

How Dallas is starting to solve its homeless problem

The Dallas Morning News, by Cindy J. Crain, Commentary, October 6, 2016

This week, the city of Dallas, in cooperation with homeless service providers, cut in half the space for homeless living under Interstate 30 at Haskell Avenue.

The closure process started with 82 people on Sept. 23, and we have until Oct. 25 to do all that we can for the remaining 57.

But instead of helping only a portion of the people living under this bridge and having to allow the rest to move to another bridge for shelter, this time, Dallas has the resources and commitment to try to help them all with housing interventions. Thanks to a new project, Dallas is addressing the causes of homelessness, not just the results.

Last February, a joint project was formed among Austin Street Center, City Square, Turtle Creek Recovery Center and Metro Dallas Homeless Alliance. Funded through the city, by way of the Texas Department of State Health Services Healthy Community Collaborative grant, the plan set out to identify the chronically homeless and provide social services with the goal of rapidly rehousing them.

The project was the first program in Dallas to embrace the Coordinated Assessment System prioritization process called DOPS, for documentation of priority status. This process uses a uniform assessment tool, measures the amount of time someone has been homeless, evaluates the severity of service needs, and certifies the presence of any disabling conditions that contribute to the inability to access or maintain housing without support.

And then we rank people as priority 1, priority 2, etc. The highest-priority people are housed first.

We heard from the community as well as from members of the Dallas Homelessness Commission, and we agree that service providers must be held to account. Many nonprofits shudder at the volumes of regulations, statutes, guidelines, security and government monitoring required to run these types of programs.

We do not shy away from this accountability.

One reporting tool used by the Metro Dallas Homeless Alliance is a standardized annual performance report generated from a client database, the homeless management information system. On Tuesday, I asked staff to run an APR examining the aggregate results of the Collaborative project partners, which began in mid-February, through the end of September.

A brief analysis of the APR offers insight to a commitment to serving the hardest-to-serve in a systemic way, multi-agency, utilizing standardized tools, eliminating barriers to service and applying a housing-first methodology.

It also tells a profound demographic story of the homeless in Dallas, and the depth of health needs, degraded and made more costly to treat due to the lack of housing.

The unduplicated number of people served, including assessments, services, shelter and housing: 298.

Of that, 238 were chronically homeless, or 80 percent.

Men make up 62 percent of that population and women are 38 percent, which is remarkable given the number of people assessed while unsheltered. The national average is 28 percent women.

The ages continue the story of the unyielding predominance of homelessness among late baby boomers, with 76 percent being 45 or older. Thirty people are older than 60. Blacks make up 62 percent of the chronically homeless population in Dallas, and whites make up 31 percent.

Entry data revealed that 227 suffer mental health problems, 53 reported alcohol abuse and 50 drug abuse. Chronic health conditions (most commonly heart disease, asthma and diabetes) were reported by 127 people.

The complexity of these cases is reflected in the number of people with multiple conditions. The portion with two or more physical and mental health conditions: 78 percent.

So what was accomplished by the new collaborative?

The program is young, so only 28 people have fully exited all services in the grant program during the past seven months. One went to a halfway house, 10 to temporary destinations such as transitional housing or emergency shelter, and 17 to permanent destinations.

None went back on the street.

There are still very complex cases at the Haskell encampment. But the consistent and persistent street outreach and case management, which for many began at the Interstate 45 Tent City, are realizing breakthroughs in trust and problem solving, and resulting in piecing together housing plans.

At a recent Dallas City Council Housing Committee meeting, I was grilled about the plan to increase street outreach, assessments, housing navigation and supportive services because it was just "more of the same."

Councilman Philip Kingston suggested, "Well, maybe they are asking for the same thing because it's working?"

Yes, it is working.

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