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Dallas' Strategic Plan to Advance the Work of Ending Homelessness

A Summary of the Community Strategic Planning Exercise
March 28 and 29, 2018

Prepared for:
Metro Dallas Homeless Alliance

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46 *This report has been prepared by OrgCode Consulting, Inc. based upon meetings with Dallas*
47 *community leaders involved in addressing and ending homelessness in Dallas. The information*
48 *contained herein comes from the contributions of attendees and the best possible recollection*
49 *and interpretation of OrgCode Consulting, Inc. All errors and omissions are the responsibility of*
50 *OrgCode Consulting, Inc.*

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Dallas' Strategic Plan to Advance the Work of Ending Homelessness

The Assignment

On March 28 and 29, 2018, more than 70 leaders from the Dallas community gathered to develop a strategic plan to guide the work of ending homelessness over the coming 3-5 years. A list of attendees is included as Appendix 1. The results of the gathering are intended to guide the work of the Continuum of Care, its homeless service providers, and the community as a whole. The gathering was facilitated by OrgCode Consulting, Inc. ("OrgCode").

The Approach

Attendees brought their expertise and opinions to the gathering. Recent reports and events such as the Supporting Partnerships for Anti-Racist Communities (SPARC) report and the Dallas State of Homelessness Address served as background information for attendees.

Table groupings were structured in advance by OrgCode. The intention was to ensure there were a broad range of perspectives presented at each table. Each table group had a facilitator. With the exception of one table, each of the facilitators was an outside voice and came from another American community for the sole purpose of facilitating dialogue and offering subject matter expertise from their work in other communities.

The content of the strategic plan is the fruit of the labor of the attendees as they worked through guided brainstorming and table group discussions. OrgCode provided instruction on homeless systems and leadership, and also used a method known as *Breakthrough Thinking* to generate ideas and engage participants in a public voting process for priority setting.

The Shared Beliefs of the System of Care

Participants were tasked with identifying the shared values and core beliefs for the community. The intention is to have these shared beliefs serve as an anchor to achieving the results of the strategic plan. The participants of the strategic planning session agreed that these are the shared beliefs of the system:

- *That ending homelessness is possible.*

  This means that the community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience. Specifically, the community will have the capacity to:
  - Quickly identify and engage people at risk of and experiencing homelessness.
  - Intervene to prevent people from losing their housing and divert people from entering the homelessness services system.
  - Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur, and quickly connect them to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

- *In low-barrier services, which use a person-centered approach and respect human dignity.*

  This means that:
  - Barriers to services are removed so that people with complex and co-occurring issues can access services;
  - There are no housing readiness requirements for services;
  - There is self-determination and client choice;
  - There is a recovery-orientation to service delivery;
  - Individualized and client directed supports are offered; and,
  - Social and community integration is a goal of service delivery.

- *In trust, transparency and accountability.*

  This means that there is trust between the community, service providers, government and the Continuum of Care. It also means that there is transparency in decision-making, service delivery, outputs, outcomes, and data. There is a desire for mutual accountability across parties involved in homelessness in Dallas, with a focus on results.

- *In the value of everyone served and that everyone should be served.*

  This means that services and the system of care must embrace the intrinsic value of each person regardless of history, experience or circumstance. Furthermore, given the inequities experienced by marginalized groups such as people of color and youth, the system of care and services must not discriminate in access or equity of services.

- *In innovation and the ability to take risks and fail.*

  This means the community embraces new ideas, methods and products in the pursuit of addressing homelessness. Not every new idea, method or product is going to work out as planned, and the community believes that taking risks and failing is part of the process of innovating.

Recommendations

Based on the community discussion facilitated by OrgCode Consulting over the two-day strategic planning period and preparatory discussions with MDHA and other partners, OrgCode offers the following recommendations in addition to the next steps identified through the strategic planning process outlined below.

1. *Accountability.* Partners that participated in the Strategic Planning session struggled to identify or define local accountability structures. Without system-level accountability, individual organizations will continue to operate and define success independently. Political leadership will also struggle to understand and support local progress toward stated goals, which may produce a perceived lack of political will and therefore slow momentum. OrgCode recommends that key partners (MDHA and the Partnership) work together to define how local providers and leaders are held accountable to goals and strategies identified by the community. This may include regular (monthly, quarterly) meetings with political and Continuum of Care leadership to develop action items and timelines, review data and progress towards goals, and identify/troubleshoot barriers towards meeting goals. Results of these meetings should be made public.

2. *Strategic Communications.* Communication between partners - and between providers and leaders - was raised as an issue throughout the two-day Strategic Planning session. In order to address concerns about current communication practices, it is recommended that the key partners develop a strategic communications plan to ensure the transparent transfer of knowledge at the community, provider and political levels. This may

include a plan to ensure that each audience is matched with the speaker that best meets their needs, development of standard/common talking points on key issues, a schedule of community meetings to create buy-in and further develop important partnerships, regular dissemination of written updates and dashboards, and strategic use of social media and local media outlets.

3. *Housing First Evidence.* The community continues to struggle with implementation of a housing first approach at the provider and system levels. OrgCode recommends the development of documentation about housing first, including talking points and a summary of the available evidence available (including dissenting points of view as identified by community members) to help continue the discussion and make the case for implementation of a housing first approach.

4. *HMIS and Data.* The current quality and scope of data available is not adequate to understand system or program level performance. MDHA and its partner agencies should move quickly to address data quality and reporting issues regarding the HMIS. The HMIS must meet the needs of the community and must support the development and dissemination of program and system level reports.

5. *Roles and Responsibilities.* Like Dallas, many communities have multiple community leaders involved in the effort to end homelessness. OrgCode recommends that partners work together to map clear roles and responsibilities of the leadership organizations and create a structure to ensure coordination between agencies.

Problems to be Addressed and Related Goals

The group identified five thematic areas for the strategic plan:
1. Affordable Housing
2. System of Care
3. Inequity
4. Behavioral Health
5. Data

Below, for each of these thematic areas, is the problem that the attendees identified as needing to be addressed and the goals to achieve moving forward.

Affordable Housing

<u>Problem Statement:</u>

There is an insufficient supply of affordable housing, especially for those that have incomes <30% AMI. On top of this, people accessing housing face discrimination, high barriers, difficulties with choice, and an absence of supports to stay housed. Public housing is insufficient and there is no supply of Permanent Supportive Housing. Rapid Rehousing is not resourced well. There is no coherent housing policy.

<u>Goals:</u>

1. Create a comprehensive housing policy.

   Commentary: Dallas does not have a comprehensive housing policy to address housing needs across all income strata, especially those of low and very-low income.

2. Increase supply.

   Commentary: Dallas needs to increase the amount of affordable housing, especially for those of low and very-low incomes. This should include a broad range of housing options from more Permanent Supportive Housing to shared housing opportunities. The volume of supply required will need to be informed by the comprehensive housing policy.

3. Implement diversion and prevention.

   Commentary: Dallas needs to undertake more diversion and prevention programming to address "in-flow" into the homelessness services system and maximize the resiliency of each household.

4. Improve Rapid Rehousing.

   Commentary: Dallas is under-utilizing the resources that have been available to implement rapid rehousing and needs to improve the outcomes of rapid rehousing.

System of Care

<u>Problem Statement:</u>

The current system is fragmented, lacking coordination, and without agreement on who does what. Navigation is too complicated for providers and service users, there is a lack of stakeholder buy-in and agreement, and

there is a lack of trust. Collaboration is also lacking, and there is no clear responsibility and accountability. The CoC does information sharing rather than problem solving, and there are not fully implemented standards of care.

Goals:

1. Create a document that lays out the roles and responsibilities of each party.

   Commentary: Across Dallas there is the absence of a document that outlines the differences and relationship between the various entities that are working on homelessness issues. This includes the Continuum of Care, Dallas Area Partnership to End and Prevent Homelessness, the City of Dallas, and the Citizen Homeless Commission.

2. Fully implement coordinated entry.

   Commentary: While coordinated entry has started to be implemented in Dallas, there is more work to be done to expand coverage and seize the opportunity to better match each household to the best possible housing intervention expediently.

3. Adopt the consolidated strategic plan.

   Commentary: This strategic plan needs to be adopted by all of the relevant parties that have a stake in ending homelessness in Dallas.

Inequity

Problem Statement:

There is inequity in access to housing and services because of things like racism and homophobia in the system. A disproportionate number of marginalized groups cannot access the system. Choice and access is limited. Segregation, marginalization and a concentration of marginalized persons is happening.

Goals:

1. Implement the SPARC recommendations.

   Commentary: The community has a desire to implement the recommendations of the Supporting Partnerships for Anti-Racist Communities report.

302   2. Align demographics of homeless population to general population.

304   *Commentary:* Currently in Dallas people who are African-American are
305   grossly over-represented in the homeless population compared to the
306   general population, and there is a desire to see the homeless population
307   demographics mirror the demographics of the general population.

309   3. Minimum standards in Continuum of Care rankings.

311   *Commentary:* As part of the ranking process completed in the Continuum
312   of Care to receive federal funds for homeless programs and services, there
313   is a desire to see minimum standards related to addressing inequities.

315 **Behavioral Health**

317 <u>Problem Statement:</u>

319 There are insufficient behavioral health resources, a lack of quality and
320 inadequate coordination, access and treatment. This has a negative impact
321 on housing access and stability. The behavioral health system is crisis
322 oriented rather than preventative and doesn't meet the diverse needs of
323 people experiencing homelessness. Stigma is increased by the lack of
324 access. There are negative impacts on people accessing and staying
325 housed. Cultural competency is needed.

327 <u>Goals:</u>

329   1. Increase street outreach of behavioral health services.

331   *Commentary:* There is insufficient behavioral health services available to
332   assist and integrate with street outreach services, thereby leaving
333   unsheltered homeless individuals under-served in behavioral health
334   services.

336   2. More resources for behavioral health services.

338   *Commentary:* Dallas would benefit from having more behavioral health
339   services available to people that are homeless, as well as those that are
340   newly housed through homelessness programs like Rapid Rehousing and
341   Permanent Supportive Housing.

343   3. Integration of services with systems.

345   *Commentary:* Rather than create parallel systems of care and services
346   with regards to behavioral health, there is a desire to see better integration
347   of behavioral health services with homeless services and vice versa.

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349 ## Data
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351 <u>Problem Statement:</u>
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353 Data related to homelessness and housing outcomes is considered by the
354 community to be unreliable, underutilized and incomplete. The data is not
355 meeting the variety of information needs of organizations delivering
356 services and provides only limited capacity in making data driven
357 decisions. While this may be attributed to growing pains of a new system,
358 there is a lack of buy-in, an absence of some cross-system data, and a lack
359 of trust in the data. In its current form, system level reports are inadequate
360 and not easily customized.
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362 <u>Goals:</u>
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364 1. Close the gap between current system and agency needs.
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366 *Commentary:* In Dallas there is a perception of disconnect between what
367 the Homeless Management Information System (HMIS) collects and how the
368 Metro Dallas Homeless Alliance uses and reports out on data, and the
369 needs of homeless service providers. This gap needs to be addressed.
370
371 2. Gain 100% participation in HMIS.
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373 *Commentary:* At the current time there are a number of organizations
374 that do not use HMIS because they are not required to as they are privately
375 funded. This leads to incomplete data in understanding homelessness as
376 a community. 100% participation in HMIS, whether funded through the
377 Continuum of Care or not, is sought.
378
379 3. Customize and create reports and dashboards.
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381 *Commentary:* The HMIS does not easily allow for the creation of reports
382 or service delivery dashboards. As a result, there is a lack of meaningful
383 information at the operational level, and an insufficient picture of the
384 impact of services or opportunities for improvement.
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Where to Go from Here?

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390 Any strategic plan is only as good as its implementation. Upon receipt and
391 acceptance of this report, it will be the responsibility of MDHA and its community
392 partners to form an action plan for each of the problem statements and the
393 associated goals with each. It is critical that there be a designated lead for each
394 of the goals, a timeline for milestones to be reached in completion, and the ability
395 to track overall progress across the multitude of stakeholders that will be part of
396 seeing the results of turning strategy into action. In Appendix 2, an overview of
397 the timing and sequence of implementation is offered for consideration.

398 **APPENDIX 1 – List of Attendees**
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Organization	Participant 1
AIDS Services	Traswell Livingston
Assistance Center of Collin County	LaVeeta Hamilton
Austin Street Center	Daniel Roby
Austin Street Center	Dustin Perkins
Austin Street Center	Nancy Best
Catholic Charities	Barbara Herron
Catholic Charities	Jari Mema
Citizen Homeless Commission	Kenn Webb
City House	Jennifer Lajoie
City House	Sheri Messer
City of Dallas	Charletra Sharp
City of Dallas	Nadia Chandler-Hardy
City of Irving	Steven Reed
City of Irving	Vicki Ebner
City of Plano	Natalie Evans
CitySquare	Edd Eason
CitySquare	Larry James
CitySquare	Madeline Reedy
CitySquare	Nadia Salibi
Corporation for Supportive Housing/Dallas Area Partnership to End and Prevent Homelessness	Brigid DeLoach
Corporation for Supportive Housing/Dallas Area Partnership to End and Prevent Homelessness	Dianna Grey
Dallas County Commissioners Court/Dallas Area Partnership to End and Prevent Homelessness	Erin Moore

Dallas County Commissioners Court/Dallas Area Partnership to End and Prevent Homelessness	Theresa Daniel
Dallas County Criminal Justice Department	Charlene Randolph
Dallas Housing Authority	Brooke Etie
Dallas Public Library	Heather Lowe
Dallas Public Library	Suzanne Glover
Family Endeavors	Alma Ibarra
Family Endeavors	Patricia Davis
Family Gateway	Ellen Magnis
Family Gateway	Stephen Hipp
HHS/ACF	Mae Francis Rowlett
Housing Crisis Center	Edward Berbarie
Housing Crisis Center	Sherri Ansley
HUD	Carlos Borrego
HUD	Linda Banks
Joy Tabernacle	Rev. Dr. Michael Waters
MDHA	Alexandra Espinosa
MDHA	Britton Banowsky
MDHA	David Gruber
MDHA	James McClinton
MDHA	John Castaneda
MDHA	Shavon Moore
Meadows Foundation	Cindy Patrick
Mesquite ISD	Tom Edwards
Metrocare Services	Ikenna Mogbo
Metrocare Services	Kelli Laos

Our Calling	Wayne Walker
Outlast Youth	Josh Cogan
Parkland HOMES	Kyla Rankin
Parkland HOMES	Susan Spalding
Promise House	Dr. Ashley Lind
Salvation Army	Blake Fetterman
Salvation Army	Major Jon Rich
Society of St. Vincent de Paul	Rich Holmer
Society of St. Vincent de Paul	Tim Meyer
The Bridge	David Woody
The Bridge	Sam Merten
The Stewpot	Brenda Ewing Snitzer
The Stewpot	Laura Westerlage
Union Gospel Mission	Bruce Butler
United Way	Ashley Brundage
Unlocking Doors	Christina Crain
Unlocking Doors	Karen Zahaluk
Unlocking Doors	Rex Gerstner
USICH	Robert Pulster
VA	Dean Cromwell
VA	Tywanna Nichols
VISN	Atoya Mason
Vogel Alcove	Alice Barnett
Vogel Alcove	Karen Hughes

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Appendix 2

Problem Area	Goal	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Affordable Housing	Create a comprehensive housing policy			green	green	green	green								
	Increase supply							green	green	green	green	green	green	green	green
	Implement diversion and prevention			green	green										
	Improve rapid rehousing	green	green	green	green	green	green								
System of Care	Create a document that lays out the roles and responsibilities of each party	yellow													
	Fully implement coordinated entry	yellow	yellow	yellow	yellow										
	Adopt the consolidated strategic plan	yellow													
Inequity	Implement the SPARC recommendations	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue
	Align demographics of homeless population to general population	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue	blue
	Minimum standards in Continuum of Care rankings	blue	blue	blue											
Behvaioral Health	Increase street outreach of behavioral health services			orange	orange	orange	orange	orange	orange						
	More resources for behavioral health services							orange	orange	orange	orange				

Category	Task														
	Integration of services with systems			▓	▓	▓	▓	▓	▓	▓	▓				
Data	Close the gap between current system and agency needs	▒	▒	▒	▒	▒	▒								
	Gain 100% participation in HMIS							▒	▒	▒	▒	▒	▒	▒	▒
	Customize and create reports and dashboards					▒	▒	▒	▒						

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