

# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

Dallas County Administration – 411 Elm Street, Allen Clemson Courtroom, 1st Floor, Dallas Texas

June 23, 2021 10:00-11:30am

## AGENDA

COVID-19 is hard on all of us but especially hard on our low-income and homeless populations.

Even though we are all doing business differently than before there is value in being able to communicate during these unpredictable times. Thank you for all you are doing and please stay safe.

The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

### 1. Welcome and Introductions

### 2. Reports

#### a. Governance – Commissioner Theresa Daniel

- Approval of May 26, 2021 minutes
- Dallas Area Partnership to End and Prevent Homelessness
- Dallas County Homeless Advisory Committee
- Federal & State legislative environment

#### b. Presentation – The Cottages at Hickory Crossing- 3 year Report, Nadia Salibi, VP of Programs

#### c. Resources – services, programs, people, funds

- Shelter Discussions
- NTBHA
- Housing Navigator / Homeless Jail Dashboard/St Jude Center
- Housing Authority Report- DHA/DCHA
- Meadows Mental Health Policy Institute
- CARES Act Update

#### d. Projects and Industry Updates

- Coordinated Access System
- Pretrial Diversion and MH screening
- CitySquare Report (The Cottages/Fuse Project /A Way Home Housing)
- Dallas Connector
- Homeward Bound, Crisis Residential & Respite Services
- Metro Dallas Youth Committee update
- Family Housing
- Mattingly Report

### 3. Next Meeting is scheduled for July 28, 2021 (Fourth Wednesday of the Month)

**Dallas County Administration, 411 Elm Street, 1<sup>st</sup> Floor, Dallas Texas 75202**  
**May 26, 2021 Minutes**

**Mission Statement:** The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

**ATTENDEES:** Dr. Theresa Daniel, Commissioner; Edd Eason, CitySquare; Brittney Farr, DART; Mayra Fierro, Metro Dallas Youth Committee; Deborah Hill, DCCJ; Tzeggabhran Kidane, Dallas County; Jim Mattingly, LumaCorp; Yordanos Melake, DCCJ; Ikenna Mogbo, Metrocare; Erin Moore, Dallas County; Charlene Randolph, DCCJ; Justin Vander, Prism Health; Eric McCarty, NTBHA; Sandy Rollins, Texas Tenants Union; Kelvin Brown, Housing Crisis Center; Janie Metzinger, NTBHA; Laura Edmonds, DCCJ; Maria Herrera, DCCJ;; Sattie Nyachwaya; Traswell Livingston, AIDS Dallas; Yvonne Green, Parkland Health and Hospital System; Martha Rodriguez, Dallas County; Dave Hogan, Homeward Bound; Hector Faulk, Dallas County; Juan Loya, Dallas County; Thomas Lewis, HHS; Leonard Ayala, Texas Tenants Union; Joyce White, DCCJ; Brooke Etie, DHA; Daniel Roby, Austin Street; Contance Lacy, UNT Dallas; Libby Wolverton, Metro Dallas Youth Committee; Ellen Magnis, Family Gateway;

**CALL TO ORDER:** The minutes were approved without changes.

## **GOVERNANCE**

Dallas County Homeless Advisory Committee: Erin Moore, Commissioner Daniel Office

Erin Moore reported that there were updates to the COVID-19 vaccination effort in the homeless shelters. The efforts are ongoing with the Johnson and Johnson one shot. There was a discussion on the Harris County homeless id program. The Houston Outreach team, which is run through their law enforcement, is issuing HOT (Houston Outreach Team) ID's. to individuals to assist with obtaining services. There was also discussion on the increase of the incoming emergency housing vouchers.

Federal and State Legislative Update: Janie Metzinger, NTBHA

Ms. Janie Metzinger provided the group with an email update of the legislative bills. Ms. Metzinger stated that there have been several bills that have gone to the governor, including the telehealth and the broadband bills. The broadband bill is still in process due to amendments made by the Senate which has a lot of general support from both houses. Ms. Metzinger will provide the final report on the budget bill at the meeting next month. Rep Rose's bill to expand Medicaid to women after pregnancy was originally 12 months, but the Senate has changed it to 6 months. The Senate sponsor for the bill was the chair of the Health and Human Services committee, Senator Kolkhorst.

Ms. Metzinger explained that the House Bill 1925 had some major changes and amendments in the Senate. She explained that the homeless assistance center in San Antonio testified in support for the bill. Mr. Eason further explained that the bill was changed to be a statewide ban on public camping unless special provisions providing individuals services are met by the local authority. Mr. Daniel Roby stated he is interested to see what the provisions that have been added to the bill will change the effect that the bill will have on homeless individuals.

Traswell Livingston stated that a meeting was held with Transportation, Housing and Urban Development (THUD) staff a few weeks ago requesting the appropriation to increase HOPWA funding from a prorated share to \$600 million. Mr. Livingston explained that the concern that they received from the staff is CARES money that is still on the shelf in a lot of local jurisdiction. As the staff hears feedback to increase appropriations, they are looking at \$5 billion dollars of CARES

money that is not being utilized across the country and it doesn't look good when you talk about appropriating new dollars at HUD level.

Leonard Ayala with Texas Tenant Union explained that they have been watching HB 900 and are worried about two recent provisions. Mr. Ayala wanted to know the likely hood the bill would pass. Ms. Metzinger answered that the bill has passed in the House and passed in the Senate with amendments. The amendments were sent to the House on May 24<sup>th</sup> and the bill needs some final stamps of approval or won't pass.

Ms. Magnis inquired about the language used in the camping bill on the approval requirement around the municipality of securing a hotel and using it for homeless services. Ms. Metzinger responded that she hadn't read it but will follow up once she has the opportunity look it over.

## **RESOURCES**

Shelter Discussions: Daniel Roby, Austin Street

Daniel Roby reported that the adult shelter committee through MDHA has been having conversations around what is being done for coordinated access and coordinated entry. The committee is discussing how the shelters are adjusting in order to make sure when new vouchers are made available, they can be absorbed and placements can be made. They are also coordinating around COVID response to see if additional beds can be made available at this time. They are still getting guidance to maintain the social distancing that is currently in place.

NTBHA: Eric McCarty

Eric McCarty reported that NTBHA is getting prepared to submit the new contracts for two additional TBRA contracts. It is hoped that the new contracts will provide some more opportunities for individuals to be housed in Dallas County. It is unknown if there will be any funding associated with the new contracts until the notice of funding availability is provided. The contract numbers provide 24 months of assistance so with the changing of the contract numbers this will allow NTBHA to provide individuals with an additional 12 months of assistance through the TBRA program. The contract renewal is scheduled for June 13. The general contract has more than 10 million dollars available and the persons with disabilities contract has \$150,000 available. It is unknown if some of that funding could be moved to assist with the persons with disabilities applications. Mr. McCarty stated that individuals have not been willing to move to relocate outside of Dallas County in order to take advantage of the general contract funding.

Housing Navigator: Laura Edmonds, Dallas County

Laura Edmonds reported on behalf of Kimberly Rawls. Ms. Edmonds referenced the report in the meeting packet.

Housing Authority Report- Brooke Etie, DHA

Ms. Etie reported on the allocation of the emergency housing vouchers from the American Rescue Plan Act of 2021. There have been 70 thousand vouchers allocated across the country for HUD to administer, which totals 5 billion within their budget authority. Of the 70 thousand vouchers a little over 1100 were allocated to housing authorities of DFW area and DHA was offered 490 emergency vouchers. DHA has accepted 100% percent of the vouchers that were offered and indicated that they are willing to take more. All the direct referrals will come through the local COC. DHA will partner with the local continuum of care as well as other providers that are interested. The funding begins July 1, 2021, but referrals can start as soon as an MOU is agreed upon. DHA is creating an electronic format so that the COC can submit referrals electronically through a direct link.

Edd Eason asked if the vouchers allocated to the surrounding PHA's averaged about 40 each. Ms. Etie responded that the area total was 1146 but individually the housing authorities were allocated as follows: Forth Worth 133, Dallas County 124, Grand Prairie 103, Arlington 89, Tarrant County 85, Mesquite 41, Garland 41, Denton 40, and DHA 490. Each of the housing authorities are required to partner with their local COC to receive the direct referrals through the Coordinated Access System.

Traswell Livingston asked about any updates on rental rates of the vouchers and rent range based on the climate of the rental market right now. Mr. Livingston also asked about whether Plano was included in the allocation of the vouchers since they were not apart of the list that Ms. Etie provided. Ms. Etie stated that she did not see Plano on the list but DHA

does cover Collin County so they will be able to assist individuals in the Plano area. Ms. Etie also reported that the housing authorities are still required to administer through the fair market rent. Ms. Etie explained that the high opportunity neighborhoods have a higher fair market rent, so the payment standard in which DHA can pay is higher in some of those neighborhoods. Ms. Etie stated that the rent rate is also based on the family's affordability, so sometimes affordability is more of a determining factor than the fair market rate. Affordability is more of the issue for the homeless population because they don't have the income to support the higher rent amount. Ms. Etie explained it is important that DHA is partnering with the service providers to provide wrap around services to individuals that are being placed in these high opportunity neighborhoods. The wrap around services help equip the services, needs, and increase in income over time so they can become independent.

Ms. Etie reported that allocation of the vouchers also includes servicing, which means this funding comes with additional admin fees. The servicing also allows housing authorities provide or contract out housing searching assistance, security deposit, utility deposit, renter's insurance, tenant readiness services, owner recruitment and outreach, and some household items. The allocation for servicing is \$3500 per voucher for the 490 vouchers that DHA has accepted.

## **PROJECTS AND INDUSTRY UPDATES**

### CARES Act: Hector Faulk, Dallas County

Hector Faulk reported on behalf of Charles Reed on the CARES Act update. Hector reported that the CARES team has been managing several programs specifically the Emergency Housing Assistance Program (EHAP), which 7 million dollars has been dedicated. The EHAP to date has assisted 1400 individuals under a number program. EHAP has grown to include the Texas Rental Assistance Program (TRAP), Texas Eviction Diversion Program (TEDP), and the Emergency Rental Assistance Program (ERAP). Health and Human Service and the CARES team has streamlined the process by creating a prescreening application that allows for applicants to be prescreened one time and then diverted to the appropriate program. Through the four different programs to date 1400 clients have been assisted with the average assistance being about \$4400. It is anticipated as a note to get an additional set up fund to assist with ERAP, called ERAP2. ERAP2 funds of 31M will be added to the overall housing assistance program. Mr. Faulk stated that they are currently starting to wrap up established CARES funds programs with the deadline to use the funds being December 31, 2021. The CARES/ARP team is currently brainstorming on possible programs that can be started that specifically address homelessness that are outside of the current housing programs. There is nothing set in stone because they are currently reviewing the 150-page guidance that the U.S Treasury released to figure out what programs may or may not be eligible. Mr. Faulk stated that they have recently started discussions with the City of Dallas and other regional partners about exploring the possibility of doing some sort of regional approach on housing and homelessness.

Sandy Rollins asked if any of the money that is being released can be used for non-COVID related income loss or need. Mr. Faulks stated that they are exploring that possibility through ARP and they will know more as they continue to explore the US Treasury Guidance.

Edd Eason asked Mr. Faulk if he knew anything about the ARP money being utilized to develop affordable housing and services for individuals that are placed in those affordable housing that was developed or redeveloped. Mr. Faulk stated that it is his understanding that the ARP funding for affordable housing would need be tied to COVID in the sense that they would need to make sure that individuals are not crammed together in shelters. He hasn't seen anything specific in the guidance regarding Mr. Eason's questions but there may be some language there that could allow some relief for affordable housing development. Mr. Faulks reported that the ARP guidance has four main categories that provides the ability to spend money. The four categories include responding to the COVID-19 health emergency, premium pay for eligible workers, replacement of revenue loss, and investments in necessary infrastructure such as water, sewer and broadband. Under the first category responding to COVID 19 the guidance does allow for affordable housing.

### Coordinated Access System: MDHA

Edd Eason reported that MDHA reported at the COC assembly meeting that the coordinated access system is moving from the manual system into HMIS. MDHA shared a calendar of training with service providers for the month of June.

Homeless Jail Dashboard: Kimberly Rawls, Dallas County

Laura Edmonds reported on behalf of Kimberly Rawls. Ms. Edmonds referenced the report in the meeting packet.

CitySquare: Edd Eason, CitySquare

Mr. Eason reported that the cottages are starting to fill back up with 42 out of the 45 units occupied. The first three-years study report on the Cottages has been completed and will be presented at the next Housing Work Group meeting. The FUSE program will be adding a navigator at Homeward Bound and Parkland hospital using funds raised by United Way. Mr. Eason reported that they have distributed 1.4 million of the CARES Act rental and mortgage assistance funds to 800 households with \$84,800 left to be distributed. Mr. Eason reported that his complete report with additional details is included in the packet.

Dallas Connector: Daniel Roby, Austin Street

Daniel Roby reported the Dallas Connector has provided 10,579 unduplicated rides for 807 unduplicated passengers, 88 people were placed on the housing priority list housing 16 of them, and 249 people who were unsheltered prior to engaging with the Dallas Connector who are now engaging with a shelter.

Pretrial Diversion and Mental Health Screening: Laura Edmonds, Dallas County

Laura Edmonds reported everything continues to run smoothly with individuals being identified in jail who need to be released to community services. She also reported that they are continuing to work closely with NTBHA and Dallas connector which helps transport individuals from jail to the Living Room.

Homeward Bound: Dave Hogan, Homeward Bound

Dave Hogan reported on Doug Dentons behalf. Mr. Hogan reported the crisis residential continues to be full and running fine.

Mr. Hogan stated that the Deflection Center will be inspected by the state as a crisis respite facility, so the policy and procedures will need to be written to reflect the state requirements for a crisis respite facility. They are currently working with the DA's office to get the policy and procedures completed. Mr. Hogan reported that the tentative opening date is September 1, 2021.

Mr. Hogan explained that discussions are starting that focus on homeless housing for individuals that come out of treatment. He stated that individuals are released from treatment without a place to go and are brought back in due to being in areas they are not allowed, which cause an endless cycle. Mr. Hogan reported that the City of Dallas has given the City Marshal office funds for a sobering center. Mr. Hogan suggested a housing ladder that starts with the shelters. Mr. Hogan will be meeting with Dr. Woody, Daniel Roby and Wayne Walker to discuss further. The next step Mr. Hogan suggested is connecting with licensed boarding homes. Mr. Hogan met with the manager of the boarding home inspection team about the boarding home symposium that will be held again this year. There is discussion on the recreation of the boarding home association which allows the City of Dallas to work with the licensed operators of the boarding homes. The collaboration could provide an opportunity for the licensed boarding homes to take in individuals who graduate from the treatment programs.

Metro Dallas Youth Committee: Mayra Fierro; Metro Dallas Youth Committee

Mayra Fierro reported that many of their housing providers have openings in their emergency shelter, transitional living or rapid rehousing. Promise House has added an emergency shelter for 18-21 years old with 4 beds available. Ms. Fierro stated that they are working on the next step of creating the new youth systems map which will help create a youth specific coordinated access system, identify gaps, and identify bed availability. They are also in talks with MDHA about a youth specific PIT count in the fall. Ms. Fierro explained that to get youth onto the housing priority list there needs be proof of 14 days of homelessness within the last 30 days, which has been a barrier for many homeless youth in getting support and assistance that they need. There are discussions with MDHA and Clutch Consulting about changing that requirement to one night in a shelter.

Dave Hogan asked if the age range of 18-21 requirement for the 4 beds at the emergency shelter be lowered to 17 years old. Ms. Fierro stated that they do have emergency shelters for individuals 17 years and younger, but the 4 beds are specific for individuals between 18-21 years.

Family Housing: Ellen Magnis

Ellen Magnis provided a detailed report in the meeting packet. Ms. Magnis provided the following summary to the group to be reported on her behalf, “ We are holding steady and able to shelter the families with kids who need shelter between Family Gateway and our hotel practice (currently 40 families in the hotel setting in one of the City of Dallas purchased hotels) + The Salvation Army. We continue a strong diversion practice as a primary strategy and are grateful for the abundance of housing funding currently available so that we can get families housed. We are awaiting a funding result before we launch a pilot with Salvation Army for an integrated service model to expand their shelter space for families where we will be on site for case management.”

Mattingly Report: Jim Mattingly

Jim Mattingly did not have any updates to report. Mr. Mattingly asked Brooke Etie from DHA what the current experience and success rate is for finding housing for the voucher users. Brooke Etie reported that current rate of success in finding housing is 73% for overall voucher users with most families leasing between 60 to 90 days. Brooke stated that she doesn't have the exact number for the vouchers used by homeless individuals but with the additional 490 vouchers program that DHA is receiving she would be able to better track the success rate.

Updates: Commissioner Daniel updated the group on the status of the Maverick Gardens that is being headed by the Cuban Foundation. At this time the project has been put on hold due to flood plains and levy work being done on the property that may take a few years to complete.

***Next Meeting: June 23, 2021***

***Dallas County Administration Building, 411 Elm Street, 1<sup>st</sup> Floor, Allen Clemson Courtroom***

## CitySquare Report

BHLT Housing Committee Meeting – Wednesday, June 23, 2021

### Cottages at Hickory Crossing

Time period: **May 1 - 31, 2021**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Total Units on site	50	50	50	50	50								
Unit Off-Market for Repairs	5	3	3	3	3								
Total Units Occupied	39	37	40	42	42								
Units Available for Occupancy	6	10	7	5	5								
# of Candidates with Pending Applications	11	13	9	7	6								
# Applications Denied by DHA	0	4	0	0	0								
# Applications Pending DHA Approval	0	2	3	0	1								
# Applications Pending – Need Documents	0	4	3	2	1								
# of Units Awaiting DHA Inspection	1	3	3	3	1								
# of Residents Tested for Infectious Disease	5	5	5	0	1								
# of Residents Tested Positive	1	0	0	0	0								
# Residents Vaccinated – 1st Dose	0	0	0	3	1								
# Residents Vaccinated – 2nd Dose	0	0	0	0	1								
# of ER Visits (Baylor)	8	8	7	2	7								
# of Residents Visiting Baylor ER	6	6	4	2	5								
# of ER Visits (Other – Parkland, Methodist)	4	4	5	1	2								
# of Residents Visiting Other ERs	2	3	4	1	1								
# of Residents Admitted to All Hospitals	1	1	2	0	0								
# of Exited to Homelessness - Unduplicated	0	0	0	0	0								
# of Exited to Permanent Housing - Undup	0	1	0	0	0								
# of Deceased - Unduplicated	1	0	1	0	0								

**Project Update:** This project has completed its 3-year agreement to funders to provide housing and on-site mental health services for those who are chronically homeless, with co-existing mental health and substance use disorders and with at least two jail book-ins in the past two years and no income. The project has started using the MDHA Housing Priority List as its official waiting list with the following allocations: 33.3% chronically homeless with co-existing mental health and substance use disorders and at least 2 jail book-ins in the past 2 years, no income required; 33.3% chronically homeless, some/limited criminal history, enough income to qualify for PBV per DHA standards; 33.3% chronically homeless, no criminal history, enough income to qualify for Project Based Vouchers per DHA standards. CitySquare staff is currently working on a report that will summarize the impact the Cottages have had on the cost of frequent utilizers to the homeless response system. This report has been delayed by COVID-19. CitySquare plans to have a final report ready in the third quarter of 2021. This report will be sent to the City of Dallas, Dallas County/BHLT and Communities Foundation of Texas.

Our goal starting in January 2021 is to place a minimum of one resident per month until all units are full. The program has 1-2 exits per month (i.e., exit to permanent housing, homelessness, resident deceased). If a resident is incarcerated, hospitalized, etc., we hold the unit up to 90 days.

### Dallas Frequent User System Enhancement (FUSE) Project

**Project Summary:** Annually FUSE navigators embedded at the Dallas County Jail, Austin Street Center, Bridge Homeless Recovery Center, Salvation Army and CitySquare Street Outreach will screen 3,000 individuals experiencing homelessness to identify at least 300 frequent users (homeless with mental health and/or substance use disorders plus at 2 jail book-ins in the past two years) and place at least 75 individuals into housing with supportive services.

**Funding:** United Way of Greater Dallas serving as fiscal agent providing \$ 100,000 annually. Additionally, the project received a one-time gift of \$ 300,000 from the Texas Instruments Foundation. Project budget is \$ 244,842 annually. The

remaining funds (\$ 134,526) will be raised by the partners (CitySquare, Dallas County Criminal Justice, Austin Street Center, Bridge Homeless Recovery Center, Salvation Army).

**Project Dates:** 3 years (July 2020 – June 2023)

**Report for July 1, 2020 – May 31, 2021:**

1. Number of FUSE clients screened: 2,009
2. Number of FUSE clients enrolled/in case management: 118
3. Number of FUSE clients receiving emergency shelter services: 105
4. Number of FUSE clients housed: 37

**Note:** The Dallas FUSE Project has faced many challenges due to the social distancing guidelines in response the COVID 19. FUSE did not officially begin until 7/1/2020. New intakes were limited due to procedures at the Dallas County Jail being affected by COVID-19. Yolanda Williams has been named as the new project director by CitySquare. Inquiries should be sent to her ([ywilliams@citysquare.org](mailto:ywilliams@citysquare.org)). FUSE partners reported to United Way of Greater Dallas that \$95,000 in Year 1 funds had not yet been expended and were available to be used for Year 2. UWGD is working on distributing Year 2 funding to all partners. United Way recently raised an additional \$168,000 from the Addy Foundation. This amount plus the unexpended funds from Year 1 are enough the fund the project for Years 2 and 3 and add two navigators, one at Parkland Hospital or NTBHA and one at the Homeward Bound Deflection Center. FUSE leaders are currently working with Parkland, NTBHA and Homeward Bound add these navigators to the Year 2 and 3 budgets. These additional navigators will increase the number of persons enrolled and housed by at least 25% annually.

## A Way Home Housing

For 2020 - 2021 CitySquare was awarded \$ 1.3M in funding from the City of Dallas for a subsidized landlord leasing program. From October 2019 to September 2020 in partnership with Family Gateway and through additional private funding CitySquare placed 75 homeless households into housing in high opportunity neighborhoods. For 2020 – 2021 the goal is to move at least 35 households to self-sufficiency and place 35 new homeless households into housing. Below is the status of this RRH program. The City of Dallas approved \$1.3M in renewal funding for Oct. 1, 2020 – Sep. 30, 2021. COD and CitySquare executed a contract in March 2021. CitySquare will bill the grant for past and present expenses starting in April 2021.

	Oct -20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Totals
Unduplicated Individuals Housed	53	1	2	1	6	3	6	1	0	0	0	0	73
Unduplicated Families Housed	28	0	0	1	1	1	0	0	0	0	0	0	31
Unduplicated Exits - Individuals	1	1	3	3	4	6	7	10	0	0	0	0	35
Unduplicated Exits – Families	1	1	1	1	7	0	4	0	0	0	0	0	15
Unduplicated Individuals Pending	1	2	2	5	1	7	2	1	0	0	0	0	21
Unduplicated Families Pending	0	0	0	1	2	1	1	1	0	0	0	0	6
Properties Recruited	28	1	0	0	0	0	1	1	0	0	0	0	31
Properties in Use	18	0	0	0	0	0	1	0	0	0	0	0	19
Total Funds Spent	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	0	0	0	0	\$640,000
Grant Funds Spent	0	0	0	0	0	70,000	70,000	70,000	0	0	0	0	210,000
Private Funds Spent	80,000	80,000	80,000	80,000	80,000	10,000	10,000	10,000	0	0	0	0	\$430,000



## Destination Home

Destination Home is a permanent supportive housing program of CitySquare made possible by a \$ 3,540,620 annual grant from HUD through the Dallas-Irving Continuum of Care. CitySquare must match with \$ 225,000 annually. For the past 5 years an average of 245 individuals, who were chronically homeless, have been served annually. Of those served an average of 92% annually never return to homeless again.

	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	Totals
Individuals Housed	241	3	2	9	2	3	0	1	3	2	0	0	261
Individuals Exited	0	1	5	6	7	4	0	0	2	1	2	0	23
Properties in Use	10	0	0	0	-1	1	1	1	2	2	0	0	12
Total Funds Spent	\$302,799	\$306,714	\$306,780	\$297,276	\$310,297	\$307,239	\$308,469	\$218,493	\$302,939	\$313,833	\$308,595	\$0	\$3,373,608
Grant Funds Spent	\$277,550	\$280,581	\$282,546	\$273,667	\$285,795	\$282,181	\$284,838	\$218,493	\$279,994	\$297,487	\$305,488	\$0	\$3,137,619
Private Funds Spent	\$25,249	\$26,133	\$24,234	\$23,609	\$24,502	\$25,058	\$23,592	\$22,914	\$22,945	\$16,346	\$3,107	\$0	\$235,989

## Healthy Community Collaborative

The Dallas HCC provides emergency services and bridge housing for over 1,000 homeless individuals annually. Three organizations (Austin Street Center, Bridge Homeless Recovery Center and CitySquare) collaborate to provide services for homeless individuals with mental health and/or substance use disorders. Funding is provided by the City of Dallas through a grant from the Department of State Health Services. Of the total amount awarded annually (approximately \$ 1.2M) CitySquare receives \$ 450,000 to provide street outreach, RRH (bridge housing) and supportive services for 40-45 chronically homeless individuals annually. CitySquare must match with \$ 450,000 annually.

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Totals
Individuals Receiving Street Outreach Services (unduplicated)	31	8	7	12	23	9	11	26	0	0	0	0	127
Individuals Housed (unduplicated)	1	1	7	6	0	5	1	1	0	0	0	0	22
Housing Exits (unduplicated)	0	1	2	3	0	2	3	0	2	0	0	0	13
Properties in Use	4	4	4	0	1	5	5	0	0	0	0	0	5
Total Funds Spent	\$79,471	\$76,145	\$80,951	\$77,964	\$85,035	\$85,920	\$89,484	\$91,329	0	0	0	0	\$666,300
Grant Funds Spent	\$39,735	\$38,072	\$40,476	\$38,982	\$42,518	\$42,960	\$44,742	\$45,665	0	0	0	0	\$333,150
Private Funds Spent	\$39,735	\$38,072	\$40,476	\$38,982	\$42,518	\$42,960	\$44,742	\$45,665	0	0	0	0	\$333,150

## TRAC Housing

CitySquare's Transitional Resource Action Center provides 50 units of transitional, rapid rehousing and permanent housing to at least 65 homeless youth (18-24 years of age) annually. Funding is provided through a series of grants from

HUD through the Dallas-Irving Continuums of Care totally \$ 440,893. CitySquare must match with \$ 308,625 annually. Over the past five years of those served less than 12% return to homelessness annually.

	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	Totals
Individuals Housed (unduplicated)	41	0	2	3	1	1	1	0	3	0	0	0	52
Housing Exits (unduplicated)	0	1	2	2	0	0	3	2	1	4	0	0	11
Properties in Use	12	0	0	0	0	0	0	0	0	0	0	0	12
Total Funds Spent	37,193	26,546	60,077	41,773	39,837	39,052	36,248	39,614	44,380	37,619	0	0	402,339
Grant Funds Spent	14,096	22,900	51,482	33,117	31,034	32,283	28,371	30,119	35,826	29,115	0	0	308,343
Private Funds Spent	23,097	3,646	8,595	8,656	8,803	6,769	7,876	9,495	8,554	8,504	0	0	93,995

## Health to Home – Medical Respite for Homeless

In October 2020 CitySquare, in partnership with Texas Health Resources (Texas Health Dallas) and Austin Street Center, launched a 9-bed medical respite plot program for those experiencing homelessness exited from Parkland and Presbyterian- Dallas hospitals. As of April 2021, the three project partners have raised a total of \$ 870,00 for the \$1.2M pilot project (October 1, 2020 – April 30, 2022). Eligible individuals must be homeless adults, able to maintain their daily needs (ADLs) and have a medical diagnosis that can be treated in the medical respite unit at Austin Street Center. Individuals typically stay in respite care for 30 days before exiting to transitional or permanent supportive housing.

Unduplicated #	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Total
Individuals in Respite Care	1	3	2	2	3	5	9	11	0	0	0	0	36
Individuals in Overflow Shelter Care	0	0	0	0	0	1	2	1	0	0	0	0	4
Individuals Exited from Respite	0	0	1	2	2	1	0	6	0	0	0	0	12
Individuals Placed in Housing	0	0	0	1	2	1	1	2	0	0	0	0	7

## COVID-19 Update - CitySquare Emergency Rental Assistance

CitySquare has received private and public funding for emergency assistance (rent and utility assistance). As of 12/4/20 only about \$6,000 of the UW phase 1 funds were left. About \$16,000 of utility assistance funds for Collin, Denton, and Dallas County were left. We were able to get \$50,000 from UW phase 2 on 12/3/20. These funds were required to be expended by Dec. 15, 2020. Our struggle continues to be getting all the required documentation from clients and getting landlords and employers to verify information reported. Our team size is the same (6 full-time and part-time workers). We are using ZoomGrants for our application process. The increased traffic on our platform has caused the system to crash consistently. We are hoping to transition to another platform if things do not improve in early 2021. We have received almost 1,200 applications for rent and/or utility assistance. Currently we have been able to help about 40 - 45% of those who applied.

We have recently received \$250K more in United Way Phase 4 (City of Dallas CARES Funding). We started distributing March 22, 2021, which is also the date we opened our application process again. Persons who are Dallas residents affected by COVID-19 may apply at: [www.citysquare.org/eap](http://www.citysquare.org/eap).

Source/Grant	Total Expended	Amount Remaining	# households assisted (unduplicated)
Private Funds	\$459,779	\$39,351	268
UW Phase 1	\$389,839	\$31,022	114
EFSP 37	\$14,681	0	37
EFSP Cares Rent/ Mortgage	\$60,000	0	63
EFSP Cares Utilities	\$16,638	\$3,362	115
EFSP 38 Rent/Mortgage	\$40,579	\$ 0	39
UW Phase 3	\$118,990	0	36
UW Phase 2	\$49,085	0	62
UW Phase 4	\$248,300	\$1,700	63
<b>Total</b>	<b>\$1,398,468</b>	<b>\$84,856</b>	<b>800</b>



CitySquare

# Cottages Evaluation

BHLT Housing Workgroup

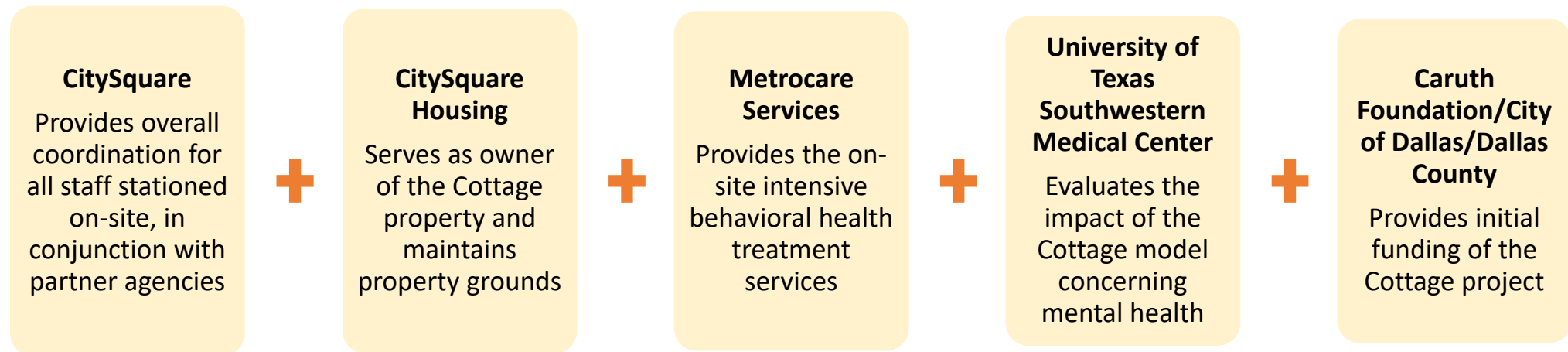
June 23, 2021



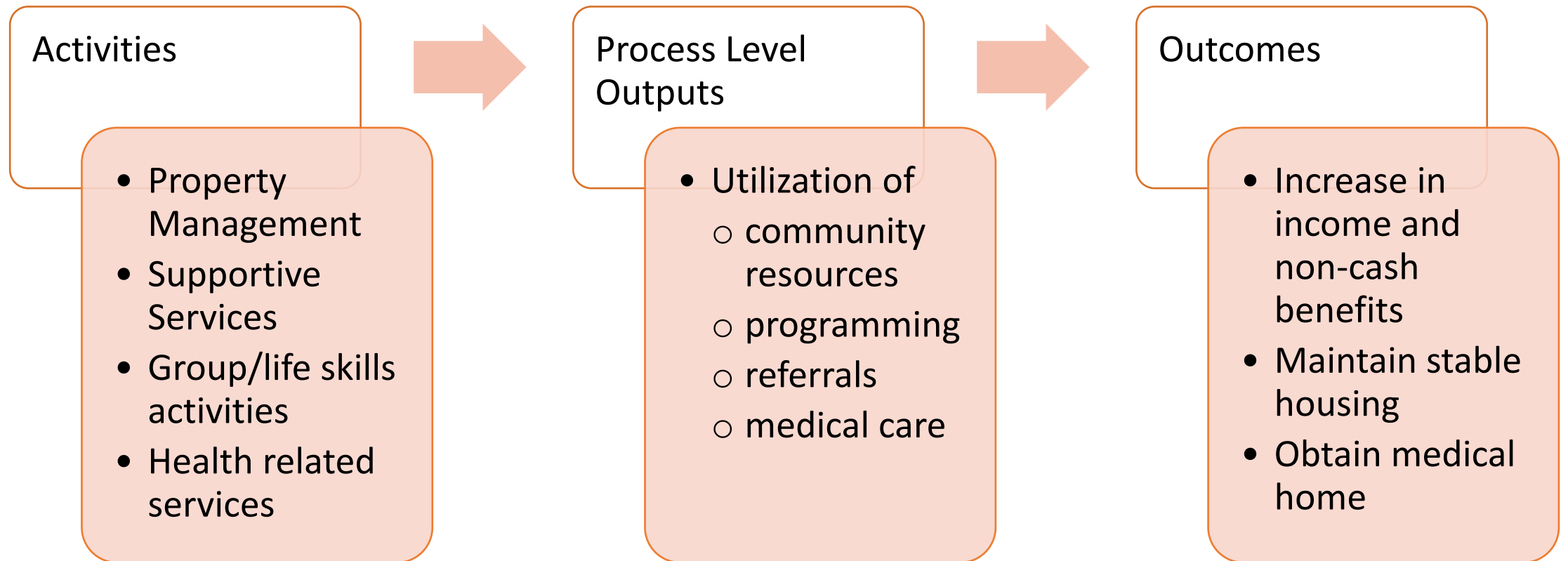
# The Cottages

The goal of The Cottages is to ensure those most vulnerable in society are **housed** while significantly reducing the cost on community resources through their use of **public systems-of-care**, including emergency rooms, hospitals, homeless services, and criminal justice services.

**Cross sector, public-private, collaborative:**



# Cottages Model



# Evaluation Framework

**Evaluation Purpose** Explore impacts of the **three-year** Cottages collaborative from November 2016 – December 2019

## Evaluation Questions

1. who are the neighbors at Cottages?
2. what are the impacts of Housing First services on the social, health, housing and economic outcomes of neighbors?
3. what are the impacts of Housing First services on community resources?
4. how and to what extent has the implementation of the Cottage model partnership been effective in meeting the needs of neighbors?

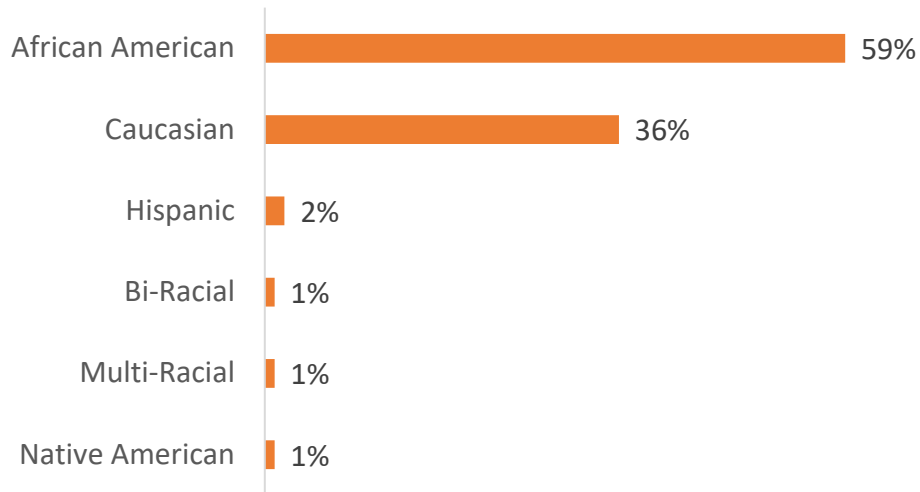
## Evaluation Methodology

<b>Primary Data Collection</b>	56 neighbor surveys,
	2 in-person neighbor focus groups,
	6 online key informant partner surveys with Cottages Governing Board
	5 phone interviews with CitySquare/Cottages staff,
	3 in-person neighbor case profile interviews
<b>Secondary Data</b>	Loopback Analytics, Inc
	Criminal Justice jail report
<b>Program Data</b>	Efforts to Outcomes database
	Governing Board reports

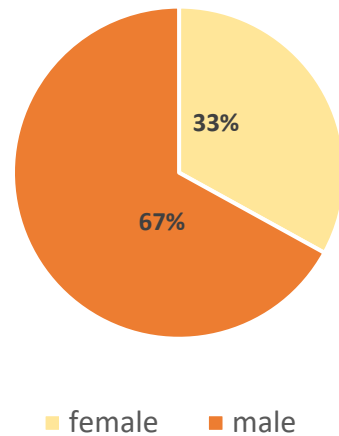
# Who Are the Neighbors?

A total of 106 lived in the Cottages during the three years, they were majority African American, Male and above the age of 45.

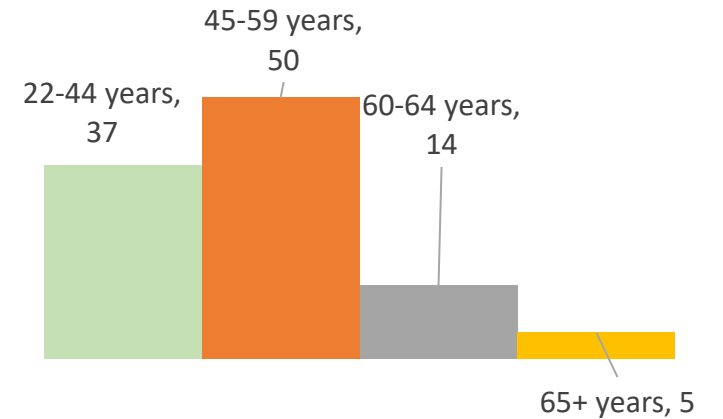
Race/Ethnicity of Cottage Neighbors



Gender



Age of Cottage Neighbors



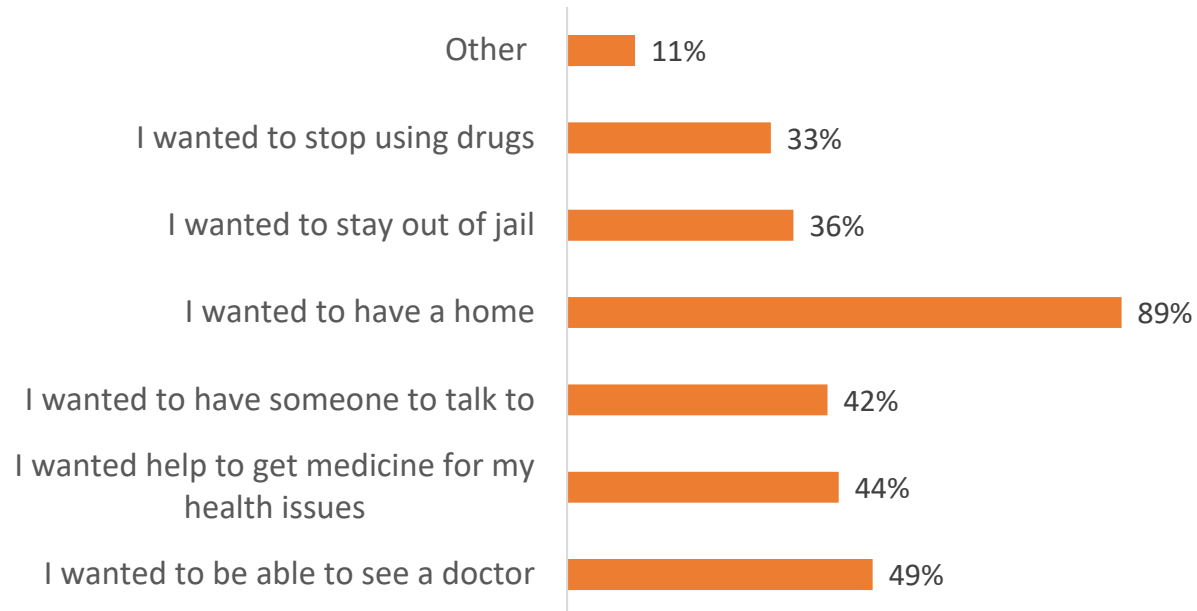


# Who Are the Neighbors?

Over half, 52%, of neighbors surveyed noted that they learned about the Cottages through CitySquare.

The most common reason for wanting to live at the Cottages was **I wanted to have a home**.

Neighbor Reasons for Moving Into Cottages

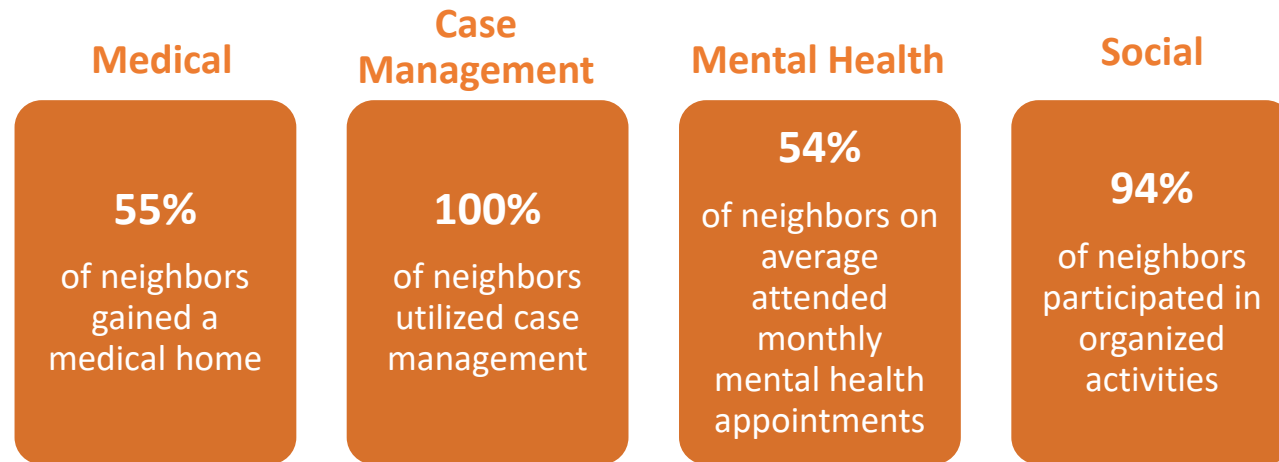


*“I was very happy to have somewhere where I could get a piece of mind....”*

*– Cottage neighbor focus group participant*

# Impact of Housing First on Neighbors

**Social and Health Impacts:** Findings demonstrate when services are offered, a substantial portion of neighbors residing in the Cottages did take advantage of them.



**A medical home** included being linked to any clinic or primary care provider.

**Case management** showed the longer someone was housed, the more encounters they received and the more overall time the neighbor spent with the case manager.

**Mental and behavioral health** sessions included one on one psychosocial sessions, Cognitive behavioral therapy sessions, Psychosocial group sessions and Substance abuse groups.

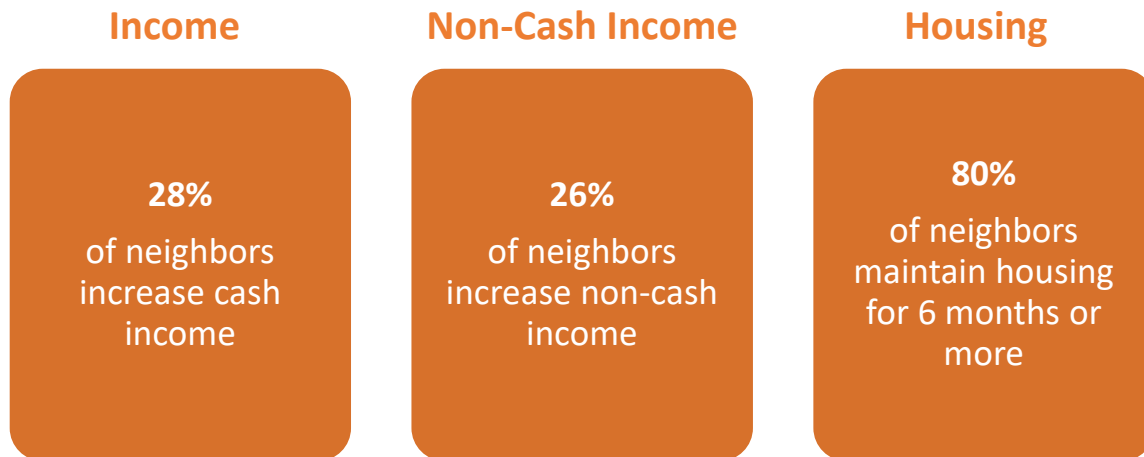
**Social activities** were widely utilized, the most common activity types attended were social events, then resident meetings, followed by life-social skills sessions.

## Key Neighbor Feedback

78% of neighbors surveyed reported living at the Cottages enabled them to **see a doctor regularly** AND that **meeting with their case manager** was the most helpful service they received while living at the Cottages.

# Impact of Housing First on Neighbors

**Economic and Housing Impacts:** Criteria to become a Cottages neighbor often hindered neighbors' personal **economic growth**. With a criminal background and mental/physical illness, or disability – neighbors often had limited options; additionally, although **housing stability** was just shy of the national target the Cottages neighbors exhibited a high stability rate.



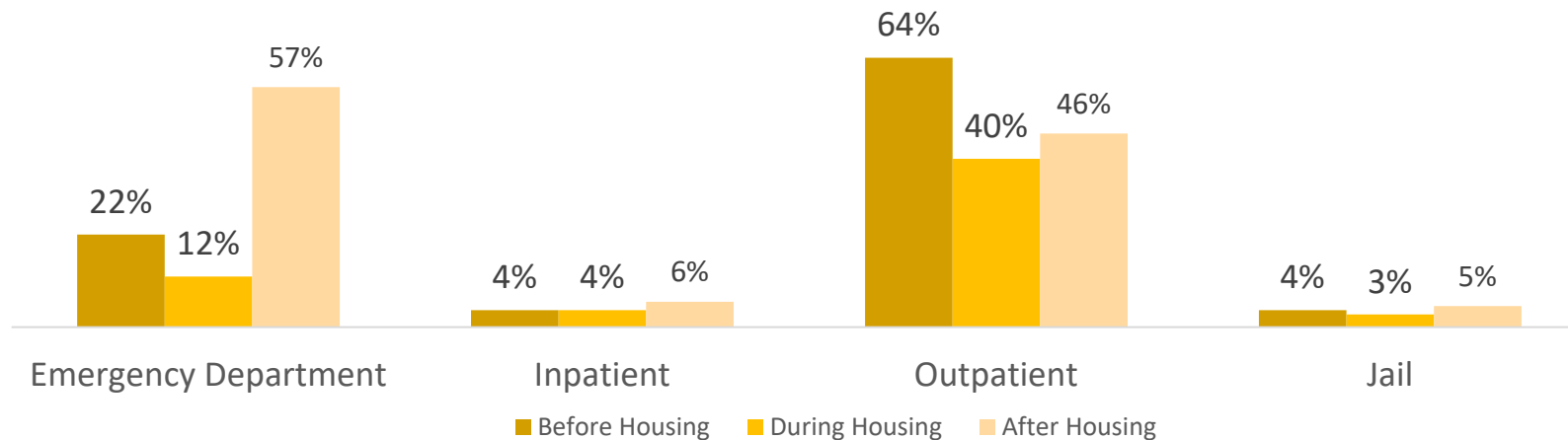
*“ The stark contrast between extreme homelessness and being housed is the most important part of our program.”*

*- Key Informant partner*

# Impact of Housing First on Community

While living at the Cottages, data demonstrates that neighbors' utilization of public services either decreased overall or remained the same.

Neighbor Utilization Rates of Public Systems\*



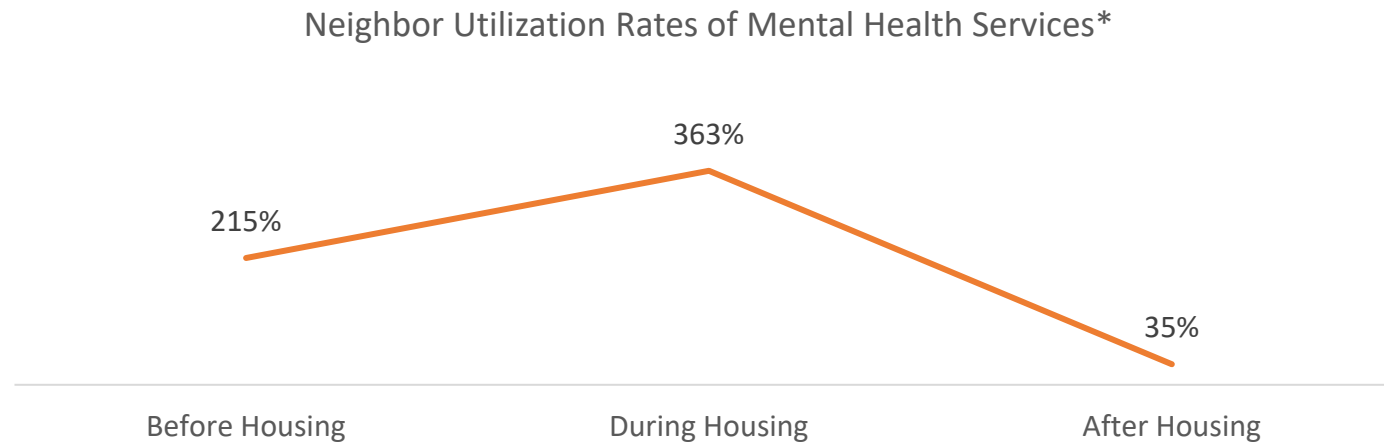
\*Data was only found for 85 of the neighbors housed during the three years and was run during 1/1/2017 – 4/1/2019.

Neighbor focus groups participants all noted that living at the Cottages prevented them from spending time in jail.

While half of the participants noted that they use the hospital or Emergency Department much less, the participants who noted continued use of the hospital, or use it more, felt they had appropriate medical reasons

# Impact of Housing First on Community

The Cottages ensured that mental health services would be available onsite given neighbors living at the Cottages all had diagnosed mental health conditions. Data demonstrates an increase use in mental health services indicating that neighbors took advantage of onsite mental health services.



\*Data was only found for 85 of the neighbors housed during the three years and was run during 1/1/2017 – 4/1/2019.

# Financial Impact on Community Resources

Across all community resources, data was only available from the Criminal Justice system to assess jail costs and utilization. Neighbors housed at the Cottages resulted in monetary savings for the Dallas County Jail



# Investment Impacts

## Cottages Financials

- \$9 million in land acquisition and construction
- \$1,171,833/year on operational costs
  - 66 neighbors served/year on average
  - \$17,755 is the average cost per resident annually

## Sources of Funding

- \$1.5million City of Dallas
- \$1million Dallas County
- \$499,030/year for Metrocare from Dallas County
- \$5.4million in private foundations/donors
- \$520,000 from churches
- \$500,000 CitySquare Housing donation

## Sources of funding from ongoing operational expense

- \$490,000 average annual revenue from project based vouchers
- \$27,000 Average annual revenue from Cottage residents
- \$499,030 Average annual revenue from Dallas County for onsite mental health services
- \$155,803 Average annual amount of funds raised by CitySquare

Total over  
3 years

**\$12,515,499**

**\$10,417,090**

# Perspectives on the Model

**Neighbors:** Almost all, 85%, of neighbor survey respondents felt by living at the Cottages they were able to get the services they needed more easily than when they were homeless

**Cottage Staff:** Overall, Cottages staff participants interviewed felt that the Cottages had a positive impact on the neighbors.

**Key Informant partners:** All key informant partners surveyed reported positively about their experience in the three-year Cottages partnership; however, only half simply **agreed** that the Cottages' partners worked well collaboratively to address ongoing challenges with the Cottages model, reflecting there may have been gaps in partner engagement and efforts to strengthen the program.

*“I was around negative, drugs and stuff...I wanted a direction, it’s been a big help for me, try to stay focused, stay away from the people places and things.”*

*– Cottage neighbor focus group participant*

*“...it’s full of very small successes across the board.”*

*– Cottage staff interview participant*



# Lessons Learned

**If the Cottage model were to be replicated or adapted in any way, we would recommend these areas are prioritized in the design of the program:**

1. Integrate the development and cross training of documentation and training protocols early on.
2. Ensure that the right mix of neighbors are being housed together.
3. Partners and staff must believe in the model and Housing First approach.
4. Success does not have to look big.
5. Prioritize data and appropriate shared data policies with community systems from the onset.
6. Ensure the right services are onsite through a community needs assessment.
7. Address any gaps in staffing that arise throughout the process.
8. Assess continuously if the Collaborative is effectively working well with each other.



# The Cottages at Hickory Crossing Evaluation

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A THREE YEAR EVALUATION ON HOUSING FIRST

The Cottages Evaluation 2021

CITY SQUARE | 06.10.2021

## EXECUTIVE SUMMARY

The Caruth Foundation and Communities Foundation of Texas (CFT) aim to support the establishment of the Cottages at Hickory Crossing (the Cottages) to develop a national best practice model to address the problem of chronic homelessness for individuals with mental illness who may face challenges of substance use disorder and have histories of involvement with the criminal justice system. CFT aspires to ultimately create a model project that will lead to significant reduction in the Dallas homeless rate; prevent future homelessness; and improve public safety.

In 2019-2020, CitySquare conducted an evaluation of the first three years of the Cottage's life to explore its impact on 106 neighbors, community resources, and the cross-sector collaboration that spawned the project. Although there are significant learnings and areas for growth, findings indicate the Cottages was successful in neighbors utilizing support services, which positively impacted their health, housing stability, social structure and economic status. Salient impacts and lessons of the program are described below.

### Housing First Impacts on Neighbors

Simply offering services is not enough to ensure that services are appropriately utilized. Findings demonstrate when services are offered, a substantial portion of neighbors residing in the Cottages took advantage of them, but not all services were fully utilized.



**55% of neighbors gained a medical home.** Access to a doctor proved to be a success with the co-location of the CitySquare clinic on the Cottages property - 78% of neighbors surveyed reported living at the Cottages enabled them to see a doctor regularly.



**100% of neighbors utilized case management.** Neighbors described their relationship with their case manager by listing ways they were helpful; this included being able to turn to them when they had a problem, finding a job, having someone to talk to, and getting bus passes.



**54% of neighbors, on average, attended monthly mental health appointments.** Because many of the neighbors suffer from mental health conditions that require medications, the high percent of neighbors attending these is very impactful.



**94% of neighbors participated in organized activities.** While there were a variety of activity types attended, the most commonly attended activities dealt with socializing, discussing one's living space and learnings from interactions with case managers and other residents.



**28% of neighbors increased cash income while 26% of neighbors increased non-cash income.** Neighbors faced barriers to employment and had limited options with only 6% of neighbors gaining employment. Those who increased their non-cash income most commonly gained Section 8 housing followed by Medicaid.



**80% of neighbors maintain housing for 6 months or more.** The program's greatest impact on neighbors was achieving housing stability.

## Community Impacts

While living at the Cottages, data demonstrates neighbors' utilization of services of community resources (e.g., inpatient, outpatient, mental health, emergency department and jail utilization) either decreased overall or remained the same. Comparing neighbor utilization of public resources from before and after housing, the areas of greatest decreases were in outpatient services and emergency department services.

Programming at the Cottages ensured that mental health services would be available onsite given neighbors living at the Cottages all had diagnosed mental health conditions. Data demonstrates that neighbors took advantage of mental health services; there was increased utilization of these services while housed.

When examining the rate of jail utilization and the cost comparison from three years prior to the opening of the Cottages to the three years during the Cottages operations, we see benefits in utilization and cost. We can estimate a total savings of \$255,723 for 79 residents over 3 years in the Dallas County Jail system.

## Perspectives and Lessons Learned

The majority of neighbors surveyed and staff interviewed felt that the Cottages had a positive impact on neighbors.

All key informant partners surveyed reported positively about their experience in the three-year Cottages partnership but only half **agreed** that the Cottage partners worked well collaboratively to address ongoing challenges with the Cottage model. This may reflect gaps in partner engagement and efforts to strengthen the program.

Lessons learned span from the operations of the Collaborative to the services and impacts on the neighbors. Future actions identified are:

1. Integrate the development and cross training of documentation and training protocols early on.
2. Ensure that the right mix of neighbors are being housed together.
3. Partners and staff must believe in the model and Housing First approach.
4. Success does not have to look big.
5. Prioritize data and appropriate shared data policies with community systems from the onset.
6. Ensure the right services are onsite through a community needs assessment.
7. Address any gaps in staffing that arise throughout the process.
8. Assess continuously if the Collaborative is effectively working well with each other.

## BACKGROUND

CitySquare has a long history of housing the most vulnerable members of society. Over its 30 years of service CitySquare has been a leading provider of housing and supportive services in North Texas. Over the years CitySquare has expanded its programming across a wide spectrum of social determinants of health within four domains: health, hunger, housing and hope. CitySquare understands poverty is complex and at CitySquare we do not serve clients, but neighbors. Each neighbor suffers with various hardships differently; therefore, CitySquare seeks to offer everyone the ability to meet as many needs as possible rather than prioritizing one need over another.

This report provides the results of an evaluation of the unique cross sector collaborative established to provide housing to the most vulnerable populations in Dallas. Additionally, this report provides an opportunity to share key findings to inform key stakeholders and the field around permanent supportive housing with high utilizers of public and community resources. Known as the Cottages at Hickory Crossing Project demonstration effort (the Cottages), this three-year collaborative, taking place from November 2016 – December 2019, is grounded in a Housing First approach that prioritizes permanent housing for the homeless before addressing other needs. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues<sup>1</sup>. The learnings from this evaluation strive to provide a process evaluation of what the collaborative learned along the way and to answer the following evaluation questions: 1) who are the neighbors at Cottages; 2) what is the impact of Housing First services on the social, health, housing and economic outcomes of neighbors; 3) what are the impacts of Housing First services on community resources; and, 4) how and to what extent has the implementation of the Cottage model partnership been effective in meeting the needs of neighbors.

## INTRODUCTION

In Dallas, homelessness continues to dominate those who seek viable housing options. The Metro Dallas Homeless Alliance (MDHA) reported from data collected during the 2020 Point in Time Count, a 1.4% overall decrease in homelessness in Dallas and Collin counties. However, the same report indicated an 11.5% increase in unsheltered homelessness<sup>2</sup>. Data from MDHA and the City of Dallas since 2015 indicates a 44% increase in overall homelessness and a 300% increase in unsheltered homeless over the past 6 years<sup>3</sup>. Much of this increase is due to a lack of affordable housing and funding for certain sub-populations among those experiencing homelessness. Against this backdrop, The Cottages exists to provide permanent supportive housing for up to 50 people living with 1) chronic homelessness 2) Mental Illness **and**, 3) Dallas County Criminal Justice involvement. Every individual that moves into the Cottages is referred to as a neighbor, with the intention of developing deep relationships individually.

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<sup>1</sup> National Alliance to End Homelessness. April 20, 2016. Accessed March 2021 from <https://endhomelessness.org/resource/housing-first/>

<sup>2</sup> Metro Dallas Homeless Alliance. *SOHA 2020 Point In Time Count*. Accessed August 2020 from <https://www.mdhadallas.org/homeless-pit-count/>

<sup>3</sup> Office of Homeless Solutions, City of Dallas. *Be the Solution – Proposed Housing Options*. Cited at Dallas City Council on June 17, 2020.

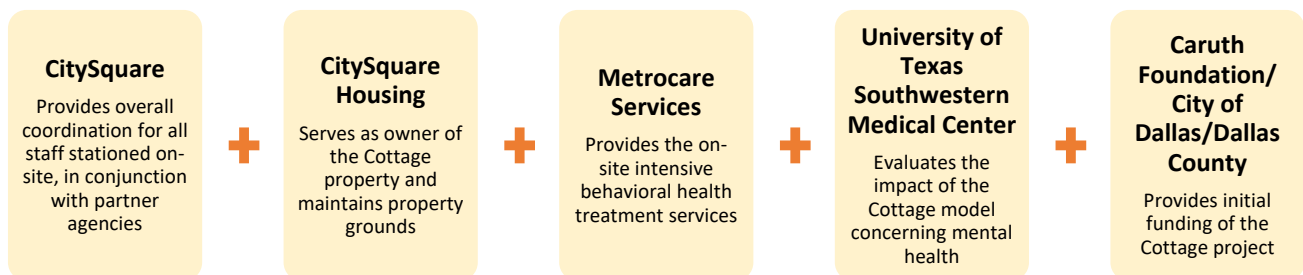
## Cottage Goal and Model

The goal of The Cottages is to ensure those most vulnerable in society are housed while significantly reducing the cost on community resources through their use of public systems-of-care, including emergency rooms, hospitals, homeless services, and criminal justice services. In turn, this entails providing immediate relief to providing permanent housing and support services to address the problem of chronic homelessness of the mentally ill, who may also face challenges of substance use disorder, and have histories of involvement with the criminal justice system.

To effectively move this forward, The Cottages project aims to:

1. Provide **Permanent Supportive Housing** to low-income chronically homeless adults with disabilities.
2. Provide opportunities for neighbors to build **healthier relationships** with their families, seek stable employment, and become fully self-sufficient citizens.
3. Create an environment of acceptance, growth, healing and a real **sense of home** for the program participants.

Moreover, The Cottages could only be imagined through a cross sector, public-private, collaborative that brings each entity's talents and expertise to the table.



Collectively, these five partners form “the Collaborative” that allowed for programming and services to be provided onsite while serving as the Governing Board of the Cottages.

## METHODOLOGY AND DESIGN

This report explores the process used to develop a robust housing program focused on a highly vulnerable homeless population by assessing the program model used to achieve consistent results in sustainable programming, operations, and neighbor impact. The initial portion of this report provides a process evaluation of the key components put in place to operationalize the activities necessary for the program. This is primarily conducted through thorough research and review of the documentation of processes, guidelines, and standardized procedures developed by the Cottages’ and partner staffs.

The process evaluation is followed by a mixed-methods, quantitative and qualitative, evaluation to understand the efficacy and impacts of The Cottages program. CitySquare engaged in primary data collection including **56 neighbor paper surveys** that were later entered into an online survey tool, **two in-person neighbor focus groups**, **six online key informant partner surveys with Cottages Governing**

**Board members, five phone interviews with CitySquare/Cottages staff, and three in-person neighbor case profile interviews.** Additional quantitative data was analyzed with the database software tool Efforts to Outcomes (ETO) which maintains and reports neighbor specific data related to demographics, housing and service utilization as well as various neighbor assessment tools that captured neighbor characteristics.

Lastly, CitySquare with the assistance of Meadows Mental Health Policy Institute and the North Texas Hospital Council partnered with Loopback Analytics, Inc. and the Dallas County Department of Criminal Justice to obtain secondary data. This data extrapolates another layer of utilization around emergency departments, inpatient and outpatient hospitalization, mental health and jail consumption by housing duration at the Cottages. When possible, data for comparable periods prior to entering the Cottages was used to illustrate increases or decreases in service utilization.

### **Keeping The Faith: A Neighbor's Story**

Eddie is only 34 years old but has the lived experiences of a full life. Eddie grew up in the BonTon area of South Dallas where he lived with his mother and two sisters. He dropped out of school in Junior High. He remembers being badly injured at the age of three, shortly before his father committed suicide. Each day Eddie is reminded of his injuries when he looks at his scars in the mirror, recalling the countless attempts of medical procedures. His memories growing up are filled with family using drugs, which continues to this day.

Eddie is far too familiar with the term "patience". He has only been living at the Cottages for one year, but he waited about a year to get into the Cottages. Once he learned he would become a new resident at the Cottages, Eddie said he felt excited and "thanked God." He is most appreciative to have a place of his own where he can "lay his head". Prior to living at the Cottages, Eddie participated in the Salvation Army's nine-month rehabilitation program and still attends meetings at Salvation Army - occasionally even volunteers in their programs. Prior to graduating from Salvation Army's program, he was homeless for three years, living in vacant lots and abandoned buildings in South Dallas with occasional stays at his girlfriend's apartment.

As a Cottage resident, Eddie engages with his case worker at Metrocare Services who stays in contact with him at least twice a week. He has had trouble keeping a job because of his bi-polar disorder. Being linked to Metrocare is allowing him to take his medications regularly. He still suffers from pain in his left ankle, which is badly disformed, making it difficult for him to have a job that requires standing and walking. As a result, his CitySquare case manager, with whom he has a great relationship, is helping him apply for disability income. In the meantime, he has been traveling to the Blood Bank and donating plasma to pay his portion of his rent and using the Dallas Connector and bus passes, provided by his case manager, to travel to Parkland Hospital for medical and behavioral healthcare appointments.

Eddie is focused on trying to change his life, although he is concerned with some of the residents that are struggling with addiction. He feels that being able to attend CitySquare Church On the Square gives him the encouragement he needs to stay away from drugs and those who use drugs.



## PROCESS EVALAUTION: BUILDING THE INFRASTRUCURE

A chief priority of the Cottages program was to assess whether the Housing First model effectively served the resident population of the Cottages. High level activities and functions are outlined below – the descriptions included have not been static throughout the three-year tenure of the Cottages but rather have changed over time to be more effective.

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**Governing Board:** The role of the Governing Board was created as an agreement between partners within Dallas County. This Board was created as the first step to ensuring processes were in place before neighbors moved in. On a monthly basis the Cottages Governing Board examined the Cottage activities, financial reports and service delivery data, making changes to processes and procedures as warranted.

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**Candidate Selection Committee:** The process for selecting candidates was based upon a criteria-driven methodology. The process began with a candidate being recommended by the Dallas County Criminal Justice Department. Over 3,000 high utilizers pass through the County’s jail system annually. Once an individual was recommended by Dallas County Jail, the individual was assessed by a multi-sector group that included representatives from Cottage staff, area hospitals, and the mental health provider. During this time consents for accessing and sharing personal information were obtained and tools such as the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) and candidate eligibility screenings forms were used.

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**Onboarding of new neighbors:** Once approved, the Cottages outreach case manager ushered the neighbor through the onboarding process. The length of this process relied on many factors. The process involved the collection of personal information for documents submitted for approval to the Dallas Housing Authority (DHA).

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**Move in process:** Neighbors approved for housing were required to meet with the property management team and a housing case manager. During this time, a lease agreement, house rules, and community expectations were reviewed with the new neighbor and signed agreements were completed.

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**Onsite Support Services:** A unique system of services were co-located at the Cottages including housing case management, medical and mental health services. The on-site services utilized an Integrated Care Model designed to provide collaboration between service providers regarding the needs of individual residents, treatment plans and crisis management interventions. The on-site health services consisted of medical health and behavioral health services. CitySquare, in cooperation with Baylor, Scott & White Health and Metrocare Services provided medical services to neighbors involving their physical health and behavioral health challenges. Participation in any of these services was completely voluntary and did not impact their tenancy.

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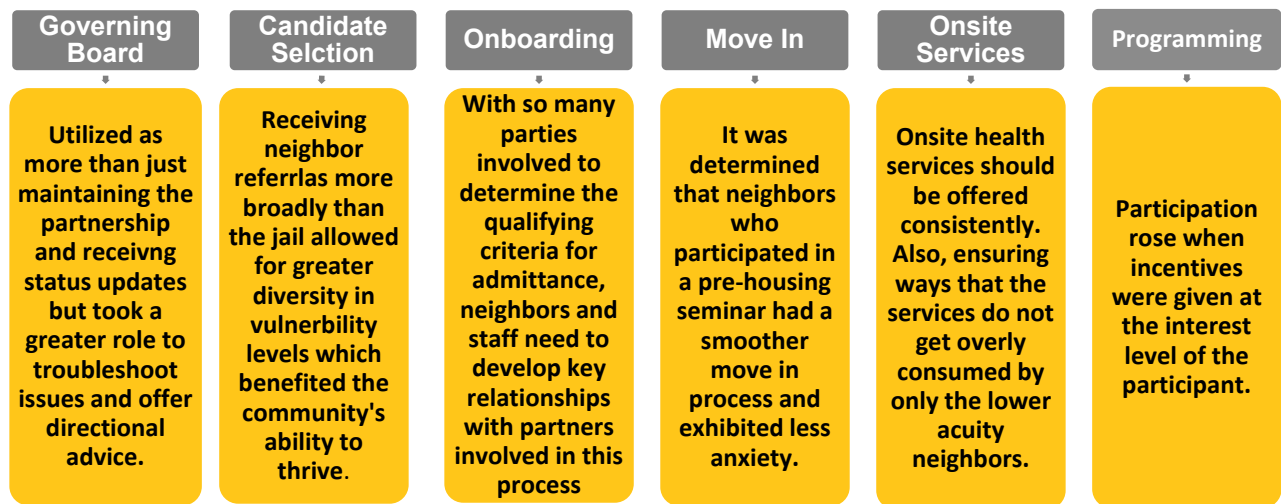
**Cottages Programming:** Programming was based on the specific needs of the population at each point in time and was designed to engage neighbors with each other, elevate higher thinking, encourage personal growth, and increase their quality of life. Programming included events surrounding self-identification/self-help, community building, life skills, financial empowerment, resume writing and job attainment, as well as health and wellness.

Throughout the three years of operations these processes went through numerous iterations intended to best meet the needs of the neighbors and partners, improve project operations, and support improved programming. Interviews with program staff noted that the initial launch of the Cottages was challenging, one interview participant noted that there was a lack of infrastructure and support (e.g., security, staff) and it felt like *“a huge rush.”* Another noted how CitySquare may have underestimated the severity of the resident’s illnesses, resulting in a steep learning curve and traumatized staff. Figure 1 highlights learnings from the Cottages staff, partners and stakeholders discovered during this time.

**Key Informant perspective on neighbor selection criteria**

All key informant partners stated that they would have changed the selection criteria of neighbors to a hybrid approach – continuing to select the hardest to house, but also housing higher functioning homeless individuals as well

**FIGURE 1: KEY PROCESS EVALUATION LESSONS LEARNED**



While the lessons learned noted above were discovered throughout the initial three-year journey of the Cottages as part of process improvement actions, additional areas were identified through staff interviews. These included needing internal processes to ensure training and operational protocols were created and/or properly communicated to staff, ensuring that the model’s philosophy around Housing First was embraced by all staff, and there being inadequate staffing and/or services in place for neighbors.

**PROGRAM IMPACTS**

The steps outlined in the above process evaluation serve to inform the programming at the Cottages, build an infrastructure to support the Cottages sustainability, and provide direction on how programmatic and operational activities are implemented. Although there are limitations in reporting

impacts, specifically quantifiable data, for a variety of reasons (e.g., program turnover, access to system wide data, inconsistent reporting), valuable insights from the data are available.

## Learning About the Cottage Neighbors

Prior to accepting any neighbors to live in the Cottages, a thorough assessment of neighbors was conducted as part of the candidate selection process. Of these, a total of 106 neighbors were accepted to live in the Cottages over the course of the three years. The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) proved to be an important tool to determine where permanent supportive housing was a fit for the potential neighbors.

VI-SPDAT score ranges are as follows:

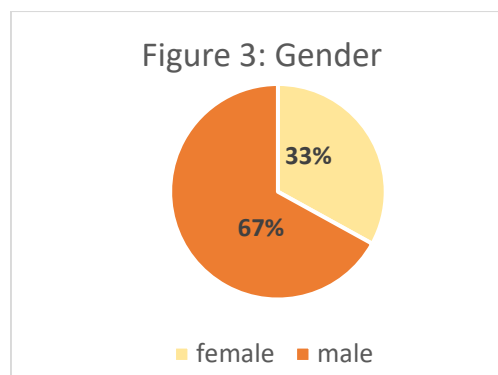
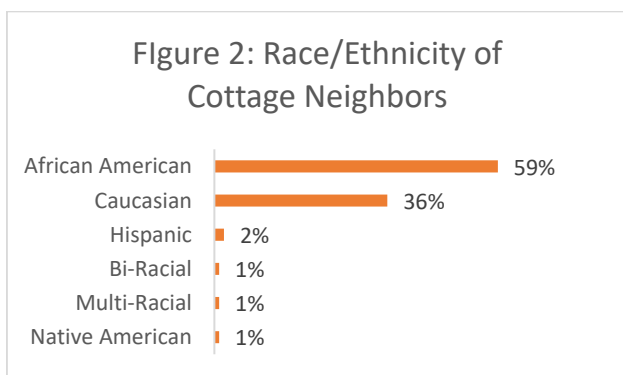
- 0-3 recommendation for no housing intervention
- 4-7 recommendation for Rapid Rehousing
- 8+ recommendation for Permanent Supportive Housing

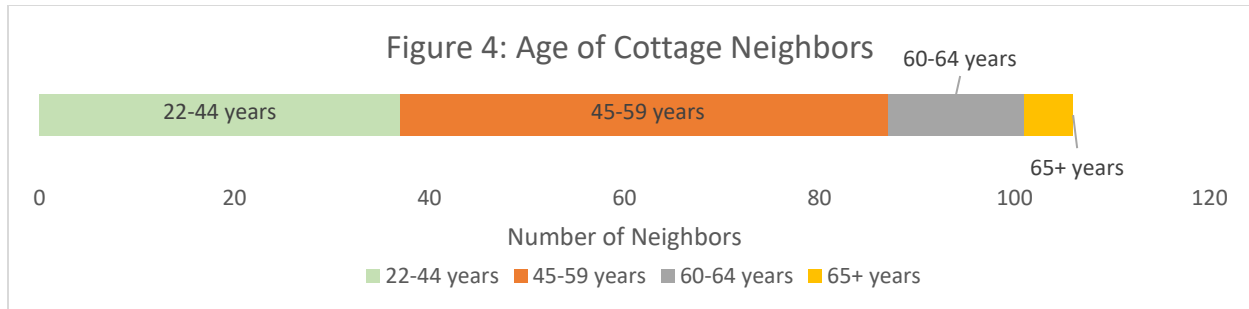
Additionally, each of the partners ranked neighbor's eligibility for placement at the Cottages to identify those that would benefit best from the program. Partners utilized a common screening tool ranking each candidate using a 1-4 scale in four key areas (Criminal Justice, Case Management, Mental Health and Medical Health) where 1=Urgent, 2=Somewhat Urgent, 3=Somewhat Non-Urgent and 4=Not Urgent.

On average, neighbors scored a 9.6 on the VI-SPDAT indicating that Permanent Supporting Housing was the appropriate housing solution for the neighbor.

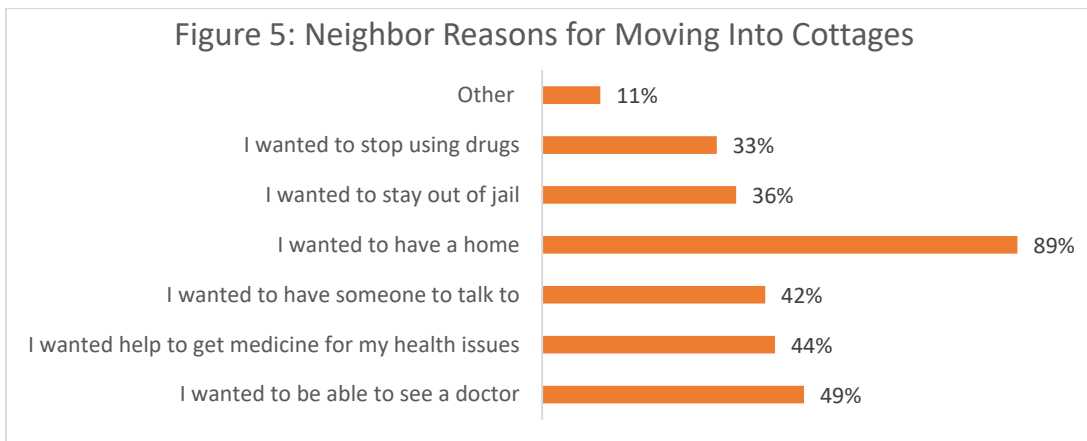
On average, neighbors accepted into the Cottages were ranked by Cottage partners as Urgent to Somewhat Urgent, indicating high vulnerability

Over the course of the three years, the Cottages placed 106 residents. Although the population was diverse in its make-up, there were some common characteristics worthy of highlighting. **Neighbors were primarily African American, male, and over age of 45.** Figures 2-4 below depict key demographic characteristics of the neighbors housed at the Cottages, regardless of their length of stay, during this timeframe.





Most commonly, the neighbors that lived at the Cottages had come from the South and West Dallas areas. The most common zip code of where neighbors resided before moving into the Cottages was the 75226 area. This is also the zip code of the Cottages; however, nine months prior to the Cottages opening over 250 persons experiencing homelessness formed a large “tent city” just a few hundred feet from the Cottages location. Half of the initial 50 residents of the Cottages came from this tent city due to their meeting the screening criteria and the urgency of their needs.



Over half, 52%, of neighbors surveyed noted that they learned about the Cottages through CitySquare and although neighbors noted a variety of reasons for wanting to live at the Cottages, the most common reason as seen in Figure 5 was **I wanted to have a home**.

Nearly half of focus group participants, 42%, stated that when they initially learned that they would be

*“I was very happy to have somewhere where I could get a piece of mind...”*

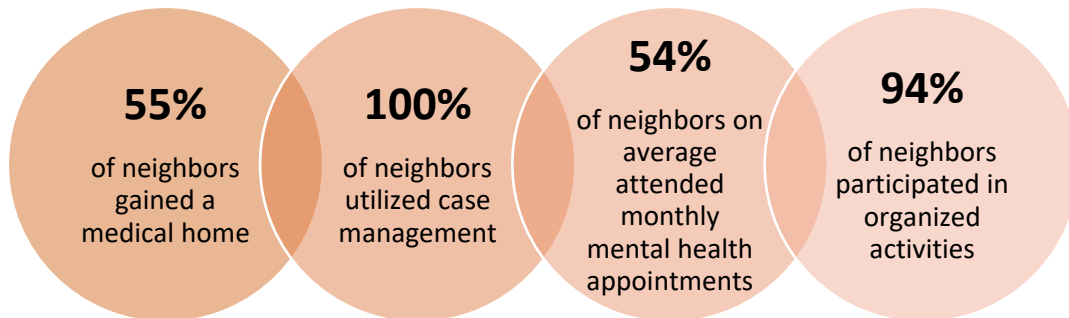
*– Cottage neighbor focus group participant*

living at the Cottages, they were most excited about having independence or a place of their own that would not be disrupted by shelter hours or policies or living on the streets. One participant noted *“I was happy that I would have a roof over my head instead of a bridge and a shelter.”* While another stated *“I had a home, independence, won’t be on the streets anymore.”* A couple others noted the initial feeling of safety and not having to worry.

## Impact of Housing First: Service Utilization Around Social and Health Services

In general, accessing needed services for the most vulnerable members of society is a multifaceted issue. The Cottages was uniquely set up to allow for onsite services in a neighbor-centered supportive environment. However, simply offering services is not enough to ensure that services are appropriately utilized. Findings demonstrate when services are offered, a substantial portion of neighbors residing in the Cottages did take advantage of them.

### Overall Utilization Key Impacts



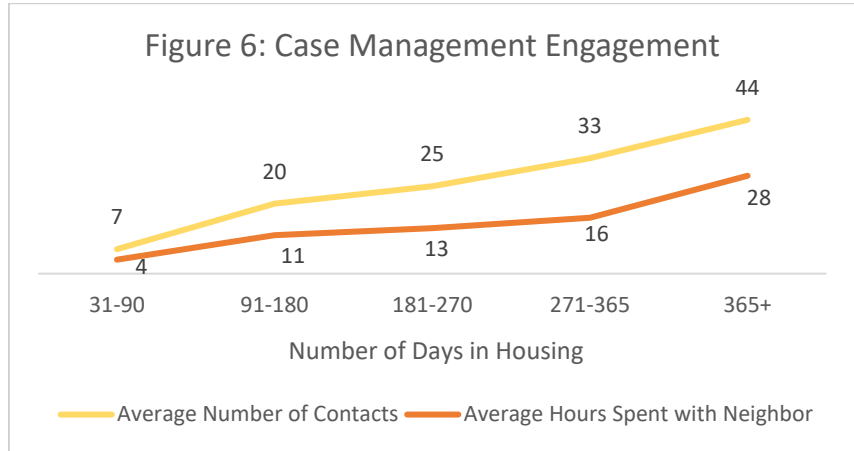
A **medical home** included being linked to any clinic or primary care provider. This did not exclusively include the CitySquare clinic, although almost a third, 31%, of neighbors utilized the CitySquare clinic. Access to a doctor proved to be a success with the co-location of the CitySquare clinic on the Cottages property - **78% of neighbors surveyed reported living at the Cottages enabled them to see a doctor regularly.**

The Cottages allowed neighbors to attend various onsite **mental and behavioral health** sessions, which included:

- One on one psychosocial sessions
- Cognitive behavioral therapy sessions
- Psychosocial group sessions
- Substance abuse groups

On average, about 87% of residents attended the onsite mental health prescriber appointments they had scheduled indicating no show or cancelation rates that are lower than many health centers. Because many of the neighbors suffer from mental health conditions that require medications, the high percent of neighbors attending these is very impactful. Meanwhile, on average over half, 54%, of the neighbors living in the Cottages had monthly mental health appointments they attended.

As a Housing First model, engagement in **case management** is not a requirement. However, findings indicate that every neighbor engaged in case management; moreover, as seen in Figure 6, the longer someone was housed, the more encounters they received and the more overall time the neighbor spent with the case manager.



### Case Manager Relationship

Over half of focus group respondents confirmed that they had a case manager. They described the relationship by listing ways they were helpful, this included being able to turn to them when they had a problem, finding a job, having someone to talk to, and getting bus passes.

Almost all neighbors surveyed, 80%, felt living at the Cottages meant they had someone they could talk to and help them make life changes; they most commonly identified this person as their case manager.

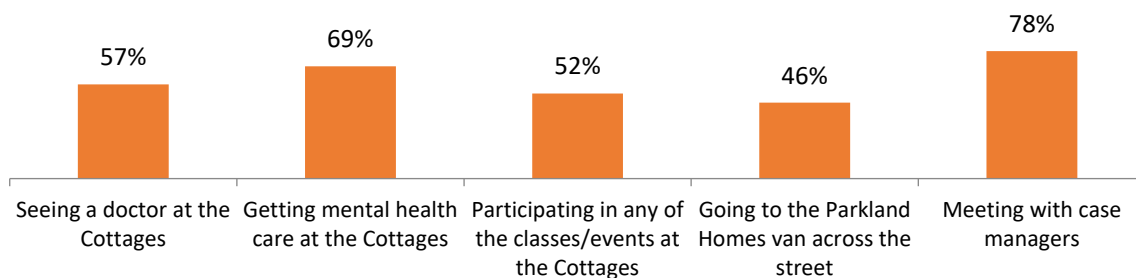
Organized **activities** were widely utilized by almost all, 94%, of Cottage neighbors. While there were a variety of activity types attended, the most commonly attended activities dealt with socializing, discussing one’s living space and learnings from interactions with case managers and other residents.

### Most Common Activity Types Attended by Neighbors



While all the services discussed above served neighbors in different capacities, neighbors surveyed did most commonly identify **meeting with my case manager** as the most helpful service they received while living at the Cottages as seen in Figure 7.

Figure 7: Services Offered That Were Most Helpful For Neighbors



Focus group participants acknowledged they were able to meet some of their needs, such as food and mental healthcare, onsite at the Cottages. However, they spoke about leaving the premises to attend classes offered by other organizations and picking up medications. Several focus group participants described how grateful they were for the services provided to them at the Cottages and how they made sure to use them all. One participant noted the dignity they were able to maintain by using the services: *“Felt respected. I respect that guy, and I respect you, you respect me. Respect.”*

**Overall, staff members interviewed had positive feedback about collaborating with on and off-site partners.** They mentioned the benefit of partnering with several organizations, including Parkland Hospital, Metrocare Services, North Texas Behavioral Health Authority, Association of Persons Affected by Addiction, Narcotics Anonymous, Havens, Molina Healthcare, and CitySquare Health Services. However, participants noted a couple of challenges in partnership set ups, namely neighbors who had mental health providers other than Metrocare were excluded from group sessions, and the lack of collaboration between case management staff and property management staff around neighbors’ housing status.

### **Safety at Home: A Neighbor’s Story**

Sara is in her late 40’s and has been a resident of the Cottages for one year. She recalls her life before moving into the Cottages as “uncertain” and “dangerous” and having to figure out where she was going to sleep each night. She mostly slept in her car or in motels for at least two years while trying to hold a job at the Kay Baily Hutchison Convention Center. In 2018, she spent nearly one year in state prison and before prison she lived in an apartment in Mesquite, TX in what she refers to as “an abusive relationship”. The moment Sara found out she was selected to be a resident at the Cottages, she said she “stopped worrying” and for the first time in her life and “felt safe”.

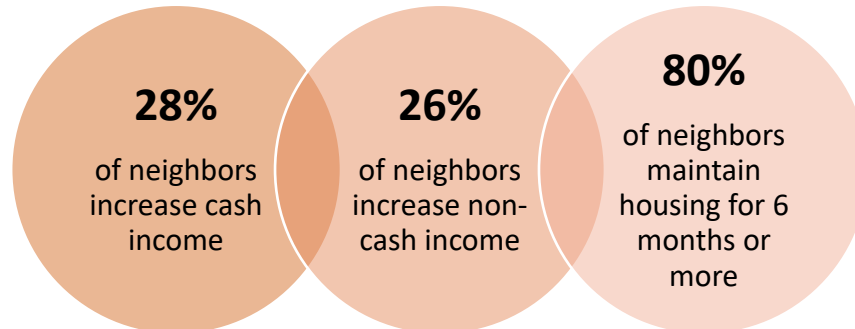
At the Cottages Sara receives phone visits from her Metrocare case manager twice a month for her behavioral health needs. She uses the Dallas Connector and bus passes to get to her medical appointments and pharmacy at Parkland Hospital as well as mental health appointments at Metrocare Services of Dallas. She also mentioned how much she likes having a case manager because they helped her apply for and receive food stamps. She enjoys the fun social events they put on - like arranging for pizza parties, birthday celebrations and movie nights at the Cottages. Activities that Sara never really got a chance to enjoy before the Cottages.

Currently, Sara has been laid off from her job and has been receiving unemployment benefits, which has been helpful in paying her portion of her rent. Recently she has applied for SSI reporting two bad knees that require surgery. Sara is awaiting surgery at Baylor University Medical Center in October. Since coming to the Cottages, she has not returned to the Dallas County Jail or state prison which she is grateful for. She mentioned how much she values the relationships she makes with the Cottage staff and feels sad when any of them leave. At the Cottages, she has a home and a family.

## Impact of Housing First: Economic and Housing Stability

The supportive services offered at the Cottages are designed to move neighbors towards a trajectory of self-sufficiency based on each neighbors' specific state. To this end, economic and housing stability play a crucial role in each neighbors' life.

### Overall Economic and Housing Impacts Key Impacts



Criteria to become a Cottages neighbor often hindered neighbors' personal **economic growth**. With a criminal background and mental/physical illness, or disability – neighbors often had limited options with only 6% of neighbors gaining employment. Those that increased their non-cash income most commonly gained Section 8 housing followed by Medicaid.

**Neighbors' personal perspectives around income and employment growth demonstrate a more positive impact with 32% of neighbors surveyed felt living at the Cottages helped improve their income and 45% felt it allowed them to look for jobs, while several focus group participants noted they were able to apply for disability or increase their income through work.**

Neighbors living at the Cottages were in Permanent Supportive Housing (PSH). The U.S. Department of Housing Urban and Development (HUD) denotes a standard target of 85% of neighbors to **maintain housing** for six months. The Cottages' population did not meet this target, with 80% of neighbors remaining in housing for 6 months. This indicates the complexity and vulnerability of the population. Moreover, as more time passes, we see fewer neighbors maintain housing, with only 48% of neighbors staying for at least a year. It is important to highlight that leaving the Cottages before the 6 month or 1 year mark may not always be a negative impact. Of all neighbors living at the Cottages, 20% exited to permanency. While most of the exits resulted in neighbors staying or living with a family member,

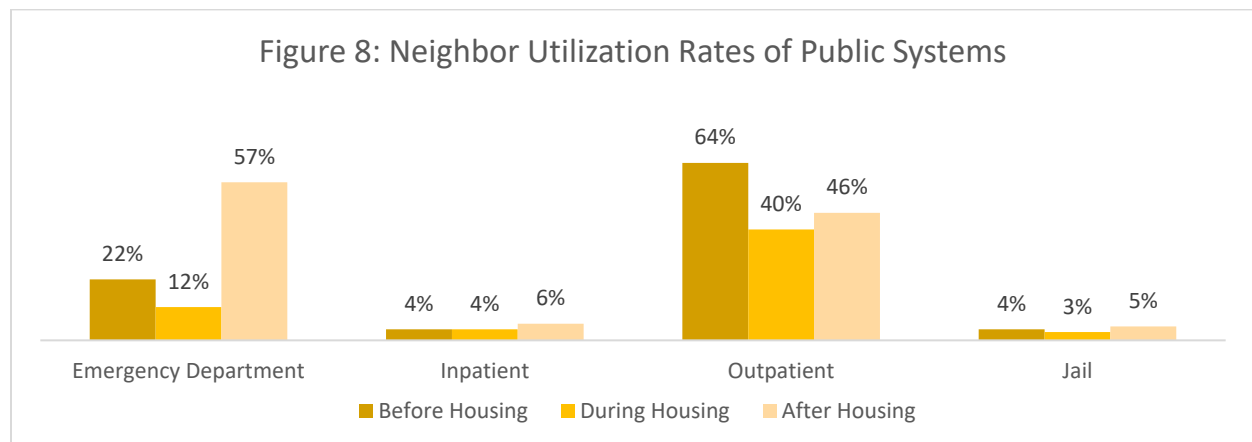
*" The stark contrast between extreme homelessness and being housed is the most important part of our program."*  
- Key Informant partner



others went to a long-term care facility or nursing home, other supportive housing, or rented their own units with no housing subsidy<sup>4</sup>.

## COMMUNITY IMPACTS

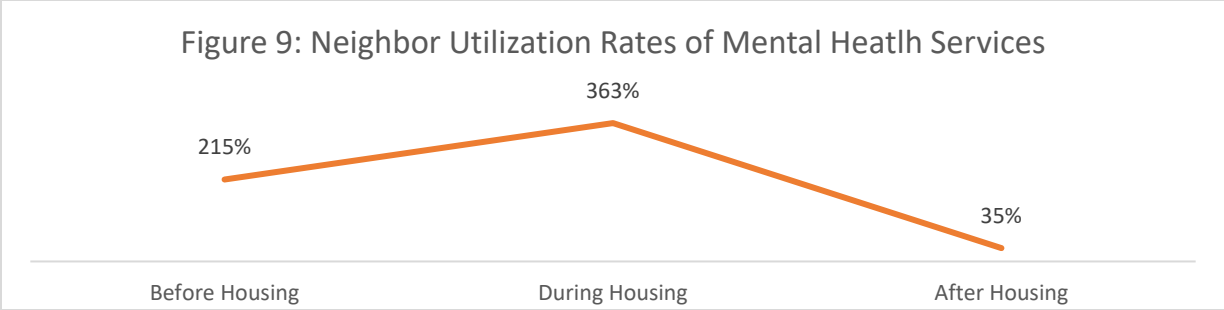
As part of the inception of the Cottages, the impact on community resources was a critical area to understand. **While living at the Cottages, data demonstrates that neighbors' utilization of public services either decreased overall or remained the same.** Comparing neighbor utilization of public resources from before and after housing, the areas of greatest decreases were in outpatient services followed by emergency department services as seen in Figure 8. Additional impacts show that jail utilization slightly decreased and inpatient utilization remained unchanged. Across all these domains we see stark increases in utilization of these services after housing, rising above the pre-housing rates across all domains except for outpatient care.



Participants from focus groups corroborated these findings. All participants noted that living at the Cottages has prevented them from spending time in jail. While half of the participants noted that they use the hospital or Emergency Department much less, the participants who noted continued use of the hospital, or use it more, had reasons that ranged from helping them access appropriate medication to addressing health issues that they were not able to address before: *“More, but in a good way, it’s helping because I used to self-medicate with drugs, but now I’m able to get the medications I need.”*

Lastly, programming at the Cottages ensured that mental health services would be available onsite given neighbors living at the Cottages all had diagnosed mental health conditions. Data demonstrates an opposite trend when compared to the areas noted above, Figure 9 indicates that neighbors took advantage of mental health services.

<sup>4</sup> It’s important to note that separate from the neighbors that exited to permanency, a total of eight neighbors, resulting in 11% of the neighbor population passed away during this time.



While neighbors surveyed did not report much change in utilizing hospital resources from before living at the Cottages to while living at the Cottages, almost all respondents, 97%, reported that they never or rarely were put in jail while living at the Cottages compared to only 42% of respondents feeling that way before living at the Cottages.

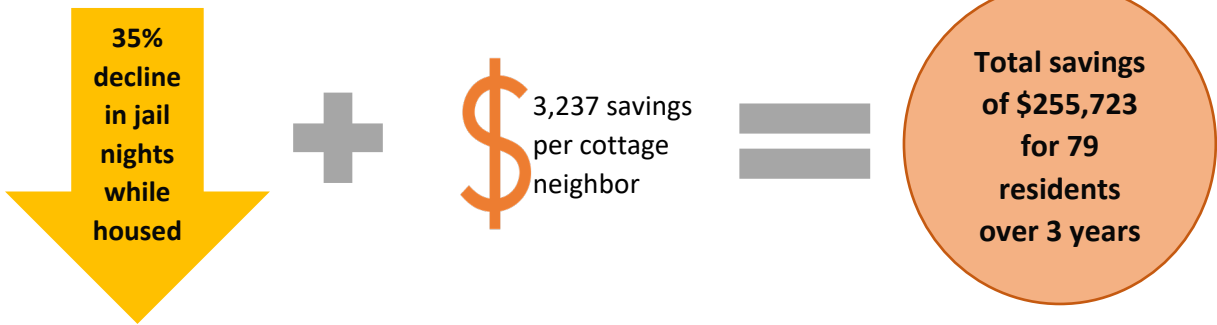
A limitation with the Cottages program is the ability to calculate a robust economic impact on the community with the intervention of the Cottages program. However, the existence of limited secondary data does allow us to assess the impact on the Dallas County Jail system. Prior to living at the Cottages, 88% of cottage neighbors had jail book-ins. This equated to a total of 79 of 90 residents having book-ins and spending a total of 10,248 nights in jail. This translates to an average of 130 jail nights per person amounting to \$8,822 per night for each of the Cottage residents booked.

Once the Cottages opened, we see a drop in the number of neighbors booked, the number of total jail nights, and ultimately the total cost on the jail system. Only 69% of Cottage neighbors had jail books-ins, 63 of 92 neighbors, for a total of 6,033 jail nights. With an average of 96 jail nights per person, each Cottage neighbor cost the jail system an average of \$5,585.

**Neighbors housed at the Cottages resulted in monetary savings for the Dallas County Jail.**

When examining the rate of jail utilization and the cost comparison from three years prior to the opening of the Cottages to the three years during the Cottages operations, we see benefits in utilization and cost as noted in Figure 10 below.

**Figure 10: Cottages Economic Impact on Dallas County Jail Utilization**



### **The Understanding of Gratitude: A Neighbor's Story**

Peter, now in his early 50's, knows the meaning of the term gratitude. As a young teenager, he dropped out of high school and ended up living with his sister. He found love and got married in his early 20's and had two children before he and his wife divorced. A culmination of events led him into a downward spiraling path where he became addicted to heroin and alcohol. His body eventually shriveled to an unhealthy weight of 119 pounds. He then spent 19 years homeless, living along streets and alleyways in the vicinity of Fitzhugh Ave. and the Knox/Henderson neighborhoods of Dallas. During this time, he assaulted a Dallas police officer and attempted to end his life by jumping off an overpass bridge. As a result, he spent five months in jail but thankfully never returned to jail since. He was recommended for admission to the Cottages by the Director of Crisis Intervention Services for the City of Dallas. Peter has now been a resident of the Cottages for two years and when he thinks about his life before coming to live at the Cottages he says, "It just fell apart". Once he was told he was going to receive a home at the Cottages, Peter said "For the first time in a longtime, I felt happy."

After moving into the Cottages Peter continues to receive behavioral health services and case management from TransiCare, a service provider he was connected to while at the Dallas County Jail. He is also currently receiving medical care through Parkland's Medicaid program. His TransiCare case manager has helped him apply for SSDI. Peter stated, the lawyer who has been assisting him with his SSDI case recently died and he must now start over with his appeals process. His CitySquare case manager has been helpful by providing him with bus passes to his behavioral health and medical appointments.

Peter points out that the community around the Cottages struggles with the distribution of drugs and he has lost many good friends, some of which were residents at the Cottages, to drug abuse. But Peter finds joy in working, he offered praise for the work program at the Cottages. He currently collects and disposes of trash at the Cottages and feels that having a regular job gives him a sense of accomplishment and helps him in paying his portion of rent and utilities.

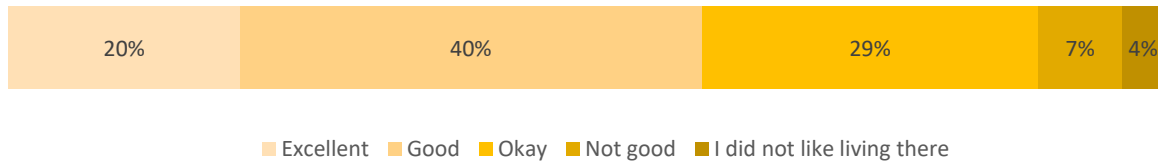
### **PERSEPECTIVES ON THE MODEL**

The Cottages was and continues to be an experiment that not only addresses the needs of individuals experiencing homelessness but informs how collaborations and partnerships can best be leveraged to support neighbors and those operating programs.

### **Neighbor Experiences**

The majority of neighbors surveyed reported they had a positive experience while living at the Cottages regardless of whether they were still living at the Cottages or had exited already.

Figure 10: Neighbor Experience Living at Cottages



Almost all, 85%, of neighbor survey respondents felt by living at the Cottages they were able to get the services they needed more easily than when they were homeless. Although they recognized various impacts in their lives, the most commonly cited impacts were:

- I felt like I had support in my life (33%)
- I felt better about myself (22%)
- I felt safe (22%)

Neighbors surveyed most commonly noted that the best part of living at the Cottages was having a community.

During focus groups, several neighbors spoke of how living at the Cottages changed their lives, in particular the independence and safety it brought them. Focus group respondents provided a variety of positive responses to how living at the Cottages impacted their life: a couple explained how it allowed them to build better relationships with their family, and others noted it allowed them to stay out of trouble, which was easy to get into while living on the streets. Other examples included feeling more productive and creative, learning that there are good people, and feeling safe.

*“I was around negative, drugs and stuff...I wanted a direction, it’s been a big help for me, try to stay focused, stay away from the people places and things.”*

*– Cottage neighbor focus group participant*

*“...it’s full of very small successes across the board.”*

*– Cottage staff interview participant*

**Overall, Cottages staff participants interviewed felt that the Cottages had a positive impact on the neighbors.** Given the acuity of the neighbors, some participants described the impact as “baby steps”. Some examples include:

- Increased utilization of services (mental health, case management, food pantry)
- Taking care of their health (e.g., keeping doctors’ appointments, taking medication, regular teeth brushing, caring about appearance, etc.)
- Increased stability
- Taking ownership of their cottage (e.g., decorating their home)
- Decreased utilization of acute healthcare and fewer arrests

## Implementation of the Partnership

All key informant partners surveyed reported positively about their experience in the three-year Cottages partnership as part of this collaborative as either “good” or “excellent. All but one key informant partner felt that it was **very important** to have ongoing collaboration with the Cottages’ partners to ensure success of the Cottages model. However, only half simply **agreed** that the Cottages’ partners worked well collaboratively to address ongoing challenges with the Cottages model, reflecting there may have been gaps in partner engagement and efforts to strengthen the program. Ultimately, key informant partners felt the greatest benefit of the Cottages was **housing stability**.

## LESSONS LEARNED

The following thoughts are a result of a rigorous evaluation designed to help inform future actions by housing providers in the field.

1. **Integrate the development and cross training of documentation and training protocols early on.** Overall, staff appeared to be unaware of documentation or training protocols for operational processes (e.g., candidate selection, moving neighbors in or out, etc.) but were familiar with these processes. Ensuring that written Standard Operations Procedures exist and, more importantly, are being referenced and utilized is critical for the ongoing sustainability of the program. Staff changes are inevitable, so it is important to not only rely on the institutional knowledge of employees.
2. **Ensure that the right mix of neighbors are being housed together.** The population of the neighbors at the Cottages has changed since its opening in 2016. The inaugural group of neighbors housed were of high need and vulnerability with high utilizers of jail, emergency rooms, and mental health services. Early on, this created challenges with a couple of key informant partners noting that the high proportion of neighbors housed were not capable of successful independent living in one location. Diversifying the population with a mix of individuals at various levels of acuity has proven to be a more manageable model given the services that are being offered.
3. **Partners and staff must believe in the model and Housing First approach.** Programming amongst highly vulnerable populations often requires behavior changes that are gradual, incremental, and often take considerable time to see positive impacts. Some staff had challenges working within the model because they felt there was no accountability for negative behaviors. A deeper and more robust education on the Housing First model should first be applied to all staff and partners entering the program to ensure buy in and allow for questions or further learning to occur.
4. **Success does not have to look big.** Given the challenges neighbors living at the Cottages have faced throughout their life and in their new homes, expectations should be realistic. Neighbors are entering the Cottages with multiple comorbidities and any gains or improvements in areas in their life should be celebrated and classified as success. In cases where neighbors show progress

in one area but regression in another area, does not mean gains are cancelled out—success looks different for each neighbor. It is important to realize that the road to success is not linear and empowering neighbors to push forward when there are regressions is also a form a success.

5. **Prioritize data and appropriate shared data policies with community systems from the onset.** From a programming perspective, having access to shared data would allow for a fuller picture of the neighbors' current state throughout their enrollment in the program. Furthermore, it allows for greater collaboration with vital community systems such as the healthcare systems, jails and other system wide structures. Additionally, when assessing impacts in an evaluation or through general program improvement processes, this data is necessary to determine the impacts and direction of the program for further iterations. Ensuring the processes required for ongoing data collection and an agreed upon evaluation are at the same level of importance as all other aspects of the program is also crucial.
6. **Ensure the right services are onsite through a community needs assessment.** Although data collected throughout the evaluation indicated that the right service areas (e.g., health, mental health, case management, etc.) were being offered onsite, there were specific services that were either not consistently available (e.g., Narcotics Anonymous, recovery groups) or not part of the programming (e.g., education). Program offerings are tightly tied to funding availability. However, this must be weighed also against the desired impacts. For impacts to be realized to their fullest potential, the proper supports must be in place for neighbors entering the Cottages. Cottage staff interviewed noted the need for greater options and engagement of life skills groups, mental health services, including individual and group counseling. Although the Cottages was developed by looking towards existing models that were serving individuals experiencing homelessness; there were very few, if any, housing program models serving the high utilizers identified for the Cottages program. It is essential to fully understand the population being served and develop programming based on their input before implementing services.
7. **Address any gaps in staffing that arise throughout the process.** All Cottage staff interviewed felt that more staff were needed and specific roles were missing –they unanimously noted that they felt short-staffed. Staffing at the Cottages consisted of varying specialties across partner organizations. However, the need for peer specialists and recovery coaches was a common theme. As well as the need for staff to be adequately prepared with mental health training, de-escalation training, and self-care for every individual who works at the Cottages, regardless if they are onsite.
8. **Assess continuously if the Collaborative is effectively working well with each other.** Partnerships and collaborations are often challenging. Like in any relationship, they require a lot of work and continuous nurturing. It is often the case in highly collaborative programs for tensions to spur up and conflict to arise. One key informant partner noted that the model was lacking in collaboration and working partnerships between Cottage providers and staff. Partners seemed to lack a unified

philosophy or mindset to propel the intervention and tension was felt in the relationship between staff at CitySquare, Metrocare, Dallas County representatives, and other partners. It is important to be transparent about issues partners are facing and work through them. Leaning into discomfort will only make the program stronger, so even including an agenda item on the governing board's monthly meetings around partner issues would help force healthy conversations to resolve problems the collaborative is facing.

## LIMITATIONS

The evaluation was conducted by compiling existing data from program services that actively collected data on neighbors' real time but also involved primary data collection after the end of the three-year Cottages program. Primary data collection was used to gain information and perspectives from neighbors, staff and key partners but also to fill in the gaps in data. The lack of data sharing agreements and policies led to a lack of community level data to better inform this report. Additionally, data that was available was analyzed; however, the available data does not allow us to paint a full picture of the Cottage's impacts. At times, data was only available for certain timeframes that did not account for the full three years and/or did not account for all the neighbors housed in those three years. The data was not assessed for statistical significance.

# Family Gateway - Access Point Report – End of May 2021

Family Gateway is the MDHA-designated Access Point for families with children experiencing or near homelessness for the Continuum of Care. This report contains:

**Call Center Volume** – We operate a 24 x 7 call center for families in crisis to answer the MDHA Homeless Crisis Helpline (1-888-411-6802 - option 3 for families with children). This is staffed by our team from 7 AM – 7 PM, with answering service providing pre-screening and triage to shelter (and activation of crisis team and shelter security for incoming) from 7 PM – 7 AM.

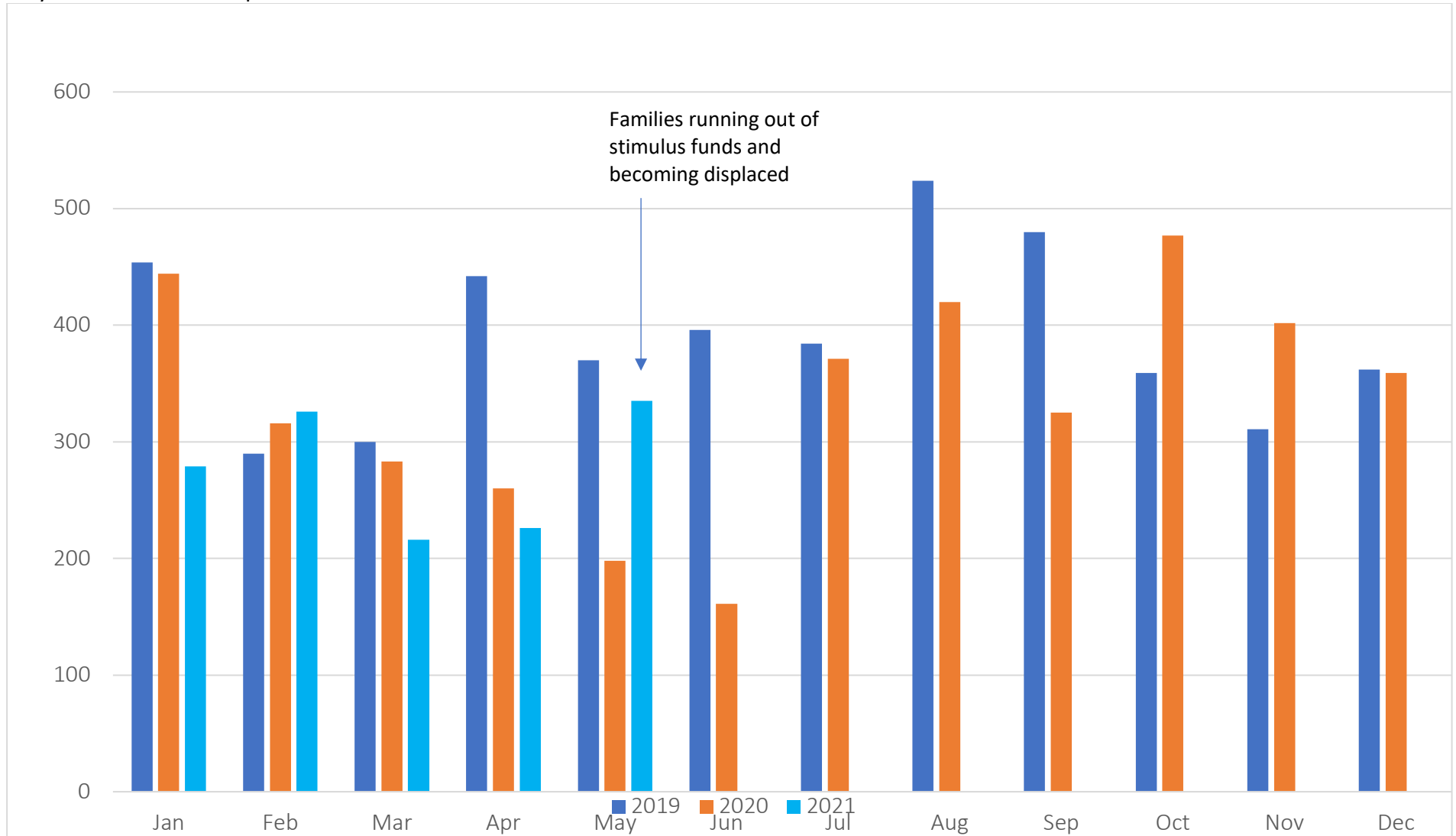
**Pre-Screening Results** – Every caller/walk-in/website inquirer receives the same pre-screening questions to help us determine the urgency of need so that the appropriate intervention can be matched. Non-urgent callers receive a Resource Packet to connect them to community resources. Those not residing in Dallas or Collin County are directed to 211 for services. Urgent families needing same day care are directed (or brought by Uber at our expense) to the Family Gateway Resource Center for a deeper assessment that includes a Diversion conversation. Diversion in this context means diverting a family from shelter by connecting them to a less intensive and less-expensive intervention, such as landlord mediation for payment plans and removal of late fees for eviction prevention, connection to eviction prevention resources (our own and those of partners), transportation (bus or train) to confirmed placement with extended family willing to take the family in, deposit + short term rental assistance, etc. If a family requires emergency shelter, we triage them to the appropriate family shelter in our community after confirming placement, to include:

- **Salvation Army** – Single mothers with children; no boys over 17; may enter without IDs and birth certificates.
- **Union Gospel Mission Center of Hope** – Single mothers with children; no boys over 12; no prior history of domestic violence or mental illness; requires IDs for all adults and birth certificates for all children (or proof that these have been applied for). Recently re-opened for intake for new families with negative COVID-19 test within 48 hours of entry but requiring vaccination and proof that medications have been taken consistently for 2 weeks prior to entry.
- **Dallas Life** – Single parents or married couples with kids (if marriage can be proven); requires IDs for all adults and birth certificates for all children (or proof that these have been applied for), immunization records for all children and proof that medications have been taken consistently for 2 weeks prior to entry. Closed to new intakes since March 2020. Require vaccine for entry.
- **Family Gateway** – All types of families with children, including unmarried and married couples (opposite or same sex) with children, single parents with children, tri-generational or skipped generation families (such as grandparents raising grandkids), etc. No age restrictions on boys. At least one child needs to be under 18. Exceptions: medically or developmentally dependent children over the age of 18. Will accept pregnant women with no other children if maternity shelter cannot be secured. May enter without IDs and birth certificates.

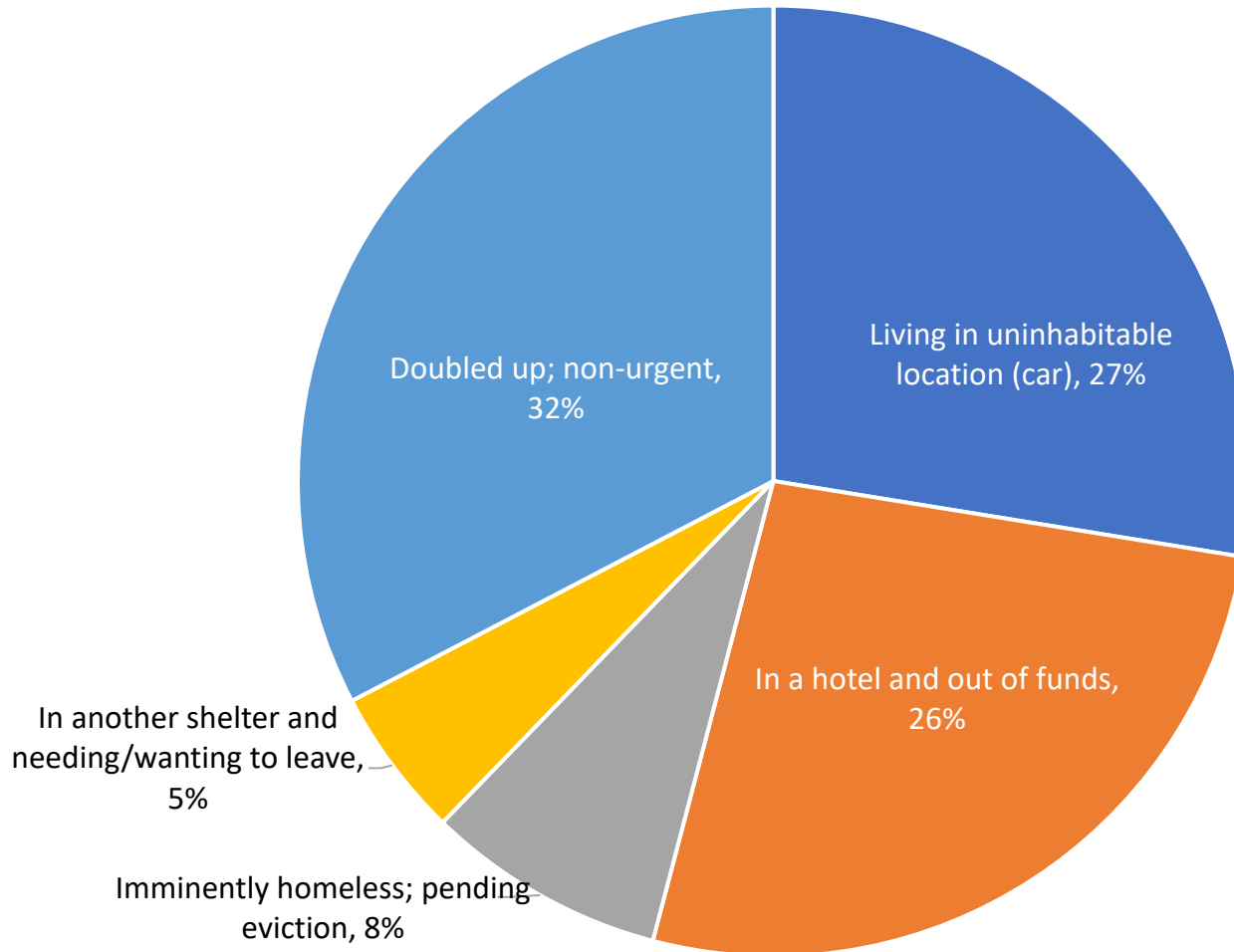
**Hotel overflow** – When all family shelters are full or when there is a mismatch of family type to an open shelter room, we overflow into a hotel setting.



**Call Center Volume** – Note call suppression while stimulus/extra unemployment and eviction bans in place during 2020; call volume to start 2021 is lower than normal as eviction bans are extended and new stimulus and unemployment funding is in place; we saw call volume shift in May 2021 as benefits expire and eviction bans lift.



## Pre-Screening Results to Determine Triage of Most Critical First (2021)



## Hotel Overflow # of Families Served in this Setting in a Given Month

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2019	23	1	2	0	1	1	16	46	23	25	45	81
2020	80	47	53	49	38	33	58	63	56	77	63	68
2021	68	51	59	58	52							

As of June 18, we have 44 families (130 individuals) in our overflow hotel which we staff with 24 x 7 security and case management from 7 AM – 11 PM. We are thrilled that the City of Dallas has allowed us to use the Candlewood Suites as our overflow property for the time being at zero cost per room (saving us \$350/week per family).

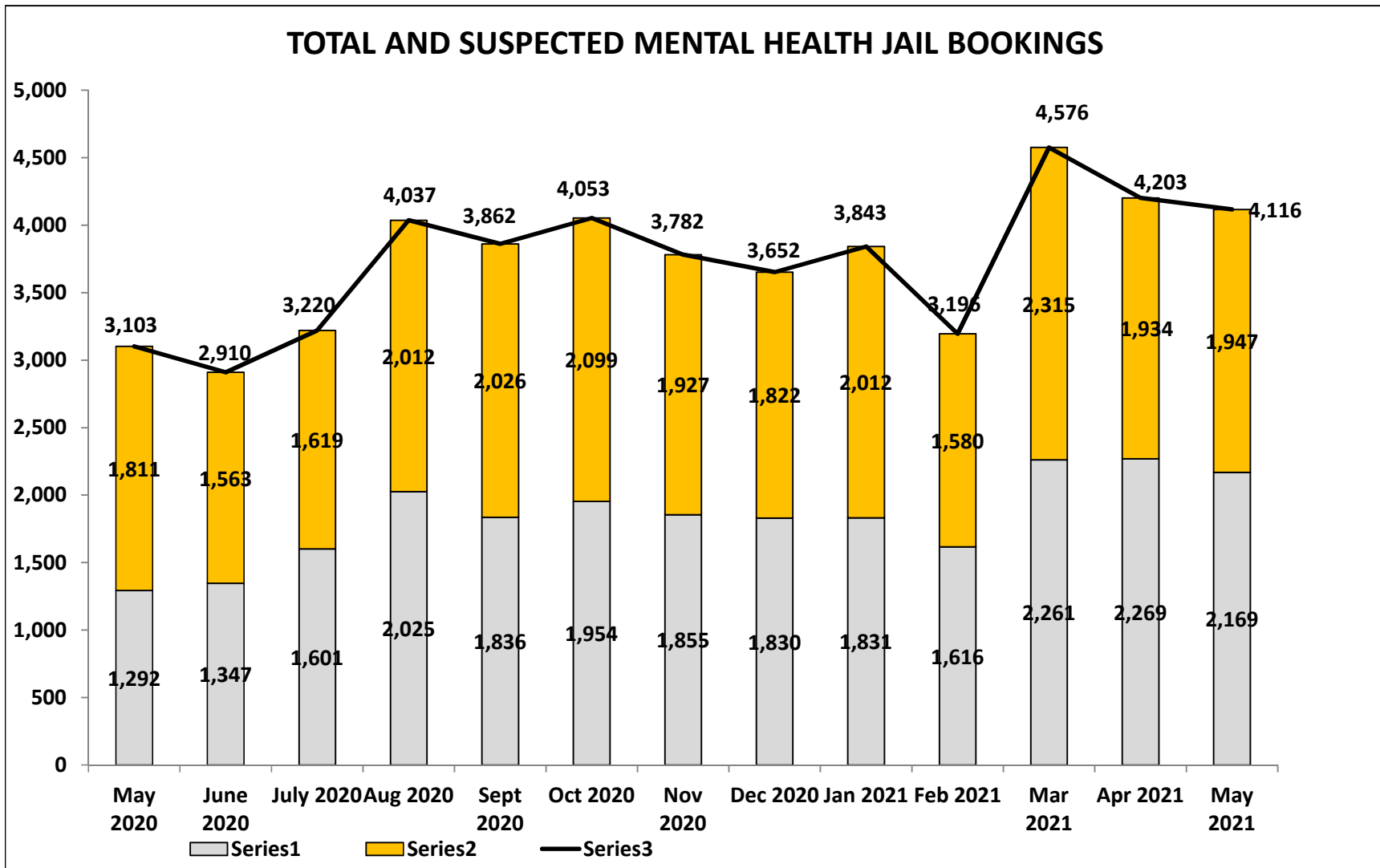
We normally overflow into a hotel when all family shelters reach capacity. During the pandemic, for disease risk mitigation, working families are placed here as well as new families pending testing before placement into one of the family shelters or until housed. Hotel has kitchenettes and private bathrooms while shelter is dormitory style with common bathrooms and dining. Note that by placing working families in the hotel, we are seeing a more concentrated population in shelter with mental health, behavioral health, addiction.

Key Federal Metrics	Benchmark	Jan 2021	Feb	March	April	May
Average length of stay in shelter (days)	30	58	50	45	61	56
Shelter utilization as compared to 100% capacity	100%	66%*	75%*	78%*	88%*	80%*
% of those who exited from shelter who moved to + housing	65%	90%	85%	90%	100%	95%
% of families in housing with increased income	20%	52%	62%	59%	34%	54%
% who exit our housing to a destination other than homelessness	77%	98%	100%	96%	100%	99%

\*Intentional reduction in shelter capacity because of COVID-19 protocols; usage of hotel space for working families.

# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

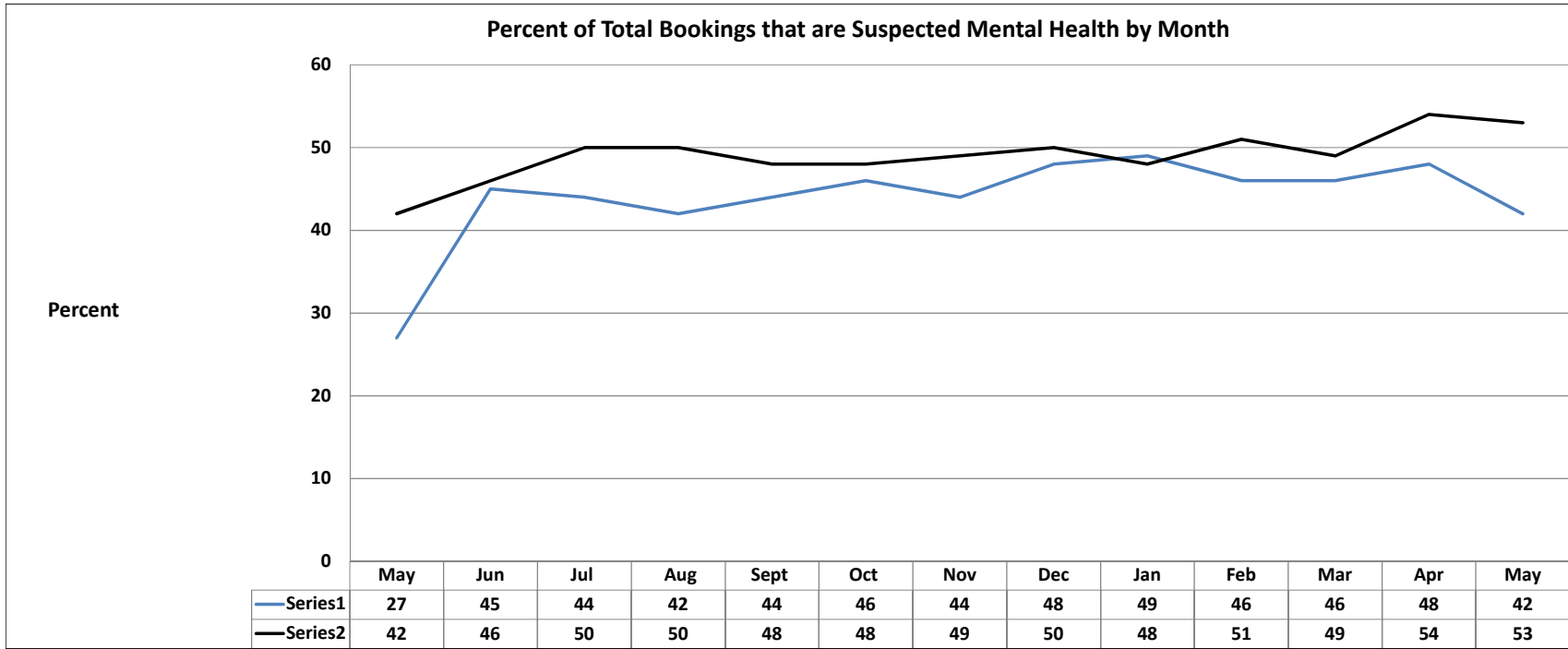
## May 2021 Homeless Report Snapshot



# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

## Month-to-Month Category Total Differences

Months	Total Monthly Bookins	Total Suspected MH Bookins
Apr to May	4203 to 4116 - Decrease 87	2269 to 2169 - Decrease 100



# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

## Homeless Breakdown and Avg LOS - Apr 2021 vs May 2021

Month/Yr	Category	Total Bookings	Percent	Percent Note
Apr 2021	Suspected MH	2,269	54%	% of total bookings [4,203]
	Homeless	356	8%	% of total bookings [4,203]
	Homeless w/Suspected MH flag	260	73%	% of total homeless [356]

Month/Yr	Category	Total Bookings	Percent	Percent Note
May 2021	Suspected MH	2,169	53%	% of total bookings [4,116]
	Homeless	337	8%	% of total bookings [4,116]
	Homeless w/Suspected MH flag	254	75%	% of total homeless [337]

Month/Yr	Avg LOS Total Bookings [days]	Avg LOS Homeless Bookings [days]
Apr 2021	6	9
May 2021	6	9

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## Homeless Primary Offense Categories - Apr 2021 vs May 2021

Offense Categories	Apr 2021 total	Apr 2021 %	May 2021 total	May 2021 %
Arson	0	0.0%	0	0.0%
Assaultive	39	11.6%	35	10.4%
Burglary	20	5.9%	22	6.5%
Criminal Mischief	5	1.5%	8	2.4%
Criminal Trespass	56	16.6%	48	14.2%
Drug/Alcohol	81	24.0%	64	19.0%
Evading	13	3.9%	8	2.4%
False Info/Fail to Identify	10	3.0%	12	3.6%
Fraud	6	1.8%	7	2.1%
HOLDS	49	14.5%	50	14.8%
Murder	2	0.6%	0	0.0%
Other	35	10.4%	30	8.9%
Prostitution	4	1.2%	1	0.3%
Resist	1	0.3%	3	0.9%
Robbery	5	1.5%	7	2.1%
Sexual Offense	6	1.8%	7	2.1%
Theft	19	5.6%	29	8.6%
UUMV	5	1.5%	6	1.8%
<b>TOTAL</b>	<b>356</b>	<b>105.6%</b>	<b>337</b>	<b>100.0%</b>

**HOLDS:** Citation/Tickets, Insufficient Bonds/Insufficient Bond Warrants, External Holds (Transfer to another county), and Parole Violations  
**Other:** Offense categories with one or two charge occurrences of monthly bookin totals (i.e. Terrorist Threats, Child Endangerment, Stalking, etc.)  
**UUMV:** Unauthorized Use of a Motor Vehicle (i.e. Joyriding)



## Dallas County Criminal Justice (DCCJ) Housing Navigator May 2021 Report

### St. Jude Project

- There is one vacancy and St. Jude staff are working to fill it.

### FUSE Project

#### May 2021 Jail FUSE Data

<b>Total Clients Triaged for FUSE</b>			<b>332</b>
<b>Referral Source</b>			
Jail FUSE Navigator Triage	<b>293</b>	NTBHA Living Room Referral	<b>0</b>
Defense Attorney Referral	<b>15</b>	Shelter/Street FUSE Navigator Referral	<b>15</b>
Another Referral Source	<b>6</b>	Pretrial Referral	<b>3</b>
<b>Client Triage/Referral Outcomes</b>			
Released to Another Program or Agency	<b>22</b>	Referral Banned from Shelter	<b>0</b>
Client Refused to be interviewed or Participate or Interview attempt	<b>12</b>	Client didn't qualify for FUSE	<b>136</b>
Immigration Hold	<b>1</b>	Client report not being Homeless	<b>3</b>
Released (i.e. Posted Bond)	<b>40</b>	Qualified referred by Shelters/Street Outreach	<b>6</b>
FUSE bond denied	<b>0</b>		
<b>Pending Client Referrals</b>			
Waiting on info, Waiting on Bond to Post, and pending attorney response	<b>110</b>	In Quarantine/Medical/Interview Pending	<b>2</b>
<b>Total Released from Jail to FUSE</b>			<b>9</b>
<b>Shelter Assignment</b>			
Austin Street Center	<b>4</b>	The Bridge	<b>3</b>
Salvation Army	<b>2</b>	Referred to Street Outreach	<b>0</b>
Other	<b>0</b>	No Response	<b>0</b>
<b>Shelter Connection Rate</b>			
Austin Street Center	<b>3</b>	The Bridge	<b>3</b>
Salvation Army	<b>3</b>	Other	<b>0</b>
No Response	<b>0</b>	Client Abscond/Did Not Connect	<b>2</b>
<b>Housed or placed on the Housing Priority List or Info sent to MDHA</b>			<b>9</b>

### Housing Services for Homeless Criminal Justice-Involved Clients (HSH-CJC) Grant

- I plan to schedule meetings with the two boarding home chairs to discuss any updates they may have for the project and if they plan to reapply to the Hillcrest grant.

#### Dallas Connector Project (DCP) Dallas County Client Utilization – Transport to the NTBHA LR from the Jail and or the LR to the FUSE Shelters

<b>May 2021</b>	
<b>Total Client Activity</b>	
<b>Transported by the Connector</b>	<b>9</b>

The NTBHA Livingroom (LR) Staff conducted jail releases for individuals going to the Livingroom and Austin Street's report would contain the May 2021 jail data.