have said we would never get rid of, from slavery to segregation, from child labor to keeping children with special needs out of school. So, imagine we could end homelessness. Not just help individuals. Not just manage homelessness. Imagine we could eradicate it. Imagine we could make this intractable social ill a thing of the past too.

Now, what do we mean by ending homelessness? We do not mean no one ever becomes homeless. It is a given that in a capitalist economy, there is economic churn, and that that cannot be fully prevented. This is why even Scandinavian social welfare states have some degree of homelessness. What we do mean is that **homelessness rarely happens, when it does happen it is brief, and that it never happens to that person again.** This is no pipe dream. Research[iii] has shown that it is entirely doable.

Homelessness in Dallas, by the Numbers

We hear many different numbers when people talk about homelessness. With any problem, numbers are important, because you can't solve a problem, if you don't know the scope of it. So what numbers are we talking about?[iv]

There are two main numbers we should look at, for the purposes of this discussion, the number of those experiencing homelessness at **any one time**, and the number of those experiencing homelessness **throughout the year**. The annual **Homeless Count**, conducted every year around the same time, gives us the first number, and throughout the year, we use our **Homeless Management Information System** (HMIS) to track the second number:

- **January 2017 Homeless Count[v] – 3,789** – This number has some limitations, as not everyone can be found. However, due to an increased number of volunteers, and improvements in Count methodology, in accordance with national best practices, this number is much more accurate than in the past.

  - Unsheltered: 1,087
  - Shelters and Transitional Housing: 2,702
  - Chronically Homeless: 542
  - Households with children: 853 (persons)
  - Homeless veterans: 362
  - Percentage of Persons of Color (Unsheltered) – 60%

Volunteers prepare for the Homeless Count, January 26, 2017

- **2016 HMIS – 9767[vi]** – This number has some limitations, too. It **does not include** some persons who are homeless, as some of our community's homeless services providers do not participate in the system, and domestic violence programs are, in fact, prohibited from doing so, under Federal Law. It **does include** persons who are in permanent housing programs, though these persons are not homeless under the U.S. Department of Housing and Urban Development (HUD) definition. Including persons in these programs provides us with critical information on how to successfully stabilize formerly homeless individuals and families.
  - Gender:
    - Male – 5553
    - Female – 4175
    - Other – 39
  - Age:
    - Children – 2268
    - Adults – 7496
  - Race
    - African American – 6487
    - White – 2837
    - Other – 443

The History of Modern Homelessness (Late 1970s-Present Day)

The origins of the modern homelessness crisis we are dealing with to this very day begin in the late 1970s-early 1980s. Much ink has been spilled on this subject, and it is difficult to narrow down one decisive cause for any social problem. However, roughly speaking, there are two major, somewhat technical, societal shifts that brought about this crisis. First, **many persons with mental illness, were deinstitutionalized**, and the hospitals they resided in were shut down. Second, a type of cheap housing, primarily for single underemployed, unskilled and/or disabled men, known as **single resident occupancies (SROs) was largely discontinued**. These people had to go somewhere, and that somewhere, for many, meant the street.

Now, again, though homelessness had existed before, it had not existed in the numbers akin to this crisis. There were some shelters in existence, but nothing with the capacity that could deal with this problem. However, much in the way we deal with natural disasters, our society attempted to deal with this problem (the word solve would be pushing it…) by building on that shelter concept. The problem is that it did not solve the problem.

So, in the 1990s, the Federal Government and related public and private entities decided that the very fact that one was homeless meant that there was something wrong with that person. This is not all that surprising. The American mythos, popularized by Horatio Alger, insists that ALL you need to succeed is grit, determination and hard work, your circumstances be damned. The flip side of this myth is that if you are not successful, there is obviously something wrong with you, and can there be any greater failure in the Algeresque imagination than homelessness?

What follows is that the homeless needed to be "fixed", and made "housing ready", and only then they could be housed. Transitional Housing programs, replete with myriad rules and eligibility requirements, that the homeless needed to abide by, to help them address all their problems, grew out of this philosophy. Unfortunately, these (often lengthy 24 month) programs only worked for a minority of the homeless population. Of course, to the proponents of this philosophy, this is not necessarily a bug; it might even be a feature.

As the new millennium came around, however, the Federal Government and local communities were growing tired of what they saw as merely managing a problem, as opposed to ending it. The problem was that not only had the housing readiness philosophy become entrenched, a viable alternative did not seem evident.

Around the same time, a small program in New York City was being tested and was slowly gaining ground. This program/philosophy was called Housing First. The idea of Housing First was simple. Rather than trying to "fix" people, and then house them, these practitioners suggested standing the classic model on its head. House people, with two conditions only: They would need to abide by the terms of their leases (just like you and I do), and meet periodically with a case manager. They would be offered wrap-around services to help them deal with their challenges, and they would be encouraged to use them. However, unlike in the traditional model, they would not be forced to do so.

The practitioners who developed this program believed in what they were doing. Philosophically, they believed that housing was a basic human right, and that it might just be easier for them to help people overcome their problems in their own apartments, rather than under bridges or in shelters. Some of them were also at wit's end, since they saw that the existing approach was just not working. They were, however, faced with much skepticism, and even accused of being irresponsible and harmful. This was going against what everyone "knew" was the proper way of dealing with homelessness. In fact, when they wanted to seriously study the program, they had to guarantee case managers that those in the test group that would be afforded the opportunity, just as those in the control group, to be put into a traditional transitional housing program, if they washed out of the test group.

The irony is that by the end of the study the same case managers demanded that those in the control group be guaranteed a spot in the Housing First program! Why? Because, as opposed to the classical program that worked only for a minority of participants, the Housing First program worked for about 85%(!) of those enrolled in it. Though this program began with a small group of chronically homeless persons in New York City, these numbers held up in study after study, in community after community, in setting after setting. This led the consensus of scholars in the field to endorse Housing First, and the Federal Government to eventually follow suit, and mandate that all programs follow this philosophy[vii].

As this was happening, in the 2000s-2010s, communities were developing more and more permanent supportive housing programs for the chronically homeless, and others in need of a permanent setting with intense wrap around supports. And, during the Great Recession, a related idea called Rapid Rehousing, for non-chronically homeless persons proved promising. The idea was that most of these individuals could be quickly housed, offered intense wrap around services

for a limited time, and get back on their feet and move on in 90-180 days. As these settings gained ground, the Federal Government began to discourage starting new transitional housing programs, due to their low success rate and high cost.

Every Product Needs a Delivery System – Especially Scarce Products

At the same time, the Federal Government realized that it was not enough to build and fund these housing programs. Policy makers realized that just having the resources available to help those experiencing homelessness would not suffice. Like every product, commodity or service, without a delivery system, communities could not deal with their challenges. This was especially true given the scarcity of the resource they were trying to deliver, housing for the homeless.

This is why in its landmark legislation on homelessness, the **2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act**[viii], and in **Opening Doors**[ix], the national strategic plan to end homelessness, established under the Act, Congress mandated that there needed to be a homeless response system in every community. **Crucially, Congress tasked organizations like ours, in most American communities, with the responsibility and necessary statutory authority to establish and run these robust systems.**
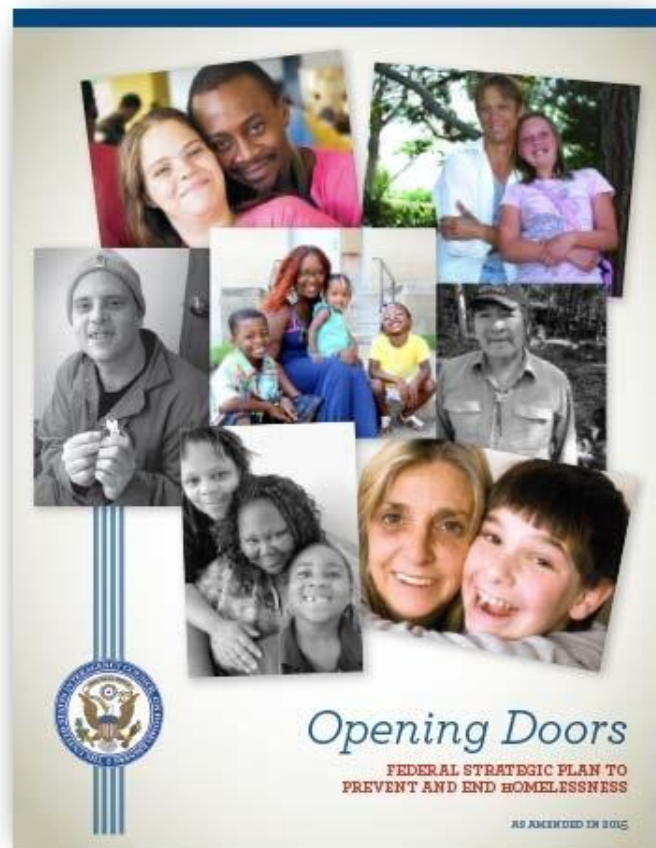
Opening Doors, the national strategic plan to end homelessness

The Five Important Roles of MDHA, as Tasked by Congress and the President

They were able to do this, since organizations like MDHA already existed in most American communities, with their roles growing largely out of regulatory law, that evolved over time. The HEARTH Act largely consolidated these roles, and grounded them in statute, once again adding on that one additional significant component.

Simply put, **prior to 2009**, organizations like MDHA had to:

- **Facilitate grant funding** for U.S. Department and Urban Development (HUD) funded homeless services programs (Continuum of Care or CoC grants totaling about **$16 million annually in Dallas' case**);
- Administer the **Homeless Management Information System** (HMIS) that drives improvement of homeless services programs (Currently **serves about 9,750 persons in Dallas' case**);
- Maintain a **count of persons** experiencing homelessness;
- Maintain an **inventory of housing and shelter** beds for the homeless and formerly homeless.

From 2009, organizations like MDHA had to do all the above, plus:

- **Develop and quarterback an effective unified homeless response system**, where all homeless services programs work together to make homelessness rare, brief and nonrecurring, using all the tools they can to bring about continuous system improvement.

Building a Homeless Response System

The infographic on p. 10, developed by the equivalent to MDHA in Kansas City[x] a few years ago, is extremely useful in understanding how an effective unified homeless response system operates. As you follow the description of the four main attributes of such a system, it is helpful to consult it.

First, an effective homeless response system, counterintuitively perhaps, seeks to divert individuals from having to enter into or engage with the system. It recognizes that homelessness is not homogeneous, rather it is on a continuum. Many of those who seek our help have the capacity to self-resolve, with the help of mainstream resources, or "light touch" one time assistance[xi].

Second, such a system assesses, prioritizes, and only then places individuals who need its help. In the absence of such a system, homeless service providers each operate on their own, and when approached by an individual needing help, typically ask some version of this question, "Will this person be successful in our program?" This leads to those with lesser needs and lower vulnerability being served, while those with greater needs and greater vulnerability are turned away.[xii]

In an effective coordinated system, the system as a whole asks, "What solutions best match the needs of this person, and will end their homelessness quickly and permanently?" The system has one entry point only. No placements are made in any program without these three steps:

- **Assess** – We objectively, uniformly, assess each person, with an evidence based tool;
- **Prioritize** – We prioritize each person for service, based on the level of their vulnerability and according to their specific needs.
- **Place** – All clients go on to a unified housing priority list, and are housed based on their priority status and specific needs.

An Austin Street Center bulletin board, with former shelter guests proclaiming, "We got housing… You can, too!"

Third, in such a system, all roads lead to housing. The entire system is oriented towards housing as the solution for homelessness, and this approach completely permeates every component of the system. There is a sense of urgency in getting everyone, and first and foremost those who are high on the housing priority list, into housing, as soon as possible, with as few barriers as possible. In the meantime, individuals, who need it, are offered temporary shelter, with the constant ever-present expectation that they be moved into housing as soon as possible.

Fourth, all homeless service providers must practice full transparency. As of the end of March, in Dallas and Collin Counties, for instance, there are 33 housing services agencies that host 88 programs. 12 of 33 agencies do not use HMIS. 21 or 63.6% of agencies participate in HMIS. 28 of 88 programs do not use HMIS. 60 or 68.2% of programs participate in HMIS. Every program that serves the homeless needs to report, in real time, into one central HMIS data system, managed by the backbone organization, without exception (barring issues of safety). Reporting into HMIS is not simply an issue of bureaucratic compliance. This is the only way we can know if and how much progress we are truly making. More importantly, this is the only way we can improve and self-correct, where we are not[xiii].

Building a Unified Homeless and Housing System in 2014

The Homelessness Task Force (HTF) is a regional coalition of community partners with an interest or concern about those who are served by or who serve in the homelessness system.

In 2014, the Kansas City region will work towards building a more unified system.

The expected outcomes include: community agreement and commitment to common principles, strategies, protocols, metrics and training; coordinated system entry and assessment tools; and a shared data information system.

KCMetroHousing.org

Transitional housing provides programs and services to all levels of need, along with temporary housing in scattered site housing or congregate living. Upon completing programming, participants are assisted into permanent housing.

Permanent Supportive Housing houses high- to severe-need persons in scattered site or congregate living before providing services. It is partnered with intensive case management or assertive community treatment.

Rapid Re-Housing moves homeless persons into scattered site housing within the community before providing any services. It assists people with mid-range needs and is temporary.

Management Information System: Web-based "cloud" technology will be necessary to effectively implement and monitor the metrics of a unified system at individual, agency, county and regional levels.

Services Ahead
- Recovery
- Employment
- Life Stability
- Education

HOUSING OPTIONS

Rapid Rehousing	Transitional Housing	Permanent/Supportive Housing
Low- to mid-level needs	All levels of need	High complexity of needs

Temporary Shelters

Services as determined by the common assessment tool are still available for these at-risk individuals and families, even if they were diverted from the housing system.

← Services Ahead

Diversion is a standardized strategy that prevents homelessness for people seeking housing support by helping them stabilize their current situation or identify immediate alternate housing arrangements. If necessary, they are connected to services and financial assistance.

Street Outreach
Schools
At-Risk Families
Foster Care
Faith-Based Organizations
Prisons/Jail

Coordinated Entry Point

← Diversion and Prevention

Common Assessment and Coordinated Access

A **common assessment tool** standardizes service prioritization, which allows for the most efficient use of resources and improves consumer access to support. Coordinated access makes the system easier to navigate by leveraging the strengths of individual service providers.

Housing Triage

Housing Triage helps the community "yield" to more vulnerable individuals by focusing limited resources on the most appropriate people or families using a standardized assessment tool and set protocols. This tool assesses level of acuity (or vulnerability) and prioritizes the most effective housing option.

DOMESTIC VIOLENCE VICTIMS
YOUTH
VETERANS
FAMILIES
CHRONIC HOMELESS

MARC
MID-AMERICA REGIONAL COUNCIL

HOMELESSNESS TASK FORCE of Greater Kansas City
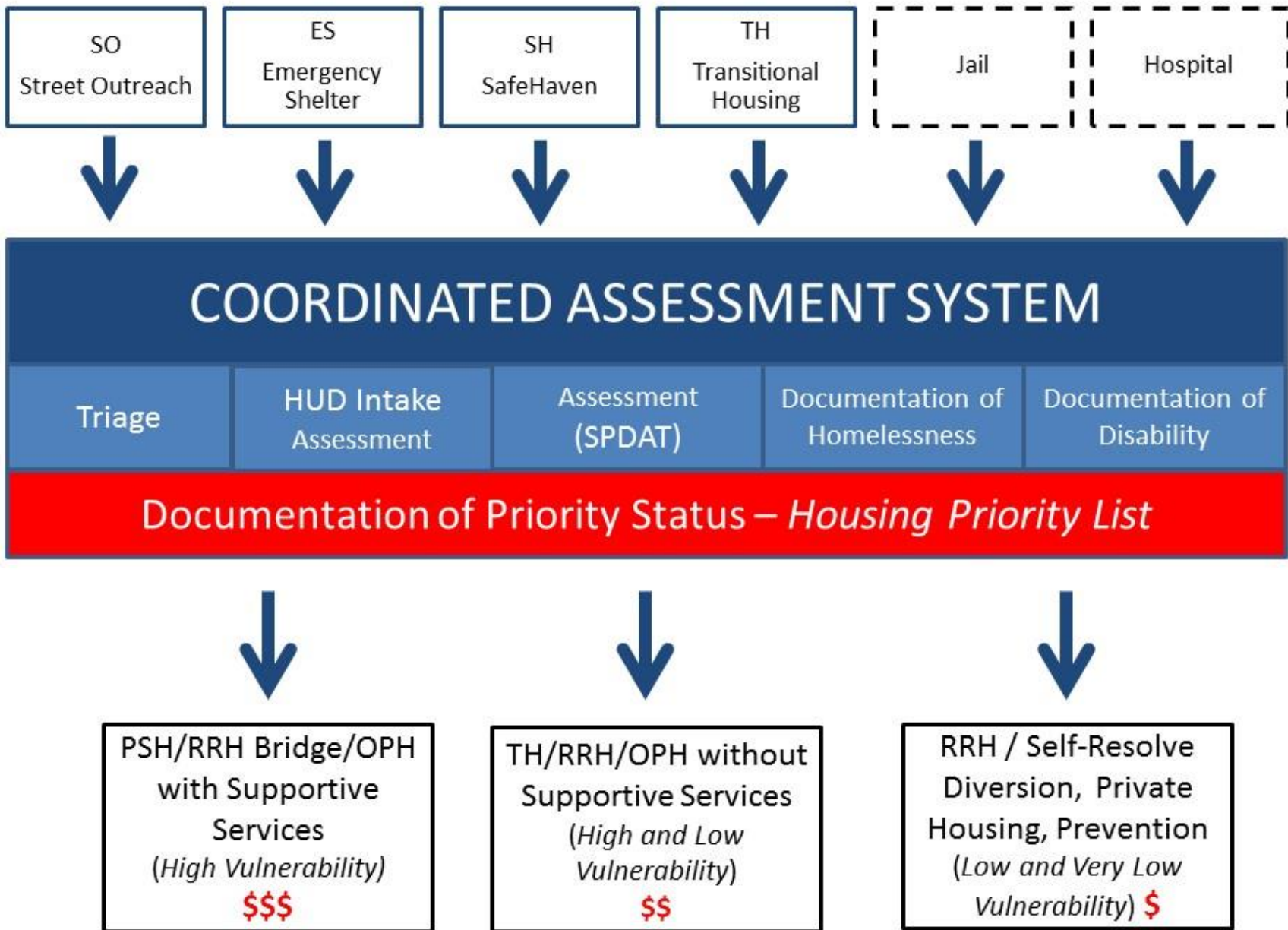
marc.org/community/htf

MDHA's Progress in Building a Homeless Response System in 2015-2016

With all of this in mind, how has MDHA done in implementing the vision of Opening Doors of an effective unified homeless response system over the last two years? The progress we have made might be roughly divided into three categories: systems, data and capacity.

Systems:

- MDHA established a detailed **community strategic work plan**, to build an effective homeless response system in Dallas[xiv].
- The MDHA team adapted and implemented a **Coordinated Assessment System** (CAS) model for Dallas[xv]. Coordinated Assessment is the heart or core of every homeless response system. This model has been cited by national experts as an example for other communities around the country[xvi]:
    - In this model, one professional manages the persons or the "**demand"** side of the housing equation, while another manages the units or the "**supply**" of the housing equation.
    - A key innovation of this model is that the professional managing the demand does not only ensure that persons have been assessed and prioritized for service[xvii], but that they **have all the necessary documents, that they may be housed without delay**. Only then does a person go on to the Housing Priority List, having been given a documentation and prioritization status (DOPS). This documentation and prioritization is determined by an intricate **DOPS Matrix** (enclosed with this grant request), which awards every person with a P1-P12 status. Housing providers are expected to house those with a lower P number first. The professional managing this **Housing Priority List** is the **DOPS Coordinator**.
    - The Housing Priority List has been **active for the vast majority of 2016**, as the sole avenue for housing in CoC programs, revolutionizing the way homeless individuals are housed within our CoC. The results have been highly encouraging[xviii]. (Check out the graphic on the next page to see a visual representation.)
    - The professional managing the supply of housing, the **Housing Resources Director**, was hired in late 2016. This professional manages the Housing Inventory Chart (HIC) of all CoC programs (so when a person is ready to be housed, a unit is available, as soon as possible), while also **growing the supply of known housing, and finding housing units** beyond the reach of the HIC. This professional also pulls the whole process together in a systematic manner, aligns CAS with HMIS reporting, and integrates shelters, service providers working with the unsheltered, and housing service providers, into one system of care. (In the original model, two people shared these functions.)

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│   Street    │ │  Emergency  │ │  SafeHaven  │ │ Transitional│ ┊    Jail     ┊ ┊  Hospital   ┊
│  Outreach   │ │   Shelter   │ │             │ │   Housing   │ ┊             ┊ ┊             ┊
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COORDINATED ASSESSMENT SYSTEM

Triage	HUD Intake Assessment	Assessment (SPDAT)	Documentation of Homelessness	Documentation of Disability

Documentation of Priority Status – *Housing Priority List*

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| PSH/RRH Bridge/OPH with Supportive Services (*High Vulnerability*) $$$ | TH/RRH/OPH without Supportive Services (*High and Low Vulnerability*) $$ | RRH / Self-Resolve Diversion, Private Housing, Prevention (*Low and Very Low Vulnerability*) $ |

Data:

- MDHA developed a partnership with the **innovative PCCI and Pieces Tech for a single source HMIS**, built from the ground up for the Dallas community, per our needs and specifications, to get much a higher quality and quantity of data[xix].
- We brought Austin Street Center into the current HMIS, **growing shelter bed coverage from 3% to over 30%.**
- MDHA conducted the most comprehensive Homeless Count to date in Dallas history in 2016, marshalling 700 volunteers in Dallas and Collin Counties. MDHA then conducted the **largest most comprehensive Homeless Count in Texas history in 2017**, covering 99.5% of routes that needed to be surveyed, with 1,125 volunteers in Dallas County alone[xx].

Capacity:

- Over the course of the last two years and two successive CoC grant program cycles, **MDHA grew and stabilized its sustainable funding** from below 14% as late as 2014 **to over 75% in 2017.**
- **Case Managers working for homeless service providers are the linchpin of the system.** They assist every client at every step of the housing process "until the key is in the door". MDHA instituted a new comprehensive learning, training and development regime for case managers. This includes a monthly case manager networking roundtable, and a regular new case manager boot camp.
- In conjunction with United Way of Metropolitan Dallas, MDHA founded the **MDHA Flex Fund**[xxi]. This fund pays for minor but impactful expenses that can help individuals resolve their homelessness. MDHA has so far **raised almost $200,000, and provided almost 500 individual solutions**. The MDHA Flex Fund gives case managers an important tool, to help them end their clients' homelessness.
- MDHA led the housing-oriented clearing of Tent City, housing as many residents as possible, and established recommended protocols for encampment closures[xxii]. We also **formalized ongoing street outreach coordination, with state funding of about $150,000** annually for four street outreach case managers. These case managers actively work to house unsheltered individuals.

<u>**MDHA's Homeless Response System in 2017-2018**</u>

So, where do we go from here? **How does MDHA intend to continue implementing the vision of Opening Doors in 2017-2018?** Much of what we will be doing is to continue what we have just described. Our further plans may, once again, be roughly divided into the same three categories: systems, data and capacity.

Systems:

- **Homeless Response System Community Dashboard** – We began[xxiii] to publish quarterly reports tracking our community's progress in making homelessness rare, brief and non-recurring in Dallas and Collin Counties. This provides a snapshot of 10 essential

core system metrics that inform us on achievements in moving individuals to permanent housing[xxiv].

- We will roll out our **CoC 2017-2018 strategic work plan**, building on the lessons of the last two years.
- With the support of **United Way of Metropolitan Dallas' Unite Dallas Relief Fund**, we are currently partnering with nine other cities, to **tackle the overrepresentation of African Americans in the homeless population**, through SPARC Dallas, a new research and action program from the **Center for Social Innovation** (C4)[xxv].

Data:

- In May 2017, MDHA is **"going live"** with the new **PCCI** and **Pieces Tech HMIS**, to better track performance and drive improvement in programs serving the homeless.
- We will continue to grow **shelter bed coverage** in HMIS, to as close as possible to **100%**. We believe this goal is achievable by the third or fourth quarter of 2017.
- We will marshal **1,500 volunteers** for the **2018 Homeless Count**, and reach **100% Count coverage** of Dallas and Collin Counties.

Capacity:

- MDHA will vigilantly maintain its current level of sustainable funding.
- MDHA will continue to work closely with case managers, arming them with the learning, training and tools necessary to them to house as many individuals as possible.
- MDHA will raise more money for the **MDHA Flex Fund**, with the goal of providing **525 minor but impactful solutions**, that can help clients end their homelessness, at a cost of $125,000, in July 2017-June 2018.
- State funding for street outreach case managers will grow by $50,000 to $200,000 annually in Fall 2017.
- In March 2017, MDHA brought **world class training on Being an Awesome Shelter** to Dallas, and sponsored ten spots for Dallas Shelters.
- We will continue to engage landlords to accept CoC housing funds, accept Dallas Housing Authority vouchers and create more second chance housing.
- We will attempt to facilitate action to create more permanent supportive housing and affordable housing. We have an affordable housing crisis, which will not be solved, without increasing Dallas' housing stock.

An Affordable Housing Crisis Demands Local Government Action

This last point brings us to where we began. Over the course of the last two years, MDHA has faithfully executed its responsibility. It has fulfilled its mandate, granted to it by Congress and the President, under the statutory authority of the HEARTH Act of 2009. It is developing an effective and unified homeless response system. It stands ready, with all the necessary tools, to integrate homeless service providers, who are not yet in the system, into its system of care. And, we will continue, as we have done so far, to reassess and improve and learn how to make our homeless response system even better.

The problem is we do not have enough appropriate housing. Housing is the key. This is the role of local government. Local governments must act now to create affordable housing. That is the only way to break the most significant logjam our community faces, in the effort to make homelessness rare, brief and nonrecurring.

How Can the Dallas Community Help MDHA End Homelessness

So, what do we need from the community to help us end homelessness?

- **Donate to MDHA**. Though the Federal Government picks up a large part of MDHA's (i.e. Dallas'!) "tab" for its homeless response system, it still expects Dallas to have some "skin in the game". We meet this obligation through a mixture of foundation and philanthropic organization support, as well as individual donations.
- **Donate to the MDHA Flex Fund**. As mentioned above, this system-wide program provides a vital tool for case managers to address minor but impactful expenses, that can help their clients end their homelessness. Government entities typically don't pay for this.
- **Volunteer for the Homeless Count every year**. Please mark January 25, 2018 on your calendar now. We will need 1,500 volunteers to get the job done.

- **Advocate for what really works**. Change is hard. Though we explained how Housing First, housing oriented shelters, and one unified data system, are where the country and community are headed, based on sound research, some providers take a little longer to change. That is totally understandable, but it is still important to advocate for what really works, not what we think will work, or what we hope will work.
- **Advocate for more housing**. As mentioned, we have an acute affordable housing crisis. Elected officials can take bold and decisive action to create housing and alleviate this crisis. They won't do that with you giving them the courage and the cover to do that. And don't just advocate for it in other people's neighborhoods. Advocate for it in your neighborhood.

MDHA – Holding Ourselves Accountable

We will hold ourselves accountable, using these metrics, during the upcoming twelve months.

Quantifiable Metric	Baseline	Data to be Gathered	Specific Measure	Data Collection Procedure	Data Source
Maintain the current CoC program funding level ($15.97 mil)	$15.97 million	Amount of funding awarded to CoC programs	Does the total CoC program award equal/exceed ($15.97 mil)?	Obtain final award figures for CoC programs	U.S. Department of Housing and Urban Development (HUD)

Raise the percentage of shelter beds covered in the HMIS to 86% (This is the minimum score to be awarded points for this on the CoC program grant application.)	30%	Number of shelter beds, in general, and number of beds in the HMIS	Does the number of shelter beds in the HMIS, divided by the number of shelter beds, in general equal to or exceed 0.86?	Obtain the number of shelter beds, in general, and the number of shelter beds in HMIS	HMIS and HIC (Housing and shelter Inventory Chart)
Achieve 100% coverage of all routes of the 2018 Homeless Count (Unsheltered)	99.5%	Number of routes plotted through GIS mapping software, and number of routes surveyed by volunteers	Are the number of routes plotted and the number of routes covered equal?	Obtain the number of routes plotted and the number of routes covered	Homeless Count records
Maintain the percentage of those in CoC Housing First programs, who remain housed in a permanent setting at 90% or above in a 12 month period	96% (As we continue to prioritize those with the highest levels of vulnerability and greater needs, it is expected that this percentage will drop, but we still want to maintain it above 90%)	Total number of persons in CoC Housing First programs, and the number of those who remained housed in those same programs	Is the number of persons who remained housed divided by the total number of persons, equal to or greater than 0.90?	Obtain the number of persons in CoC Housing First programs, and the number of those who remained housed in those same programs in a 12 month period	HMIS

Improve performance across five of ten measures on the **Homeless Response System Community Dashboard each quarter**	To be established later, with the publication of the first report on 2017 performance	Number of measures with improved performance on the Homeless Response System Community Dashboard	Does the number of measures that saw improved performance equal to or greater than five?	Obtain the number of measures with improved performance	Homeless Response System Community Dashboard

We Love Our Volunteers

Involving volunteers shows the strength of a cause and an organization. As a backbone organization, MDHA does not provide direct services, which limits its volunteer opportunities. However, many CoC functions are performed voluntarily by professionals working in the homelessness arena, as part of their formal positions with various agencies, outside of their regular duties, because they see their positions not only as jobs, but as callings.

MDHA does have one rather large volunteer opportunity, the above mentioned annual Homeless Count. In 2016, MDHA radically altered the way it conducted its Count, using volunteers to exclusively count the unsheltered homeless. We used geographic information system (GIS) mapping software to plan volunteer routes. We tiered the routes, according to the likelihood of the presence of homeless persons in any given area. We knew we would need many more than the less than 300 volunteers we recruited in 2015, if we wanted to get as close as possible to covering all plotted routes. In 2016 529 volunteers participated in the Count in Dallas County, for a total of 2,139 hours. In 2017, MDHA set a record for the largest and most comprehensive Count in Texas History. We estimate the number of volunteers at 1,125, and the number of hours at 4,500.

We Don't Just Collaborate – We Take It to the Next Level – Collective Impact

Collaboration with other organizations is also key to achieving any important mission. MDHA, however, takes collaboration to the next level, Collective Impact. Research on Collective Impact indicates that true social change comes not from one more non-profit, with one more great idea. It comes from many organizations working together towards a set of common goals. As John Kania, the "father" of Collective Impact often reiterates, fundamental to this concept is the need for a strong backbone organization to drive this effort. As Opening Doors, the national strategic plan to end homelessness, commissioned by Congress and the President, emphasizes, building a homeless response system requires a Collective Impact effort, led by an organization like MDHA. Here are just a few of our collaborations/collaborators:

- **CoC and ESG Grant Program** – MDHA facilitates the Federal Funding of CoC grantees, and coordinates facilitation of the application process for ESG (Emergency Solutions Grants) grantees.

- **HMIS** – MDHA drives improvement of those programs which report into the system.
- **MDHA Flex Fund** – If an agency case manager identifies a minor but impactful expenditure, that can help a client end their homelessness, he or she submits a request to fill that need through the Flex Fund. It is approved, paid for and provided to the client by MDHA.
- **Dallas Furniture Bank (DFB)** – Upon housing, a case manager may seek the help of MDHA in paying for a client's basic furniture. MDHA approves the request, and notifies the DFB. The DFB contacts the client and case manager to set up a shopping appointment at the DFB. The client shops, choosing specific items per the request, and the DFB delivers. The Flex Fund pays the DFB directly.
- **DART Reduced Fare ID Program** – MDHA provides a letter certifying that a person is homeless, and is receiving services from a specific agency. The client submits the letter to the DART Store, DART approves the client for a DART Reduced ID, and the client purchases the ID, which discounts most rates by 50%.

A Final Note – The Political Will and the Courage to Act

We do not have a homelessness crisis. We have an acute affordable housing crisis. **We need more permanent supportive housing, more second chance housing, and more affordable housing in the 0-30% AMI (Area Median Income) range.** We cannot create this housing. That is not the role of a homeless response system. **It is the role of the City of Dallas, and its neighboring municipalities. They must take bold and decisive action to create housing and alleviate this crisis. It will not go away, if they do not. We hope and pray they will have the courage to do so.**

Endnotes

[i] http://www.ssireview.org/articles/entry/collective_impact

[ii] http://www.ssireview.org/blog/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_1

[iii] Much of this Playbook draws ideas and language from two sources:
- Opening Doors, the national strategic plan to end homelessness as amended in 2015, http://usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf
- Housing First: Ending Homelessness, Transforming Systems, and Changing Lives, by Deborah Padgett, Benjamin Henwood, and Sam Tsemberis (2016)

[iv] See https://www.hudexchange.info/resources/documents/S896_HEARTHAct.pdf for definitions of the various categories of homelessness. For the final rule on the precise definition of chronically homeless, see https://www.federalregister.gov/articles/2015/12/04/2015-30473/homeless-emergency-assistance-and-rapid-transition-to-housing-defining-chronically-homeless#h-7

[v] See http://www.mdhadallas.org/state-of-the-homeless-address-2017/ for more detail.

[vi] See http://www.mdhadallas.org/wp-content/uploads/2015/06/APR-Numbers-for-2016-for-Me.docx for a more detail.

[vii] Randy Mayeux's book synopsis of the above mentioned book by Tsemberis and his colleagues is a great primer on the book and the issue. A video of this session, and the handout and PowerPoint presentation, that accompanied it, are posted here, under the year 2016: http://www.mdhadallas.org/key-documents/

[viii] See https://www.hudexchange.info/resources/documents/S896_HEARTHAct.pdf, for the full text of the Act (beginning page 32).

[ix] http://usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

[x] http://www.marc.org/Community/Homelessness-Task-Force/Assets/HTF-coordinated-intake-graphic-web.aspx

[xi] This idea is referred to as Progressive Engagement. See more on this concept, and its application to homelessness in A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift? by Dennis Culhane, Stephen Metraux, and Thomas Byrne (2011), http://works.bepress.com/cgi/viewcontent.cgi?article=1105&context=dennis_culhane

[xii] See much more on this in The "How To" of Building an Effective Homeless Response System, http://endinghomelessnessmdha.blogspot.com/2016/03/the-how-to-of-building-effective.html, and Coordinated Access – the Heart of an Effective Homeless Response System, http://endinghomelessnessmdha.blogspot.com/2016/03/coordinated-access-heart-of-effective.html,

[xiii] Dennis Culhane drove this point home in a recent edition of European Journal of Homelessness in The Potential of Linked Administrative Data for Advancing Homelessness Research and Policy, http://works.bepress.com/dennis_culhane/209/

[xiv] http://www.mdhadallas.org/wp-content/uploads/2014/08/CoCSWP-2015-2016-FINAL1.pdf

[xv] http://endinghomelessnessmdha.blogspot.com/2016/03/coordinated-access-blog-post-series.html

[xvi] Oral address by Dr. Iain De Jong to policy makers at City Walk in Dallas on September 3, 2015

[xvii] As in many communities, across the world, we use Dr. Iain De Jong's Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool, http://www.orgcode.com/product/vi-spdat/

[xviii] These will be shared during the 2017 State of the Homeless Address.

[xix] http://endinghomelessnessmdha.blogspot.com/2016/01/a-data-driven-alliance-to-end_12.html

[xx] http://endinghomelessnessmdha.blogspot.com/2017/01/we-knew-we-could-count-on-you.html

[xxi] http://www.mdhadallas.org/the-mdha-flex-fund/

[xxii] http://www.mdhadallas.org/wp-content/uploads/2015/06/Homeless-Services-and-Encampment-Protocol.pptx

[xxiii] http://www.mdhadallas.org/wp-content/uploads/2015/06/MDHA-Homeless-Response-System-Community-Dashboard-Baseline-Updated-2-15-2017.pdf

[xxiv] http://www.mdhadallas.org/wp-content/uploads/2017/02/MDHA-HRS-Community-Dashboard.docx

[xxv] http://endinghomelessnessmdha.blogspot.com/2017/01/the-story-of-homelessness-in-dallas.html