

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: TX-600 - Dallas City & County, Irving CoC

1A-2. Collaborative Applicant Name: Metro Dallas Homeless Alliance

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Metro Dallas Homeless Alliance

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Not Applicable		
Not Applicable		
Not Applicable		

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

The CoC solicits opinions from an array of stakeholders and uses information to improve system through numerous forums and meetings. The largest is the State of the Homeless Address (SOHA). This meeting shares results of the PIT, discusses progress of homeless response system and has a comment portion for suggestions for improvement or new approaches to prevent and end homelessness. SOHA is attended by over 300 people and proceedings are posted to YouTube. The CoC also holds a series called Hard Conversations. These sessions educate the public on homelessness and gather viewpoints on system practices and opportunities for improvement. To facilitate utilization of comments, the CoC holds a monthly assembly, bi-monthly board meeting, and committee meetings where system improvement ideas are incorporated into workplans. To ensure Collin County needs are addressed lead agency attends and hears public comment at a monthly Collin County Coalition. SOHA, Hard Conversations, and meetings are public and posted on lead agency website. The CoC website includes a general email, and names, emails and numbers of staff. Email is monitored to ensure those unable to attend meetings can comment. The CoC also publicizes meetings and seeks feedback from service providers and public through Constant Contact. There are over 5,000 that participate in this service. The CoC uses its Facebook page, followed by 4,000 to further advertise meetings. The CoC produces and distributes flyers for public events, such as SOHA and Hard Conversations. A Homeless Forum meets monthly and is designed for and led by homeless and formerly homeless. These meetings include a comment portion to respond to questions posed including those on public policy and homeless response system. Comments on system needs and issues are brought to lead agency staff for incorporation into workplans. The CoC specifically engages the faith community through Faith Forward Dallas, a group of clergy active in social issues.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

The CoC solicits new members continually and is open to accepting new members year-round.

The CoC will periodically solicit current and former members to join or renew their membership through regular individual emails. It also solicits current, former and new members through its Constant Contact email system, as well as through Facebook, on a regular basis.

Additionally, the CoC website includes a page called CoC membership on which it describes the benefits of membership and encourages joining the CoC. The website includes a separate page that lists organizations who have joined the CoC and all new member organizations are listed upon joining. The CoC maintains an open meeting policy for all its meetings and invitation to become a member is communicated in a number of these meetings throughout the year. Prospective members can attend, participate and speak at these meetings before joining the CoC as an official member. Invitation to become a member and to attend other public meetings where membership is discussed is made monthly at the Alliance Homeless Forum. All homeless attendees of the Alliance Homeless Forum, which is an open meeting, are regularly invited to become members of the CoC and attend other CoC meetings as well.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The public was notified that the CoC was accepting proposals on June 22nd when the competition timeline was announced. The timeline included date applications would be accepted. Renewal and new applications were requested on July 9, 2018. Request for proposals was open to organizations that had not previously received funding and included instruction on how proposals should be submitted. To ensure public was notified the CoC created a webpage dedicated to the NOFA which included relevant information and was constantly updated. The CoC sent out Constant Contact emails to a list of 5,000 notifying them of the process and requesting applications, including those from new applicants. Every Constant Contact email is posted to the CoC website, blog, and CoC Facebook page in a sharable format. A public NOFA meeting was conducted on July 12th to field questions on process for all renewal and prospective new applicants. All applicants, new and renewal, that submit their applications were considered for inclusion. A committee elected by the CoC Board of Directors called Performance Review and Allocations Committee (PRAC) makes review, ranking and funding recommendations that will be voted on by the CoC Board. To ensure the review is fair and transparent, the PRAC is provided with a performance score card for all renewals and a ranking rubric for all new and renewals that includes scoreable items on agency capacity, cost effectiveness, experience and prior performance. The PRAC is provided training by lead agency staff on HUD priorities, NOFA requirements and competition process including tiering and ranking requirements. The PRAC meets in a closed meeting to rank projects. The PRAC considers scores, HUD NOFA requirements, local priorities, and subpopulation needs to make final funding recommendations to go before the CoC Board for final vote. Applicants that were determined to be included in the competition through this process will be included in the competition.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

Prior to allocation of funds or release of request for proposals for ESG funding, ESG recipients present planning documents before the CoC assembly to garner public comment and consultation from the CoC membership annually. The CoC also consults with ESG recipients Dallas, Dallas County, Garland, Irving and

State of Texas regularly throughout the year regarding planning to convey needs and priorities based off HIC/PIT data, HMIS data, and alignment of strategic plans. In March 2018 the CoC hosted a three-day strategic planning session with community leadership and all ESG recipients were included in the planning discussion to align consolidated planning efforts, objectives and goals. To ensure evaluation and reporting is accurate CoC lead agency provides support for HMIS project set up, regular HMIS data quality reporting and ongoing HMIS training to recipients and subrecipients for all ESG projects.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

It is the policy of the CoC to support survivors of domestic violence and ensure that housing, services, and shelter options are safe, trauma informed, and victim centered. To guide policy and improve collaboration, the CoC created a Family and Domestic Violence committee which meets bi-monthly. All attending providers are consulted on policy related to domestic violence prior to CoC adoption. In the CoC Coordinated Assessment (CAS) policy it states that those fleeing DV, dating violence, sexual assault, or stalking that seek shelter or services, and where safety is a concern, will be immediately connected to a homeless help line and linked to assigned DV access point. This access point will be fully trained in safety, trauma informed, and victim centered practices and will make determination of proper intervention, including safe transfer where necessary, using pre-determined safety screening tools, severity of risk and client choice. CoC and ESG housing is available for survivors through CAS by identifier not tied to name or date of birth to ensure safety. Any personal information needed to prioritize is sent via encrypted e-mail or fax only to CAS agency staff and is not shared with community. When housing becomes available for CoC or ESG funded housing the housing agency will reach out directly to referring agency and provide the identifier to link and safely transfer survivor to housing selected by client. HHS funds CoC partner DV shelters and

DOJ funds CoC community based legal advocacy and counseling services. Legal advocacy and counseling are available to any victim of domestic violence and are accessible through a 24-hour hotline. Domestic violence service providers have met with general shelters and offered community services to clients who have a history of DV as well to ensure all survivors have access. Onsite legal advocacy and therapy at day centers through DOJ funding is pending as part of effort to expand services in our CoC for survivors.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Family and DV Services Committee meets bi-monthly to coordinate and cross train between general homeless shelters and domestic violence service providers. Meeting topics have ranged from education about local domestic violence shelter eligibility to educating shelter providers on safety protocols, client choice and understanding trauma and victim centered best practices. Regular training sessions are hosted by local domestic violence partners as well and include safety planning, ethics training, defining assault and stalking, safety planning while pregnant and equal employment rights for survivors of domestic violence. Our CoC also participates in the Crimes Against Women Conference which is hosted within our CoC geographic area annually. All CoC partner agencies are encouraged to attend at least one day of the conference. Our CoC Coordinated Entry staff attend this training annually and at the last conference Coordinated Entry staff attended multiple sessions. At this conference trauma informed care, victim center best practices, and how to integrate these approaches into agency and community policy were discussed and training was provided on these topics by experts in the field. Our Coordinated Entry staff also offer monthly training on coordinated entry processes and includes in each presentation, protocol instruction on how to administer community approved assessment tools in a way that is trauma informed and places priority on restoring survivor's feelings of safety, choice and control. This training is available at any time on our CoC public website as well.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC and its partner agencies participate in national as well as local studies that give feedback about our local needs related to domestic violence, dating violence, sexual assault, and stalking. United Way and our local Center for Non-Profit Management provide studies at least annually where agencies report out their observations on services available and gaps in services. The main report used to assess the scope of community needs related to domestic violence, dating violence, sexual assault and stalking is the Domestic Violence Taskforce Report. This taskforce was created to monitor the response to domestic violence and includes representation from the local police department, court system and CoC family violence-advocacy organizations. This taskforce

provides a 74-page annual report on trends and needs related to the systemic response to domestic violence within our geographic area. The report is integral to informing the CoC on specialized needs related to domestic violence, and associated crimes, using de-identified aggregate data from the court system, service providers and law enforcement. When accessing CoC partner agency response to need, de-identified data from HMIS comparable databases is compiled from partner agencies to measure CoC response against the Domestic Violence Taskforce reported findings to determine areas of unmet need. This data and need is discussed and action plans are formed through the collaborative work of Family and Domestic Violence CoC committee. Once such need that was determined was for increased financial well being of survivors in our continuum. In response, partner agencies this year have signed up to participate in the Survivor Financial Well-Being Study being conducted by a collaboration by the Center for Survivor and Agency Justice. This will determine gaps in services in our community related to assisting survivors achieve financial health and provide opportunity for system improvement in this area.

**1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
- (2) the data source the CoC used for the calculations; and
- (3) how the CoC collected the data.
(limit 2,000 characters)

The Continuum of Care is currently serving 2,046 individuals over the age of 18 in a household that is reporting a recent history of domestic violence. This number includes a minimum of 339 individuals over the age of 18 that are in a household that includes children. 876 individuals of the 2,046 reported actively fleeing domestic violence at time of last assessment. These numbers were derived from a combination of two main sources of data which include the continuum of care HMIS system and non HMIS reporting domestic violence shelter and housing providers who use an equivalent system to report data. The CoC HMIS generated APR detailed all individuals reporting DV history and/or currently fleeing on questions 14a and 14b for all open enrollments from all HMIS entering projects within the CoC. Additionally, a self-reported point in time count from all DV projects within the continuum using an alternate HMIS equivalent system was supplied and added to the HMIS generated number to

determine total domestic violence survivors the CoC is currently serving in the CoC's geographic area.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

By running a report through the CoC HMIS system it was found that 1,111 individuals over the age of 18 were not currently connected to housing or domestic violence assistance services out of the total 2,046 individuals reporting a recent history of domestic violence within our continuum of care. Of the 876 individuals reporting actively fleeing domestic violence, 332 individuals over the age of 18 were actively fleeing domestic violence at time of last assessment and were not yet connected to housing or domestic violence services. These numbers were derived from a CoC HMIS generated APR detailing all individuals reporting DV history and/or currently fleeing on questions 14a and 14b and included all open enrollments from all HMIS generated shelter and outreach projects within the CoC. This number was used to determine total domestic violence survivors currently in need of housing or services within the CoC that are not actively connected to those needed services or housing. To further determine unmet need, the Dallas Domestic Violence Taskforce Report was reviewed and found that of the participating domestic violence shelter agencies a total of 7,950 women, children, and men that requested shelter for domestic violence reasons during the last annual reporting period were unable to access shelter due to lack of available space.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

According to our research and data sources the CoC has a large unmet need related to adequately addressing the full extent of domestic violence survivors entering our homeless service system annually. As stated in question 1C-4b and 1C-4c, at this present time, according to our HMIS data, there are at least 1,111 adult individuals over the age of 18 that are homeless within our Continuum but are not reported as accessing domestic violence shelter, services, or housing. Of these 1,111 adults 23 were head of household that included children under the age of 18. This includes 332 individuals over the age of 18 that are reported in our HMIS system, 10 as head of household in families with children, as stating that they were actively fleeing domestic violence at time of last assessment but not connected to domestic violence services or housing. According to our Housing Inventory Chart all existing rapid

re-housing dedicated to survivors of domestic violence were at capacity during the 2018 housing inventory chart submission. With dedicated rapid re-housing for this sub-population at capacity this causes these underserved 1,111 individuals to remain in mainstream services while awaiting housing through general coordinated assessment. Although all CoC programs are offered training in trauma informed care practices, domestic violence survivor needs, and victim centered approaches to service, survivors of domestic violence are safest in programs designed for their specific safety needs. More rapid re-housing is needed within our community to address the safety and immediate housing of those fleeing domestic violence. Additionally, as stated in question 1C-4c, our Dallas Domestic Violence Taskforce reports annually on numbers of women, children and men seeking shelter at dedicated domestic violence facilities that are turned away due to lack of space. Last reporting period the taskforce reported 7,950 women, children and men that were unable to access safe shelter when attempting to flee domestic violence. As this information is de-identified for safety reasons, the data does not show if these individuals and families returned to their abuser or if they are a large percentage of the 2,046 individuals that are within our continuum of care today seeking services. However, the data does show an unmet need for additional services and housing for survivors of domestic violence. Additional rapid re-housing units are necessary to ensure that individuals and families seeking safe housing can access safety when fleeing domestic violence and are not forced to choose between extended homelessness or returning to their abuser.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

Our CoC selected DV Bonus project will address the unmet need of survivors of domestic violence, dating violence, sexual assault and stalking by providing housing tailored specifically to survivors through a coordinated program inclusive of three high performing domestic violence and family shelter agencies. Between the three agencies, there will be an increase, at a minimum, of 93 RRH units dedicated to survivors within our continuum and through successful turnover can rapidly rehouse an anticipated 409 survivors annually. Because this project includes both the CoC acknowledged dedicated entry point for coordinated assessment for family homelessness and the CoC acknowledged dedicated entry point for coordinated assessment for domestic violence, the project will work within the coordinated entry process according to CoC policy while addressing the special needs of survivors.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

The CoC is submitting one project which is collaborative and contains three

partners. These partners were linked to combine strength of each and create a project that has the capacity for high rate of housing placement, retention, safety planning, and ability to face multiple barriers including immigration status. Family Place is lead agency and has the greatest direct experience planning safety for survivors. Family Place is our point of entry for survivors through coordinated assessment. This agency has strong policies that can be shared and implemented with partner agencies to improve safety of survivors. Safety planning measures include ensuring that housing placements have security gates, appropriate lighting, and high response rate by local police department. To increase safety of DV survivors, and with client consent, Family Place offers training to apartment managers and provides safety codes such as turning porch light off and on to signal the apartment manager to contact police if an abuser locates survivors. Training is also provided to the survivors including safe social media use, communication with schools on ways to protect children and safe use of forwarding address. Family Place allows ongoing assistance after housing discharge to provide follow up support for as long as needed. This includes ongoing use of shelter mailing address to avoid abuser sending a letter to learn of forwarding address. If immediate housing is not available, Family Place will utilize whichever of their DV shelters that is furthest from abuser to ensure safety while a housing plan is developed. This partner agency over the last 12 months in their transitional program saw a 94% housing placement rate, placing 108 out of 115 survivors in permanent housing upon exit. Family Place also has capacity to maintain high retention rates. Through ESG funded rapid re-housing Family Place saw a 95% retention of housing over the last 12 months with 204 out of 215 survivors retaining housing after program completion. Another partner, Family Gateway, operates a family shelter and the only permanent supportive housing program within our CoC that is 100% dedicated to families, including survivors, who have disabilities. Within the last 12 months, Family Gateway has sheltered 42 households who reported domestic violence. Of those, 15 exited to safe permanent housing destinations, 7 exited to alternate living situations and safe programming and 20 continue to reside at Family Gateway. Within Family Gateway's permanent housing programs, 51 active clients within the last 12 months stated a history of domestic violence. Of those 51, 84% retained housing 6 months or longer. This agency also provides case management to families through diversion services that reside at other facilities not operated by Family Gateway. Within the last 12 months, 67% of those case managed exited to safe housing placements and an additional 20% are continuing active case management and housing planning. The third partner, Mosaic Family Services, is unique and was asked to join to ensure our CoC addresses multiple barriers of survivors, including those faced by our growing immigrant and refugee population. These survivors often have limited English skills, lack of knowledge of laws and victim rights, limited access to resources, family and community support, and fear of violating cultural traditions that may lead to isolation from their community. Mosaic specializes in assisting survivors navigate these unique barriers. In 2017, Mosaic served 543 victims of domestic violence crimes through advocacy and case management. 322 of these 543 survivors decided to flee and take refuge at Mosaic shelter where they accessed safety, medical care, educational opportunities, and immigration assistance. Partnering with Mosaic Family Services will allow our project to be multi-culturally sensitive and will expand our reach to all survivors of domestic violence.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Dallas Housing Authority	5.00%	Yes-HCV	Yes
Housing Authority of Plano	0.00%	No	No
Housing Authority of McKinney	0.00%	No	No
City of Mesquite Housing Office	0.00%	No	No
Housing Authority of City of Frisco	0.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The Dallas Housing Authority, the largest within our CoC, has a homeless and move on preference in their administrative plan. Plano Housing Authority does not have a preference listed for homeless but does prioritize extremely low-income families, including those facing homelessness, ahead of other families. To encourage increased homeless preference within the CoC in 2017 the CoC encouraged local PHAs to partner with CoC service agencies using creative reallocation in the NOFA process to actualize unused vouchers and add them to the Housing Inventory Chart as dedicated homeless vouchers. In this partnership, the CoC agency, through reallocation, provides services to activate HCV vouchers that otherwise would not have been used for homeless. This was duplicated in this NOFA process to increase homeless dedicated vouchers with the local PHAs to create a collective 75 dedicated chronically homeless vouchers. More broadly, on March 28th and 29th a strategic planning session was hosted by the CoC where CoC leadership, partnerships and citizen interest groups on homelessness and City leadership met to discuss several strategic planning items including increasing dedicated housing supply for homeless citizens. In response to strategic plan, and to increase the CoC's ability to encourage local PHAs to adopt or increase homeless preference policies, the CoC has made plans to hire a CoC Planning Director and will seek candidates with experience with permanent housing authorities and PHA regulations. The CoC will also network with other leadership within the CoC to illicit CoC-wide support of homeless admission preferences in all PHAs to reduce homelessness within our geographic area in support of our collaborative

strategic plan created in March.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

**Move On strategy description.
(limit 2,000 characters)**

The CoC partners with Dallas Housing Authority as our largest permanent housing authority within the CoC geographic area. DHA has a move on policy that states that individuals completing a homeless transitional housing program within the CoC, homeless or formerly homeless and ready to move to tenant based voucher housing program will be given admission preference over general population not connected to homeless services and housing response system. The CoC has also encouraged expansion of this program through use of state funds to partner with CoC agencies and provide bridge rapid re-housing. These chronically homeless participants are immediately housed in rapid re-housing units funded through these state funds until a PHA voucher, given by preference to this population, is available. The CoC also employees a real estate agent that can assist with location of low income housing options when a housing program participant is ready to move on to independent housing options.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)**

The CoC works with many LGBTQ organizations to ensure that agencies are trained on how to address the needs of LGBTQ individuals and their families experiencing homelessness through support of regular trainings and adoption of policy in line with the Equal Access rule published by HUD on September 21, 2016. The CoC hosts monthly round table trainings open to all CoC funded and non-funded agencies and includes periodic topics related to equality, gender identity and sexual orientation. One such round table was led by the Gay and Lesbian Alliance for LGB and DFW Transcendence which focuses on rights for the transgender community. Additionally, Outlast Youth, a local organization dedicated to LGBTQ homeless advocacy and education, is in partnership with our CoC and has conducted several onsite cultural competency trainings at local shelters and housing providers. In summer of 2018 the CoC Assembly voted to recommend section 10 of our policies and procedures to include a CoC-wide anti-discrimination policy which was adopted by the CoC Board on August 30, 2018. This policy coincides with the final rule and with the local LGBT taskforce anti-discrimination ordinance adopted by City of Dallas on November 10, 2015. The CoC policy includes language that requires equal

access in accordance with gender identity to all CPD funded recipients or subrecipients including shelters and facilities providing services funded in all or in part by CPD funding. Training on this CoC-wide policy regarding Equal Access Final Rule will begin in Spring of 2018 and annually thereafter.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.

(limit 2,000 characters)

The CoC Coordinated Access System covers the entire CoC geographic area through several outlets and ensures that special populations, individuals most in need of assistance, and those least likely to apply for assistance are identified and assisted appropriately and in a timely manner. Our Coordinated Access System is accessible at any CoC partner agency, however, to ensure that all populations and geographic areas are covered, seven special access points have been identified for special populations such as youth and families as well as for those living outside the Dallas county area but still within our CoC region. These access points are located throughout the entire CoC geographic area by subpopulation type to ensure the system equally covers the entire geographic area for all population types. Additionally, a crisis helpline has been established linking a single toll-free number to all identified access points to streamline assessment and intervention for all individuals seeking assistance, including individuals that are not able to physically go to an agency or access point for triage and assessment. For homeless individuals and families that do not choose to, or are unable to, reach out to the coordinated access system, our CoC provides outreach teams to triage, assess and assist. These teams include over 20 social workers and 10 otherwise trained outreach workers from CoC funded as well as non CoC funded agencies and municipalities to cover the entire geographic area. Once assessed, people are prioritized for need for housing and services by vulnerability score using the VI-SPDAT, length of time homeless, and disability in accordance with priorities as established in CPD-17-01.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

In its local competition the CoC took into consideration projects serving traditionally harder to serve populations such as those with history of victimization, criminal history, chronically homeless and current or past substance abuse when reviewing performance of projects within the CoC. Along with performance metrics such as housing placement and retention success, projects were also scored on percentage of individuals taken from the highest priority through coordinated entry that scored high on the VI-SPDAT for vulnerability as well as those agencies taking from the list of chronically homeless prioritized persons and families. During review of projects, performance scores were weighted against consideration as to population type served where that population type would potentially result in lower performance levels due to severity of housing barriers and needs generally associated with that population. Additionally, during committee review of projects, continued funding of projects was taken into consideration where that project was unique or where that population type was underrepresented in permanent housing options within the continuum such as projects serving youth through TH/RRH and PSH or homeless individuals with severe mental illness through Safe

Haven

- 1E-3. Public Postings.** Applicants must indicate how the CoC made public:
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

- 1E-4. Reallocation.** Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

- 1E-5. Local CoC Competition.** Applicants must indicate whether the CoC:
- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
 - (2) rejected or reduced project application(s)—attachment required; and
 - (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
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(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: 2 through 4
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Pieces IRIS

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	2,200	257	1,402	72.16%
Safe Haven (SH) beds	41	0	41	100.00%
Transitional Housing (TH) beds	942	318	294	47.12%
Rapid Re-Housing (RRH) beds	600	122	527	110.25%
Permanent Supportive Housing (PSH) beds	2,106	0	2,106	100.00%
Other Permanent Housing (OPH) beds	411	0	411	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

The CoC through the work of the CoC assembly network, the CoC Policies and Procedures committee and the emergency shelter committee, are actively creating a policy that details for our community how to make determinations on the HIC regarding classification of shelter verses transitional housing verses other non-HIC component types. This document is based on federal definition for each component type and expounded on as to the process the CoC will use to evaluate and redefine projects where found necessary. This is anticipated over the next 12 months to securely and transparently classify beds that are currently listed in our system as emergency shelter but may, according to federal definition and local understanding of those guidelines, better be classified as transitional housing. This will resolve the coverage rate issue of true emergency shelter beds within our CoC. For the remaining coverage rate discrepancy within the transitional housing category outreach and education will be provided to both existing TH beds as well as newly reclassified TH beds to encourage participation. Participation will be encouraged through invitation to community meetings, committee meetings, and HMIS trainings where the benefits of HMIS utilization will be discussed as well as open dialogue on ways to assist with barrier reduction where projects identify specific issues within their agency that are causing inability to participate. For example, where cost is prohibitive for an organization, discussion on assisting with funding requests or other financial assistance factors may be explored.

**2A-6. AHAR Shells Submission: How many 10
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

**2A-7. CoC Data Submission in HDX. 04/26/2018
Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/26/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

There were no changes to PIT count methodology from 2017 to 2018 other than increasing provider coverage. Provider coverage resulted from transitioning beds categorized as high barrier shelter beds to be classified as transitional housing which reduced our sheltered count.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	16
Beds Removed:	333
Total:	-317

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0

Total:	0
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2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

The CoC utilized its youth committee, made up of youth service and housing providers, and its youth advisory board, comprised of current and formerly homeless youth, to construct a youth count methodology and provide input in conjunction with PIT planning. During this process stakeholders and youth advisory board members identified locations where youth experiencing homelessness are most likely to be identified. This planning team also created and facilitated specific training to educate volunteer counters on youth homelessness and how it differs in appearance to general unsheltered homelessness. To circulate knowledge of the homeless count, several outreach and volunteer teams frequented these locations in the weeks leading up to PIT count night to pre-survey homeless youth and explain the importance of participation in the PIT. Through this effort, 55 unsheltered youth were identified on count night as well as an addendum created to supplement the homeless count data. This addendum provides detailed qualitative data to inform strategic planning surrounding homeless youth needs and assists in building strategies for ending youth homelessness within our CoC by addressing those needs.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

To better locate and engage individuals and families experiencing chronic homelessness the CoC facilitated ongoing monthly meetings with unsheltered committee throughout the year to maintain constant knowledge of campsites and other locations where chronically homeless individuals and families might be found. This shared data not only assisted outreach efforts throughout the year, but also informed the PIT process of probable locations of current or prior campsite areas that should be targeted for specialized teams to cover during count night. Although the entire geographic area within our CoC was covered during the count, these specifically identified routes were given to highly experienced volunteers to ensure that fully trained outreach workers covered all known areas where chronically homeless persons were anticipated to be found. To ensure veterans experiencing homelessness were properly identified, the Veterans Administration provided modified language of PIT count questions to ensure that all questions were asked in a veteran appropriate way using correct vernacular and were sensitive to potential mental health concerns such as PTSD. The Veterans Administration also volunteered expertly trained staff to participate in count night and target areas where Veterans may be more highly concentrated such as areas surrounded the local VA hospital district. General volunteers were trained exclusively on how to approach vehicles and target public parking lots to identify homeless families that were unsheltered. Families located as unsheltered on PIT night were given information on family shelters to connect to safe shelter.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	10,396
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3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
- (2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

The CoC has identified highly experienced organizations to be responsible for overseeing the CoC strategy to reduce or end number of individuals and families experiencing homelessness for the first time. These organizations have been selected as points of entry and are experienced and trained on diversion techniques to ensure that all avenues, other than homelessness, are explored when an at risk or newly homeless family or individual is identified. For individuals, this point of entry is the Bridge shelter and for families the point of entry is Family Gateway. Each entry point has dedicated diversion specialists who have connections to resources inducing homeless prevention funds, local community benevolent funds, the CoC flex fund, and other sources to divert from homelessness where possible. The CoC Flex fund is a privately funded resource that allows the CoC to approve requests for short term hotel stays, application fees, deposits, or other small expenses that can quickly resolve or divert from homelessness without utilizing system resources. All entry points and shelters have access to apply for these funds with a common request form detailing how funds will assist in housing stability or reduction of time homeless. For the past year, all HMIS participating shelters have shown greater than 96%-100% occupancy. However, if it is found that a family or individual can not be diverted, space in the shelter system is set aside to accommodate first time homeless for up to 5 days to allow time for a more comprehensive assessment while a diversion or housing plan is determined. It is important to note that the first-time homeless number reported in question 3A-1 reflects newly participating shelters in addition to first time homeless pulled from consistent HMIS data.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time individuals and persons in families remained homeless last fiscal year was 111 days for all persons experiencing homelessness in emergency shelter, safe haven and transitional housing combined. This shows an overall decrease of 36% in average length of time individuals and families remained homeless within the CoC. For those experiencing homelessness last fiscal year in shelter or safe haven the average amount of time homeless was slightly less at 105 days. For this quarter in 2018 the length of time in emergency shelter declined for all reporting HMIS shelters to 52 days, according to our quarterly dashboard report. The CoC this year has initiated emergency shelter challenges to encourage rapid housing of all sheltered individuals. This challenge includes cross training between shelter providers, housing fairs using realtors employed by the CoC to find housing to meet unique housing barriers, and roommate matching events to pair willing homeless individuals to enable them to afford private market rents by pooling resources. The last challenge saw over 200 individuals rapidly housed within a 90-day challenge period. The lead agency and more specifically the Coordinated Assessment Director is the position responsible for overseeing the CoC strategy to reduce the length of time individuals and families remain homeless. This position is in charge of initiating and coordinating all shelter challenges as well as monitoring the housing priority list to ensure that homeless individuals and families referred to all available CoC funded housing are those on the housing list that have the longest lengths of time homeless.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	12%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals

and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

The CoC has had historically high retention rates as well as a high percentage of successful exits to other permanent housing from our CoC funded permanent supportive housing projects. Last fiscal year the CoC saw a 95% retention and successful exit rate for all permanent supportive housing projects. Conversely, it is of note that the rate at which those exiting from shelter, transitional and rapid re-housing, as reported in the most recent HDX, is unusually low and reflective of data issues as opposed to low performance and will be corrected during the next HDX reporting period. However, in order to increase actual rate at which individuals and persons in families in emergency shelter, safe havens and transitional housing and rapid rehousing exit to permanent housing destinations, the CoC has implemented a few key strategies for improvement. First, the CoC is supporting agencies by employing a realtor to assist in finding affordable rental units and supplying agencies with this information during regular housing fairs on location at housing agencies and shelters. Secondly, to increase PSH supply, the CoC has also initiated a permanent supportive housing committee which meets monthly and which created an Independent Housing Readiness Assessment. This assessment is used to evaluate PSH individuals and families that may be ready to move on from project participation into independent housing. This will allow identification and safe transition practices of stable PSH clients that no longer need support and open up availability of units to increase rate at which individuals and persons in families exiting shelter can access a permanent housing destination through the CoC. When combined, these strategies will increase CoC PSH supply for those needing support when exiting shelter as well as increase connection to affordable housing within the mainstream community for those exiting shelter as well as those exiting PSH that no longer need supports.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:

(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.

(limit 2,000 characters)

The CoC has seen a dramatic increase in the number of individuals reported as housed through HMIS data. From 2016 to 2017 there was a 65% increase in the number of reported persons exiting to permanent housing destinations from 2 years prior. The rate of return to homelessness, however, has remained consistently low between 6 and 12 months post housing at less than 5% returning each year. Attributed to this low rate of persons returning to homelessness is CoC strategy and focus on best practices within partner agencies. In late 2016, the CoC adopted standards of care and a housing first checklist that standardized a minimum expectation for case management to support newly housed households. This document also established minimum standards for ongoing case management for households reaching stabilization and preparing to move on. Through 2017 and 2018, partner agencies were monitored including review of intake forms and exit documents to ensure all aspects of case management, from assessment to exit, were following minimum standards and housing first practices. Households identified as high risk for return are provided a safety net through the flex fund. Case managers who identify a client as high risk for return can request flex fund assistance for financial aid for a client in the event they are unable to maintain housing that month. Flex fund provides minimal retention funding through private funding until the household, through case management, can create a plan to maintain housing in an ongoing manner. The CoC Coordinated Assessment team, through linkage with partner agencies, identifies common factors of individuals and persons in families who return to homelessness, or would return to homelessness but for the flex fund safety net. The CoC as lead agency and in coordination with the CoC Permanent Housing Committee is responsible for overseeing the CoC strategy to reduce the rate individuals and person in families return to homelessness.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - (3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

MDHA as the lead agency is the organization that is responsible for overseeing the CoC strategy to increase job and income growth from employment, as well as non-employment sources. The main strategy for accomplishing this goal is to educate partners on available resources and, where possible, co-locate mainstream organizations alongside homeless service providers for ease of resource connection. All CoC partner agencies are required to have at least one staff member that is SOAR certified to assist with benefit entitlement application process for SSI and SSDI. The CoC lead agency maintains a list of all SOAR certified persons and Community Partners and this is a scorable item in each year's competition. The CoC lead agency also provides free, regular training through 6-week training and refresher cohorts to complete all necessary coursework to be a SOAR certified specialist within the CoC. For employment assistance the lead agency provides annual training from employment specialists including Texas Workforce and other local employment connection

nonprofit agencies through monthly round table trainings to ensure all partner agencies are aware of processes to access services with those entities. In addition to centralized annual training the Texas Workforce Solutions staff hold monthly job fairs at agency locations and coordinate with providers for client transportation to job fair location and interviews, where applicable. Training opportunities are also made available through City Square who provides WorkPaths training, enrolling participants in construction safety courses, culinary arts training programs among other opportunities for career advancement. For homeless individuals and families that qualify for Veteran benefits, the Veteran Administration provides outreach on a mobile van that goes on-site to assist with benefit navigation for all potentially eligible individuals and families.

3A-6. System Performance Measures Data 05/31/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
- (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	205
Total number of beds dedicated to individuals and families experiencing chronic homelessness	771
Total	976

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

Family Gateway diversion specialists, as designated point of entry for families with children experiencing homelessness, is the entity responsible for addressing housing and service needs to ensure families are rapidly housed and maintain housing after assistance. These diversion specialists work closely with the CoC coordinated assessment director to ensure families are diverted from homelessness rapidly and, where diversion is not possible, are placed on the housing priority list and housed with next available opportunity. In July 2017 through July 2018, Family Gateway answered 4,370 calls seeking assistance and were able to refer 1,264 to immediate resources to resolve their crisis. The remaining calls were assessed and triaged and those found not meeting HUD literal homelessness (42%) were provided an extensive resource guide and education about community services. Of those families diverted from shelter more than 62% were confirmed by diversion staff as achieving a positive housing destination. The remaining 58% were triaged based on immediate need and subsequent services resulted in 547 families being immediately diverted, 604 families brought into shelter to begin immediate housing placement planning, and 636 families receiving external housing case management services to ensure stability without shelter utilization. For those families not able to be diverted from homelessness, housing planning to rapidly house them within 30 days, where possible, is immediately initiated. During this same time period, Family Gateway added 211 non-diverted families to the housing priority list. Of these, 43 exited to Family Gateway programs, 58 exited to other CoC projects, and 27 exited to independent housing with no ongoing subsidy. Strategies utilized to achieve this goal of rapidly housing families within 30 days include extensive use of rapid rehousing, PSH housing, and city funded project-based vouchers and use of best practices in diversion triage assessment.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC youth committee participated in a planning session last fiscal year and a follow up session this year to establish and determine progress on the goal of increasing resources and effectively using existing resources dedicated to ending youth homelessness within our CoC. Since initial planning occurred, the CoC youth committee has reviewed all resources available and enumerated them in a comprehensive resource guide. During this exercise it was found that additional resources were necessary to better address unsheltered youth homelessness. Two CoC funded partner agencies, CitySquare TRAC and Promise House, partnered with Dallas ISD and two funding sources, Social Venture partners Dallas and After8toEducate to determine ways to secure additional funding to fill this services gap. The resulting plan was to renovate a former elementary school into a drop-in center and emergency shelter for homeless youth within DISD. This center is open to all homeless youth ages

14-21 and will be open 24 hours to ensure consistent access to services for this population. The center is mixed use with a shelter, transitional housing component and a drop-in center to address all levels of need presenting at the site. Renovation for this project is underway and anticipated completion date is spring of 2019. The CoC is also utilizing the strategy of reallocating a portion of transitional housing units to a joint TH/RRH component type to increase capacity through more rapid turnover of beds for youth experiencing homelessness. Lastly, the CoC youth committee maintains a sub-committee that assists with reviewing the housing priority list monthly to ensure that resources available within the community are being used effectively for each youth prioritized for housing through coordinated entry.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

The CoC referenced the Texas Appleseed and Texas Network of Youth Services (TNOYS) report in our efforts to plan strategy and establish benchmarks for measurement of success. In the TNOYS report it was determined that youth-specific shelters and drop in centers were needed to assist in stabilization of youth and connection to housing. The TNOYS survey also reported a surge in unaccompanied homeless youth in recent years. To track what this information means for our CoC locally we have implemented a sperate methodology as an addendum to the annual point in time count that tracks quantitative as well as qualitative data from year to year. Comparing these surveys annually will show the impact our efforts, that are cited above in question 3B-2.6, has had on trends in the overall number of homeless youth within our system of care. To more frequently measure if our resources are being allocated effectively the CoC youth committee utilizes the youth housing sub-committee to review and analyze the coordinated assessment housing priority list at least monthly. During review, this sub-committee tracks housing placements, new admissions, and any youth that were unable to access housing from the prior month's review. In order to measure success with our new funding for expanded outreach, drop in center, and housing program the CoC through After8toEducate partnership contracted with Southern Methodist University (SMU) which is a private research university within the CoC. After8toEducate is also reviewing collective impact software to measure outcomes for the collaborative. These resources will assist in evaluating progress of project and ensuring funds are being spent in a manner that is effective at connecting youth experiencing homelessness to housing and services. These measurements are appropriate to determine effectiveness as they utilize best practices, local as well as national data, and qualified independent reviewers.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
 - (3) school districts; and
 - (4) the formal partnerships with (1) through (3) above.
- (limit 2,000 characters)

The CoC invites, at a minimum, all ISD liaisons to each monthly youth committee meeting, youth count planning activities, and strategic planning events, particularly where youth homelessness is a focus of the meeting. The CoC regularly shares homeless data as well as training invitations to homeless liaisons within each school district within the CoC geographic area. Liaisons have an open option to invite other school district staff to trainings, such as counselors or teachers, where they determine that would be most advantageous for each district. The CoC also reaches out to other public and private educational programs including college ready and preparatory programs such as YearUp. YearUp is a program designed to ensure that youth graduate and gain skills through classroom and internship opportunities and complete the program launching into a meaningful career. CoC partner agencies also participate monthly in local McKinney-Vento LEA meetings hosted by Dallas ISD. These monthly meetings are coordination meetings between ISD liaisons and case manager staff from CoC youth shelters, housing programs and service providers. Topics for these meetings include but are not limited to, training on McKinney-Vento eligibility, coordination of summer programming for homeless youth, tutoring opportunities and detailed information regarding accessing Special Education services.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

All CoC agencies that serve families with children are linked to local ISD liaisons through the youth committee efforts. Through this linkage, partner agencies are able to set up individual training sessions with liaisons to inform staff of eligibility for education services. Agencies then have responsibility to filter this information to individuals and families within their programs. Agencies inform clients through various methods including informal meetings where the information is provided collectively, flyers and informational one-pagers detailing how to get connected and during regular case management meetings where goal setting, including connection to educational services, is discussed.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No

Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The CoC By-Name List workgroup, which meets every 2 weeks, includes VASH, SSVF, GPD, HCHV, VA as well as shelter and street outreach providers. The By-Name List workgroup conducts group staffing to address complex cases, resolve housing barriers and assist in rehousing veterans facing homelessness or eviction. To best identify veterans a By-Name List Coordinator position, funded and maintained through our SSVF partner, reviews multiple sources including, but not limited to, the Coordinated Assessment housing priority list, HMIS self-reported data and data provided by other partners who are not federally funded and may not be inputting in the HMIS system for all clients. In addition to the By-Name List work, Veteran Housing Fairs occurred in 2017 to reach out to literally homeless veterans that may not be connected. These housing fairs occurred inside of shelters and on-site at homeless camps. In attendance at these fairs were any housing provider, including the VA, SSVF, and CoC funded providers, that had available units that are dedicated to homeless veterans. The VA outreach workers also attended to check eligibility and connect any non-connected veteran to VA services. Also in attendance at the housing fairs were Coordinated Assessment staff to expedite the assessment process and place on the housing priority list as appropriate to allow in some instances for housing to occur same day as assessment pending eligibility

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:

- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
- (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)**

MDHA as the lead agency is the organization that is responsible for overseeing the CoC strategy to increase access and connection to mainstream benefits. All CoC partner agencies are required to participate in the HHSC Community Partner Program through Your Texas Benefits online portal and maintain at least one Your Texas Benefits navigator on staff. This allows CoC agencies to have direct access to HHS and complete online applications directly to expedite TANF and SNAP benefit approval. The Community Partner Program provides ongoing support, training and certification for all partner agencies and their staff, keeping program staff up-to-date regarding resources available. Similarly, as reported in question 3A-5, all CoC partner agencies are required to maintain at least one SOAR certified individual on staff. The CoC maintains communication

with these SOAR certified staff members and offers regular training opportunities to keep staff up-to-date on SOAR requirements for expedited SSI approvals. For other mainstream services the CoC hosts monthly round table meetings to keep program staff up-to-date on how to assist clients access services for various needs. Topics for round table meetings last fiscal year included but were not limited to, immigration services, substance use treatment programs, employment connection agencies, pro-bono legal assistance opportunities, and securing critical documents.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	27
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	27
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

The CoC collaborates its outreach efforts collectively through an unsheltered taskforce committee that meets at least monthly to coordinate efforts and ensure that outreach teams share the load and cover 100 percent of the CoC's geographic area. During this monthly meeting, teams share information regarding new locations of campsites, locations of homeless persons found that are from target populations such as veterans or youth, and update a by name list of hard to reach individuals. This list is maintained and updated regularly by the taskforce to ensure that persons experiencing homelessness who are least likely to request assistance are regularly engaged. The taskforce is attended by at least 30 outreach workers every month inclusive of sub population specific outreach teams and teams from outside the urban center of the CoC such as Collin County and Garland. Through this taskforce, outreach is conducted daily within the main geographic area of the CoC and in outskirts of the CoC geographic area as need is identified through the taskforce efforts and at least annually for each area within the CoC. The CoC has further tailored outreach

efforts in a collaborative approach through coordinated events where multiple services are offered on location at campsites. These events include direct service provision such as ID fairs where state IDs are provided free to any interested homeless and unsheltered persons. These service fairs are often a first link to ongoing engagement towards housing or other services for persons experiencing homelessness who would otherwise be unlikely to request assistance.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

CoC agencies have on staff, or immediate access to, Spanish speakers. Other interpreter services are accessible through 211 with fees paid through the MDHA flex fund where necessary. Regular training opportunities on best practices, including fair housing, for street outreach, shelter and housing staff are conducted to train CoC partners to be cognizant of persons who present with literacy or intellectual challenges. These trainings on shelter best practices include how to clarify understanding of program descriptions, rules and forms when presenting them to homeless persons that may experience challenges. Trainings on fair housing and tenant rights was also provided within the last year by legal representatives specializing in housing law. These trainings provide guidance on federal law including 24 CFR 578.93(c) on how to market services and housing to all eligible persons regardless of protected class.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	422	600	178

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	Dallas Housing Au...	09/10/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	Dallas Housing Au...	09/10/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Asses...	09/10/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Rate, Rank, Revie...	09/10/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Local Competition...	09/10/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Deci...	09/10/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Accepted Notifica...	09/10/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Rejected or Reduc...	09/10/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	09/10/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	MOU and Governanc...	09/10/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS P&P Manual	09/10/2018
3A-6. HDX–2018 Competition Report	Yes	HDX Competition R...	09/10/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority...	09/10/2018

3B-5. Racial Disparities Summary	No	Racial Disparitie...	09/10/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	Selection from DV...	09/10/2018
Other	No		
Other	No		

Attachment Details

Document Description: Dallas Housing Authority and Plano Housing Authority Administrative Plan

Attachment Details

Document Description: Dallas Housing Authority Administrative Plan

Attachment Details

Document Description: Coordinated Assesment Tools

Attachment Details

Document Description: Rate, Rank, Review and Selection Criteria

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition RFP

Attachment Details

Document Description: Reallocation Decision Process

Attachment Details

Document Description: Accepted Notifications

Attachment Details

Document Description: Rejected or Reduced Notifications

Attachment Details

Document Description: Local Competition Deadline Information

Attachment Details

Document Description: MOU and Governance Policy

Attachment Details

Document Description: HMIS P&P Manual

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Order of Priority Written Standards

Attachment Details

Document Description: Racial Disparities Summary Report

Attachment Details

Document Description:

Attachment Details

Document Description: Selection from DV Taskforce Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/07/2018
1B. Engagement	09/11/2018
1C. Coordination	09/10/2018
1D. Discharge Planning	09/10/2018
1E. Project Review	09/10/2018
2A. HMIS Implementation	09/10/2018
2B. PIT Count	09/10/2018
2C. Sheltered Data - Methods	09/10/2018
3A. System Performance	09/10/2018
3B. Performance and Strategic Planning	09/10/2018
4A. Mainstream Benefits and Additional Policies	09/10/2018
4B. Attachments	Please Complete

FY2018 CoC Application	Page 48	09/11/2018
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Submission Summary

No Input Required



**ADMINISTRATIVE PLAN
FOR THE
DHA HOUSING CHOICE VOUCHER
PROGRAMS**

May 21, 2018



Effective Date: June 1, 2018 (revised May 21, 2018)

Replaces last revision of: April 16, 2018

order based on date on which they receive notice to move.

Generally, DHA will receive replacement housing vouchers to assist these families, but if the process of obtaining these vouchers is delayed, the families will be issued vouchers to prevent their becoming homeless.

H. Administration of the Waiting List

1. Organization of the Waiting List

At a minimum, the HCV Waiting List will include the following information:

- a. The Applicants' name, address, phone number;
- b. The names, relationship to head, sex and age of family members who will live in the assisted unit;
- c. The number of bedrooms for which the Family initially qualifies in accordance to DHA occupancy standards;
- d. The date of lottery pull;
- e. Qualification for any local preferences, if applicable; and
- f. Racial and ethnic designation of the Head of Household.

2. Suspension of Applications

DHA reserves the right to suspend accepting HCV applications when it determines that the waiting list is of such size and wait time that it is unreasonable to continue adding applicants to the housing vouchers waiting list. Such suspension will be declared by the DHA President and CEO or his designee and announced publicly. DHA may also close the Waiting List for administrative purposes. During such periods, DHA may continue to accept applications from Applicants qualifying for targeted funding for specific programs or specific admission preferences.

I. Selection from the Waiting List: The HCV Program

Applicants added to the HCV Waiting list after January 1, 2009 will be selected in the following order, unless advertised according to non-preference. However, DHA reserves the right to select applicants from its waiting list and based on a percentage share of preference and non-preference admissions:

1. So long as available funding permits re-issuance of turnover vouchers, **families involuntarily displaced from their current housing due to governmental action or federally designated natural disaster**. Families qualifying for this preference shall have first priority over all other Families applying for housing;
2. So long as available funding permits re-issuance of turnover vouchers, **individuals who need and qualify for congregate housing in an assisted living facility** shall have second preference for admission, but only to congregate housing assisted living facilities that have been reviewed and approved by DHA. DHA reserves the right to admit individuals who qualify for this preference based on units made available for this targeted population, so long that funding is available;
3. So long as available funding permits re-issuance of turnover vouchers, families and individuals who qualify under any of the categories listed below shall have equal preference (sorted by **lottery number**) over all other families applying for regular

vouchers, unless opened for a specific targeted group/admission preference identified within the advertisement:

Families who have been made homeless by documented domestic violence; and individuals graduating from or “aging out” of the foster care program administered by the Texas Department of Protective and Regulatory Services, families completing their tenure in transitional housing (under the Continuum of Care), chronically homeless individuals and persons; and

currently or formerly homeless applicants who are ready to move to project or tenant-based voucher housing providing permanent supportive housing to the homeless;

families that include children between the age of 3 and 10, only as it relates to the participation of a national study which DHA is a party to;

4. Applicants that do not meet any Admissions Preferences will be considered non-preference applicants.
5. Within each group, applicants will be processed in lottery number order.

Applicants applying for or qualifying for a specific category of special use vouchers (e.g. Veterans Administration Supportive Housing [VASH] or Family Unification Program [FUP], or Mainstream) may be selected ahead of higher placed Applicants on the HCV Waiting List that do not qualify for the targeting funding.

DHA reserves the right to select applicants from its waiting list based on a percentage share of preference and non-preference admissions.

The final determination of eligibility is made when the Applicants are selected from the HCV Waiting List, and the Applicants income and Family composition is verified.

1. **Documentation to Determine Eligibility:** All adult members of Applicant families are required to sign HUD's Form 9886, Authorization to Release Information Privacy Act Notice and disclose the social security number and card for each Family member. If a social security number has never been issued for a Family member, the member must obtain a social security number. The parent or guardian of a child or disabled adult must sign a certification statement for each person.

If a Family member does not have the original Social Security card issued by the Social Security Administration, DHA will accept photo identification and verification of the number from the Social Security Office. An original award letter from the Social Security Administration can be used for this purpose.

2. Individuals who claim the preference as currently or formerly homeless must be certified as meeting the HUD definition of homeless by the Bridge (an emergency shelter for the homeless in Dallas).
3. Families who claim preferences for domestic violence, individuals aging out of foster care or families who are currently or formerly homeless and congregate housing must be certified as qualified by a DHA-Approved Referral Agency (ARA).

J. Income Targeting Requirement

In accordance with Income Targeting requirements established by HUD, seventy-five percent (75%) of the new admissions to the Section 8 Housing Choice Voucher Program each year from the waiting list will have incomes at or below thirty percent (30%) of the area median income (extremely low income applicants).

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA to receive preferential treatment. Funding earmarked exclusively for families with particular characteristics may also alter the order in which families are served.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.



**ADMINISTRATIVE PLAN
FOR THE
DHA HOUSING CHOICE VOUCHER
PROGRAMS**

May 21, 2018



Effective Date: June 1, 2018 (revised May 21, 2018)

Replaces last revision of: April 16, 2018

order based on date on which they receive notice to move.

Generally, DHA will receive replacement housing vouchers to assist these families, but if the process of obtaining these vouchers is delayed, the families will be issued vouchers to prevent their becoming homeless.

H. Administration of the Waiting List

1. Organization of the Waiting List

At a minimum, the HCV Waiting List will include the following information:

- a. The Applicants' name, address, phone number;
- b. The names, relationship to head, sex and age of family members who will live in the assisted unit;
- c. The number of bedrooms for which the Family initially qualifies in accordance to DHA occupancy standards;
- d. The date of lottery pull;
- e. Qualification for any local preferences, if applicable; and
- f. Racial and ethnic designation of the Head of Household.

2. Suspension of Applications

DHA reserves the right to suspend accepting HCV applications when it determines that the waiting list is of such size and wait time that it is unreasonable to continue adding applicants to the housing vouchers waiting list. Such suspension will be declared by the DHA President and CEO or his designee and announced publicly. DHA may also close the Waiting List for administrative purposes. During such periods, DHA may continue to accept applications from Applicants qualifying for targeted funding for specific programs or specific admission preferences.

I. Selection from the Waiting List: The HCV Program

Applicants added to the HCV Waiting list after January 1, 2009 will be selected in the following order, unless advertised according to non-preference. However, DHA reserves the right to select applicants from its waiting list and based on a percentage share of preference and non-preference admissions:

1. So long as available funding permits re-issuance of turnover vouchers, **families involuntarily displaced from their current housing due to governmental action or federally designated natural disaster**. Families qualifying for this preference shall have first priority over all other Families applying for housing;
2. So long as available funding permits re-issuance of turnover vouchers, **individuals who need and qualify for congregate housing in an assisted living facility** shall have second preference for admission, but only to congregate housing assisted living facilities that have been reviewed and approved by DHA. DHA reserves the right to admit individuals who qualify for this preference based on units made available for this targeted population, so long that funding is available;
3. So long as available funding permits re-issuance of turnover vouchers, families and individuals who qualify under any of the categories listed below shall have equal preference (sorted by **lottery number**) over all other families applying for regular

vouchers, unless opened for a specific targeted group/admission preference identified within the advertisement:

Families who have been made homeless by documented domestic violence; and individuals graduating from or “aging out” of the foster care program administered by the Texas Department of Protective and Regulatory Services, families completing their tenure in transitional housing (under the Continuum of Care), chronically homeless individuals and persons; and

currently or formerly homeless applicants who are ready to move to project or tenant-based voucher housing providing permanent supportive housing to the homeless;

families that include children between the age of 3 and 10, only as it relates to the participation of a national study which DHA is a party to;

4. Applicants that do not meet any Admissions Preferences will be considered non-preference applicants.
5. Within each group, applicants will be processed in lottery number order.

Applicants applying for or qualifying for a specific category of special use vouchers (e.g. Veterans Administration Supportive Housing [VASH] or Family Unification Program [FUP], or Mainstream) may be selected ahead of higher placed Applicants on the HCV Waiting List that do not qualify for the targeting funding.

DHA reserves the right to select applicants from its waiting list based on a percentage share of preference and non-preference admissions.

The final determination of eligibility is made when the Applicants are selected from the HCV Waiting List, and the Applicants income and Family composition is verified.

1. Documentation to Determine Eligibility: All adult members of Applicant families are required to sign HUD's Form 9886, Authorization to Release Information Privacy Act Notice and disclose the social security number and card for each Family member. If a social security number has never been issued for a Family member, the member must obtain a social security number. The parent or guardian of a child or disabled adult must sign a certification statement for each person.

If a Family member does not have the original Social Security card issued by the Social Security Administration, DHA will accept photo identification and verification of the number from the Social Security Office. An original award letter from the Social Security Administration can be used for this purpose.

2. Individuals who claim the preference as currently or formerly homeless must be certified as meeting the HUD definition of homeless by the Bridge (an emergency shelter for the homeless in Dallas).
3. Families who claim preferences for domestic violence, individuals aging out of foster care or families who are currently or formerly homeless and congregate housing must be certified as qualified by a DHA-Approved Referral Agency (ARA).

J. Income Targeting Requirement

In accordance with Income Targeting requirements established by HUD, seventy-five percent (75%) of the new admissions to the Section 8 Housing Choice Voucher Program each year from the waiting list will have incomes at or below thirty percent (30%) of the area median income (extremely low income applicants).

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

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PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

CAS Documentation of Priority Status Form - DOPS

Client Name: _____ Client Date of Birth: __/__/____

Client HMIS Identification Number: _____

The Metro Dallas Homeless Alliance verifies that the above named client holds the following priority status documented in the HMIS as of DATE: _____.

☐ P1

☐ P6

☐ P11

☐ P2

☐ P7

☐ P12

☐ P3

☐ P8

☐ NP 1

☐ P4

☐ P9

☐ NP 2

☐ P5

☐ P10

Additional Documentation Required: _____

VI-SPDAT/SPDAT Score: *(indicate which instrument was used and the score)*

- VI-SPDAT Individual Adult 2.0: _____
- VI-SPDAT Family 2.0: _____
- SPDAT Individual Adult 4.0: _____
- SPDAT Family 2.0: _____

Special Conditions or Sub-population Notes:

Natalie Martinez
AUTHORIZED MDHA Staff Name and Signature

DOPS Checklist

Please complete and upload this checklist into IRIS under the documentation section along with all necessary supporting documentation for request.

Homeless and Disability Documentation

☐ HMIS Assessment Completed Documents are Uploaded in which Program: _____

☐ Homeless History Documentation Complete (Report most recent homeless episode first)

*An episode must be at least 7 days long

Location of episode one: _____

Date Begin: ____ / ____ / ____

Date End: ____ / ____ / ____

☐ Homeless Documentation is uploaded. Please specify type: _____

Location of episode Two: _____

Date Begin: ____ / ____ / ____

Date End: ____ / ____ / ____

☐ Homeless Documentation is uploaded. Please specify type: _____

Location of episode Three: _____

Date Begin: ____ / ____ / ____

Date End: ____ / ____ / ____

☐ Homeless Documentation is uploaded. Please specify type: _____

Location of episode Four: _____

Date Begin: ____ / ____ / ____

Date End: ____ / ____ / ____

☐ Homeless Documentation is uploaded. Please specify type: _____

Are there gaps in homelessness? If yes, please explain any gaps:

Are episodes equal or greater than a year

Yes

No

Does client have disability

Yes

No

If Yes, what documentation is uploaded in HMIS

☐ SSI / SSDI Award Letter

☐ VA Service Connected

☐ Disability Certification letter

Client has VI-SPDAT uploaded in system

Score: ____

According to above information I am seeking a priority status of: ____

Relevant Sub-Population Categories

☐ Veteran

☐ HIV

☐ Youth (24 and Under)

☐ DV

☐ Has DD214 Uploaded

☐ Self-Report

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date MM/DD/YYYY ____/____/____	Survey Time ____	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth MM/DD/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="radio"/> Yes <input type="radio"/> No

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☒ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**
2. How long has it been since you lived in permanent stable housing? _____ Years ☐ Refused
3. In the last three years, how many times have you been homeless? _____ ☐ Refused

B. Risks

4. In the past six months, how many times have you...
- a) Received health care at an emergency department/room? _____ ☐ Refused
- b) Taken an ambulance to the hospital? _____ ☐ Refused
- c) Been hospitalized as an inpatient? _____ ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused
5. Have you been attacked or beaten up since you've become homeless? ☒ Y ☒ N ☐ Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☒ Y ☒ N ☐ Refused

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused
8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused
-
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused
-
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
 - b) A past head injury? ☐ Y ☐ N ☐ Refused
 - c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused
27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

ENROLLMENT SUMMARY

Project Start Date		All Members	
Program Name		Case Manager	

CONTACT INFORMATION

Address		Cell Phone	
City/State/Zip		Home Phone	
E-Mail Address		Work Phone	

Head of Household

CLIENT DEMOGRAPHICS

Name <i>(First, Middle, Last, Suffix)</i> Required						
	Full name reported		Partial, street name, or code name			
			Client doesn't know		Client refused	Data not collected
Nick Name						
Social Security Number Required	000-00-0000		Full SSN reported		Approximate or partial SSN	
			Client doesn't know		Client Refused	Data not collected
Date of Birth Required	MM/DD/YYYY		Full DOB reported		Approximate or partial DOB	
			Client doesn't know		Client Refused	Data not collected
Race (choose ALL that apply) Required	American Indian or Alaska Native					
	Asian					
	Black or African American					
	Native Hawaiian or Pacific Islander					
	White		Client doesn't know		Client Refused	Data not collected
Ethnicity Required	Hispanic/Latino					
	Non-Hispanic/Non-Latino		Client doesn't know		Client Refused	Data not collected
Gender Required	Female					
	Male					
	Trans Female					
	Trans Male					
	Gender Non-Conforming		Client doesn't know		Client Refused	Data not collected
Veteran Status (18 and Older) Required	No					
	Yes		Client doesn't know		Client Refused	Data not collected
Disabling Condition Required	Yes		Yes		Yes	Yes
	No		Client doesn't know		Client Refused	Data not collected

Relationship to Head of Household Required	Self		Head of household's child		Head of household's spouse or partner		Head of household's other relation member
Client Location							
Living Situation - Type of Residence Prior to Program Entry: (HoH and 18 or older) Required	Homeless Situation		Institutional Situation		Transitional and Permanent Housing Situation		Client don't know
	Place not meant for habitation		Foster care home or foster care group home		Hotel or motel paid for w/o ES voucher		Client refused
	ES, including hotel paid for w/ ES voucher		Hospital or other residential non-psychiatric medical facility		Owned by client, no ongoing subsidy		Data not collected
	Safe Haven		Jail, prison or juvenile detention facility		Owned by client, with ongoing subsidy		
	Interim Housing		Long-term care facility or nursing home		Permanent housing (other than RRH) for formerly homeless persons		
			Psychiatric hospital or other psychiatric facility		Rental by client, no housing subsidy		
			Substance abuse treatment facility or detox center		Rental by client, with VASH subsidy		
					Rental by client, GPD TIP subsidy		
					Rental by client with other subsidy (including RRH)		
					Residential project or halfway house with no homeless criteria		
					Staying or living in a family member's room, apartment or house		
					Staying or living in a friend's room, apartment or house		
					Transitional housing for homeless persons (including homeless youth)		
	Length of stay in prior living situation Required	One night or less		One week or more, but less than one month		90 days or more, but less than one year	
Two to six nights			One month or more, but less than 90 days		One year or longer		Client refused
						Data not collected	

Approximate date homelessness started		MM/DD/YYYY	
Number of times the client has been on the streets, in ES, or SH in the past three years	One time	Two times	Three times
		Client doesn't know	Client refused
			Four or more times
			Data not collected
Total number of months on the streets, in ES, or SH in the past three years	One month (this is the first time)	5	9
	2	6	10
	3	7	11
	4	8	12
			12 or more months
			Client doesn't know
			Client refused
			Data not collected

Does client have Income from Any Source? (HoH or 18+) Required	Yes	Client doesn't know	Client refused	Data not collected
	No			

If yes, please check the box for the relevant Income Source under the appropriate member of the household and record the amount received in the blank under it

	Earned Income	Unemployment Insurance	Supplemental Security Income (SSI)	SSDI
	VA Service-Connected Disability Comp	VA Non-Service Connected Disability Pension	Private Disability Insurance	Worker's Comp
	TANF	General Assistance	Retirement Income from Social Security	Child Support
	Pension or retirement income	Child Support	Alimony and other spousal support	Other source

Non-Cash Benefits (HoH and 18+) Required	Yes	Client doesn't know	Client refused	Data not collected
	No			

If yes, check all that apply	SNAP	Client doesn't know	Client refused	Data not collected
	WIC			
	TANF Child Care services			
	TANF transportation services			
	Other TANF-funded services			
	Other			

Health Insurance Required	Yes	Client doesn't know	Client refused	Data not collected
	No			

If yes, check all that apply If no, why not	Medicaid		Medicare		CHIP		VA	
	Client doesn't know		Client doesn't know		Client doesn't know		Client doesn't know	
	Client refused		Client refused		Client refused		Client refused	
	Data not collected		Data not collected		Data not collected		Data not collected	
	Yes		Yes		Yes		Yes	
	No		No		No		No	
	Applied; decision pending		Applied; decision pending		Applied; decision pending		Applied; decision pending	
	Applied; client not eligible		Applied; client not eligible		Applied; client not eligible		Applied; client not eligible	
	Client didn't apply		Client didn't apply		Client didn't apply		Client didn't apply	
	Insurance type N/A for this client		Insurance type N/A for this client		Insurance type N/A for this client		Insurance type N/A for this client	
	Employer		COBRA		Private Pay		State Health Insurance for Adults	
	Client doesn't know		Client doesn't know		Client doesn't know		Client doesn't know	
	Client refused		Client refused		Client refused		Client refused	
	Data not collected		Data not collected		Data not collected		Data not collected	
	Yes		Yes		Yes		Yes	
	No		No		No		No	
	Applied; decision pending		Applied; decision pending		Applied; decision pending		Applied; decision pending	
	Applied; client not eligible		Applied; client not eligible		Applied; client not eligible		Applied; client not eligible	
	Client didn't apply		Client didn't apply		Client didn't apply		Client didn't apply	
	Insurance type N/A for this client		Insurance type N/A for this client		Insurance type N/A for this client		Insurance type N/A for this client	
Indian Health Services Program		Other						
Client doesn't know		Specify:						
Client refused								
Data not collected								
Yes								
No								
Applied; decision pending								
Applied; client not eligible								
Client didn't apply								
Insurance type N/A for this client								
Physical Disability Required	No		Client doesn't know		Client refused		Data not collected	
	Yes							
<i>If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently</i>	No		Client doesn't know		Client refused		Data not collected	
	Yes							
Developmental Disability Required	No		Client doesn't know		Client refused		Data not collected	

	<input type="checkbox"/>	Yes						
<i>If Yes, Expected to substantially impairs ability to live independently</i>	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
Chronic Health Condition Required	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
<i>If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently</i>	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
HIV/AIDS Required	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
<i>If Yes, Expected to substantially impairs ability to live independently</i>	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
Mental Health Problem Required	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
<i>If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently</i>	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
Substance Abuse Required	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Alcohol						
	<input type="checkbox"/>	Drug Abuse						
	<input type="checkbox"/>	Both alcohol and drug abuse						
<i>If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently</i>	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						

Domestic Violence Victim/Survivor? (HoH and 18+) Required	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Yes						
If yes, when did most recent experience occur?	<input type="checkbox"/>	Within the past three months	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
	<input type="checkbox"/>	Three to six months ago						
	<input type="checkbox"/>	Six to twelve months ago						

	More than a year ago
--	----------------------

Services Provided - HOPWA	Adult day care and person assistance	Education	Health/medical care	Substance abuse services/treatment
	Case Management	Employment and training services	Life skills training	Transportation
	Childcare	Food/ meals/ nutritional services	Mental healthcare/ counseling	Other HOWPA funded service
	Criminal justice/legal services	Health/medical care	Outreach and/or engagement	

Medical Assistance	Receiving	Amount:	Utility payments	Amount:
	Security deposits	Amount:	Mortgage assistance	Amount:
	Utility deposits	Amount:		

Receiving Public HIV/AIDS Medical Asst	No	Client doesn't know	Client refused	Data not collected
	Yes			

If NO, why?	Applied; decision pending	Client doesn't know	Client refused	Data not collected
	Applied; client not eligible			
	Client didn't apply			
	Insurance type N/A for this client			

Receiving AIDS Drug Asst Prgm (ADAP)	No	Client doesn't know	Client refused	Data not collected
	Yes			

If NO, why?	Applied; decision pending	Client doesn't know	Client refused	Data not collected
	Applied; client not eligible			
	Client didn't apply			
	Insurance type N/A for this client			

T-Cell (CD4) Count Available	No	Client doesn't know	Client refused	Data not collected
	Yes			

If YES, indicate T-Cell Count (0-1500)

How was the data obtained	Medical report	
	Client report	
	Other	

Viral Load Available	Not available	Client doesn't know	Client refused	Data not collected
	Available			
	Undetectable			

If viral load available, indicate Viral Load (0-999999)

How was the data obtained	Medical report	Client report	Other
----------------------------------	----------------	---------------	-------

SIGNATURE

Client Signature		Date	
Case Manager Signature		Date	

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date	Survey Time	Survey Location
MM/DD/YYYY ____/____/____	____:____	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	MM/DD/YYYY ____/____/____	_____	_____
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> No second parent currently part of the household		
PARENT	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	MM/DD/YYYY ____/____/____	_____	_____
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Children

1. How many children under the age of 18 are currently with you? 0 ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? 0 ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☒ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ **Refused**
6. How long has it been since you and your family lived in permanent stable housing? _____ Years ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? _____ ☐ Refused
 - b) Taken an ambulance to the hospital? _____ ☐ Refused
 - c) Been hospitalized as an inpatient? _____ ☐ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ ☐ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused
9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused
28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused
31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused
36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused
- b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused
41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Policies and Procedures for Annual HUD CoC Program Grant Application FINAL

Supplemental Stand Alone Document to CoC Policies and Procedures Section 10: Continuum of Care Annual Application policy to:

1. *Setting funding priorities*
2. *Facilitating a collaborative process for the development of applications*
3. *Approving the annual submission of applications*

Background

The Continuum of Care Collaborative Applicant, in cooperation and agreement with the Continuum of Care Board of Directors ("CoC"), implement an internal competition with sufficient notice and deadlines to ensure transparency and fairness at the local level. The Collaborative Applicant shall conduct the competition and federal CoC application that meets the standards outlined in HUD CoC Program Grant Notice of Funding Availabilities ("NOFA").

The CoC shall implement a ranking and selection process for project applications that is publicly announced by the CoC, includes published written policies and procedures, and shall maintain dated meeting minutes for all meetings that pertain to the CoC's local competition process. The CoC will be required to submit written documentation to HUD of a rating and ranking/review process for all NOFA projects (new and renewal).

The HUD CoC competition does not follow a standard schedule. Consequently, the CoC will follow these policies and procedures related to the NOFA competition, but may, when deemed necessary, produce a stand-alone document that reflects any specific competition components unique to a particular competition year, which are found in and based on the official HUD NOFA or within the electronic application portal, eSNAPS.

Review of Renewal Project Performance

The Performance Review and Allocations Committee ("PRAC"), a committee elected by the Continuum of Care Board of Directors, makes review, ranking and funding recommendations for the CoC Program Grant competition, and shall approve the renewal project scorecard that will serve as one tool for review, ranking and funding decisions. The scorecard will be based on an annual performance year common to all projects (e.g., July 1 – June 30) to ensure that review of project performance is comparative as to housing market, CoC resources, and system tools that were in place. Agencies subject to the scorecard will have an opportunity to comment on the tool prior to finalization by the PRAC. The scorecard will address performance measures such as, but not limited to: occupancy rates, timely expenditure of funds, successful exits to permanent destination, CoC participation and HMIS data quality.

NOFA Project applications, both renewal and new, will be scored by the PRAC committee using a scoring rubric approved by the PRAC and provided to all applicants no less than seven days prior to the local application deadline.

CoC Program Grant Local Competition Process

Timeline

The CoC Collaborative Applicant will be required to develop a comprehensive CoC Competition Timeline upon publication of the HUD NOFA. This notice will be continually updated, and publication shall mean that all competition documents and announcements shall be published on a dedicated CoC Competition webpage managed by the Collaborative Applicant and transmitted through the CoC public listserve.

Key local competition benchmark events shall include, at a minimum:

- HUD NOFA publication announcement
- Local CoC Program Grant competition timeline
- Local CoC Program Grant competition Request for Proposal publication
- Local CoC Program Grant Application Briefing Workshop
- Performance Review and Allocations Committee (PRAC) application briefing and hand off
- PRAC Committee Review/Ranking and Funding Decision meeting
- Publication of PRAC project priority list recommendations
- CoC Board of Directors meeting to receive/approve PRAC recommendations
- Publication of the project priority list
- Publication of the complete Collaborative Application

Local Request for Proposals for Renewal Projects

The CoC will follow all HUD NOFA requirements for renewal project applications. All renewal projects will be required to compete for funding for the amount of funds confirmed on the HUD approved Grant Inventory Worksheet (GIW). Renewal applications must complete both a renewal project scorecard and satisfy all local RFP requirements. Renewal applications will also be scored on the CoC's renewal application scoring rubric completed by the PRAC members, which will be included in the RFP and presented in the applicant briefing workshop. The two scores, renewal project score card and renewal application scoring rubric will serve as the basis for the initial PRAC ranking.

Local Request for Proposals for New Projects

The CoC will follow all HUD NOFA requirements for new project applications. New applications must also complete all local RFP requirements. New applications will be scored with a scoring rubric to be completed by the PRAC members. The score will serve as a basis for the initial PRAC ranking.

PRAC Responsibilities

The PRAC Chair, or their designee, will attend the Collaborative Applicant's CoC Program Grant Applicant Briefing Workshop. Minutes will be taken at this meeting by Collaborative Applicant staff.

The PRAC will have an open meeting to receive all applications, renewal scorecards, and application scoring rubrics, and to receive guidance and training from the Collaborative Applicant regarding all HUD requirements pertinent to the review, ranking and funding-decision process. The PRAC Chair will provide final instructions to the committee and address questions by the public. Minutes will be taken at this meeting by Collaborative Applicant staff.

The PRAC will meet in a closed meeting to initially rank all projects based on averaging of individual committee member scores. The PRAC will then consider and deliberate regarding all HUD NOFA funding, tier determinations and prioritization requirements. The PRAC will also consider agency capacity, project cost effectiveness, project performance, local priorities and subpopulation needs in the final ranking and funding determination. Minutes will be taken at this meeting by Collaborative Applicant Staff.

The PRAC will provide feedback to all project applicants within seven (7) business days of the publication of the Project Priority List.

Notice of Project Priority List

The Collaborative Applicant will publish the PRAC recommended Project Priority List in advance of the meeting at which the CoC Board of Directors is scheduled to vote on the PRAC's recommendations.

CoC Board of Directors Approval

The CoC Board of Directors' meeting to approve the PRAC recommendations will be set as part of the CoC local competition timeline. The PRAC Chair, or their designee, will present the PRAC decisions for approval. Upon approval, the Collaborative Applicant will then proceed with project applicant instructions to complete their applications per the HUD NOFA instructions, making any adjustments to project applications consistent with the PRAC recommendations. The Collaborative Applicant will ensure that the final Project Priority List submitted to HUD conforms to available funds and tiering.

Appeals by Project Applicants

The CoC will follow the HUD appeals processes, as identified in the current competition's HUD NOFA, for individual project applicants that attempted to participate in the CoC planning process and believe they were denied the right to participate in a reasonable manner. These applicants should follow the Solo Applicant procedures identified in the HUD NOFA.

Conflicts of Interest

PRAC

Members of the Performance Review and Allocations Committee ("PRAC") that have a direct financial, match or subrecipient interest in a CoC Project Application may participate in the design and approval of renewal scorecards, the local CoC Competition RFP or application scoring rubric, but will be prohibited from participating in the review, ranking and funding-allocation decisions process.

CoC Board of Directors

Members of the CoC Board of Directors that have a direct financial, match or subrecipient interest in a CoC Project Application, other than the CoC Planning, CoC HMIS and CoC Coordinated Assessment projects, will recuse themselves from discussion of or voting on the PRAC recommendations.

Collaborative Applicant

The Collaborative Applicant is charged with CoC Planning, administration of the CoC HMIS and administration of the CoC Coordinated Assessment System. These CoC operations infrastructure functions are primarily funded through the CoC Program Grant. In order to demonstrate transparency for the Collaborative Applicant staff to conduct the competition on behalf of the CoC, the CoC Board of Directors, prior to the project application review, ranking and funding process, shall instruct the PRAC, by Board Resolution, of the funding levels and tier level of the CoC HMIS and Coordinated Assessment System projects.

2018 Scorecard Continuum of Care (CoC) Projects

Renewal

The results of this CoC Renewal Project Scorecard will be used by the Performance Review and Allocations Committee (PRAC) as a baseline evaluation tool for prioritization and allocation decisions for CoC program funds for renewal projects. The score will be a starting point for PRAC discussion regarding ranking and projects to be included in the final CoC Collaborative Application to HUD. The Renewal Projects will also be evaluated based on the MDHA RFP which will include new performance evaluation items reflecting the HUD Notice of Funding Availability.

Agency Recipient Name:

Subrecipient:

Project Name:

CoC Performance Period: July 1, 2017 - May 31, 2018

Project Grant Number:

Component Type (PSH, RRH, TH, SH):

Objective 1 Ending Chronic Homelessness Maximum Points Available: 80					
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Capacity Rate: Maintain Efficient Unit Capacity					
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1.1 What is the quarterly PIT unit capacity rate? (APR Q7b)

Proposed	Actual	Computation	Point Distribution Scale	Possible Score	Project Score
	Q1:		0 quarters between 90-150%	0	
	Q2:		1 quarter between 90-150%	5	
	Q3:		2 quarters between 90-150%	10	
	Q4:		3 quarters between 90-150%	15	
			4 quarters between 90-150%	20	

Chronically Homeless: Percentage Served					
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1.2 What percentage of the people (adults and children) served by the project were chronically homeless (CH) at time of enrollment? (APR Q26b)

Total Served	CH Served	Computation	Point Distribution Scale	Possible Score	Project Score
			Less than 25%	0	
			Between 25% and 49%	5	
			Between 50% and 85%	10	
			Between 86% and 93%	15	
			Between 94% and 100%	20	

Chronically Homeless Identified through CAS DOPS Prioritization					
--	--	--	--	--	--

1.3 What percentage of households newly enrolled in your program between July 1, 2017 - May 31, 2018 are from the Housing Priority List? (Internal HMIS Report)

Total Households Enrolled	Number that were P1-P8	Computation	Point Distribution Scale	Possible Score	Project Score
			Less than 10%	0	
			Between 10% and 33%	5	
			Between 34% and 55%	10	
			Between 56% and 77%	15	
			Between 78% and 100%	20	

Housing First Approach					
1.4 Did you select "Housing First Model" on the FY2017 CoC eSNAPS application? (FY 2017 eSnaps Q4a)					
Point Distribution Scale				Possible Score	Project Score
			Yes	10	
			No	0	
Housing First - Low Barrier					
1.5 Does the project prevent screening out applicants based on income, substance use, criminal record or history of domestic violence? (FY 2017 eSnaps Q4b & document given to clients)					
Point Distribution Scale				Possible Score	Project Score
			Yes	10	
			No	0	
Total Points Available for Objective 1:				80	0
Objective 2 Housing Stability Maximum Points Available: 40 Points PSH and RR / 20 Points TH and SH					
Housing Retention: Ensure Participants are Stably Housed in Program					
2.1 What percentage of program participants (leavers and stayers) maintained program housing for 6 months or longer? (APR Q22a1)					
Total Households Served	Total 181 days+	Computation	Point Distribution Scale	PSH Possible Score	Project Score
			≤ 69%	0	
			Between 70% - 85%	5	
			Between 86% - 90%	10	
			Between 91 - 96%	15	
			Between 97%-100%	20	
Rapidly Rehouse					
2.2 What was the average Length of Time between Project Entry Date and Residential Move-In Date? (APR Detail, Column "DO")					
Total Households Served	LOT	Computation	Point Distribution Scale	RRH Possible Score	Project Score
			Avg LOT was over 180 days	0	
			Avg LOT was 61-180 days	5	
			Avg LOT was 31-60 days	10	
			Avg LOT was 30 days or less	20	
Housing Stability: Ensure Participants are Stably Housed Upon Exit					
2.3 What % of leavers households exited into permanent housing destinations? (Q23 & Q24).					
Total Leavers	Total Leavers to PH	Computation	Point Distribution Scale	Possible Score	Project Score
			< 73%	0	
			Between 73%-86%	5	
			Between 87%-90%	10	
			Between 91% - 95%	15	
			Between 96%-100%	20	
Total Points for Objective 2:				40/20	0

Objective 3 Increased Income / Employment Maximum Points Available: 40 Points					
Increase in Earned Income					
3.1 What percentage of adults had increased earned income in the reporting period at exit or annual assessment? (Q19a3)					
Total Adult Leavers/Stayers	Total Adults with income gain	Computation	Point Distribution Scale	Possible Score	Project Score
			< 10%	0	
			Between 10% - 20%	5	
			Between 21% - 46%	10	
			Between 47% - 74%	15	
			Between 75%-100%	20	
Increase in Non-Employment Cash Income					
3.2 What is the % of adults that had an increase in a non-employment cash income at exit or annual assessment? (Q19a3)					
Total Adult Leavers/Stayers	Total Adults with income gain	Computation	Point Distribution Scale	Possible Score	Project Score
			< 10%	0	
			Between 10% - 23%	5	
			Between 24% - 49%	10	
			Between 50% - 76%	15	
			Between 77% - 100%	20	
Total Points Available for Objective 3:				40	0
Objective 4: HMIS Quality Data in HMIS to support performance driven improvements Maximum Points Available: 20					
4.1 How many quarters did the agency receive a high data quality score?					
Quarterly Data Quality Score 0-12 points		Computation	Point Distribution Scale	Possible Score	Project Score
Q1: 2017			0 quarters between 11-12 points	0	
Q2: 2017			1 quarters between 11-12 points	5	
Q3: 2016			2 quarters between 11-12 points	10	
Q4: 2016			3 quarters between 11-12 points	15	
			4 quarters between 11-12 points	20	
Total Points Available for Objective 4:				20	0

Objective 5: Financial Management Effective Utilization of Grant Funds Maximum Points Available: 20					
Ensure that Programs are Utilizing all Funding Allocated for Project					
5.1 What percentage of total grant funds did the applicant leave unspent after 90 days from last grant term end? (LOCCS draw report)					
Total Funding Allocated	Total Funding Recaptured	Computation	Point Distribution Scale	Possible Score	Project Score
			> 10%	0	
			Between 6.01% and 10%	5	
			Between 3.01% and 6%	10	
			Between 0.01% and 3%	15	
			No funds recaptured	20	
Total Points Available for Objective 5:				20	0
Objective 6: Organizational CoC Participation Engaged in program quality improvement and CoC systems planning and cooperation Maximum Points Available: 50 Points					
Organization is Active Participant in the Continuum of Care					
6.1 What % of MDHA CoC Assembly and CoC round table meetings did the applicant attend?					
Total # Meetings	Total # of Meetings Attended	Computation	Point Distribution Scale	Possible Score	Project Score
			< 50%	0	
			50% - 74%	5	
			75% - 100%	10	
6.2 What % of CoC / MDHA sponsored trainings did the applicant attend?					
Total Trainings	Total # of Trainings Attended	Computation	Point Distribution Scale	Possible Score	Project Score
			< 50%	0	
			50% - 74%	5	
			75% - 100%	10	
6.3 Applicant participated in the 2018 point in time count.					
Point Distribution Scale				Possible Score	Project Score
Yes				10	
No				0	
6.4 Applicant designates at least one staff member to become a Site Administrator and Navigator with the Community Partner Program "Your Texas Benefits Program" (Please provide documentation)					
Point Distribution Scale				Possible Score	Project Score
Yes				10	
No				0	
6.5 Applicant designates at least one staff member who is SOAR certified. (Please provide documentation)					
Point Distribution Scale				Possible Score	Project Score
Yes				10	
No				0	

6.6 Did your project provide weekly "housed" information to the DOPS Coordinator via email or Basecamp?			
Number of weeks your project provided weekly "housed" information:		Possible Score	Project Score
	reported 52 weeks	15	
	reported at least 26 weeks	10	
	reported less than 26 weeks	5	
	did not report housing information	0	
Total Points Available for this Section		65	0
<div style="text-align: center;"> <h2>Overall Score for the Project</h2> <p>Maximum Points Possible: 265 for PSH and RRH / 245 for TH and SH</p> </div>			
SECTION	OBJECTIVE	SECTION	TOTAL SCORE
Section 1	Ending Chronic Homelessness	0	0
Section 2	Housing Retention and Stability	0	
Section 3	Increase Income and Employment	0	
Section 4	HMIS	0	
Section 5	Financial Management	0	
Section 6	CoC Participation	0	
<p>Agency Comment: Use this section to respond to any metric above with any unusual circumstances that may have abnormally lowered a performance category for your agency.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

Applicant Name:		Project Name:			
PRAC Member Scoring:					
New CoC Application Scoring Rubric FY2018			POINTS POSSIBLE	Score	
Application Completeness and On Time					
Submitted complete with all attachments on time electronically			8 = complete and on time	8 MDHA	
- All attachments in eSNAPS including applicant attachments			5 = complete and on time by 2 hours after deadline		
- All match letters correct date, amount correct			0 = application not on time and / or not complete by 2 hours over deadline.		
- Program intake and participant forms					
eSNAPS Application Part			Question #	Scored Response	
Part 2B Experience	1-3	PRAC Scoring Range 0 - 5	5	PRAC	
	4a. Monitoring	No=1 (if Yes, please attach HUD letter/Agency Response)	1	MDHA	
Part 3B Project Description	1. Description	PRAC Scoring Range 0 - 5	5	PRAC	
	2. Scheduling	PRAC Scoring Range 0 - 5	5	PRAC	
	5a. & 5d. Housing First	Yes & Yes	2	MDHA	
	5b. Housing First	check all 4	2	MDHA	
	5c. Housing first	check all 4	2	MDHA	
Part 4A Supportive Services	2	PRAC Scoring Range 0 - 3	3	PRAC	
	3	PRAC Scoring Range 0 - 3	3	PRAC	
	4. Total services provided by Applicant, Partner, or Non Partner	Applicant/Partner/Non-Partner 0-5 services - 0 Points	4	MDHA	
	0, 2 or 4 points	Applicant/Partner/Non-Partner 6-11 services - 2 points			
		Applicant/Partner/Non-Partner 12-16 services - 4 points			
	5a.	Yes	1	MDHA	
	5b.	Yes	1	MDHA	
6	Yes	2	MDHA		
Part 4B Housing Type (PH-PSH & PH-RRH only) Part 5B Housing Type (for TH-RRH)	Chronic Dedicated/Prioritized to be served:	100% Chronic Dedicated + Prioritized Beds - 8 points	8	MDHA	
0, 5, or 8 points	85-99% Chronic Dedicated + Prioritized Beds - 5 points				
	<85% Chronic Dedicated + Prioritized Beds - 0 points				
Part 5C Outreach	1. Streets / Place not meant for human habitation	0-9% From Streets - 0 points	3	MDHA	
	0, 1, 2, or 3 points	10-17% From Streets - 1 point			
		18-25% From Streets - 2 points			
		>25% From Streets - 3 points			
Part 6 Budget	Budget presentation, housing to services ratio no less than 70:30. Housing is leasing or rental assistance line items, including match for rental assistance.	PRAC Scoring Range 0-5	5	PRAC	
CoC Application Narratives			Question #	Scored Response	
Experience and Capacity			1	PRAC Scoring Range 0-10	
Access to mainstream benefits			2	PRAC Scoring Range 0-10	
Housing First			3	PRAC Scoring Range 0-10	
Cost Effectiveness			4	PRAC Scoring Range 0-10	
			TOTAL:		
			100	0	
Need for Project (Not scorable in main competition)		Project Need narrative (local competition)	Rank with 1 being most needed and # being least needed against other DV BONUS projects submitted	Rank Order	PRAC

Applicant Name:		Project Name:		
PRAC Member Scoring:				
Renewal CoC Application Scoring Rubric FY2018			POINTS POSSIBLE	SCORE
Application Completeness and On Time				
Submitted complete with all attachments on time electronically			8 = complete and on time	8 MDHA
- All attachments in eSNAPS including applicant attachments			5 = complete and on time by 2 hours after deadline	
- All Match with correct date and amount			0 = application not ontime and / or not complete by 2 hours over deadline.	
- eLOCCS history				
- Program intake and participant forms				
eSNAPS Application Part				
Recipients Performance	eSNAPS Question #	Scored Response		
	1	Yes	2	MDHA
	2. Monitoring	No=2 (if Yes, please attach HUD letter/Agency Response)	2	MDHA
	3	Yes	2	MDHA
Part 3B Project Description	4	No	2	MDHA
	1. Description	PRAC Scoring Range 0-10	10	PRAC
	3a. & 3d. Housing First	Yes & Yes	2	MDHA
	3b. Housing First	check all 4	2	MDHA
Part 4A Supportive Services	3c. Housing first	check all 4	2	MDHA
	1. Total services provided by Applicant Partner or Non Partner	Applicant/Partner/Non-Partner 0-5 services - 0 Points	4	MDHA
	0, 2 or 5 points	Applicant/Partner/Non-Partner 6-11 services - 2 points		MDHA
		Applicant/Partner/Non-Partner 12-16 services - 4 points		MDHA
	2a.	Yes	2	MDHA
	2b.	Yes	3	MDHA
Part 4B Housing Type	3	Yes	3	MDHA
	3. Chronic Dedicated/Prioritized:	100% Chronic Dedicated + Prioritized Beds - 8 points	8	MDHA
	0, 5 or 10 points	85-99% Chronic Dedicated + Prioritized Beds - 5 points		
	<85% Chronic Dedicated + Prioritized Beds - 0 points			
Part 5C Outreach	1. Streets / Place not meant for human habitation	0-9% From Streets - 0 points	3	MDHA
	0-3 points	10-17% From Streets - 1 point		
		18-25% From Streets - 2 points		
		>25% From Streets - 3 points		
Part 6 Budget	Budget presentation, housing to services ratio no less than 70:30, housing is leasing or rental assistance line items including match for rental assistance	PRAC Scoring Range 0-5 points	5	PRAC
CoC Application Narratives				
	Question #	Scored Response		
Response to Renewal Scorecard	1	PRAC Scoring Range 0-10 points	10	PRAC
Access to mainstream benefits	2	PRAC Scoring Range 0-10 points	10	PRAC
Housing First	3	PRAC Scoring Range 0-10 points	10	PRAC
Cost Effectiveness	4	PRAC Scoring Range 0-10 points	10	PRAC
TOTAL:			100	



TX-600 Dallas City & County/Irving CoC FY 2018 CoC Program

Part 1

Cover Sheet

FOR ALL FY2018 CoC PROJECT APPLICATIONS (NEW AND RENEWAL)

PROJECT NAME:

RECIPIENT:

SUBRECIPIENT (if applicable):

TOTAL FUNDS REQUESTED:

GRANT TERM REQUESTED (renewals must request 1-year term):

Agency Contact Information: *(This person will need to be available by telephone on the day of the Performance Review and Allocations Committee meeting which is scheduled for August 21st 11:00 – 4:30)*

Name:

Agency:

Email:

Cell Phone:

Agency eSNAPS Contact: *(Authorized user who will be inputting and submitting CoC Project Application in eSNAPS)*

Name:

Email:

Cell Phone:

APPLICATION COMPONENT TYPE

☐ **NEW Permanent Supportive Housing**

☐ **NEW Rapid Rehousing**

☐ **NEW Transitional Housing and Rapid Rehousing Joint**

☐ **NEW Transition Grant**

☐ **Specify Renewal Grant Number Being Transitioned:** _____

☐ **Specify NEW Application Component Type**

☐ **PSH**

☐ **RRH**

☐ **TH/RRH Joint**

☐ **RENEWAL Project**

☐ **RENEWAL Consolidated Project**

Specify Grant Numbers Being Consolidated:

1. _____

2. _____

3. _____

4. _____

TX-600 Dallas City & County/Irving CoC FY 2018 CoC Program

Check List

FOR ALL FY2018 CoC PROJECT APPLICATIONS

To be considered for funding and have your application reviewed by the Priority Ranking and Allocations Committee each applicant must complete their application in esnaps by the local deadline of August 3rd. Additionally, all items in the checklist below must be submitted to MDHA office via BaseCamp. In BaseCamp please upload all files below with the following naming format of AGENCYNAMEdocumentname. For example, MDHALoccs.pdf or CITY SQUAREesnaps.pdf.

If you need access to BaseCamp contact Lester Collins at Lester.Collins@mdhadallas.org to request access.

	Document Required	Uploaded to BaseCamp ✓
Part 1	Application Cover Sheet and Checklist	
Part 2	Application Narratives for Renewal (Part 2A), New (Part 2B), or DV Bonus (Part 2C)	
3	HUD eSNAPS Full Application (one pdf containing full application including all attachments submitted as part of the application)	
4	Document(s) that participant is asked to complete, sign, or initial related to enrollment in the program. This includes any document(s), beyond the standard HMIS and HUD required client consent documents, that is part of enrollment into the project such as commitment agreements, conduct or behavioral expectations, or other related guidelines and expectations for program participation.	
5	Your Texas Benefits and SOAR documentation	
6	eLoccs query reports for last completed renewal grant year (Renewals Only)	

TX-600 Dallas City & County/Irving CoC FY 2018 CoC Program

Part 2A RENEWAL

- 1. Response to Performance (Scorecard and MDHA Monitoring Letter) (0-10):** Use this space to respond to your scorecard and /or monitoring letter and detail how the agency will improve performance in the next year, where applicable. You may also cite any obstacles to performance that were experienced during this cycle that may have affected past performance. (Limit 700 words)
- 2. Access to Mainstream Benefits (0-10):** Use this space to detail how your project maximizes the use of mainstream and other community-based resources. Make sure to specifically mention current participation in “Your Texas Benefits” and SOAR for SSI/SSDI application along with any other mainstream benefit connection resources. (Limit 700 words)
- 3. Housing First and Vulnerability Allowance (0-10):** Describe how your project is designed with housing first principles in mind such as removal of barriers for vulnerable participants including those with low or no income, current or past substance abuse and / or a history of victimization such as domestic violence. In this discussion note how you address use of specific enrollment forms submitted as part of this application (item 4 on checklist) and how they are applied. (Limit 700 words)
- 4. Cost Effectiveness (0-10):** Using your total project renewal cost requested and your total households to be served proposed in the application, provide your cost per unit amount expected for the project. (Total project cost / Total household units proposed annually = cost per unit proposed). Provide further narrative to justify cost per unit, i.e. unit cost may seem high because project serves large families requiring multiple bedroom units or project provides extra services for special sub population resulting in higher performance outcomes, etc. (Limit 700 words)
- 5. Consolidated Projects Only (non-scorable):** Describe briefly how consolidating projects will increase overall performance of all grants and assist the agency in execution of project(s). Also, confirm that you have consulted with HUD field office and ensured that your project(s) are eligible i.e. have no outstanding audit/monitoring findings, no obligations to HUD in arrears, no history of unsatisfactory financial management / drawdown issues and no history of low occupancy levels in any consolidating project. (Limit 250 words)

TX-600 Dallas City & County/Irving CoC FY 2018 CoC Program
Part 2B NEW (Reallocation or General Bonus)

- 1. Experience and Capacity (0-10):** Detail your agency's experience or training to carry out the new project. Include any experience with grant management, homeless case management, success in housing identification, and exiting persons into permanent housing. What experience does your agency have serving the target population listed in the project application? Also include any training your agency or agency staff has completed that would assist in understanding HUD priorities towards ending homelessness. (Limit 500 words)
- 2. Access to Mainstream Benefits (0-10):** Use this space to detail how your project maximizes the use of mainstream and other community-based resources. Make sure to specifically mention current participation in "Your Texas Benefits" and SOAR for SSI/SSDI application along with any other mainstream benefit connection resources. (Limit 700 words)
- 3. Housing First and Vulnerability Allowance (0-10):** Describe how your project is designed with housing first principles in mind such as removal of barriers for vulnerable participants including those with low or no income, current or past substance abuse and / or a history of victimization such as domestic violence. In this discussion note how you address use of specific enrollment forms submitted as part of this application (item 4 on checklist) and how they are applied. (Limit 700 words)
- 4. Cost Effectiveness (0-10):** Using your total project renewal cost requested and your total households to be served proposed in the application, provide your cost per unit amount expected for the project. (Total project cost / Total household units proposed annually = cost per unit proposed). Provide further narrative to justify cost per unit, i.e. unit cost may seem high because project serves large families requiring multiple bedroom units or project provides extra services for special sub population resulting in higher performance outcomes, etc. (Limit 700 words)
- 5. Transition Grant Projects Only (non-scorable):** Use this space to respond to your scorecard and /or monitoring letter from your expiring grant being transitioned and detail how the agency will improve performance in the next year, where applicable, including how transitioning to the new component type will increase performance and fill gaps within our system of care. Also, confirm that you have no more than 50% of funds being allocated for costs of eligible activities of the program component being transitioned. (Limit 700 words)

TX-600 Dallas City & County/Irving CoC FY 2018 CoC Program

Part 2C NEW (Domestic Violence Bonus)

- 1. Experience and Capacity (0-10):** Detail your agency's experience or training to carry out the new project. Include any experience with grant management but also experience serving survivors of domestic violence, dating violence, sexual assault, or stalking and ability to house survivors while meeting safety outcomes. (Limit 700 words)
- 2. Access to Mainstream Benefits (0-10):** Use this space to detail how your project maximizes the use of mainstream and other community-based resources. Make sure to specifically mention current participation in "Your Texas Benefits" and SOAR for SSI/SSDI application along with any other mainstream benefit connection resources. (Limit 700 words)
- 3. Housing First and Vulnerability Allowance (0-10):** Describe how your project is designed with housing first principles in mind such as removal of barriers for vulnerable participants including those with low or no income, current or past substance abuse and / or a history of victimization such as domestic violence. In this discussion note how you address use of specific enrollment forms submitted as part of this application (item 4 on checklist) and how they are applied. (Limit 700 words)
- 4. Cost Effectiveness (0-10):** Using your total project renewal cost requested and your total households to be served proposed in the application, provide your cost per unit amount expected for the project. (Total project cost / Total household units proposed annually = cost per unit proposed). Provide further narrative to justify cost per unit, i.e. unit cost may seem high because project serves large families requiring multiple bedroom units or project provides extra services for special sub population resulting in higher performance outcomes, etc. (Limit 700 words)
- 5. Need for the Project (non scorable):** Describe why the project is needed and the extent of the need within our system of care. Identify gaps in our system of care as pertains to survivors of domestic violence and describe how your agency's project, if funded, would fill those gaps and increase safety and housing outcomes for survivors. (Limit 700 words)

Policies and Procedures for Annual HUD CoC Program Grant Application

FINAL

Supplemental Stand Alone Document to CoC Policies and Procedures Section 10: Continuum of Care Annual Application policy to:

1. *Setting funding priorities*
2. *Facilitating a collaborative process for the development of applications*
3. *Approving the annual submission of applications*

Background

The Continuum of Care Collaborative Applicant, in cooperation and agreement with the Continuum of Care Board of Directors (“CoC”), implement an internal competition with sufficient notice and deadlines to ensure transparency and fairness at the local level. The Collaborative Applicant shall conduct the competition and federal CoC application that meets the standards outlined in HUD CoC Program Grant Notice of Funding Availabilities (“NOFA”).

The CoC shall implement a ranking and selection process for project applications that is publicly announced by the CoC, includes published written policies and procedures, and shall maintain dated meeting minutes for all meetings that pertain to the CoC’s local competition process. The CoC will be required to submit written documentation to HUD of a rating and ranking/review process for all NOFA projects (new and renewal).

The HUD CoC competition does not follow a standard schedule. Consequently, the CoC will follow these policies and procedures related to the NOFA competition, but may, when deemed necessary, produce a stand-alone document that reflects any specific competition components unique to a particular competition year, which are found in and based on the official HUD NOFA or within the electronic application portal, eSNAPS.

Review of Renewal Project Performance

The Performance Review and Allocations Committee (“PRAC”), a committee elected by the Continuum of Care Board of Directors, makes review, ranking and funding recommendations for the CoC Program Grant competition, and shall approve the renewal project scorecard that will serve as one tool for review, ranking and funding decisions. The scorecard will be based on an annual performance year common to all projects (e.g., July 1 – June 30) to ensure that review of project performance is comparative as to housing market, CoC resources, and system tools that were in place. Agencies subject to the scorecard will have an opportunity to comment on the tool prior to finalization by the PRAC. The scorecard will address performance measures such as, but not limited to: occupancy rates, timely expenditure of funds, successful exits to permanent destination, CoC participation and HMIS data quality.

NOFA Project applications, both renewal and new, will be scored by the PRAC committee using a scoring rubric approved by the PRAC and provided to all applicants no less than seven days prior to the local application deadline.

CoC Program Grant Local Competition Process

Timeline

The CoC Collaborative Applicant will be required to develop a comprehensive CoC Competition Timeline upon publication of the HUD NOFA. This notice will be continually updated, and publication shall mean that all competition documents and announcements shall be published on a dedicated CoC Competition webpage managed by the Collaborative Applicant and transmitted through the CoC public listserve.

Key local competition benchmark events shall include, at a minimum:

- HUD NOFA publication announcement
- Local CoC Program Grant competition timeline
- Local CoC Program Grant competition Request for Proposal publication
- Local CoC Program Grant Application Briefing Workshop
- Performance Review and Allocations Committee (PRAC) application briefing and hand off
- PRAC Committee Review/Ranking and Funding Decision meeting
- Publication of PRAC project priority list recommendations
- CoC Board of Directors meeting to receive/approve PRAC recommendations
- Publication of the project priority list
- Publication of the complete Collaborative Application

Local Request for Proposals for Renewal Projects

The CoC will follow all HUD NOFA requirements for renewal project applications. All renewal projects will be required to compete for funding for the amount of funds confirmed on the HUD approved Grant Inventory Worksheet (GIW). Renewal applications must complete both a renewal project scorecard and satisfy all local RFP requirements. Renewal applications will also be scored on the CoC's renewal application scoring rubric completed by the PRAC members, which will be included in the RFP and presented in the applicant briefing workshop. The two scores, renewal project score card and renewal application scoring rubric will serve as the basis for the initial PRAC ranking.

Local Request for Proposals for New Projects

The CoC will follow all HUD NOFA requirements for new project applications. New applications must also complete all local RFP requirements. New applications will be scored with a scoring rubric to be completed by the PRAC members. The score will serve as a basis for the initial PRAC ranking.

PRAC Responsibilities

The PRAC Chair, or their designee, will attend the Collaborative Applicant's CoC Program Grant Applicant Briefing Workshop. Minutes will be taken at this meeting by Collaborative Applicant staff.

The PRAC will have an open meeting to receive all applications, renewal scorecards, and application scoring rubrics, and to receive guidance and training from the Collaborative Applicant regarding all HUD requirements pertinent to the review, ranking and funding-decision process. The PRAC Chair will provide final instructions to the committee and address questions by the public. Minutes will be taken at this meeting by Collaborative Applicant staff.

The PRAC will meet in a closed meeting to initially rank all projects based on averaging of individual committee member scores. The PRAC will then consider and deliberate regarding all HUD NOFA funding, tier determinations and prioritization requirements. The PRAC will also consider agency capacity, project cost effectiveness, project performance, local priorities and subpopulation needs in the final ranking and funding determination. Minutes will be taken at this meeting by Collaborative Applicant Staff.

The PRAC will provide feedback to all project applicants within seven (7) business days of the publication of the Project Priority List.

Notice of Project Priority List

The Collaborative Applicant will publish the PRAC recommended Project Priority List in advance of the meeting at which the CoC Board of Directors is scheduled to vote on the PRAC's recommendations.

CoC Board of Directors Approval

The CoC Board of Directors' meeting to approve the PRAC recommendations will be set as part of the CoC local competition timeline. The PRAC Chair, or their designee, will present the PRAC decisions for approval. Upon approval, the Collaborative Applicant will then proceed with project applicant instructions to complete their applications per the HUD NOFA instructions, making any adjustments to project applications consistent with the PRAC recommendations. The Collaborative Applicant will ensure that the final Project Priority List submitted to HUD conforms to available funds and tiering.

Appeals by Project Applicants

The CoC will follow the HUD appeals processes, as identified in the current competition's HUD NOFA, for individual project applicants that attempted to participate in the CoC planning process and believe they were denied the right to participate in a reasonable manner. These applicants should follow the Solo Applicant procedures identified in the HUD NOFA.

Conflicts of Interest

PRAC

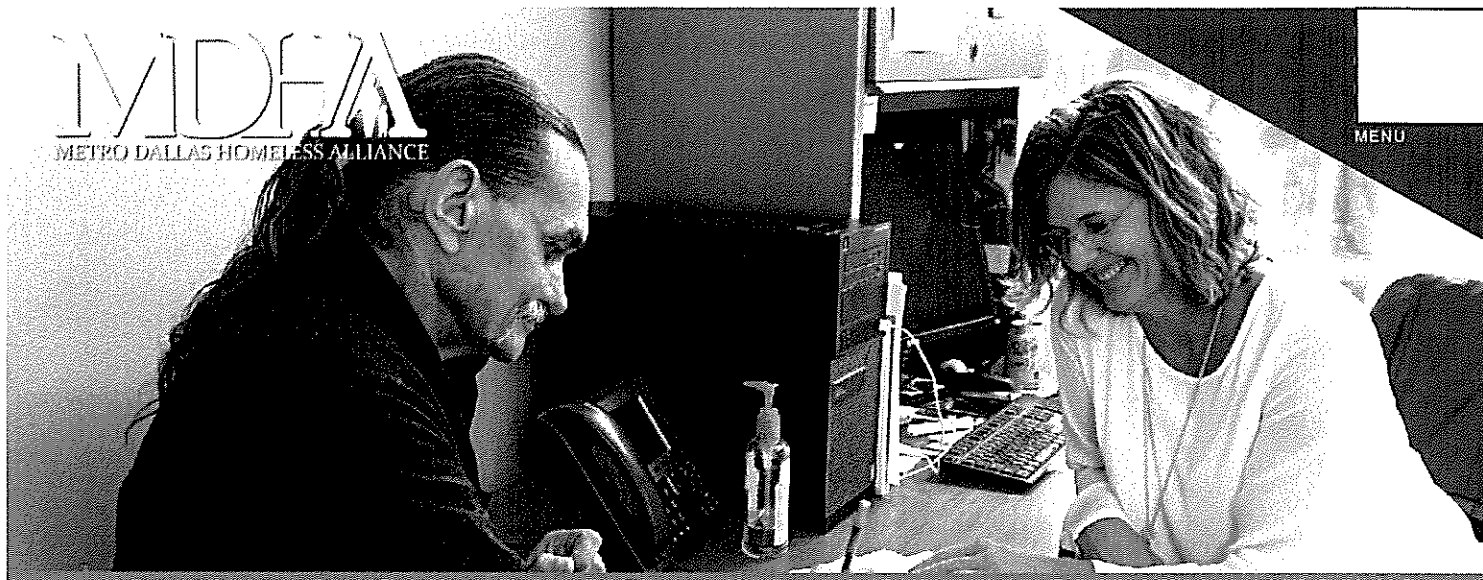
Members of the Performance Review and Allocations Committee ("PRAC") that have a direct financial, match or subrecipient interest in a CoC Project Application may participate in the design and approval of renewal scorecards, the local CoC Competition RFP or application scoring rubric, but will be prohibited from participating in the review, ranking and funding-allocation decisions process.

CoC Board of Directors

Members of the CoC Board of Directors that have a direct financial, match or subrecipient interest in a CoC Project Application, other than the CoC Planning, CoC HMIS and CoC Coordinated Assessment projects, will recuse themselves from discussion of or voting on the PRAC recommendations.

Collaborative Applicant

The Collaborative Applicant is charged with CoC Planning, administration of the CoC HMIS and administration of the CoC Coordinated Assessment System. These CoC operations infrastructure functions are primarily funded through the CoC Program Grant. In order to demonstrate transparency for the Collaborative Applicant staff to conduct the competition on behalf of the CoC, the CoC Board of Directors, prior to the project application review, ranking and funding process, shall instruct the PRAC, by Board Resolution, of the funding levels and tier level of the CoC HMIS and Coordinated Assessment System projects.



Uncategorized

FY2018 CoC Program Local Competition Funding Decisions

/ August 27, 2018

The PRAC (Performance Review and Allocations Committee) met on August 21st to review, rank and allocate funds for all renewal and new applicants for the FY2018 HUD NOFA.

In accordance with the FY2018 CoC Program Competition Timeline, **Local Competition Project Allocations** were announced on August 23, 2018 and are linked below.

[PRAC Chair Letter to the CoC](#)

[PRAC 2018 Ranking and Allocations Spreadhseet](#)

The CoC Board meeting to approve the PRAC recommendations is scheduled for August 30th, 2018 at 10:30 at Vogel Alcove on 1738 Gano Street, Dallas, TX 75215.

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SHARES

☐ Share This Post



From: Constant Contact
To: [David Gruber](#)
Subject: Your campaign FY2018 CoC Program Local Competition Allocations has been sent
Date: Thursday, August 23, 2018 8:57:17 AM

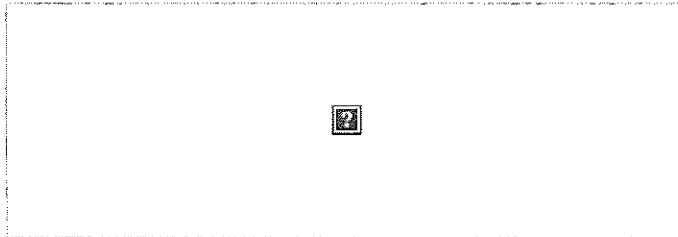


Dear David Gruber,

Your campaign '**FY2018 CoC Program Local Competition Allocations**' was sent on 8/23/2018 around 9:56 AM EDT.

Below is a copy of the message your subscribers received. See how your campaign is doing by visiting Reports [in your account](#) to get real-time results and stats.

Subject: FY2018 CoC Program Local Competition Allocations



**FY2018 CoC Program Local Competition
Funding Decisions**

August 23, 2018

Attention, CoC Program Competition Applicants:

The PRAC (Performance Review and Allocations Committee) met on August 21st to review, rank and allocate funds for all renewal and new applicants for the FY2018 HUD NOFA.

In accordance with the FY2018 CoC Program Competition Timeline, **Local Competition Project Allocations are being announced today and are linked below.**

[PRAC Chair Letter to the CoC](#)
[PRAC 2018 Ranking and Allocations Spreadhseet](#)

The CoC Board meeting to approve the PRAC recommendations is scheduled for August 30th, 2018 at 10:30 at Vogel Alcove on 1738 Gano Street, Dallas, TX 75215.

Stay Connected



Accepted Notifications

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:33 PM
To: Edd Eason; Krystal Lotspeich
Subject: Destination Home Consolidation

Edd,

This is to officially notify you that the CoC board has voted to approve your Destination Home projects as a consolidated project at the requested ARD amount. No action is required and this consolidation will be submitted along with the collaborative application to HUD by September 18, 2018.

Note: Your single applications will be submitted as well in the event HUD rejects the consolidation request. At that point, each single application will be funded fully in tier 1 at its relevant ARD amount.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:32 PM
To: Nicolas DeVogd
Cc: Ikenna Mogbo
Subject: Safe Haven and Leasing Consolidation: Action Required

Importance: High

Nic and Ken,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1 at the full requested amount. The board reviewed these recommendations and approved on August 30th, 2018.

Leasing Consolidated
Safe Haven

No action is required for these grants and they will be submitted to HUD along with the collaborative application without changes.

However, due to the fact that your request for your consolidation grant was \$3,237 LESS than the sum of the two single applications, it is required for you to reduce one of the two single applications by that same amount of \$3,237 to match the PRAC awarded amount. This is to assure that if HUD rejects the consolidation request and chooses to fund both single projects instead, our community will not go over ARD allowable.

I have amended back your EASH rental application to make the appropriate change. Deadline is September 4th at 4:00 p.m. to make the budgetary correction (reduction of \$3,237), notify me of the change, and resubmit in eSNAPS.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:32 PM
To: Davidson, Lori; Sharp, Charletra; Hardman, Monica E
Subject: Shelter Plus Care and Gateway to PSH: No Action Required

Lori,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1 at the full ARD requested amount. The board reviewed these recommendations and approved on August 30th, 2018.

Shelter Plus Care
Gateway to PSH

No action is required for these grants and they will be submitted to HUD along with the collaborative application without changes.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:33 PM
To: Traswell Livingston
Subject: CoC Funding Announcement

Traswell,

This is to officially notify you that the CoC board has voted to approve your project up for renewal as being funded in tier 1 at the requested ARD amount.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:31 PM
To: Edd Eason; Krystal Lotspeich
Cc: Deanna Adams
Subject: St. Jude

Edd,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1 at the full requested ARD amount. No action is required for this grant and it will be submitted as requested along with the collaborative application.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:30 PM
To: Ashley Miller
Subject: Irving S + C

Ashley,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1 at the full requested ARD amount. No action is required for this grant and it will be submitted as requested along with the collaborative application.

Irving S + C

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:30 PM
To: Madeline Reedy; Carla Cleeton
Cc: Edd Eason
Subject: OnTRAC TH/RRH

Madeline,

This is to officially notify you that the CoC board has voted to approve your project listed below as being funded in tier 1 at the full requested ARD amount. No action is required for this grant and it will be submitted as requested along with the collaborative application.

OnTRAC TH/RRH

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:28 PM
To: Doreen Mcgarrett
Subject: TH/RRH Hope's Door

Doreen,

This is to officially notify you that the CoC board has voted to approve your project listed below as being funded in tier 1 at the full requested ARD amount. No action is required for this grant and it will be submitted as requested along with the collaborative application.

Hope's Door TH/RRH

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:28 PM
To: Edd Eason; Krystal Lotspeich
Subject: Community Life

Edd,

This is to officially notify you that your new requested project "Community Life" has been approved by the PRAC for funding through reallocation. Funding recommendation was made by the PRAC and subsequently approved by the CoC board on August 30, 2018.

No action is required at this time. Community Life grant will be included in tier 1 of the collaborative application for FY2018.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:28 PM
To: regina.levine@promisehouse.org; ashley.lind@promisehouse.org
Subject: Wesley Inn

Regina and Ashley,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1 at the full requested ARD amount. No action is required for this grant and it will be submitted as requested along with the collaborative application.

Promise House Wesley Inn

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:27 PM
To: Barbara Herron; Dave Woodyard; Jari Mema
Subject: St. Jude: Action Required

Importance: High

Dave, Jari and Barbara,

This is to officially notify you that the CoC board has voted to approve your project listed below as being funded in tier 1. However, the Performance Review and Reallocation Committee did recommend a funding decision to reduce the overall funding amount for this project. The board reviewed this recommendation and approved on August 30th, 2018.

Catholic Charities St. Jude reduction of \$60,536.

Reason for PRAC recommendation to reduce funding was in response to comparing services cost to other similar grants serving P1-P4 and determining that a reduction in services funded would still allow reasonable case manager to client ratio as compared with other similar projects funded within the CoC.

When reducing budget line items please ensure that any changes are also made to admin and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant. Also, ensure that client / units served is consistent throughout the application (20).

I have amended this project back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:28 PM
To: halima@tmwf.org
Subject: TH/RRH Grant: Action Required

Importance: High

Good morning,

This is to officially notify you that your new requested project has been approved by the PRAC for funding through reallocation for the full request in tier 1. Funding recommendation was made by the PRAC and subsequently approved by the CoC board on August 30, 2018.

However, I will need to amend your project back to you to make a few very important corrections to ensure your project meets all eligibility thresholds in the national competition and local regulations. Rapid Re-Housing must be funded through the rental line item and not leasing. For the 5 units that you have designated as rental you must take out of the leasing budget line item and create those units for funding as rental assistance.

Note: This will increase your match requirement slightly as rental funding is required to have a match of 25%. Match can be cash or in-kind sources.

I have amended this project back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

If you need assistance please contact me at 817-637-3960.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:26 PM
To: Paige H. Flink; Tiffany A. McDaniel
Subject: Family Place Supportive Housing Program TH

Paige and Tiffany,

Per HUD requirement to notify project applicants, outside of EsnapS, of funding determinations, this is to officially inform you that your project, Supportive housing program TH, was recommended for full funding and was placed in tier 2 for this year's collaborative application request to HUD. As a tier 2 project, this project will compete nationally to secure potential funding by HUD.

This recommendation was reviewed and approved by the CoC Board on August 30th, 2018.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:25 PM
To: Tiffany A. McDaniel; Paige H. Flink
Subject: DV Bonus Project

Paige and Tiffany,

This is to officially notify you that your new requested project "2018 Family Place DV Bonus" has been selected by the PRAC for bonus funding through DV Bonus available through the HUD competition in FY2018. Funding recommendation was made by the PRAC and subsequently approved by the CoC board on August 30, 2018. Your project will compete nationally against other CoC DV Bonus projects and, if selected by HUD, will be added to the Dallas and Collin County CoC Annual Renewal Demand in upcoming competition cycles for renewal.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:25 PM
To: Joni Wilson; David Woody
Subject: Bridge Steps RRH - Action Required

Importance: High

Joni and David,

This is to officially inform you that your newly requested application for Bridge Steps Rapid Rehousing was recommended for bonus funding for this year's collaborative application request to HUD. As a bonus project, this project will compete nationally to secure potential funding by HUD and, if selected, will be added to subsequent funding years' annual renewal demand.

Additionally, the Performance Review and Allocation Committee recommended a reduction in funding request from your initial ask in order to allow the project to be within bonus funding allowable for our CoC. This recommendation was reviewed and approved by the board on August 30, 2018. (This will make your funding request total \$690,670)

Reason for PRAC recommendation to reduce funding for this new project was due to limitations of HUD funding available for bonus projects this year and to reduce your request term from a 3 year ask to a 1 year renewable request.

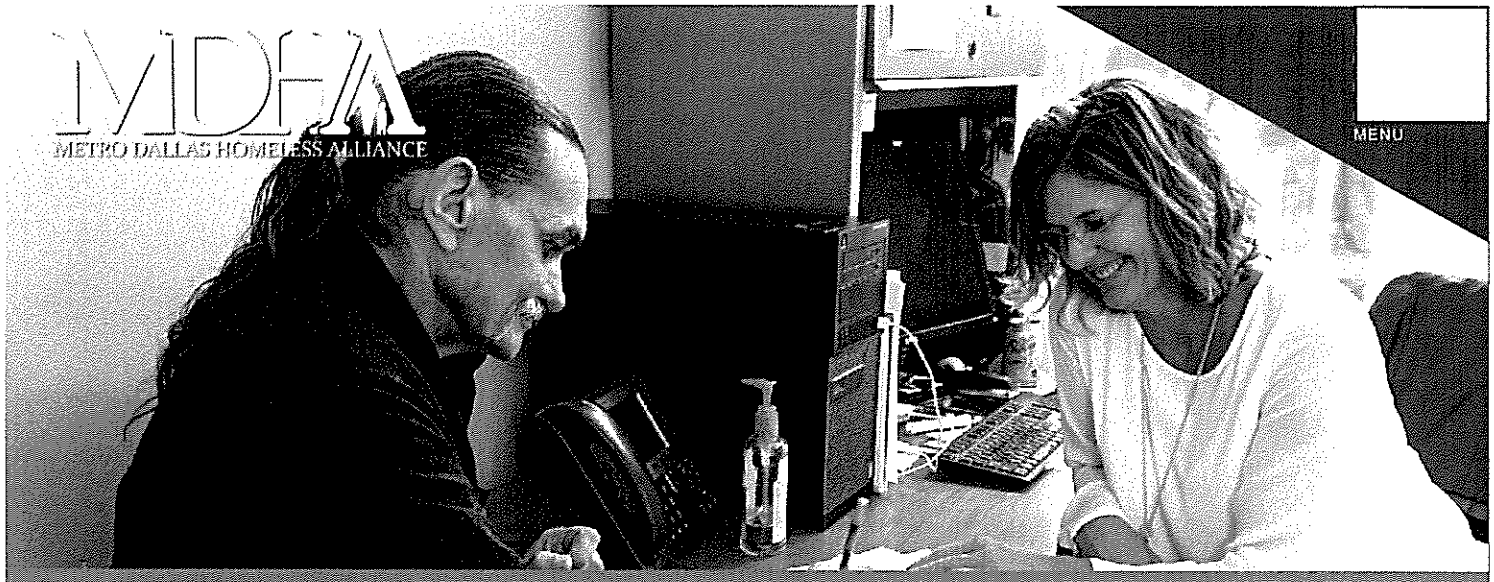
You will need to make this adjustment in your application to make the total funding amount requested equal to \$690,670.

When reducing budget line items and term requested please ensure that any changes are also made to admin, unit configuration, and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant.

I have amended this projects back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

If you have questions regarding this please contact me at 817-637-3960.

Thank you,
Rebecca Cox



Uncategorized

FY2018 CoC Program Local Competition Funding Decisions

/ August 27, 2018

The PRAC (Performance Review and Allocations Committee) met on August 21st to review, rank and allocate funds for all renewal and new applicants for the FY2018 HUD NOFA.

In accordance with the FY2018 CoC Program Competition Timeline, **Local Competition Project Allocations** were announced on August 23, 2018 and are linked below.

[PRAC Chair Letter to the CoC](#)

[PRAC 2018 Ranking and Allocations Spreadhseet](#)

The CoC Board meeting to approve the PRAC recommendations is scheduled for August 30th, 2018 at 10:30 at Vogel Alcove on 1738 Gano Street, Dallas, TX 75215.



0 SHARES

☐ Share This Post



From: Constant Contact
To: [David Gruber](#)
Subject: Your campaign FY2018 CoC Program Local Competition Allocations has been sent
Date: Thursday, August 23, 2018 8:57:17 AM



Dear David Gruber,

Your campaign '**FY2018 CoC Program Local Competition Allocations**' was sent on 8/23/2018 around 9:56 AM EDT.

Below is a copy of the message your subscribers received. See how your campaign is doing by visiting Reports [in your account](#) to get real-time results and stats.

Subject: FY2018 CoC Program Local Competition Allocations



**FY2018 CoC Program Local Competition
Funding Decisions**

August 23, 2018

Attention, CoC Program Competition Applicants:

The PRAC (Performance Review and Allocations Committee) met on August 21st to review, rank and allocate funds for all renewal and new applicants for the FY2018 HUD NOFA.

In accordance with the FY2018 CoC Program Competition Timeline, **Local Competition Project Allocations are being announced today and are linked below.**

[PRAC Chair Letter to the CoC](#)
[PRAC 2018 Ranking and Allocations Spreadhseet](#)

The CoC Board meeting to approve the PRAC recommendations is scheduled for August 30th, 2018 at 10:30 at Vogel Alcove on 1738 Gano Street, Dallas, TX 75215.

Stay Connected



Accepted with Reduction Notifications

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:32 PM
To: Davidson, Lori; Sharp, Charletra; Hardman, Monica E
Subject: ORC and My Residence Reallocation: Action Required

Importance: High

Lori,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1. However, the Performance Review and Reallocation Committee did recommend several funding decisions to reduce the overall funding amount for these projects. The board reviewed these recommendations and approved on August 30th, 2018.

Shelter + Care ORC will need to be reduced in budget by \$10,633.

My Residence Program RRH will need to be reduced in budget by \$60,988.

Reason for PRAC recommendation to reduce funding for these projects was due to review of recapture amount(s) in prior funding years.

When reducing budget line items please ensure that any changes are also made to admin, unit configuration, and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant.

I have amended these two projects back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:33 PM
To: Anthony Collins
Subject: PHS, VHP, ACE and Home Again: Action Required

Importance: High

Anthony,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1. However, the Performance Review and Reallocation Committee did recommend several funding decisions to reduce the overall funding amount for these projects. The board reviewed these recommendations and approved on August 30th, 2018.

Permanent Housing Solutions must be reduced in budget by \$37,378
Veteran Housing Program (VHP) must be reduced in budget by \$32,134
Permanent Housing Family (ACE) must be reduced in budget by \$3,442
Home Again must be reduced by 137,420

Reason for PRAC recommendation to reduce funding for these projects was due to review of recapture amount(s) in prior funding years.

When reducing budget line items please ensure that any changes are also made to admin, unit configuration, and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant.

I have amended these four projects back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:31 PM
To: Madeline Reedy; Carla Cleeton
Cc: Edd Eason
Subject: OnTRAC Permanent Housing

Importance: High

Madeline,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1. However, the Performance Review and Reallocation Committee did recommend reduction to the overall funding amount for this project. The board reviewed this recommendation and approved on August 30th, 2018.

OnTRAC Permanent Housing must be reduced by \$31,947. This will make your full funding request equal \$213,797.

Reason for PRAC recommendation to reduce funding for this project was due to review of recapture amount(s) in prior funding years.

When reducing budget line items please ensure that any changes are also made to admin, unit configuration, and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant.

I have amended this project back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:30 PM
To: regina.levine@promisehouse.org; ashley.lind@promisehouse.org
Subject: Promise House EG RRH: Action Required

Importance: High

Ashley and Regina,

This is to officially notify you that the CoC board has voted to approve your projects listed below as being funded in tier 1. However, the Performance Review and Reallocation Committee did recommend a funding decision to reduce the overall funding amount for this projects. The board reviewed this recommendations and approved on August 30th, 2018.

Promise House EG RRH must be reduced by \$20,339. This will make your funding request total \$164,558.

Reason for PRAC recommendation to reduce funding for these projects was due to review of recapture amount(s) in prior funding years.

When reducing budget line items please ensure that any changes are also made to admin, unit configuration, and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant.

I have amended these four projects back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:28 PM
To: Ellen Magnis; Amanda Dycus
Subject: Family Gateway

Ellen,

This is to officially notify you that the CoC board has voted to approve your project listed below as being funded in tier 1 at the full requested amount. The PRAC reviewed the request and found that the requested amount was under ARD by \$10,130 but made the decision to fund at full request and not amend back to increase the request to the ARD amount. No action is required for this grant and it will be submitted as requested along with the collaborative application.

PSH 18

Thank you,
Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 1:28 PM
To: Doreen Mcgarrett
Subject: Hope's Door Expansion: Action Required

Importance: High

Doreen,

This is to officially inform you that your newly requested expansion grant, TH/RRH E, was recommended for funding in tier 2 for this year's collaborative application request to HUD. As a tier 2 project, this project will compete nationally to secure potential funding by HUD.

Additionally, the Performance Review and Allocation Committee recommended a reduction in funding request of \$484,904 of your initial ask in order to allow the project to be ranked inside of ARD in tier 2. This recommendation was reviewed and approved by the board on August 30, 2018. (This will make your funding request total \$93,575)

Reason for PRAC recommendation to reduce funding for this new project was due to limitations of HUD funding available.

When reducing budget line items please ensure that any changes are also made to admin, unit configuration, and narratives, where necessary, for consistency in application and to adhere to percentage limitations related to administrative costs budgeted to HUD for the overall grant.

I have amended this projects back to you in eSNAPS. Please complete these budgetary changes, notify me that changes have been made, and resubmit in eSNAPS with necessary changes no later than Tuesday, September 4th at 4:00 p.m.

Also, please select "yes" to question 3C and answer associated questions to make this project an expansion of your existing TH/RRH project and not a new project request.

If you have questions regarding this please contact me at 817-637-3960.

Thank you,
Rebecca Cox

Rejected Notifications

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 3:40 PM
To: Paige H. Flink
Cc: Shanette Eaden
Subject: SSO Project

Ms. Paige Flink,

This is written notice that the Performance Review and Allocations Committee did not select your agency's proposed new SSO for the CoC Bonus Funds this year. The official PRAC funding notice was sent to all applicants last week and ranking was affirmed by the CoC board on August 30th. There were over \$21 million in applications received and we only had a little over \$18 million in which to allocate, including a 1.684,000 cap on DV Bonus requests.

Specific PRAC determination was made due to review of the application not showing clear collaboration with all domestic violence providers within the continuum of care which was discussed within the committee as necessary for a coordinated assessment SSO project.

I have formally ranked your eSNAPS submitted project in the priority listing with an "X" which defines the project as rejected by the CoC per eSNAPS Project Priority Listing instructions.

Sincerely,

Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 3:31 PM
To: mmachado@sharedhousing.org
Cc: Shanette Eaden
Subject: Shared Housing

Ms. Maria Machado,

This is written notice that the Performance Review and Allocations Committee did not fund your agency's proposed new TH/RRH project or select it for application for the CoC Bonus Funds. The official PRAC funding notice was sent to all applicants last week and ranking was affirmed by the CoC board on August 30th. There were over \$21 million in applications received and we only had a little over \$18 million in which to allocate.

Specific PRAC determination was made regarding your project based on discussion on strategy to use TH prior to RRH, verses client choice between TH and RRH, which is against HUD national homeless strategy for this component type.

I have formally ranked your eSNAPS submitted project in the priority listing with an "X" which defines the project as rejected by the CoC per eSNAPS Project Priority Listing instructions.

Sincerely,

Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 3:23 PM
To: info@lhidallas.org
Cc: Shanette Eaden
Subject: Lazarus House RRH

Dr. Cathy Williams,

This is written notice that the Performance Review and Allocations Committee did not fund your agency's proposed new RRH project or select it for application for the CoC Bonus Funds. The official PRAC funding notice was sent to all applicants last week and ranking was affirmed by the CoC board on August 30th. There were over \$21 million in applications received and we only had a little over \$18 million in which to allocate.

Specific PRAC determination was made regarding your project based on discussion on history in the community and having a low scorecard result.

I have formally ranked your eSNAPS submitted project in the priority listing with an "X" which defines the project as rejected by the CoC per eSNAPS Project Priority Listing instructions.

Sincerely,

Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 3:16 PM
To: Verna Jones
Subject: Under 1 Roof Application, correction

Verna,

This is written notice that the Performance Review and Allocations Committee did not fund your agency's proposed new TH/RRH project or select it for application for the CoC Bonus Funds. The official PRAC funding notice was sent to all applicants last week and ranking was affirmed by the CoC board on August 30th. There were over \$21 million in applications received and we only had a little over \$18 million in which to allocate.

Specific PRAC determination was made regarding your project based on discussion on history in the community, budget details and having a low scorecard result.

I have formally ranked your eSNAPS submitted project in the priority listing with an "X" which defines the project as rejected by the CoC per eSNAPS Project Priority Listing instructions.

Sincerely,

Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 3:05 PM
To: Verna Jones
Cc: Shanette Eaden
Subject: Under 1 Roof Application

Verna,

This is written notice that the Performance Review and Allocations Committee did not fund your agency's proposed new Permanent Supportive Housing – Leasing Expansion project or select it for application for the CoC Bonus Funds. The official PRAC funding notice was sent to all applicants last week and ranking was affirmed by the CoC board on August 30th. There were over \$21 million in applications received and we only had a little over \$18 million in which to allocate.

Specific PRAC determination was made regarding your project based on discussion on history in the community, budget details and having a low scorecard result.

I have formally ranked your eSNAPS submitted project in the priority listing with an "X" which defines the project as rejected by the CoC per eSNAPS Project Priority Listing instructions.

Sincerely,

Rebecca Cox

Rebecca Cox

From: Rebecca Cox
Sent: Thursday, August 30, 2018 3:01 PM
To: Nicolas DeVoogd; Ikenna Mogbo
Cc: Shanette Eaden
Subject: MetroCare Leasing Expansion

Nic and Ken,

This is written notice that the Performance Review and Allocations Committee did not fund your agency's proposed new Permanent Supportive Housing – Leasing Expansion project or select it for application for the CoC Bonus Funds. The official PRAC funding notice was sent to all applicants last week and ranking was affirmed by the CoC board on August 30th. There were over \$21 million in applications received and we only had a little over \$18 million in which to allocate.

Specific PRAC determination was made regarding your project based on the fact that expansion request is not eligible for consolidation grants and the PRAC decided to approve the consolidation over the expansion request this fiscal year.

I have formally ranked your eSNAPS submitted project in the priority listing with an "X" which defines the project as rejected by the CoC per eSNAPS Project Priority Listing instructions.

Sincerely,

Rebecca Cox



FY2018 Continuum of Care Program Competition Timeline

On July 3, 2018, MDHA issued an updated **FY2018 Continuum of Care Program Competition Timeline**.

Local RFP for FY2018 Continuum of Care Program

On August 21, 2018, the Performance Review and Allocations Committee met to review, rank and allocate funds for all renewal and new applicants for the FY2018 HUD NOFA. Local competition project allocations were announced August 23, 2018, as detailed in this **PRAC 2018 Ranking and Allocations Spreadhseet**, which was released, along with this **PRAC Chair Letter to the CoC**.

On July 9, 2018, in accordance with the competition timeline, MDHA released the local RFP: **Local RFP for all Renewal, New, Bonus and DV Bonus Applicants**.

On July 12, 2018, in accordance with the competition timeline, MDHA conducted a **FY2018 CoC Competition Application Briefing**.

NOFA for the Fiscal Year 2018 Continuum of Care Program Competition

On June 20, 2018, HUD announced that the **Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition** has been posted to the **FY 2018 CoC Program Competition: Funding Availability** page on the HUD Exchange. Additional resources are available on the **e-snaps** page.

Stay in the Know

Would you like to receive updates and notices about the NOFA and our local competition? Make sure you are on our CoC List. If you did not receive an email on June 20, 2018, titled, "You Are Already on the CoC List", [click here](#) and submit the linked form ASAP.

We also post all updates and notices on our **news** page, as well as on our **blog**, and we link to our blog on **Facebook**.

FY2018 Continuum of Care Program Competition Timeline

QUESTIONS: Contact Rebecca Cox at 817-637-3960 or Rebecca.cox@mdhadallas.org

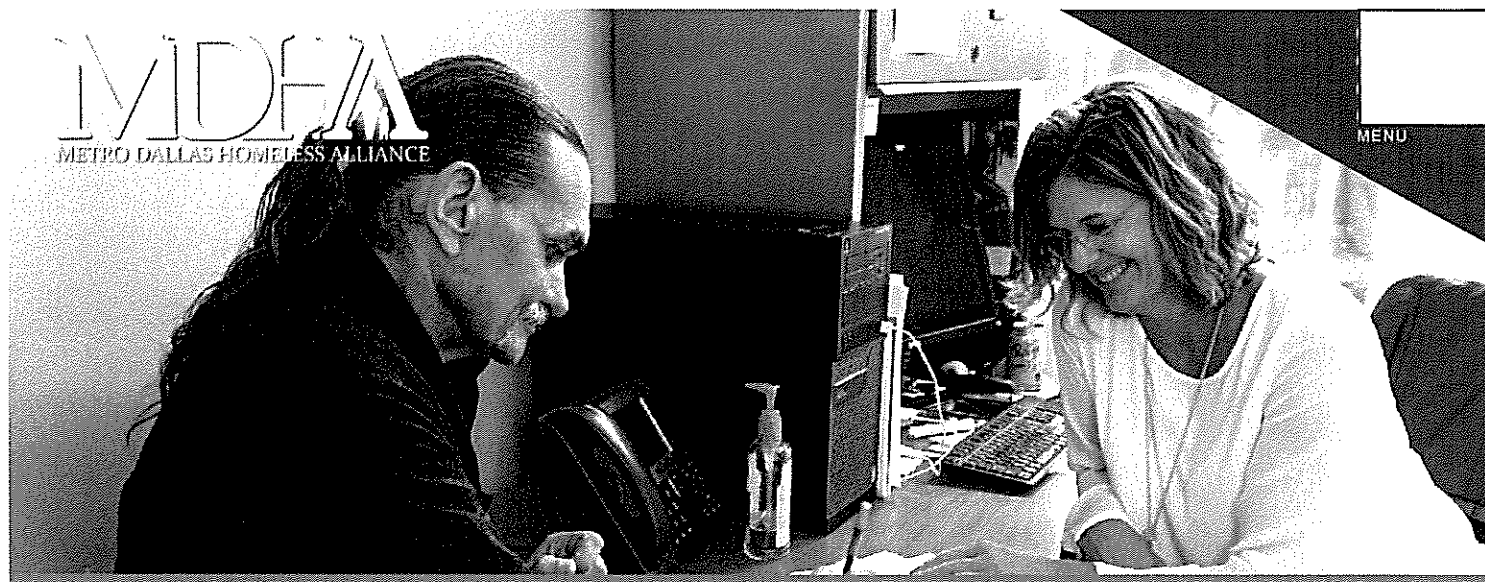
MDHA will update this calendar throughout the CoC competition process



Latest Update: 7/03/2018

DATE	TASK	LOCATION
June		
June 20	HUD Issues FY 2018 CoC NOFA	Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition
June 22	MDHA Issues CoC Timeline	
June 25 th and June 29 th <i>Submit Help Ticket</i>	MDHA provides technical assistance for APR clean up (Optional)	http://mdhadallas.org/wp-content/uploads/2014/08/Service-Request-URL-and-email-by-Agency-3.pdf
June 26 @ 9:00	CoC Assembly Reviews and Provides Feedback on Score Card	United Way 1800 North Lamar
June 28 <i>Electronic Vote</i>	MDHA sends Score Card to CoC board for review with final Score Card approval by July 2	
July		
Monday, July 09	MDHA issues NOFA for FY2018 CoC Program Grant for Renewal and New Permanent Housing Bonus and New DV Bonus	
Thursday, July 12 @ 9:00	MDHA FY2018 CoC Application Workshop	Magnolia Room at Meadows 2904 Floyd Street
Monday, July 16 <i>Submit Help Ticket</i>	MDHA provides technical assistance for APR clean up (Optional)	http://mdhadallas.org/wp-content/uploads/2014/08/Service-Request-URL-and-email-by-Agency-3.pdf
Monday, July 16	MDHA posts PRAC scoring rubrics for projects	
Friday, July 20	MDHA runs final APR from Homeless Data website for renewal score card completion for PRAC	
Tuesday, July 31	MDHA completes issuance of CoC Renewal Projects Scorecards	
August		
Friday, August 03	All Score Card revisions and agency comments final	
Friday, August 03 – 4:00 pm	FY2018 CoC Local Competition Project Applications DEADLINE (in eSNAPS and narratives submission to MDHA)	
Friday, August 10 @ 1:30- 3:30	PRAC Application Handoff and Instructional Meeting Applicants are allowed to attend.	United Way 1800 North Lamar
Tuesday, August 21 11:00 – 4:30	PRAC Prioritization and Funding Decisions Meeting. Applicants notified of decision by August 23	United Way 1800 North Lamar This is a closed meeting

Friday, August 24	Publication of the FY2018 CoC Program Grant Project Priority List	Emailed to applicants and posted on MDHA website
September		
Friday, September 14th	MDHA Website posting of the CoC Collaborative Application	www.MDHADallas.org
Monday, September 18 @8:00 pm	HUD Deadline for Collaborative Application	



Reminder: FY2018 CoC NOFA Application Workshop

/ July 11, 2018

Uncategorized

Applying or even thinking of applying for a grant in the Local FY2018 CoC Program Competition? Don't forget what's happening tomorrow! That's right, it's the...

FY2018 CoC NOFA Application Workshop

When: July 12, 2018, at 9:00am

Where: Magnolia Room at Meadows, 2904 Floyd Street, Dallas, TX 75204

Who: Anyone applying for a grant – new or renewal

What: We will cover the NOFA, the local RFP, the application process, and Q&A

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Section Three: Designate and Operate HMIS

24 CFR part 578.7(a) and (b)

Policy:

The TX-600 Dallas City & County/Irving CoC will:

1. Designate a single HMIS for the geographic area;
2. Designate a single HMIS Administrator;
3. Review, revise, and approve privacy, security and data quality plans for HMIS;
4. Ensure HMIS administration is in compliance with U.S. Department of Housing and Urban Development (HUD) requirements;
5. Ensure consistent participation of program providers.

PROCEDURES:

The CoC Board of Directors will designate an Administrator for the Homeless Management Information System (HMIS) for the CoC. The CoC Board of Directors shall designate a single HMIS system software solution. The CoC Board of Directors, in coordination with the HMIS Administrator, shall secure adequate funding, such as through the CoC Program HMIS grant and HMIS user fees, to support the HMIS system software, system support, HMIS Administration staffing, equipment and training needs of the HMIS. The CoC Board of Directors will maintain an HMIS Governance Committee to advise the HMIS Administrator. Only the HMIS Administrator is eligible to apply for an HMIS component type project through the CoC Program Grant process.

Review of the HMIS Administrator

The CoC Board of Directors shall review and affirm the designation of the HMIS Administrator at least every five years by a majority vote. The HMIS Governance Committee shall conduct an annual review of the HMIS Administrator and report to the CoC Board of Directors.

At any time, a two-thirds majority of the CoC Board of Directors may submit a petition calling for the CoC Board of Directors to propose a resolution to conduct a Request for Qualifications process to select an HMIS Administrator. If such a resolution passes by a two-thirds vote of the CoC Board members present, the CoC Board shall designate an HMIS Administrator Selection Committee that will develop the decision process and timeline in such a way that will not disrupt the course of the U.S. Department of Housing and Urban Development CoC Program Grant Process. The existing HMIS Administrator may respond to the RFQ.

HMIS Governance Committee Responsibilities

The HMIS Governance Committee shall

- Meet at least four times per year.
- Conduct an annual HMIS User satisfaction survey on the HMIS Administrator and the HMIS software provider and report to the CoC Board of Directors

- Conduct evaluation and action, as needed, related to the HMIS software provider
- Review the HMIS User Fee schedule annually and make recommendations to be approved by the CoC Board of Directors
- Review at least every three years the HMIS Administrator and Contributing HMIS Organization Memorandum of Agreement, Security and Privacy Plans, Data Quality Plan and the HMIS User Manual.

HMIS Administrator Responsibilities

The Metro Dallas Homeless Alliance (MDHA) has been designated as the HMIS Administrator for the CoC. The HMIS administrator is responsible for the following:

- Execute and monitor a contract for the designated single HMIS software solution
- Execute HMIS Administrator and Contributing HMIS Organization MOUs;
- Monitor compliance with applicable HMIS standards on a regular basis;
- Establish and review annually HMIS End User Agreements;
- Maintain and update as needed the files for HMIS software to include software agreements, HUD Technical Submissions, HUD executed agreements and Annual Progress Reports;
- Develop and maintain HMIS agency files to include original signed participation agreements, original signed user license agreements and all other original signed agreements pertaining to HMIS;
- Develop and update as needed a Data Quality Plan;
- Review and update HMIS Privacy Policy yearly;
- Develop and review annually the HMIS Security Plan, including disaster planning and recovery strategy;
- Review and update as needed HMIS Policies and Procedures;
- Provide copies of the Data Quality Plan, Privacy Policy, Security Plan and Policy and Procedures to the HMIS Committee for review and feedback on an annual basis;
- Review national, state and local laws that govern privacy or confidential protections and make determinations regarding relevancy to existing HMIS policies;
- Provide new user training and refresher user training monthly;
- Pro-actively contact new users for immediate follow up and issuance of username and password to access HMIS in an effort to begin entry of data as soon as possible following training;
- Provide on-site technical support to agencies using HMIS for trouble-shooting and data input;
- Monthly review of HMIS data and ensure that participating agency programs are using HMIS accurately;
- Provide assistance to agencies upon request for additional on-site training and support and
- Conduct unduplicated accounting of homelessness annually.



**MEMORANDUM OF UNDERSTANDING
BETWEEN THE HMIS ADMINISTRATOR METRO DALLAS HOMELESS ALLIANCE (MDHA)
AND CONTRIBUTING HMIS ORGANIZATIONS (CHO)**

(name of organization)

Background and Purpose

Homeless Management Information Systems (HMIS) are community-wide software solutions that are designed to capture client-level information over time on the characteristics and service needs of persons experiencing homelessness. In response to a Congressional directive, the Department of Housing and Urban Development (HUD) has required all Continuums of Care (CoC) across the country to implement HMIS at the local level. Utilization of the HMIS is additionally a requirement for other federal agencies including the Departments of Health and Human Services and Veterans Affairs and are reflected in the federally published HMIS Data Dictionary and HMIS Data Standards. The Memorandum of Understanding defines the responsibilities agreed upon through established agreements for use, implementation, maintenance, coordination and operation of Dallas and Collin County's HMIS.

Agreement, Understanding and Responsibilities

Metro Dallas Homeless Alliance (MDHA), by resolution of the Continuum of Care Board of Directors, as authorized by charter, serves as the HMIS lead agency, and is responsible for the implementation, management and administration of the single HMIS system for the Continuum of Care TX-600 which includes the political boundaries of Dallas and Collin Counties, Texas.

Scope

The Memorandum of Understanding (MOU) addresses the joint duties of MDHA as the lead HMIS Agency and the Contributing HMIS Organization for HMIS activities. The specific duties of the parties to this agreement cover security and privacy of data, systems administration, system maintenance, data collection, program reporting, monitoring, evaluation and training requirements to maintain an effective and secure HMIS system.

Metro Dallas Homeless Alliance (MDHA) agrees to the following terms and conditions:

General

1. In consultation with the CoC Board of Directors and the CoC HMIS Committee, shall implement, administer, manage, monitor and report on all federal HMIS requirements as well as all CoC HMIS local policies and procedures.
2. MDHA is the primary liaison with the HMIS software vendor and all questions concerning the software solution should be directed to MDHA Staff, the CoC Board of Directors Executive Committee, or the HMIS Committee Chair.

Network Operations

3. Implement, manage and provide ongoing administration of all operations components for the web-based software solution, including data security.
4. Provide technical support for use of the HMIS software solution to all Contributing HMIS Organizations (CHO).
5. Take all necessary precautions to prevent any destructive or malicious program (virus) from being introduced to the system. Employ appropriate measures to detect virus infection and employ all appropriate resources to efficiently disinfect any affected systems as quickly as possible.
6. MDHA will notify all CHOs of system failure, errors, or problems as soon as made aware.
7. Issues not resolved by the MDHA HMIS staff will be escalated to the MDHA President and CEO.
8. Provide general technical support of the CoC HMIS Monday through Friday, 8 am – 5pm CST, except during holidays. In the event of a Priority 1 concerns outside of the standard technical support, MDHA will respond to high priority service calls within 12 hours. Refer to Technical Support procedures defined in the HMIS Policies and Procedures.

Security

9. Strictly safeguard all data, including client-identifying information, in accordance with the latest technology as available and securely protect it to the maximum extent possible.
10. Monitor third party efforts to maintain and administer central and backup server operations including security procedures and backup maintenance of the system to prevent the loss of data.
11. Conduct annual on-site CHO agency level HMIS Security Reviews and monitor access to all systems that could potentially reveal a violation of information security protocols.
12. Monitor and audit accurate logs of all changes made to the information contained within the database.

13. Monitor efforts to encrypt all client identifiable information stored in the CoC HMIS.
14. Setup all User accounts for CoC HMIS users; user IDs will be issued upon completion and submission of a request form with appropriate signatory authority, and completion of system and HMIS Privacy and Security training.
15. May deny a User or CHO access to CoC HMIS for investigation of any suspicion of breached confidentiality.
16. May deactivate a User account based on performance and require supplemental training to reactivate the User account.
17. Not release data to any person, agency, or organization that is not a CHO without the client's authorization.
18. Will provide all necessary forms required to set up project in HMIS

Training

19. Will provide and maintain ongoing training for CHO users of the CoC HMIS.
20. Will provide initial HMIS training and periodic updated trainings to all HMIS users.
21. May mandate refresher training based on poor data quality reports.

Contributing HMIS Organization agrees to the following terms and conditions:

General

1. Strictly adhere to all policies and procedures adopted in the CoC HMIS Policies and Procedures Manual.

Confidentiality

2. Enforce network policies and procedures through agency level policies and procedures.
3. Abide by all modifications and amendments to the CoC HMIS Policies and Procedures.
4. Abide by all federal and state laws, regulations, and CoC HMIS Policies and Procedures relating to the collection, storage, retrieval, dissemination of client information and HMIS Data Standards.
5. Collect and maintain records of all required standardized Client Informed Consent & Release of Information Authorization form in accordance with the CoC HMIS Policies and Procedures.
6. Abide by all HMIS data sharing restrictions as defined by the client.
7. Not deny services to any clients solely because they decline to give authorization for their information to be shared with other CHOs or entered into the integrated HMIS database.

Network Operations

8. Notify the MDHA HMIS team promptly of any difficulty with the CoC HMIS software solution, access to database, or related problems through utilization of the automated service request system.
9. Maintain agency Internet connectivity and computer equipment in such a manner as not to disrupt continuation of project participation.
10. Take all necessary precautions to prevent any destructive or malicious program (e.g. malware, virus) from being introduced to the system. Employ appropriate measures to detect virus infection and employ all appropriate resources to efficiently address any affected systems as quickly as possible.

Data Entry

11. Collect all federally required program level data elements for consenting clients, and strive to collect maximum data elements for all clients as detailed in all HMIS Program Manuals.
12. Enter client assessments into the HMIS system as detailed in the HMIS Program Manuals, within five (5) days of: program or project intake/enrollment, program or project update, program or project annual, and program or project exit.
13. Enter all federally required program level client services/encounters detailed in the HMIS Program Manuals within five (5) days of the activity.
14. Ensure the accuracy of information entered into the system. Any information updates, errors, or inaccuracies that come to the attention of the CHO will be corrected by the CHO. If necessary, MDHA must be notified within six (6) days of discovery any corrections that cannot be made by the CHO.
15. Develop program specific interview guidelines that include the standardized Intake Form, the standardized Client Informed Consent & Release of Information Authorization form, and any additional elements the Agency wishes to collect.
16. CHO Executive Director accepts responsibility for the validity of all records entered by their agency.
17. Ensure that CHO personnel do not knowingly enter erroneous information into the CoC HMIS.
18. Not include any profanity, offensive language, malicious information or discriminatory comments based on race, ethnicity, religion, national origin, disability, age, gender, or sexual orientation into the database.
19. Not transmit material in violation of any federal or state regulations including, but not limited to: copyrighted material, material legally judged to be threatening or obscene, and material considered protected by trade secret.

Period of Agreement and Modification/Termination

- A. Period of Operation and Termination:** This MOU will become effective upon signature by both parties and shall remain in effect until terminated. Each party shall have the right to terminate this agreement upon 45 days prior written notice to the other party. Violation of any component will constitute immediate termination.
- B. Amendments:** Amendments, including additions, deletions, or modifications to this MOU, may be proposed in writing by either party for consideration of the HMIS Administrator CEO and the CoC HMIS Committee and must be approved by the CoC Board of Directors. If approved by the CoC Board, and if all parties agree to the revision, MDHA will amend this MOU, and forward it to the CHO for signature.
- C. Other:** If this agreement is terminated, MDHA and the remaining Contributing HMIS Organization shall retain their right to the use of all client data previously entered by the terminating Partner Agency. This use is subject to any restrictions requested by the client.

The signature of the Executive Director of the Contributing HMIS Organization indicates agreement with the terms and conditions set forth in this document.

Signature CHO Representative

Date

Name and Title of CHO Representative

Signature of MDHA Representative

Date

Name and Title of MDHA Representative



HMIS Operating Policies and Procedures

Project Participation

Policies

Agencies participating in DALLAS and COLLIN COUNTY HMIS PROJECT shall commit to abide by the governing principles of DALLAS AND COLLIN COUNTY HMIS PROJECT and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding.

Procedures

Confirm Participation

1. The Partner Agency shall confirm their participation in DALLAS AND COLLIN COUNTY HMIS PROJECT by submitting a signed Contract or Memorandum of Understanding to the HMIS Director.
2. The HMIS Director will obtain the co-signature of Metro Dallas Homeless Alliance Executive Director or designee.
3. The HMIS Director will maintain a file of all signed Memorandums of Understanding.
4. The HMIS team will update the list of all Partner Agencies and make it available to the Project community.

Terminate Participation - Voluntary

1. The Partner Agency shall inform the HMIS Director in writing of its intention to terminate their agreement to participate in the DALLAS AND COLLIN COUNTY HMIS PROJECT.
2. The HMIS Director will inform the relevant staff at Metro Dallas Homeless Alliance and update the Participating Agency List.
3. The HMIS Director will revoke access of the Partner Agency staff to the DALLAS AND COLLIN COUNTY HMIS PROJECT. Note: All Partner Agency-specific information contained in the DALLAS AND COLLIN COUNTY HMIS PROJECT system will remain in the DALLAS AND COLLIN COUNTY HMIS PROJECT system.
4. The HMIS Director will keep all termination records on file with the associated Memorandums of Understanding.

Lack of Compliance

1. When the HMIS team determines that a Partner Agency is in violation of the terms of the partnership, the Executive Director of the Partner Agency and Metro Dallas Homeless Alliance staff will work to resolve the conflict(s).

2. If the conflict is unable to be resolved, the HMIS Committee will be called upon to resolve the conflict. If that results in a ruling of Termination:

- a. The Partner Agency will be notified in writing of the intention to terminate their participation in the DALLAS AND COLLIN COUNTY HMIS PROJECT.
- b. The HMIS Director will revoke access of the Partner Agency staff to the DALLAS AND COLLIN COUNTY HMIS PROJECT.
- c. The HMIS Director will keep all termination records on file with the associated Memorandums of Understanding.

Assign HMIS Security Officer

1. Each Partner Agency will designate an HMIS Security Officer. The HMIS Security Officer is the primary contact for all communications regarding the Dallas / Collin County HMIS Project at this agency.
2. The MDHA Director of HMIS will obtain all signatures necessary to execute the HMIS Security Officer Agreement.
3. The MDHA Director of HMIS will maintain a file of all signed HMIS Security Officer forms.
4. The Director of HMIS will maintain a list of all assigned HMIS Security Officers and make it available to the MDHA HMIS team.

Re-Assign HMIS Security Officer

1. The Partner Agency will designate a new or replacement primary contact in the same manner as above within 5 business days of staffing change or departure.

Site Security Assessment

1. Prior to allowing access to DALLAS AND COLLIN COUNTY HMIS PROJECT, the HMIS team will meet with the appropriate Partner Agency staff to review and assess the security measures in place to protect client data. This review shall in no way reduce the responsibility for Partner Agency information security, which is the full and complete responsibility of the Partner Agency.
2. Partner Agencies shall have virus protection software on all computers that access DALLAS AND COLLIN COUNTY HMIS PROJECT.

User Authorization & Passwords

Policies

- Partner Agency staff participating in the DALLAS AND COLLIN COUNTY HMIS PROJECT shall commit to abide by the governing principles of the DALLAS AND COLLIN COUNTY HMIS PROJECT and adhere to the terms and conditions of the User Agreement.
- The Partner Agency must only request user access to the DALLAS AND COLLIN COUNTY HMIS PROJECT for those staff members that require access to perform their job duties.

- All users must have their own unique user ID and should never use or allow use of a user ID that is not assigned to them.
- Temporary, first-time only, passwords will be communicated only to the owner of the user ID.
- User-specified passwords should never be shared and should never be communicated in any format.
- New users IDs require password change on first use.
- Passwords must consist of at least 8 characters and must contain a combination of letters, numbers, and special characters. According to the HUD Data and Technical Standards Final Notice (June 2009):
User authentication. Baseline Requirement. A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and password. Passwords must be at least eight characters long and meet reasonable industry standard requirements.
- Passwords must be changed every 45 days.
- Passwords may only be reset by the HMIS team.

Procedures

Workstation Security Assessment

1. Prior to requesting user access for any staff member, the requesting supervisor will assess the operational security of the user's workspace.
2. Partner Agency staff will confirm that the workstation has virus protection properly installed and that a full-system scan has been performed within the last week.
3. Partner Agency staff will confirm that the workstation has and uses a hardware or software firewall.

Request New User ID

1. When the Partner Agency identifies a staff member that requires access to the DALLAS AND COLLIN COUNTY HMIS PROJECT, a *User Agreement* will be provided to the prospective user.
2. The prospective user must read, understand, and sign the *Agreement* and submit it to the requesting supervisor.
3. The requesting supervisor will co-sign the *Agreement* and keep the original on file.
4. The requesting supervisor will submit a copy of the completed User Agreement to the HMIS staff, either through the mail or by scanning and emailing.
5. The Partner Agency will additionally notify the HMIS team of the prospective user by submitting a service request for training.
6. The HMIS team will create the new user ID and coordinate a training time.

Rescind User Access – Voluntary

Use this procedure when any DALLAS AND COLLIN COUNTY HMIS PROJECT user leaves the agency or otherwise becomes inactive.

1. The Partner Agency will immediately notify the HMIS team of user departure or inactive status by submitting a help desk service request and with a phone call.
2. The HMIS team will deactivate the User ID.

Compliance Failure

Use this procedure when any DALLAS AND COLLIN COUNTY HMIS PROJECT user breaches the User Agreement, violates the Policies and Procedures, or otherwise breaches confidentiality or security.

1. The Partner Agency will notify the HMIS team immediately by submitting a help desk service request and with a phone call.
2. The HMIS team will deactivate the relevant user ID(s).

Reset Password

1. When a user forgets his or her password or has reason to believe that someone else has gained access to their password, they must immediately notify the HMIS team by submitting a help desk request.
2. The HMIS team will reset the user password and notify the user of the new temporary password.
3. User will then change their temporary password.

Collection and Entry of Client Data

Policies

- Client data will be gathered according to the policies, procedures and confidentiality rules and applicable laws for each individual program.
- Client data may only be entered into the DALLAS AND COLLIN COUNTY HMIS PROJECT with client's authorization to do so.
- At a minimum, Inferred Consent Signs must be visibly posted at all work areas where HMIS information is being collected. Copies can be requested through the help desk system.
- All universal and program data elements from the HUD HMIS Data Standards Revised Notice, dated March 2010, should be collected, subject to client consent.
- Client data will be entered into the DALLAS AND COLLIN COUNTY HMIS PROJECT in a timely manner.

- Client data not entered in the HMIS software solution within 24 hours must be gathered using DALLAS AND COLLIN COUNTY HMIS PROJECT standard intake and exit forms. (Additional copies of these forms can be requested through the help desk system.)
- Client data gathered using standard intake and exit forms must be entered or updated in HMIS within 5 business days.
- Client identification should be completed during the intake process or as soon as possible following intake AND always within 5 business days.
- Service records should be entered on the day services began or as soon as possible AND always within 5 business days.
- Required assessments should be entered as soon as possible following the intake process AND always within 5 business days.
- Clients should be exited as soon as possible after program or service exit AND always within 5 business days.
- All client data entered into the DALLAS AND COLLIN COUNTY HMIS PROJECT will be kept as accurate and as current as possible.
- Hardcopy or electronic files will continue to be maintained according to individual program requirements, and according to the HUD HMIS Data Standards Revised Notice, dated March 2010.
- No data may be imported without the client's specific authorization.
- Any authorized data imports will be the responsibility of the Partner Agency.
- Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said Agency.
- Data quality of client-specific data is essential to the meaningful analysis and accurate reporting of Continuum of Care data.
- Data quality shall be a concern of highest importance and all members of Continuum of Care will work to continuously improve quality.
- Quality assurance shall be the ultimate responsibility of each Partner Agency's Executive Director. Metro Dallas Homeless Alliance will provide audit reports to the contact person designated by the Partner Agency.
- The Partner Agency that creates a client record owns the responsibility for a baseline of data quality to include: non-duplication of client record, Release Of Information (ROI), Universal & Program level data elements as defined by HUD Data Standards, up-to-date Program Entries and Exits, services received, as well as the client's current housing status.
- Each Partner Agency that comes in contact with a client has an opportunity to improve data quality and should make every effort to do so when that opportunity arises.

Procedures

1. Refer to HMIS Training Materials for specific data entry guidelines.
2. Metro Dallas Homeless Alliance will provide each agency with regular audit reports and provide the training necessary in order for the Partner Agency to be able to download and report to the appropriate parties within the agency.

3. Each Agency will share data with authorized personnel only (those with DALLAS AND COLLIN COUNTY HMIS PROJECT authorization).
4. The Partner Agency will be responsible for reviewing the audit reports and notifying users to make corrections within one week.
5. The Partner Agency will inform the HMIS team if there are any technical issues retrieving audit reports within three (3) business days.
6. Metro Dallas Homeless Alliance will provide measures and metrics to verify data quality.
7. Metro Dallas Homeless Alliance will provide measures and metrics to assess the data quality of individual programs.
8. The HMIS Committee shall decide on the procedure to properly dispose of client data within the seven-year time frame allocated in the HUD Data Standards.

Release and Disclosure of Client Data

Policies

- Client-specific data from the DALLAS AND COLLIN COUNTY HMIS PROJECT may be shared with Partner Agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration).
- Other non-DALLAS AND COLLIN COUNTY HMIS PROJECT inter-agency agreements do not cover the sharing of DALLAS AND COLLIN COUNTY HMIS PROJECT data.
- Sharing of client data may be limited by program specific confidentiality rules.
- No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal (see Release of Information). Note that services may NOT be denied if client refuses to sign a Release of Information or declines to state any information not necessary for determination of program eligibility.
- Release of Information must constitute INFORMED consent. The burden rests with the intake counselor to inform the client before asking for consent. As part of informed consent, a notice must be posted explaining the reasons for collecting the data, the client's rights, and any potential future uses of the data. This sign may be requested through the help desk system.
- Client shall be given a print out of all data relating to them upon written request and within ten (10) working days.
- A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request and within ten (10) working days.
- A log of all external releases or disclosures must be maintained for seven (7) years and made available to the client upon written request and within ten (10) working days.
- Aggregate data that does not contain any client-specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of obtaining Consent.

- Each Partner Agency Executive Director is responsible for his or her Agency's internal compliance with the HUD Data Standard.

Procedures

1. Procedures for disclosure of client-specific data are readily obtained from the above policies, combined with the configuration of DALLAS AND COLLIN COUNTY HMIS PROJECT, which facilitates appropriate data sharing.

Server Security

Policies

- The HMIS solution provider will strive to secure and keep secure the servers, both physically and electronically.
- The HMIS Director will maintain regular contact with the HMIS solution provider, verifying security of servers, both physically and electronically.

Procedures

1. All procedures for maximizing Server Security are the responsibility of the HMIS solution provider, and verified by the HMIS Director.

Server Availability

Policies

- The HMIS solution provider, in conjunction with the HMIS team, will strive to maintain continuous availability by design and by practice.
- Necessary and planned downtime will be scheduled when it will have least impact, for the shortest possible amount of time, and will only come after timely communication to all participants.
- The HMIS solution provider, in conjunction with the HMIS Director, is responsible for design and implementation of a backup and recovery plan (including disaster recovery).

Procedures

1. A user should immediately report unplanned downtime to the HMIS team by submitting a service request.

2. All other procedures for maximizing server availability, recovering from unplanned downtime, communicating, and avoiding future downtime are the responsibility of the HMIS Director.

3. The HMIS solution provider will backup and be prepared to recover DALLAS AND COLLIN COUNTY HMIS PROJECT data concerning clients/program participants, service information, and custom settings and screens.
4. The HMIS solution provider will perform external hard drive backups daily.
5. The HMIS solution provider will store daily data backups at its site for seven [7] days.
6. The HMIS solution provider will transfer the most recent external drive backup, stored on a CD, to a secure offsite location after seven [7] days.
7. All off-site CD backups are retained in a secure location for no less than three hundred and sixty-five [365] calendar days.
8. The HMIS Director will verify the HMIS solution provider is successfully completing data backup as described above on a weekly basis.

Workstation Security

Policies

- The Partner Agency is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the Agency's control.
- The Partner Agency is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation; thus steps should be taken to prevent these modes of inappropriate access (i.e., don't let someone read over your shoulder; lock your screen when you step away).
- All workstations to be used with the DALLAS AND COLLIN COUNTY HMIS PROJECT must be secured by a firewall between the workstation and the internet. Software firewalls are acceptable.
- Recommended Internet connection: DSL or Cable Modem, at least 20 kbps per user.
- Definition and communication of all procedures to all Partner Agency users for achieving proper agency workstation configuration and for protecting their access by all Agency users to the wider system are the responsibility of the Partner Agency.

Procedures

1. At a minimum, any workstation accessing the central server shall have anti-virus software with current virus definitions (24 hours) and frequent full-system scans (weekly).
2. Security Officers

Training

Policies

- The Partner Agency Executive Director shall obtain the commitment of designated staff persons to attend training(s) as specified in the *Memorandum of Understanding* (MOU) between Partner Agency and Metro Dallas Homeless Alliance.
- No Partner Agency or staff person will have access to the database prior to training.

Procedures

Start-up Training

Metro Dallas Homeless Alliance will provide training in the following areas prior to the Partner Agency using DALLAS AND COLLIN COUNTY HMIS PROJECT:

- a. User training
- b. Privacy and Ethics
- c. Reporting training
- d. Use of the help desk tool
- e. Data Security

On-going Training

Metro Dallas Homeless Alliance will provide regular training for the Continuum of Care, as needed. The areas covered will be:

- a. User Training
- b. Privacy and Ethics
- c. Use of the help desk tool
- d. Data Security
- e. Basic Computer Skills
- f. Data Quality

Additional training classes will be scheduled as needed. Refer to the MDHA blog for the latest schedule of classes.

Compliance

Policies

- Compliance with these Policies and Procedures is mandatory for participation in the DALLAS AND COLLIN COUNTY HMIS PROJECT.
- Each Partner Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Partner Agencies will conduct a thorough review of internal policies and procedures regarding the DALLAS AND COLLIN COUNTY HMIS PROJECT.

Procedures

1. See “Project Participation” and “User Authorization” sections for procedures to be taken for lack of compliance.
2. Annually, the HMIS Director, or a designee, will send out (via email or mail) the Agency/Site Data Standards Compliance Checklist and a Certificate of Compliance to each Partner Agency.
3. The Partner Agency Executive Director, or a designee, will conduct a review of each site where DALLAS AND COLLIN COUNTY HMIS PROJECT is used using the Checklist as a guide.
4. If areas are identified that require action, the Partner Agency Executive Director, or designee, will note these on the checklist, and corrective action will be implemented within one month.
5. Once all action items are addressed, the Certificate of Compliance is to be signed by the Partner Agency Executive Director, or a designee, and returned to Metro Dallas Homeless Alliance no later than thirty (30) days after receipt of the checklist.

Technical Support

Policies

- Support requests include problem reporting, requests for customization or enhancements (features), questions about using HMIS, or other general technical support related to HMIS.
- Users shall submit support requests through the help desk tool.
- Users shall not, under any circumstances, submit requests directly to the software vendor.
- Metro Dallas Homeless Alliance will only provide support for issues specific to DALLAS AND COLLIN COUNTY HMIS PROJECT software and systems.

Procedures

Submission of Support Request

1. User encounters problem, has an HMIS-related question, or originates idea for improvement to system or software.
2. User creates a support request within the help desk tool specifying the severity of the problem and its impact on their work, specific steps taken to reproduce the problem, and any other documentation that might facilitate the resolution of the problem. User shall also provide contact information and best times to contact.
3. A member of the HMIS team shall contact the requestor within twenty-four (24) hours. The HMIS team may alter the category of the service request or the severity rating, in compliance with the Service Level Agreement (SLA). *Note: If the Support Request is deemed by DALLAS/COLLIN COUNTY HMIS team to be an agency-specific customization, resolution of the request may be prioritized accordingly.*

4. The HMIS team shall make every attempt to resolve the issue, or assign it to the appropriate HMIS team member for resolution, in accordance with the Service Level Agreement. The issue may be escalated to the HMIS Director, as necessary.
5. The HMIS Director may at this point determine that the cause of reported issue is outside the scope of control of the DALLAS AND COLLIN COUNTY HMIS PROJECT software and systems.
6. The HMIS Director will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues according to their severity and impact.
7. If the HMIS Director is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
8. In cases where issue resolution may be achieved by the end user or other Partner Agency personnel, the HMIS team member will provide instructions via email to the requesting user.

Changes to This and Other Related Documents

Policies

The HMIS Committee will guide the compilation and amendment of these Policies and Procedures.

Procedures

Changes to Policies & Procedures

1. Proposed changes may originate from any participant in DALLAS AND COLLIN COUNTY HMIS PROJECT.
2. HMIS Director will review and pass on to the HMIS Committee with recommendations.
3. The HMIS Committee will approve or disapprove the amendment.

2018 HDX Competition Report

PIT Count Data for TX-600 - Dallas City & County, Irving CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	3810	3789	4121
Emergency Shelter Total	1968	1,897	1,972
Safe Haven Total	23	19	23
Transitional Housing Total	1080	786	785
Total Sheltered Count	3071	2702	2780
Total Unsheltered Count	739	1087	1341

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	597	542	587
Sheltered Count of Chronically Homeless Persons	464	436	432
Unsheltered Count of Chronically Homeless Persons	133	106	155

2018 HDX Competition Report

PIT Count Data for TX-600 - Dallas City & County, Irving CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	420	258	301
Sheltered Count of Homeless Households with Children	418	253	299
Unsheltered Count of Homeless Households with Children	2	5	2

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	555	307	358	320
Sheltered Count of Homeless Veterans	521	253	297	254
Unsheltered Count of Homeless Veterans	34	54	61	66

2018 HDX Competition Report

HIC Data for TX-600 - Dallas City & County, Irving CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	2126	257	1185	63.40%
Safe Haven (SH) Beds	41	0	41	100.00%
Transitional Housing (TH) Beds	942	318	188	30.13%
Rapid Re-Housing (RRH) Beds	600	122	478	100.00%
Permanent Supportive Housing (PSH) Beds	2106	0	2106	100.00%
Other Permanent Housing (OPH) Beds	411	0	411	100.00%
Total Beds	6,226	697	4409	79.74%

2018 HDX Competition Report

HIC Data for TX-600 - Dallas City & County, Irving CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	1276	1093	961

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	59	77	132

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	252	422	600

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for TX-600 - Dallas City & County, Irving CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	4002	9955	119	105	-14	72	88	16
1.2 Persons in ES, SH, and TH	4999	10396	175	111	-64	97	178	81

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4002	10466	440	496	56	121	170	49
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4999	10907	450	499	49	157	268	111

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	75	11	15%	4	5%	1	1%	16	21%
Exit was from ES	1246	179	14%	53	4%	54	4%	286	23%
Exit was from TH	1035	39	4%	18	2%	55	5%	112	11%
Exit was from SH	4	0	0%	0	0%	3	75%	3	75%
Exit was from PH	1706	77	5%	75	4%	113	7%	265	16%
TOTAL Returns to Homelessness	4066	306	8%	150	4%	226	6%	682	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3810	3789	-21
Emergency Shelter Total	1968	1897	-71
Safe Haven Total	23	19	-4
Transitional Housing Total	1080	786	-294
Total Sheltered Count	3071	2702	-369
Unsheltered Count	739	1087	348

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	4999	10396	5397
Emergency Shelter Total	3980	9955	5975
Safe Haven Total	26	30	4
Transitional Housing Total	1262	632	-630

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	663	1428	765
Number of adults with increased earned income	79	167	88
Percentage of adults who increased earned income	12%	12%	0%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	663	1428	765
Number of adults with increased non-employment cash income	150	505	355
Percentage of adults who increased non-employment cash income	23%	35%	12%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	663	1428	765
Number of adults with increased total income	210	506	296
Percentage of adults who increased total income	32%	35%	3%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	539	679	140
Number of adults who exited with increased earned income	212	113	-99
Percentage of adults who increased earned income	39%	17%	-22%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	539	679	140
Number of adults who exited with increased non-employment cash income	131	244	113
Percentage of adults who increased non-employment cash income	24%	36%	12%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	539	679	140
Number of adults who exited with increased total income	317	248	-69
Percentage of adults who increased total income	59%	37%	-22%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4163	10396	6233
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	779	2639	1860
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3384	7757	4373

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5520	14634	9114
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1034	3266	2232
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4486	11368	6882

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	175	1057	882
Of persons above, those who exited to temporary & some institutional destinations	74	154	80
Of the persons above, those who exited to permanent housing destinations	44	79	35
% Successful exits	67%	22%	-45%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3069	8560	5491
Of the persons above, those who exited to permanent housing destinations	1254	1022	-232
% Successful exits	41%	12%	-29%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	2739	3619	880
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2642	3440	798
% Successful exits/retention	96%	95%	-1%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

TX-600 - Dallas City & County, Irving CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	2104	2135	2085	2141	1270	925	1009	707	2897	3138	3182	2973	120	84	251	269				
2. Number of HMIS Beds	83	117	420	927	723	621	514	227	2211	2126	2367	2109	120	84	251	260				
3. HMIS Participation Rate from HIC (%)	3.94	5.48	20.14	43.30	56.93	67.14	50.94	32.11	76.32	67.75	74.39	70.94	100.00	100.00	100.00	96.65				
4. Unduplicated Persons Served (HMIS)	423	411	2412	9955	1236	1270	1148	632	2058	2018	1296	3734	131	243	1276	1430				1749
5. Total Leavers (HMIS)	334	273	1995	8064	645	859	821	365	527	396	288	738	58	84	771	928				889
6. Destination of Don't Know, Refused, or Missing (HMIS)	16	15	1506	1413	81	448	22	33	10	9	2	43	1	1	22	44				550
7. Destination Error Rate (%)	4.79	5.49	75.49	17.52	12.56	52.15	2.68	9.04	1.90	2.27	0.69	5.83	1.72	1.19	2.85	4.74				61.87

2018 HDX Competition Report

Submission and Count Dates for TX-600 - Dallas City & County, Irving CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/25/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/26/2018	Yes
2018 HIC Count Submittal Date	4/26/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

1

2

3

4

5

6

TX-600 Dallas City & County/Irving

7

Continuum of Care (CoC)

8

Policy and Procedures

9

AS APPROVED BY BOD 1/12/2018

prevention providers and are not required to complete the DOPS process and are considered to have participated in the Coordinated Assessment Process.

Street Outreach

All street outreach providers have access to Coordinated Assessment System tools through the HMIS system. Street outreach teams are critical intake points for unsheltered homeless to be assessed and prioritized for housing using the DOPS process and included on the housing priority list. ESG funded street outreach programs will establish strong relationships with emergency shelter, drop in center and services to quickly identify shelter opportunities. The CoC strongly encourages placement of highly vulnerable unsheltered homeless directly into bridge rapid rehousing and permanent supportive housing upon completion of the prioritization process and following the Housing Priority List procedures.

Emergency Shelter

The CoC encourages emergency shelter services, including all domestic violence services, and drop-in centers to operate with as few barriers to entry as possible. Emergency Shelters will have policies and procedures in place to allow for access to shelter outside of traditional business hours including late evenings and weekends when beds are available. These procedures may include access to hotels when no shelter beds are available.

All Emergency Solutions Grant funded programs will adhere to all non-discrimination and equal access provisions found in Section Thirteen Fair Housing, Equal Opportunity and Non-Discrimination Policies.

Access to emergency shelter or drop in centers does *not* require CAS intake and assessment or DOPS procedures. However, persons that may present at locations other than shelter will be referred to the primary intake agencies that may provide referral access to emergency shelter.

Transitional Housing

The CoC Program utilizes transitional housing programs for youth and victims of domestic violence only. Access to this specialized housing will be coordinated through these subpopulation primary intake access points. The DOPS process should be followed for allocation of these TH beds. Youth agencies should utilize the Youth VI-SPDAT tool. For the new blended TH and RRH programs, the youth participant, regardless of prioritization level shall be offered a choice for which housing type per the program rule. RHY funded programs will adhere to those specific access program rules.

Documentation of Priority Status

The Documentation of Priority Status (DOPS) process provides a systematic method to prioritize persons experiencing homelessness for housing opportunities based on established criteria. These prioritization criteria are detailed on a CoC Board of Director approved "DOPS Matrix." The first eight priorities (P1 through P8) are based on the HUD CPD Notice 16-11 "Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing." The prioritizations shall: 1) establish an order of priority for dedicated and prioritized PSH to ensure that

those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority; 2) shall establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized; and 3) shall establish a recommended order of priority for transitional housing, rapid rehousing for persons who are not chronic or at risk of chronic homelessness.

MDHA will provide DOPS training on a regular basis. All users of the single HMIS system will have access to complete the DOPS process. Agencies that primarily serve victims of domestic violence will have an equivalent process to assure those clients have equal access to CoC Program and ESG funded assistance.

DOPS Criteria

The criteria that determine the priority level for CoC Program and Emergency Solutions Grant funded programs are standardized and based on:

1. Homelessness Category (HUD definitions)
2. Length of stay in homelessness
3. Severity of service needs based on the standardized assessment tool (VI-SPDAT Vulnerability Index - Service Prioritization Decision Assistance Tool)
4. Disability

Agency staff will enter clients in the HMIS system completing a HUD entry assessment, attach documentation of homelessness, and disability (if applicable) to the client record in the HMIS and submit DOPS request to MDHA. MDHA CAS DOPS Coordinator will review information and confirm a priority level and add the priority status and date of prioritization to the client HMIS record.

DOPS Matrix priorities housing match guidelines are stratified across priority levels:

Priority 1 through 4: Individuals or families that meet the HUD definition of chronically homeless. Households are recommended and for permanent supportive housing and bridge Rapid Rehousing where the client retains chronic homelessness and awaiting a permanent supportive housing opportunity.

Priority 5 through 8: Individuals or families head of households with a documented disability and at risk for chronic homelessness. Households are recommended for non-chronic homeless dedicated permanent supportive housing, rapid rehousing or transitional housing.

Priority 9 through 12: Individuals or families that may or may not have a documented disability. Households are recommended for rapid rehousing, transitional housing, or homeless prevention and flexible assistance funds.

Non-priority: Individuals or families that only meeting At-Risk of Homeless definition. Households are recommended for diversion case management or homeless prevention.

The DOPS Matrix will be reviewed at least annually by MDHA and the CoC Assembly. Recommended amendments to the DOPS Matrix will be approved by the CoC Board of Directors.

Other Housing Prioritization Criteria

MDHA CAS will work with other institutions that provide non- CoC Program or ESG funded housing to allow for other priority criteria documentation within the HMIS and CAS HPL such as frequent utilization of county jail book-ins or admissions to area hospitals. MDHA will assure the homeless response system agencies clearly understand how other prioritizations are applied and reported and the housing opportunities available for clients falling within these other criteria.

The Coordinated Assessment System, CoC Program Grant or Emergency Solutions Grant funded projects, will not apply screening, assessment or other criteria that screens out persons from such as too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related service or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Updating a DOPS Priority Status

Client prioritization status will be reviewed by MDHA CAS and updated if any criteria is changed if not housed after 90 days. Criteria changes may result in a new priority status level. If a client experiences a significant change in criteria before 90 days, agencies can request MDHA re-prioritize the client to a new priority status level.

Prioritization of Victims of Domestic Violence

Agencies who provide services and / or shelter to victims of domestic violence will have equal access to prioritizing their clients for housing and receiving housing through CoC and ESG funded programs. To ensure adequate protections of individuals all requests for housing prioritization from domestic violence service and shelter providers will be referenced only by an identifier that is not tied to any personal identifiers such as name or date of birth. This identifier will be supplied by the requesting agency and may be generated from HMIS, if participating, or any other HMIS equivalent system used by requesting agency. All documentation required to determine prioritization status will be faxed directly to the lead CAS agency or sent via encrypted and secure e-mail only to CAS agency staff. Once prioritized the identifier number supplied by the requesting DV agency will be placed on the HPL in place of name, date of birth and any other personal identifying information that would otherwise appear on the HPL. When housing becomes available housing agency will reach out directly to the originally referring agency and provide that agency with the identifier number to begin process of housing.

DOPS Training

MDHA CAS staff will provide DOPS training at least monthly.

Housing Priority List

MDHA CAS will maintain a centralized housing priority list (HPL) of all clients that have been prioritized in the DOPS process and are awaiting a housing opportunity. The basic process is that street outreach,

DOPS Matrix 2018

Documentation of Priority Status Approved CoC Board of Directors January 12, 2018 Effective February 1, 2018

Housing Intervention	Priority Status	Homeless Category	Length of Stay in Homelessness	Where Experience Homelessness	Severity of Service Needs	Documented Disability
MANDATED: Dedicated or Prioritized Chronic CoC Program Funded PSH OPTIONAL: Rapid Rehousing Bridge Housing (HCC) Other Non-CoC Funded PSH Adopting DOPS CoC Rapid Rehousing Safe Haven	1	Chronic - Individual or HHLD with Children	> 12 Months Continuous	UN, ES, SH	High = VI-SPDAT Score of 8 or greater	Yes
	2	Chronic - Individual or HHLD with Children	> 12 Months Continuous	UN, ES, SH	Moderate = VI-SPDAT score of 4-7:	Yes
	3	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total = > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 8 or greater	Yes
	4	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total = > 12 months in 3 Years	UN, ES, SH	Moderate = VI-SPDAT score of 4-7	Yes
MANDATED MINIMUM Non-Dedicated or Prioritized Chronic CoC Program Funded PSH OPTIONAL: CoC Funded Rapid Rehousing CoC Funded Transitional Housing Safe Haven	5	Category 1 - Individual or HHLD with Children	Any Length of Stay OR = < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	High = VI-SPDAT Score of 8 or greater	Yes
OPTIONAL: CoC Funded Transitional Housing Safe Haven RRH for DV Shelter Referred HHLD with Disability	6	Category 1 or 4 - Individual or HHLD with Children	> or = 6 Months Continuous OR at least 3 episodes in 3 years > = 6 Months OR = < 90 Days in Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Moderate = VI-SPDAT score of 4-7	Yes
OPTIONAL: CoC Funded Transitional Housing Safe Haven	7	Category 1 - Individual or HHLD with Children	Any time > 30 days OR = < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Moderate VI-SPDAT score of 4-7	Yes

	8	Category 1 - Individual or HHLD with Children	<i>Any Length of Stay > 14 days</i>	TH IF previous UN, ES, or SH (dependent on funding source CoC or ESG)	Moderate VI-SPDAT score of 4-7	Yes
MANDATED MINIMUM: CoC & ESG Funded Rapid Rehousing for Families OPTIONAL: CoC Funded Transitional Housing	9	Category 1 or 4 HHLD with Children	<i>Any Length of Stay</i>	UN, ES, SH	Low = VI-SPDAT 0 - 3	Not required. Collect documentation if available
MANDATED MINIMUM: CoC & ESG Funded Rapid Rehousing for Individuals OPTIONAL: CoC Funded Transitional Housing	10	Category 1 or 4 Individual	<i>Length of Stay > 14 days</i>	UN, ES, SH	Low = VI-SPDAT Score 0 - 3	Not required. Collect documentation if available
Diversion Homeless Prevention Housing Search Assistance OPTIONAL CoC Funded Transitional Housing	11	Category 1 or 4 HHLD with Children	<i>Any Length of Stay</i>	UN, ES, SH	Required for CoC Funded TH Only Any Score	Not required. Collect documentation if available
	12	Category 1 or 4 Individual	<i>Length of Stay > 14 days</i>	UN, ES, SH	Required for CoC Funded TH Only Any Score	Not required. Collect documentation if available
Prevention and Diversion OPTIONAL: ESG Funded Homeless Prevention	NP1	At-Risk of Homelessness Family / Category 1 or 4 Individual	Primary nighttime residence lost within 14 days OR Category 1 Homeless with Length of Stay < 14 days	No Subsequent residence identified and no social networks to obtain permanent housing OR ES	Not Required	Not required. Collect documentation if available
	NP2	At-Risk of Homelessness Any Household	Primary nighttime residence will be lost within 21 days	Meet any At Risk of Homelessness Criteria	Not Required	Not required. Collect documentation if available



SPARC DALLAS

Initial Findings from Quantitative and Qualitative Research

March 16, 2018

This document was prepared by the
Center for Social Innovation (C4) in Needham, MA for
Metro Dallas Homeless Alliance in Dallas, TX

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Background

Racial inequity persists in the United States despite significant attention to this issue over past decades. Recent assessments of the contemporary racial dynamic suggest that racism has not declined but has instead become less overt.¹ One manifestation of the nation's current racial realities is that people of color are disproportionately represented in the homeless population. Black people, in particular, are more likely to become homeless than people of other racial and ethnic backgrounds. Although Black people comprise 13% of the US population and 26% of those living in poverty, they account for more than 40% of the overall homeless population.² This suggests that poverty rates alone do not explain the over-representation of Black Americans in the homeless population. Furthermore, Black men remain homeless longer than White or Hispanic men.³

Homelessness reflects the failure of our social systems to serve people equally in housing, education, health care, and justice. The Center for Social Innovation (C4) launched Supporting Partnerships for Anti-Racist Communities (SPARC) in 2016 in response to overwhelming evidence that people of color were dramatically overrepresented in the nation's homeless population—across the country and regardless of jurisdiction. The SPARC initiative focuses on using mixed methods research to identify how people are experiencing the accrual of systemic racism and to leverage that knowledge towards systems transformation. The purpose of this report is to present initial findings from our work with Dallas, Texas. A national report is available online and pulls data from across all SPARC communities.⁴

¹ Bonilla-Silva, E. (2006). *Racism without racists: Color-blind racism and the persistence of racial inequality in the United States*. New York: Rowman & Littlefield Publishers.

² US Census Bureau. (2013). Current Population Survey; Carter III, G.R. (2011). From exclusion to destitution: Race, affordable housing, and homelessness. *Cityscape*, 33-70.; US Department of Housing and Urban Development. (2015). *The 2015 Annual Homeless Assessment Report to Congress: Part 1*. Washington, DC.

³ Carter III, G.R. (2011). From exclusion to destitution: Race, affordable housing, and homelessness. *Cityscape*, 33-70.; Molina-Jackson, E. (2007). Negotiating homelessness through the saliency of family ties: The personal networking practices of Latino and African American men. *J Social Distress and Homeless*, 16(4), 268-320.

⁴ Center for Social Innovation. (2018). *SPARC Phase One Study Findings*. <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf>



Glossary of Terms

Racism - A system of advantage/oppression based on race. Racism is exercised by the dominant racial group (Whites) over non-dominant racial groups. Racism is more than just prejudice.

Inequities - Differences in outcomes between population groups that are rooted in unfairness or injustice.

Equity - A situation where all groups have access to the resources and opportunities necessary to eliminate gaps and improve the quality of their lives.

Racial Equity - "Closing the gaps" so that race does not predict one's success, while also improving outcomes for all. Equity is distinct from equality in that it aspires to achieve fair outcomes and considers history and implicit bias, rather than simply providing "equal opportunity" for everyone. Racial equity is not just the absence of overt racial discrimination; it is also the presence of deliberate policies and practices that provide everyone with the support they need to improve the quality of their lives."⁵

Antiracism - "An action-oriented, educational and political strategy for institutional and systemic change that addresses the issues of racism and the interlocking systems of social oppression (sexism, classism, heterosexism, ableism)."⁶

⁵George J. Sefa Dei, *Power, Knowledge and Antiracism Education*, ed. George Sefa Dei and Agnes Calliste (Halifax: Fernwood, 2000), 13.

⁶ Maguire, Angus. "Illustrating Equality vs. Equity." Interaction Institute for Social Change, 13 Jan. 2016, interactioninstitute.org/illustrating-equality-vs-equity/



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1. Executive Summary

Beginning in October 2016, the Center for Social Innovation (C4) partnered with the Metro Dallas Homeless Alliance and other service providers to amplify the issue of racial inequity and homelessness. This partnership included convening a town hall meeting, hosting a provider training, facilitating a planning session of community leaders, and collecting local data.

In the Dallas planning session of community leaders, stakeholders from homeless service organizations identified three “Structural Change Objectives” for our work to address racial inequity in our system, including:

1. **Strengthening opportunities for economic mobility** in communities of color in the Dallas Metro area.
2. **Folding equity measures** into the Continuum of Care’s long-term Strategic Plan to End Homelessness.
3. **Diversifying leadership and board membership** in the Continuum of Care and other service providers.

As part of the effort to better understand the intersection of racism and homelessness in Dallas, C4 worked with Metro Dallas Homeless Alliance to collect qualitative and quantitative data that would elucidate the racial dimensions of homelessness in the area. Data collection included:

1. Homeless Management Information System (HMIS) data from fiscal years 2011 to 2016.⁷
2. An online demographic survey of homeless service providers.
3. Qualitative research, including 23 individual interviews with people of color experiencing homelessness and three focus groups comprised of providers, stakeholders, and people experiencing homelessness.

This report presents preliminary findings from this research. In the Discussion, we present promising directions for potential systems change and further research, and in the Recommendations, we outline potential short term and long-term action steps for programs, the Metro Dallas Homeless Alliance, and the City of Dallas. We also explore the links between the data and the objectives identified by the Dallas community leaders.

⁷ HMIS includes client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.



1.1 Summary of Preliminary Quantitative Findings

- Our analyses of HMIS data from the Dallas Continuum of Care for fiscal years 2011-2016 explored the demographics of people experiencing homelessness compared to people in poverty and the general population, racial/ethnic disparities in location prior to homelessness and destination at exit, and race/ethnicity as a predictor of exit destination. Our findings include:
 - Though the Black population in Dallas constitutes 18.7% of the general population, this group is overrepresented among those living in deep poverty (30.7%) and among people experiencing homelessness (66.7%). The disparity between the percentage in poverty and those experiencing homelessness suggests that poverty alone does not explain the overrepresentation of Black people in the population experiencing homelessness.
 - On the other hand, Whites constitute 63.2% of the general population but are slightly underrepresented in the deep poverty group (49.5%) and drastically underrepresented among the homeless population (29.8%).
 - Looking at prior location of families, Black individuals in households were slightly underrepresented in group entering from “permanent housing, no subsidy.” Conversely, White and Hispanic/Latinx⁸ individuals were slightly overrepresented in entering from the “permanent housing, no subsidy” location.
 - The most common prior living situation for young adults was “doubled up” (48.3%). Across the “doubled up” experience, race/ethnicity groups were generally proportional, though Hispanic/Latinx were slightly overrepresented. White individuals under 24 disproportionately came from the “institutional care” location.
 - Black individual adults 24 years and older were slightly overrepresented in the population that entered from doubled-up situations.
 - When looking at exit destination, Black families were slightly overrepresented in the population exiting into “permanent housing with a subsidy,” while Whites and Hispanic/Latinx families were underrepresented. In fact, logistic regressions showed that, compared to Whites, Blacks were more likely to exit into permanent housing with a subsidy at rates of 57%. Conversely, individuals identifying as Hispanic/Latinx were 32% less likely to exit into permanent housing with a subsidy.

⁸ Latinx is a gender neutral term used in lieu of Latino or Latina.



- Compared to White individuals, Blacks and Asians were 26% and over two times (OR=2.47, $p<.01$) more likely, respectively, to exit into permanent housing without a subsidy. Hispanic/Latinx were also 26% more likely to exit into housing without a subsidy.
- Looking at exit destination of individuals under 24 years of age, Whites were considerably overrepresented in the “institutional care” group while Black young adults were underrepresented.
- Across all household type, Blacks were 23% less likely to exit into homelessness and Native Hawaiian and Other Pacific Islanders were almost three times (OR = .34, $p<.05$) less likely to exit into homelessness compared to Whites. Conversely, those reporting Two or More Races were 48% more likely to exit into homelessness.

The findings point to the need for research that examines returns to homelessness, housing stability once exit to housing is documented, and the way age, gender, and other factors interact with race to impact people in intersectional ways.

1.2 Summary of Preliminary Qualitative Findings

Interpretation of qualitative data focused on pathways into homelessness and barriers to exiting homelessness.

1. Pathways into homelessness were often characterized relationally and involve:
 - *Network impoverishment*: It is not just that respondents were experiencing poverty —everyone they know was experiencing poverty too.
 - *Family destabilization*: Strains on social support were often deep, damaging, and exacerbated by systems’ involvement.
 - *Intimate partner violence*: Narratives of violence, particularly intimate partner violence (IPV), were common in the narratives of people we interviewed — particularly women.
 - *Health*: Instability and trauma correlated with mental health and substance use issues, while medical health issues were also common in respondents’ narratives.
2. Barriers to exiting homelessness are often systemic and include:
 - *Criminal justice involvement*: A criminal record limited housing and employment options for participants.



- *Economic immobility:* People find it difficult to secure employment that pays a housing wage.
- *Lack of quality affordable housing:* People cannot afford the increasing rent and, furthermore, feel less motivated to try due to poor housing quality.
- *Difficulty navigating the system:* People are frustrated with program requirements and find it hard to get what they need from public assistance.

1.3 Provider Survey

To support Dallas with its structural change objective of supporting and developing leadership of color in homeless service agencies, we also conducted research on staff demographics and needs. Through an online survey we collected data on the background of providers working in homelessness response programs and their self-reported desires for professional development. In addition, we sought to understand how people perceive the issue of race in service settings through semi-structured focus groups and interviews. Our analyses of an anonymous online survey of homeless service providers found:

- In the sample of Dallas providers surveyed who reported racial identity (n=63), 60.3% identified as White and 30.2% identified as Black; this is a stark comparison to 66.7% of the homeless population identifying as Black and 29.8% as White.
- Ten of the twelve Executive Directors and seven of the ten Administrators (defined as all administrative roles except Executive Director) identified as White. When asked to report their opinion on how the demographics of leadership reflect the people served, about half (46.9%) agreed that the race/ethnicity of senior managers reflect the race/ethnicity of clients.
- There were some race differences in reported professional development needs that might reflect lack of leadership pathways for people of color. Compared to people of color, White respondents indicated at a greater rate that they needed grant writing and fundraising skills to excel in their current position or advance their careers.
- When asked what barriers might exist when considering professional development opportunities, people of color more often indicated compensation for time and challenges fitting it into busy days. This points to a need for strategies for supporting staff with financial and scheduling concerns.

The entirety of our provider needs analysis can be found in the Appendix (Dallas Homeless Service Providers Diversity & Inclusion – Mixed Methods Findings).



1.4 Recommendations

Based on these data, preliminary recommendations include the following, which are detailed further in the report:

1. Design an equitable Coordinated Entry system.
2. Incorporate racial equity into grantmaking and contracting for homelessness and housing programs.
3. Include racial equity data analysis and benchmarks in strategic planning to end homelessness.
4. Support organizational development to ensure racial equity at the organizational level.
5. Encourage anti-racist program delivery.
6. Promote ongoing anti-racism training for homeless service providers.
7. Collaborate to increase affordable housing availability for all people experiencing homelessness.
8. Utilize innovative upstream interventions to prevent homelessness for people of color.
9. Investigate flexible subsidies to mitigate the effects of network impoverishment.
10. Support innovative health care strategies to meet the health and behavioral health needs of communities of color.

1.5 Implications

This study is grounded in the lived experience of people of color experiencing homelessness, and it offers numerous insights for policy makers, researchers, organizational leaders, and community members as they work to address homelessness in ways that are comprehensive and racially equitable. The demographics alone are shocking—the vast and disproportionate number of people of color in the homeless population in Dallas is a testament to the historic and persistent structural racism that exists in this country. Collective responses to homelessness must take such inequity into account. Equitable strategies to address homelessness must include programmatic and systems level changes, and they must seriously begin to address homelessness prevention. It is not enough to move people of color out of homelessness if the systems in place are simply setting people up for a revolving door of housing instability. Efforts must begin to go upstream into other systems—criminal justice, child welfare, foster care, education, and healthcare—and implement solutions that stem the tide of homelessness at the point of inflow. This report aims to present quantitative and qualitative findings from SPARC’s work in Dallas, examine what can be learned from these data, and begin crafting strategies to create a response to the homelessness crisis that is grounded in racial equity.



2. Preliminary Quantitative Research

For the purposes of this report, analysis of Dallas' HMIS data aimed to answer this initial set of research questions:

1. How do the racial demographics of people experiencing homelessness compare to those in poverty and the general population?
2. How do racial demographics of people experiencing homelessness relate to "prior living situation" at program entry?
3. How do racial demographics of people experiencing homelessness relate to "destination" at program exit?

Our team also looked at whether or not race or ethnicity were substantial predictors of destination type upon exiting the HMIS system, for example, whether or not race or ethnicity are predictors of exiting into homelessness, housing without subsidy, or housing with subsidy.

2.1 Preliminary Quantitative Research Findings

The following analyses used HMIS data from the Dallas Continuum of Care for fiscal years 2011-2016. Several slightly different client universes are analyzed in this report, representing a total of 23,334 unique clients with three different household statuses: 1) individuals presenting as part of a household, including heads of households (n=10,403); 2) individuals aged 24 and older (n=10,543); and, 3) individuals under 24 years of age (n=1,820). Univariate and bivariate descriptions below (Tables 1 and 2) represent all household groups. In these tables and descriptions, it is important to note that a variable associated with a head of household may apply to all members of that household, which may skew the data in that characteristics of households with more than one affiliated individual will be given more weight. Tables 3-11, alternatively, describe prior residence and exit destination for all three household groups. Logistic regressions are run on all clients with family group type included in the model as a covariate.

As shown in Table 1, a majority of the study sample (66.7%) were Black, followed by 29.8% White, 0.6% American Indian or Alaska Native (AI/AN), 0.6% Asian, 0.8% Native Hawaiian or Other Pacific Islander, and 1.8% identifying as Two or More Races. Just over eleven percent (11.2%) of clients identified as Hispanic/Latinx. The study sample was 52.5% men, 47.3% women, and 0.2% transgender. The average age was 32 years (Mean=32.32, SD=19.94) ranging from newborn to 90 years. Exactly 12% (12.0%) of individuals reported being a veteran



and 36.8% reported having a disabled condition. Note that the number of valid cases for each variable varies slightly.

Table 1. Demographics of all individuals in Dallas Continuum of Care, fiscal years 2011-2016. (N=23,334)			
Characteristic		N	Percentage
Race			
Black		15,485	66.7
White		6,944	29.8
American Indian or Alaska Native (AI/AN)		141	0.6
Asian		142	0.6
Native Hawaiian or Other Pacific Islander (NHOPI)		119	0.5
Two or More Races		413	1.8
Ethnicity			
Non-Hispanic/Non-Latinx		20,677	88.6
Hispanic/Latinx		2,608	11.2
Doesn't Know/Refused/Missing		48	.2
Gender			
Female		11,027	47.3
Male		12,255	52.5
Transgender (male to female)		46	.2
Transgender (female to male)		4	.0
Age			
Average Years (SD)		32.32	(19.94)
Veterans Status			
Yes		2,793	12.0
Disabling Condition			
Yes		8,577	36.8
No		12,218	52.4
Note: Frequencies of some characteristics may not add up to total n due to missing cases.			

How do the racial demographics of people experiencing homelessness compare to those in poverty and the general population?

Table 2 shows a comparison, by race, of ACS general population distribution, poverty threshold distribution, and HMIS and point in time (PIT) homeless counts. Though the Black population in Dallas constitutes only 18.7% of the total population, this group is



overrepresented among people living in poverty (at both the 100% and 50% poverty threshold, at 26.0% and 30.7%, respectively) and among people experiencing homelessness by both the HMIS and PIT counts (66.7% and 60.2%, respectively). On the other hand, Whites constitute 63.2% of the total population but are underrepresented in both poverty groups (53.5% and 49.5%, respectively) and more drastically underrepresented among the homeless population counts, representing only 29.8% of the HMIS sample and 33.1% of the PIT sample. Asians are slightly underrepresented in poverty and homelessness, and individuals identifying as NHOPI (Native Hawaiian or Pacific Islander) and Two or More Races have generally proportionate representation across poverty and homelessness counts.

Individuals identifying as Hispanic/Latinx (of any race) are overrepresented in poverty counts, especially in 100% poverty group, constituting half (49.9%) of this group while only representing 33.0% of the total population. However; Hispanic/Latinx individuals were underrepresented in homelessness counts, constituting only 11.2% of the HMIS sample and 13.2% of the PIT counts.

Table 2. Total population, poverty distribution, HMIS, and PIT by race.					
Race	ACS ^a , %	100% poverty ^b , %	50% poverty ^c , %	HMIS, %	PIT ^d , %
Black	18.7	26.0	30.7	66.7	60.2
White	63.2	53.5	49.5	29.8	33.1
AI/AN	0.4	0.4	0.4	0.6	0.9
Asian	7.5	4.5	5.6	0.6	1.1
NHOPI	0.1	0.0	0.0	0.5	0.7
Two or More Races	2.7	3.2	3.1	1.8	4.0
Hispanic or Latinx	33.0	49.9	40.2	11.2	13.2
^a ACS 2015 5yr Estimate					
^b ACS 5yr 2015 - 100% poverty line					
^c ACS 5yr 2015 – 50% poverty line (deep poverty)					
^d 2016 Point in Time homelessness count					

How do racial demographics of people experiencing homelessness relate to “prior living situation” at program entry?

We sought to understand the locations of clients prior to program entry and at final program exit (if program exit occurred as of the end of FY 2016). For the purposes of this report, “program entry” is defined as the first program entry in the dataset for each individual. “Program exit” is defined by last exit in the dataset for each individual where an exit location was identified. Tables 3-5 show residence prior to program entry by race for the following



three client samples: individuals in households; individuals younger than 24 years of age, and individuals 24 years of age and older.

Table 3 below shows the distribution by race and ethnicity of the prior living situation of individuals in households. Of note, the majority (57.6%) of all cases came from an “other” category,⁹ 16.5% came from “permanent housing, no subsidy”, and 12.1% came from a homeless situation. Black families were slightly underrepresented in the “permanent housing, no subsidy” location (61.6%). Conversely, White and Hispanic/Latinx individuals were slightly overrepresented in the “permanent housing, no subsidy” location (36.0% and 16.5%, respectively).

Table 3.

Living situation prior to program entry by race for individuals in households (N=10,447)

*(percent within location)**

		Race/Ethnicity							Percent within prior living situation
		Black	White	AI/AN	Asian	NHOPI	Two or More Races	Hispanic or Latinx	
Prior living situation	Homeless	74.2%	23.2%	0.7%	0.2%	0.5%	1.2%	10.2%	12.1%
	Permanent housing, subsidy	82.5%	14.7%	1.4%	0.0%	1.4%	0.0%	7.0%	1.4%
	Permanent housing, no subsidy	61.6%	36.0%	0.5%	1.0%	0.5%	0.5%	16.5%	16.5%
	Institutional care	39.0%	51.2%	0.0%	0.0%	9.8%	0.0%	26.8%	0.4%
	Correctional facility	80.0%	0.0%	0.0%	0.0%	20.0%	0.0%	20.0%	0.0%
	Doubled up	79.2%	17.5%	0.3%	0.4%	0.7%	1.9%	10.4%	6.7%
	Transitional setting	75.7%	22.3%	0.2%	0.5%	0.0%	1.3%	10.0%	5.3%
	Other	76.9%	19.1%	0.3%	0.5%	0.5%	2.6%	13.6%	57.6%
	Percent within race category	74.1%	22.5%	0.4%	0.5%	0.5%	1.9%	13.2%	100%
*Percent totals across race and ethnicity will not equal 100% because ethnicity is not mutually exclusive from race.									

⁹ The high use of “Other” may be due to site-specific, programmatic data entry decisions. More research into how programs use HMIS categories is needed to better understand this finding.



Table 4 below shows the distribution by race and ethnicity of the prior living situation of individuals under 24 years of age. In contrast to individuals in households, only 1.9% came from an “other” living situation. The most common prior living situation for this group was “doubled up” (48.3%), followed by homelessness (21.3%) and institutional care (16.8%). Across the “doubled up” experience, race/ethnicity groups were generally proportional, though Hispanic/Latinx were slightly overrepresented (24.6%). Whites disproportionately came from the “institutional care” location, representing 61.1% compared to only 43.0% of this sample. Whites and Hispanic/Latinx individuals were slightly overrepresented in the homeless category. For those individuals coming from a homeless situation, White and Hispanic/Latinx individuals were underrepresented (35.4%), while Blacks were slightly overrepresented (57.6%).

Table 4.

Living situation prior to program entry by race for individuals under 24 years of age (N=1,825)
(percent within location)*

		Race/Ethnicity							Percent within prior living situation
		Black	White	AI/AN	Asian	NHOPI	Two or More Races	Hispanic or Latinx	
Prior living situation	Homeless	57.6%	35.4%	0.0%	1.3%	0.8%	4.9%	14.7%	21.3%
	Permanent housing, subsidy	68.8%	31.3%	0.0%	0.0%	0.0%	0.0%	12.5%	0.9%
	Permanent housing, no subsidy	60.9%	30.4%	1.4%	5.8%	0.0%	1.4%	18.6%	3.8%
	Institutional care	36.3%	61.1%	0.7%	0.0%	0.7%	1.3%	17.6%	16.8%
	Correctional facility	53.2%	42.6%	0.0%	0.0%	0.0%	4.3%	23.4%	2.6%
	Doubled up	54.0%	43.1%	0.6%	0.3%	0.6%	1.4%	24.6%	48.3%
	Transitional setting	60.5%	34.6%	1.2%	0.0%	0.0%	3.7%	14.8%	4.5%
	Other	71.4%	25.7%	0.0%	0.0%	0.0%	2.9%	16.7%	1.9%
Percent within race category		53.0%	43.0%	0.5%	0.7%	0.5%	2.3%	20.4%	100.0%

* Percent totals across race and ethnicity will not equal 100% because ethnicity is not mutually exclusive from race.



Table 5 below shows the distribution by race and ethnicity of the prior living situation of individuals 24 years of age and older. For this group, the vast majority of individuals came from homelessness (57.4%), followed by “permanent housing, no subsidy” (11.8%) and “doubled up” (11.1%). Across prior living situations, racial and ethnic groups were relatively proportionally represented. The most significant burdens are within the “doubled up” location, where Black individuals were slightly overrepresented (68.8%) and in the “permanent housing, no subsidy” location where Hispanic/Latinx individuals were overrepresented (12.4%).

Table 5.

Living situation prior to program entry by race for individuals 24 years of age and older (N=10,605)
(percent within location)*

		Race/Ethnicity							Percent within prior living situation
		Black	White	AI/AN	Asian	NHOPI	Two or More Races	Hispanic or Latinx	
Prior living situation	Homeless	62.2%	34.5%	0.8%	0.8%	0.4%	1.3%	6.8%	57.4%
	Permanent housing, subsidy	58.0%	38.8%	0.8%	0.0%	0.0%	2.4%	7.4%	2.3%
	Permanent housing, no subsidy	65.5%	31.4%	0.5%	0.5%	0.7%	1.5%	12.4%	11.8%
	Institutional care	46.4%	49.0%	1.4%	0.5%	0.3%	2.4%	6.0%	6.0%
	Correctional facility	53.9%	41.4%	0.7%	0.7%	0.4%	2.9%	12.5%	2.7%
	Doubled up	68.8%	27.6%	1.4%	0.6%	0.3%	1.3%	8.0%	11.1%
	Transitional setting	56.7%	39.0%	0.6%	0.7%	1.0%	2.0%	6.8%	7.6%
	Other	59.2%	32.0%	2.4%	0.8%	1.6%	4.0%	4.0%	1.2%
Percent within race category		61.9%	34.6%	0.8%	0.7%	0.5%	1.6%	7.7%	100.0%

*Percent totals across race and ethnicity will not equal 100% because ethnicity is not mutually exclusive from race.



How do racial demographics of people experiencing homelessness relate to “destination” at program exit?

Table 6 shows the distribution by race and ethnicity of the exit destination of individuals in households. The majority exit into “permanent housing, no subsidy” (39.5%) or “other” (35.6%), with 11.5% exiting into “permanent housing with a subsidy” and 10.6% exiting into a “doubled up” situation. Interestingly, very few (1.0%) individuals in this group exited into homelessness. Black individuals were overrepresented in the “permanent housing with a subsidy” group (82.3%) while Whites and Hispanic/Latinx individuals were underrepresented (14.9% and 8.7%, respectively). Race/ethnicity breakdown for “permanent housing, no subsidy” and “doubled up” were relatively proportional to the sample.

Table 6.

Exit destination by race for individuals in households (N=9,801)
(percent within location)*

		Race/Ethnicity							Percent within exit destination
		Black	White	AI/AN	Asian	NHOPI	Two or More Races	Hispanic or Latinx	
Exit destination	Homeless	64.6%	34.4%	0.0%	0.0%	0.0%	1.0%	8.2%	1.0%
	Permanent housing, subsidy	82.3%	14.9%	0.3%	0.1%	0.4%	2.0%	8.7%	11.5%
	Permanent housing, no subsidy	74.4%	22.2%	0.4%	1.1%	0.5%	1.4%	14.0%	39.5%
	Institutional care	65.0%	25.0%	0.0%	0.0%	5.0%	5.0%	30.0%	0.4%
	Correctional facility	64.0%	32.0%	0.0%	0.0%	4.0%	0.0%	8.0%	0.3%
	Doubled up	70.3%	26.6%	0.4%	0.1%	1.3%	1.3%	14.2%	10.6%
	Transitional setting	18.6%	77.0%	0.0%	0.0%	0.0%	4.4%	13.2%	1.2%
	Other	71.8%	25.0%	0.5%	0.3%	0.3%	2.1%	13.7%	35.6%
	Percent within race category	74.1%	22.5%	0.4%	0.5%	0.5%	1.9%	13.2%	100.0%

* Percent totals across race and ethnicity will not equal 100% because ethnicity is not mutually exclusive from race.



Table 7 shows the distribution by race and ethnicity of the exit destination of individuals under 24 years of age. The most common exit destinations were “doubled up”(36.1%) followed by “other” (23.5%), “institutional care” (15.2%), and homelessness (11.3%). Compared to 1.0% of individuals in households (see Table 6), more individuals in this household group exited into homelessness. Very few individuals in this household group exited into permanent housing, regardless of whether it was with or without a subsidy (3.3% and 5.7%, respectively), though Black individuals were overrepresented in exiting to permanent housing while Whites were considerably underrepresented (Hispanic/Latinx individuals were also underrepresented though less considerably than Whites). Whites were considerably overrepresented (65.2%) in the “institutional care” group while Black individuals were underrepresented (33.0%).

Table 7. Exit destination by race for individuals under 24 years of age (N=1,786)
(percent within location)*

		Race/Ethnicity							Percent within exit destination
		Black	White	AI/AN	Asian	NHOPI	Two or More Races	Hispanic or Latinx	
Exit destination	Homeless	54.7%	39.3%	0.5%	0.5%	0.5%	4.5%	20.2%	11.3%
	Permanent housing, subsidy	70.7%	25.9%	0.0%	0.0%	0.0%	3.4%	17.2%	3.3%
	Permanent housing, no subsidy	69.6%	23.5%	0.0%	2.0%	0.0%	4.9%	16.0%	5.7%
	Institutional care	33.0%	65.2%	0.4%	0.7%	0.0%	0.7%	23.3%	15.2%
	Correctional facility	43.8%	50.0%	0.0%	0.0%	6.3%	0.0%	12.5%	0.9%
	Doubled up	55.5%	40.9%	0.6%	0.3%	0.9%	1.7%	21.3%	36.1%
	Transitional setting	61.1%	34.7%	0.0%	0.0%	1.4%	2.8%	16.7%	4.0%
	Other	53.7%	41.8%	0.5%	1.2%	0.2%	2.6%	20.0%	23.5%
	Percent within race category	53.0%	43.0%	0.5%	0.7%	0.5%	2.3%	20.4%	100.0%

* Percent totals across race and ethnicity will not equal 100% because ethnicity is not mutually exclusive from race.



Table 8 shows the distribution by race and ethnicity of the exit destination of individuals. Compared to individuals in households and individuals under the age of 24, considerably more individuals in this household group exited into homelessness, at 22.8%, which was the most common exit destination after “other” (42.0%). Black individuals were slightly underrepresented in exiting into homelessness (57.1%) while Whites were slightly overrepresented (38.3%). Black individuals were slightly overrepresented in exiting into permanent housing (with or without a subsidy, 70.6% and 67.2%, respectively) while White and Hispanic/Latinx individuals were underrepresented.

Table 8. Exit destination by race for individuals over 24 years of age (N=9,644) (percent within location)*									
		Race/Ethnicity							Percent within exit destination
		Black	White	AI/AN	Asian	NHOPI	Two or More Races	Hispanic or Latinx	
Exit destination	Homeless	57.1%	38.3%	1.2%	0.9%	0.2%	2.3%	8.9%	22.8%
	Permanent housing, subsidy	70.6%	26.4%	0.5%	0.8%	0.5%	1.2%	3.6%	8.1%
	Permanent housing, no subsidy	67.2%	30.9%	0.2%	0.5%	0.5%	0.7%	7.1%	13.1%
	Institutional care	50.2%	46.8%	0.9%	0.4%	0.0%	1.7%	6.4%	2.5%
	Correctional facility	73.4%	25.7%	0.0%	0.0%	0.0%	0.9%	4.6%	1.1%
	Doubled up	58.9%	36.0%	1.4%	0.8%	1.0%	1.9%	8.2%	8.2%
	Transitional setting	58.1%	39.4%	0.5%	1.0%	0.0%	1.0%	5.4%	2.1%
	Other	62.8%	34.0%	0.8%	0.5%	0.5%	1.3%	8.2%	42.0%
	Percent within race category	61.9%	34.6%	0.8%	0.7%	0.5%	1.6%	7.7%	100.0%
* Percent totals across race and ethnicity will not equal 100% because ethnicity is not mutually exclusive from race.									



2.2 Predictors for Exit Destination

To examine the effect of race, ethnicity, and other factors on exiting into homelessness, multivariate logistic regression was conducted. Results are shown in Table 9. Using Whites as a reference group, some race categories were found to have a statistically significant association with the outcome of exiting into homelessness. Blacks were 23% less likely to exit into homelessness and Native Hawaiian and Other Pacific Islanders were almost three times (OR = .34, $p < .05$) less likely to exit into homelessness compared to Whites. Conversely, those reporting Two or More Races were 48% more likely to exit into homelessness.

Age was statistically significantly associated with the outcome such that for every year older, there was a 3% decreased chance of exiting into homelessness. Using females as a reference group, males and those identifying as transgender or other gender category were less likely to enter into homelessness. Specifically, males were 61% less likely and those identifying as transgender were almost three times less likely (OR = 0.36, $p < .05$) to exit into homelessness. Household status was also examined as a predictor of exiting into homelessness. Compared to individuals over 24 years of age, young adults, as well as individuals in a household, were significantly less likely to exit into homelessness. Specifically, individuals under 24 years of age were over five times less likely to exit into homelessness (OR = 0.18, $p < .01$) and individuals in households were 50 times (OR = .02, $p < .01$) less likely to exit into homelessness.

Table 9. Predictors of Exiting into Homelessness among Clients in HMIS System				
Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
Black	-0.22	0.05	18.22*	.81 (.73-.89)
American Indian or Alaskan Native	0.26	0.24	1.17	1.29 (.81-2.06)
Asian	0.20	0.27	.56	1.22 (.73-2.05)
NHOPI	-1.08	0.48	5.10**	.34 (.13-.87)
Two or More Races	0.39	0.16	5.88**	1.48 (1.08-2.03)
Ethnicity				
Hispanic/Latinx	0.07	0.08	.65	1.07 (.91-1.26)
Age				
	-0.30	0.00	202.22*	.97 (.97-.97)
Gender				
Male	-0.46	0.05	88.308	.62 (.56-.68)
Other	-1.02	0.34	8.92*	.36 (.18-.70)
Household Status				
Individual under 24 years	-1.71	0.10	288.22*	.18 (.15-.22)
Individual in a household	-4.22	0.13	1092.92*	.02 (.01-.02)
Note. OR = Odds Ratio. CI = Confidence Interval. * $p < .01$. ** $p < .05$				



Predictors for Exiting into Permanent Housing/ Renting with Subsidy

A multivariate logistic regression was run to examine the effect of race, ethnicity, and other factors on exiting into permanent housing *with* a subsidy. Results are shown in Table 10. Using White as a reference group, Black individuals and individuals identifying as Two or More Races were more likely to exit into permanent housing with a subsidy at rates of 57% and 45%, respectively. Conversely, individuals identifying as Hispanic/Latinx were 32% less likely to exit into permanent housing with a subsidy. Age was not significant in the model.

Compared with females, individuals identifying as gender non-conforming (e.g. transgender) were over two times ($OR=.40$, $p<.05$) less likely to exit into permanent housing with a subsidy. Household status was also examined as a predictor of exiting with a subsidy. Compared to individuals over the age of 24, young adults were more than two times less likely ($OR=.41$, $p<.01$) to exit with a subsidy, yet individuals in households were 46% more likely to exit with a subsidy.

Table 10. Predictors of Exiting into Permanent Housing <i>with</i> a Subsidy among Clients in HMIS System				
Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
Black	.45	.07	46.94*	1.57 (1.38-1.78)
American Indian or Alaskan Native	-.17	.39	.19	.84 (.39-1.82)
Asian	-.23	.39	.33	.80 (.37-1.7)
NHOPI	.37	.36	1.07	1.44 (.72-2.90)
Two or More Races	.37	.19	3.90**	1.45 (1.00-2.11)
Ethnicity				
Hispanic/Latinx	-.27	.10	7.18*	.76 (.62-.93)
Age	.001	.00	2.02	1.00 (.99-1.00)
Gender				
Male	.05	.05	.83	.36 (.95-1.16)
Other	-.90	.45	4.0**	.40 (.17-.98)
Household Status				
Individual under 24 years	-.88	.14	38.11*	.41 (.31-.55)
Individual in a household	.38	.06	40.38*	1.46 (1.30-1.65)
Note. OR = Odds Ratio. CI = Confidence Interval.				
* $p<.01$. ** $p<.05$				



Predictors for Exiting into Permanent Housing/Renting without Subsidy

A multivariate logistic regression was also run to examine the effect of race, ethnicity, and other factors on exiting into permanent housing *without* a subsidy. Results are shown in Table 11. Using Whites as a reference group, Blacks and Asians were 26% and over two times, (OR=2.47, $p<.01$), respectively, more likely to exit into permanent housing without a subsidy. Hispanic/Latinx individuals were also 26% more likely to exit into housing without a subsidy. Age was statistically significant in the model, but effect size was minimal. Using females as a reference group, males had a 9% increased likelihood of exiting without a subsidy. Household status was also examined as a predictor of exiting into housing without a subsidy. Compared to individuals over the age of 24, young adults were over two times (OR=0.44, $p<.01$) less likely to exit into permanent housing without a subsidy, whereas individuals in households were over four times (OR=4.59, $p<.01$) more likely to exit into permanent housing without a subsidy.

Table 11. Predictors of Exiting into Permanent Housing <i>without</i> a Subsidy among Clients in HMIS System				
Variables	β	SE	Wald $\chi^2(1)$	OR (95% CI)
Race				
Black	.23	.05	26.08*	1.26 (1.15-1.37)
American Indian or Alaskan Native	-.37	.27	1.87	0.69 (0.41-1.17)
Asian	.91	.20	20.21*	2.47 (1.67-3.67)
NHOPI	-.02	.24	.01	0.98 (.61-1.59)
Two or More Races	-.20	.15	1.81	0.82 (.62-1.09)
Ethnicity				
Hispanic/Latinx	.23	.06	14.17*	1.26 (1.12-1.42)
Age				
	.00	.00	13.68*	1.00 (1.00-1.01)
Gender				
Male	.09	.04	6.05**	1.09 (1.02-1.17)
Other	.92	.73	1.60	2.52 (0.60-10.56)
Household Status				
Individual under 24 years	-.82	.11	51.92*	0.44 (0.35-0.55)
Individual in a household	1.52	.05	855.71*	4.59 (4.14-5.08)
Note. OR = Odds Ratio. CI = Confidence Interval.				
* $p<.01$. ** $p<.05$				



3. Preliminary Findings from Qualitative Data

3.1 Summary

As of March 2018, the SPARC team has launched research in six cities. Across the country, the team has collected 148 oral histories and conducted 18 focus groups. The SPARC team collected 23 oral histories during one week in Dallas in February of 2017. These interviews were conducted entirely with people of color who were currently experiencing homelessness. All respondents were recruited at sites of service delivery in Dallas, although several respondents were unsheltered at the time of their interview. During the same week, the SPARC team also facilitated three focus groups—one for people of color experiencing homelessness, one for direct service providers of color, and one for community leaders in the housing and homeless services systems as well as adjacent systems.

In reviewing the oral history interview data, our approach was to allow themes and concepts to emerge organically from the transcripts, rather than approach the data with any set hypothesis. This method is referred to as a Grounded Theory approach.¹⁰ A team of four reviewers went through each oral history transcript and developed thematic codes. The team used NVIVO software to code the transcripts and run analyses.¹¹ The majority of our analyses draw on the interviews, but we also include highlights from the focus groups to add additional depth to these findings.

Analyses focused on **pathways into homelessness** and **barriers to exiting homelessness**. We focused on these areas in order to identify potential intervention spaces. Factors that led to homelessness and barriers to exit may be similar depending on the point in time, but we distinguished these factors based on how people answered our questions (e.g., “What led you here?” vs. “What has not been helpful as you try to get housing?”).

1. Pathways into homelessness were characterized relationally and involve:
 - *Network impoverishment*: It is not just that respondents were experiencing poverty — everyone they know was experiencing poverty, too.
 - *Family destabilization*: Strains on social support were often deep, damaging, and exacerbated by systems’ involvement.

¹⁰ Charmaz, K., & Belgrave, L. (2012). Qualitative interviewing and grounded theory analysis. The SAGE handbook of interview research: The complexity of the craft, 2, 347-365.

¹¹ QSR International. (2012). NVivo qualitative data analysis software. Retrieved from <http://www.qsrinternational.com/product>



- *Intimate partner violence*: Narratives of violence, particularly intimate partner violence (IPV), were common in the narratives of people we interviewed — particularly women.
- *Health*: Instability and trauma correlated with mental health and substance use issues, while medical health issues were also common in respondents' narratives.

2. Barriers to exiting homelessness are often systemic and include:

- *Criminal justice involvement*: A criminal record limited housing and employment options for participants.
- *Economic immobility*: People find it difficult to secure employment that pays a housing wage.
- *Lack of quality affordable housing*: People cannot afford the increasing rent and, furthermore, feel less motivated to try due to poor housing quality.
- *Difficulty navigating the system*: People are frustrated with program requirements and find it hard to get what they need from public assistance.

The following sections document these findings.

3.2 Pathways into Homelessness

Network Impoverishment

A recurring feature of respondents' discussions of their pathways into homelessness was that their narratives demonstrated a striking social dimension. In every SPARC community, people of color had few resources in their networks to draw on should something go wrong. We have begun to refer to this phenomenon as "network impoverishment." People did not come to experience homelessness solely through a lack of capital; they also came to experience homelessness through fragile social networks. The fragility of these networks contained two main, interacting, weak points: lack of capital and lack of emotional support. The following quote from an interview respondent typifies how lack of capital can strain social support:

INTERVIEWER: Friends can only help so much. Have you found your friends to be helpful at all?

RESPONDENT: I have. I have really good friends. It's pretty hard to know. Um, I have friends who tell you what you need to hear, instead of what you want to hear. So, that they steered me towards here specifically.

INTERVIEWER: So, they didn't help you like "hey, come stay here."

RESPONDENT: No, no because they couldn't afford it. They – they live from paycheck to paycheck like a lot of people do.



This respondent highlights the presence of support in his social network, as his friends offer practical advice and emotional guidance. Financial limitations, however, get in the way of people offering instrumental support. As the quote above reiterates, there are limited resources in social networks to be able to take in people in need. The following quote similarly highlights this chronic lack of resources, which results in the respondent being unable to stay with her family:

I remember when my sons usually go, "mom you –" "no I am not going to come stay with you, no I am not, no I am not." I will come away and I will baby-sit my grandbabies but no I am not, because after a while I know when I stay with them about three months, "Mom, everybody in here, we got to get us a job."

Both of the above respondents made it clear that it was possible from them to stay with people — provided that they were able to support some of the (increased) costs of the household. This is a consistent pattern in the data: people were not unwilling to double up, to take people in or to live in another person's home — but they did not have the resources to accommodate the additional consumption of resources. There was no extra money anywhere in the respondent's network, and as a result, there was no flexibility in safety nets.

Family Destabilization

In an impoverished social network, family may be present, but they are seen as an unreliable support because members are dealing with their own vulnerability. Family destabilization was another prominent theme in respondents' pathways into homelessness. Family destabilization was often characterized by child welfare and criminal justice systems involvement. The impacts of these systems on the lives of the people we interviewed were often interrelated, so that an experience with one system lead to experience with the other. For example, one respondent recounted her entry into foster care when she was just an infant, due to her mother's involvement with the criminal justice system:

RESPONDENT: If I walk in my aunty house right now they'll be all fine and good for about three days then one of us got to go. It usually be me, but now I know that it might be because I wasn't raised up in the same home with my family members per se, because I was in a foster home until I was like 21 years old.

INTERVIEWER: How come?

RESPONDENT: Because my mom went to jail when I was three months old and she didn't get out until I was nine. And then my mom when she did get a house and everything I started having kids and my sister was living with us and it just been like that all her life.



In the narrative above, the burden of an additional member added to the household eventually strains the family bond so that the respondent has to leave after a few days. Therefore, her aunt's house is not a reliable or permanent form of support, due to a lack of resources within the community network. This social strain is exacerbated by the separation and social isolation this respondent experienced from her family, due to her involvement in the child welfare system from such a young age. Her mother's incarceration exacerbated an already strained familial support system, while her own experiences in foster care further frayed the social ties that may have been able to provide temporary housing.

Intimate Partner Violence

For several of the women of color we interviewed, intimate partner violence (IPV) characterized their experiences of social support collapse and family destabilization. Abuse perpetuated by boyfriends, husbands, and fathers was often brought up in discussions about pathways into homelessness. For instance:

INTERVIEWER: What do you think are the main factors that led you to be homeless?

RESPONDENT: Being abused. My ex had me convicted of felonies, two felonies, two misdemeanor which I had all four of them dropped. He was just totally trying to destroy me, totally trying to destroy me.

INTERVIEWER: So did you live together with him?

RESPONDENT: Yes, I sold my house, moved in with him, help him got back on his feet, helped him fix up his house, cleaned up his crib, get him a brand new car. And then it was like, "I don't need you no more I got everything I got, you know, I need," so.

INTERVIEWER: And did you leave?

RESPONDENT: By him put me in jail, you know, and I learn my lesson. You know, he kept saying that he is the man, he was control and he was the one that was abusive, he took a beer bottle hit it upside his head, I have pictures of it. He strangle me, my sister was on the phone, all this stuff. But when the police came there because he's military trained, he knew how to calm himself down and he made that known to me. I even recorded that to the police didn't matter, I was on his property. So it -- you know, I lost everything behind it.

The above respondent describes physical and financial abuse that left her without the resources to leave the relationship and secure stable housing. In addition, this particular instance of abuse highlights the relationship of IPV to systems involvement and family destabilization. Her partner pressed charges against her, which resulted in her spending time in jail. As she goes on to clarify, being incarcerated significantly hindered her ability to work and gain financial stability:

INTERVIEWER: And what would you say was the main reason that led to your first experience of homelessness?



RESPONDENT: Like I said, being incarcerated, not working, having an income coming in, being able to get into stable environment.

When women face an increased burden to provide for their families, it can make them particularly vulnerable to homelessness. One participant in our Service Provider Focus Group highlighted this increased risk factor for homelessness for women, specifically in connection to experiences of IPV:

INTERVIEWER: Okay, so my first question to the group is, uh, given your knowledge of homelessness and homeless response programs, who do you feel is at the greatest risk for homelessness?

RESPONDENT: I feel women are. And – and I say that because most women – well with the work that I've done, I kind of have seen how things look from in and out, and I say that because I was working in a program to prevent homelessness, and the reasons why things might have gone left in that program, is because either the woman, who was the head of the household, uh, either was abandoned or abused by her husband or partner, or she lost a job, or there was a illness, or just devastating things. Car repair. Childcare issues. So, those kinds of things. So, I saw that in trying to prevent homelessness, but then women were the ones that were truly affected.

Health

When asked about their pathways into homelessness, people also discussed physical and mental health issues. Descriptions of family destabilization and violence were often deep and damaging, and people described how traumatic experiences exacerbated behavioral and mental health issues. For example, one respondent discussed how the loss of her mother led to substance use which she identified as a factor that contributed to her homelessness:

INTERVIEWER: So, do you know where things started going south? Was it – where do you think it began to go bad?

RESPONDENT: For me? It's probably after my mom died.

INTERVIEWER: Okay, and she died, you said, in '96?

RESPONDENT: Yeah.

INTERVIEWER: Why? Why was that a trigger? You know, like ...

RESPONDENT: I didn't – I started using drugs probably like a year later, I started using drugs.

INTERVIEWER: Oh Okay. You didn't have, you didn't know – you didn't have access to mental health care or someone to help you cope?

RESPONDENT: No, not then, but now I do.

People also described a relationship between medical conditions, social network impoverishment, and family destabilization. People with disabling medical and mental health conditions often rely on public safety nets for support when their own social networks are not reliable. For example:



RESPONDENT: I've been homeless off and on for maybe like five years off and on, because like I used to work but when I used to work before my knees really got bad, see right now I need knee replacements for both of my knees, so it's hard to hold a job and I would get a job because a job was never hard to find but it was hard for me to keep like, you know, lifting things, you know, standing on your feet till I just got to where I gave up on the working part so that made me like homeless because I couldn't have my own place to pay my rent. So, you know, that's why I had to do that, but you know I did get an income you know like Social Security and stuff like that but that took a while too you know.

INTERVIEWER: Took a while to begin?

RESPONDENT: Right, right. But then I got that so I had little income and I would try to get me apartment and stuff like that but you got to pay the full amount of rent because for instance, my check would be 700 something a month right okay, but if I paid rent out of that with about \$600 or something I didn't have anything to make it through rest of the month till I got tired of that. So that's how I did just to say well I guess I'll just live homeless at least that way I could be able to do something because it was hard, it was almost like impossible but I didn't have no other choice because of my circumstances ...

INTERVIEWER: And you said that you were homeless on and off for five years, so where were you in the times that you weren't homeless?

RESPONDENT: Well I tried like when I was getting my check first I was getting my apartment since I changed back there like I want to pay the rent, once I pay the rent and stuff, there's hardly no money left, I still had to live for that month, I just didn't have the money to just stay or just do that to get the apartment and the stuff. You don't have any money to do anything, you can't buy clothes and stuff or stuff that you need and you have to have food and stuff like that too you know. So you do not stay...

This respondent's narrative highlights the frustrations that come with having the motivation, but not the physical capacity, to engage in employment opportunities that could secure stable housing. It points to a failure in the public safety net to be able to support people with physical disabilities. Although he was receiving public benefits, they were not enough to cover both rent and cost of living.

Another respondent reported a similar experience; she was unable to attain labor work due to a medical condition and was finding it difficult to get other jobs:

Do you think I ain't been trying to get a job, sweetheart? I mean you know as you get older there are certain things -- well I know I can't stand up long because of my knees. Working at McDonald's, I know I can't do all that either. Lifting up boxes I can't do that either now and I am not going sit on my ass all day long.

Medical health issues that prevent people from working can also exacerbate fraying social ties – as an individual is unable to work, they are unable to sufficiently contribute to the financial needs of their family or community. The following excerpt from a respondent highlights the intersection between these cross-cutting themes, in her own pathway into homelessness:



INTERVIEWER: What happened?

RESPONDENT: Well, through this life journey of mine, I came here, me and my husband, and my children. Everything was going fine. My husband was –got ill, sick. So, his sickness began to progress. So, and plus me, of making wrong choices in life, it ended me up in prison. So, I've done prison. I went to prison in 2014. 2013. I got out in 2014...When I got released, basically I was homeless then, in a sense, because like I said, my husband, he was real, just sick. So, he was in a nursing home.

INTERVIEWER: Okay.

RESPONDENT: He was in a nursing home, and me being his wife, I couldn't – you know, I couldn't live at the nursing home with him. So, he needed assistance with a person helping taking care of him and I couldn't do that at that time, because I didn't have a stable place to live. I didn't have no job, I didn't have no income. So, I found myself just crying out to the Lord and praying, you know, Lord, what am I to do now?

In the Recommendations section, we propose short and long-term interventions at the system and program level to respond to the needs seen in respondents' pathways into homelessness.

3.3 Barriers to Exiting Homelessness

Factors that lead to homelessness and barriers to exit may be similar depending on the point in time. For example, intergenerational poverty, family destabilization, mental and behavioral health issues, and the impacts of trauma were often raised as barriers to exiting homelessness and features of pathways into homelessness. In our analysis, we made the distinction based on how people answered our questions (e.g., "What led you here?" vs. "What has not been helpful as you try to get housing?"). Based on our conversations with respondents, the burden of a criminal record (in particular a felony status), lack of economic mobility, lack of quality affordable housing, and difficulty navigating the systems in the city, rose to the top as significant barriers for people of color experiencing homelessness in Dallas.

Criminal Justice Involvement

Multiple interview and focus group respondents had been incarcerated and shared the burden of a criminal record. They described difficulties re-entering the community: struggling to find a job, not qualifying for certain types of assistance, rejection by landlords, and strained relationships or fraying of social networks of support.

Okay, this is what I find is a barrier. Okay, I was here. I've been here, and I had, for my homelessness situation, I had got a Dallas Housing voucher that helps you go out and you find a place, try to find a place to live and you know it's low income. Well, that didn't work for me, because they went back to - It's like you can't live, they won't rent you a place to live because



you have a felony on your background. So for me, I wasn't able to use that voucher because every place that I went to turned me down, because of the one felony that I have, which I went to prison for on my record.

A focus group participant recounted a similar barrier in accessing housing services due to their felony status:

RESPONDENT: I got out of prison. Just, I got released from prison. So, . . .

INTERVIEWER: And would you say that there are a lot of folks who you know who are released from um, uh, carceral institutions or from prisons and jails, um, and come directly to shelter?

RESPONDENT: I did. Um, I'm a prime example. Um, I did. And, um, I even got the Dallas Housing Voucher – it's called the Dallas Housing Choice Voucher where I couldn't use the voucher because of the felony that I have got charged with. So I'm still homeless.

These respondents' experiences reveal another pattern our team has begun to recognize in our analysis: even those who receive public assistance are often unable to access the benefits for which they are eligible, either due to their felony status or, as seen above, inadequate program funding.

Felony status was seen as a particularly significant obstacle. Respondents with felony statuses reported substantial difficulty attaining jobs that paid a living wage. For instance, although one respondent we interviewed is a skilled tradesman, his previous involvement with the criminal justice system prevented him from accessing employment opportunities:

I'm a welder by trade. It was a new start for me. I'd just come out here from Atlanta and hoping to start over. When I got here ... I started diligently searching for work and did all of the online things when I still had phones and all of that. And it just didn't work out for me because of my past I guess. I had been convicted of a felony in -- years back, you know, back in 2010 I think it was. I found that very hard to get my foot in the door as far as jobs go. You go to a job and they ask you, "Have you ever been convicted of a felony?" All of the sudden, they want to do a background, and then I wasn't considered for work.

Despite his motivation and capacity to find vacancies and initiate applications, his progress is blocked once questions regarding felony status come up. Because he was unable to find work that fit his qualifications and experience, this respondent eventually relied on menial and temporary work. These jobs, however, did not provide an adequate salary to make ends meet. He elaborates:

So that in itself was a failure -- trying to do the job that I was experienced at, and then eventually started going to these temp services. And these temp services is another thing where they lay



everything, so you basically gas money to get you from point A to B, and if you don't do that on a daily basis, you find -- you're constantly falling backwards. For me, I started losing things, I started having problems with my car and lost my phone, car broke down and I found myself -- for a long time, I stayed in my car. Then I finally started seeking shelter.

A focus group participant described the feelings of frustration and hopelessness that accompany previously-incarcerated folks as they seek employment and housing:

We continue to kick Black men out of society ... and we arrest Black people in inordinate numbers in our society, and what you're going to see is you're going to see Black men who cannot get in -- back into society ... When you kick people out of a society, what do you expect from those people? You expect a higher degree of recidivism because you have people who just don't give a damn. No matter what you do, no matter how good you are, you can never get back into society.

Economic Immobility

Regardless of a criminal record, people discussed lack of economic mobility as a significant barrier to exiting homelessness. Respondents often had extensive job histories, but those jobs rarely paid adequately or provided full time hours. Many respondents had degrees or certifications in a variety of fields, but they were still unable to sustain employment with livable wages. The following excerpts from two different interviews summarize these issues:

INTERVIEWER: So what do you think should or could be done to change the situation and prevent homelessness from happening to people of color?

RESPONDENT: In my opinion, I think the area of jobs, jobs just not being where people of color can actually get them. It has a lot to do with a lot of people being homeless. I mean, in my opinion, it's just that the job market used to be there and now it's not. It's like we're in this continuum depression or something. It's just-- it's crazy. I mean, you've got lots to work out, you've got lots of people advertising help wanted, but nobody's actually hiring. Why? Were these people not qualified to do backbreaking work or labor or any part of that? I don't understand it.

INTERVIEWER: And you said you did get a degree in accounting.

RESPONDENT: Yes ... but it's so hard getting a job. That's what I can't understand. I mean we're now like taking -- thinking about going studying something else, you know, something hospitality or something in hotel you know because those -- the hospital is going to always be there and there's always going to be hotel. So there's like I got to re-focus and re-train my mind like, "hey just don't be stuck in accounting and do take whatever comes up." That's where I'm at now.

The first respondent continuously sees potential opportunities for employment, but these do not materialize into tangible jobs. Importantly, he emphasized not only increased availability of



jobs, but increased access to jobs for people of color, as a primary space in which change could be made to prevent homelessness. The second respondent touches on another key finding – that despite a college degree and experience in a skilled field, she was unable to secure employment and felt she needed to receive additional training in order to secure dependable employment opportunities. This touches on another important theme that emerged in respondents’ conversations regarding employment: job readiness. The employment field is changing significantly, and respondents raised the need to be trained in skills that will prepare them for jobs that are actually available and attainable. Another respondent highlighted this priority as well:

INTERVIEWER: What kind of education do you think you need?

RESPONDENT: Well basically to get our high school diploma -- well for number one to get our high school diploma and everything. And maybe -- I know some chicks up in there right now that got high school diplomas and everything, they’re still up in the same situation, so.

INTERVIEWER: What else?

RESPONDENT: Let's see. Some type of -- instead of just pushing us out there, just have like a job readiness program more or less like, you know for the ones that will be looking for jobs have they be looking for jobs that we want to learn, you know, like basic skills like computers and stuff, you know.

The above respondent recognizes that having a degree is not a guarantee for employment, so he highlights the importance of receiving training in relevant skills to today’s economy, such as “computers and stuff.” Respondents also identified low wages and poor working conditions in the job opportunities that were available. It is worth noting that a few respondents cited that where they felt the most racial discrimination was in employment. The quote below from two different interview respondents we interviewed is a clear example:

INTERVIEWER: What led you to becoming homeless?

RESPONDENT: A lot of things, not trying to save money, spending money, running up my credit cards and I had people harassing me. And that took a toll on me too.

INTERVIEWER: What do you mean they were harassing you?

RESPONDENT: It was an organization, the company that I worked for. They were still harassing me. What happened was that they I couldn’t do my work they like to play games it was started off as game playing and I just got tired of it they would ---

INTERVIEWER: This is at your job?

RESPONDENT: Yeah this was at the job that I worked there and I reported it to the plant manager and he told me, he said “Roxanne, this is not right.” I was taking pictures and I was taking ‘em and showing them to me, and I was telling him, “I know who did this, this girl name [Redacted Name].” I said, “she is harassing me and she is not leaving me alone.” She would spit [inaudible] she would spit on my paperwork, she would take my clipboard that I had paperwork on, she would take it and stump her foot. That’s her way of calling me dirty because I was of color.



Respondents repeatedly made it clear that while sometimes in the world of service provision racial bias seemed nuanced or difficult to track, it was more apparent in employment and housing.

Affordable housing

Another barrier to exiting homelessness was the lack of access to affordable housing. People continually spoke of experiences of discrimination when applying for affordable housing, citing bias by landlords or building managers. The following two excerpts highlight two different points in which discrimination can affect people of color's housing outcomes. One respondent describes an environment in which White applicants are given priority over Black applicants for housing vouchers, while another respondent recounts applying for housing through her Dallas Housing Authority (DHA) Voucher but was told that there were no units available once she arrived to look at the apartment:

INTERVIEWER: Um, have you seen yourself ever affected like in ways that speak to racism or discrimination in terms of accessing services? Like how has that been for you?

RESPONDENT: With vouchers. You know we get passed by by vouchers. You see certain groups of people getting vouchers than others.

INTERVIEWER: Oh really?

RESPONDENT: Yeah, and that happens. I've seen – white – yeah, the white ones get theirs real fast.

INTERVIEWER: Where do they get them from?

RESPONDENT: I don't know where they get them from. I try not to be nosey. INTERVIEWER: Didn't you get a voucher?

[RESPONDENT: I got – I got some -I work through [Redacted Program]. They own their facilities. Their housing stuff. So, I didn't have to go through that voucher thing. But yeah, if you're white you get yours a lot faster.

I took my housing, DHA voucher, over to like a place where there is mostly Hispanics. They don't want no black people around and they will not rent to you. They will say, "that apartment is already taken," before they let you try to get that apartment. Or, you didn't get approved.

A participant in our service provider focus group also touched on the problem of discrimination in housing, specifically in regard to individuals with felony status:

I think there should be something in place in systems, especially if they've been incarcerated for a crime unjust or just. It is how do we help them get back and not continue to live a lifestyle of failure and homelessness? And I don't – I don't think that happens, particularly with African-Americans because when we look at some of them are in – just there, and they come out and they get a little bit of money. But then again, here it is they- they've already been marked. And it's difficult to get housing and apartments if you have X-amount of felonies. And you get second



chance apartments, but those second-chances are not any place where we would want to live. So, they say I choose not to live there. And I might as well live homelessness and hang out on downtown Dallas.

In cases when respondents did obtain vouchers and successfully found housing, they often expressed dissatisfaction with the condition of apartments. As the provider above highlights, many individuals are only given housing options where they are forced to pay the majority of their income for a place in a “bad” neighborhood known for violence and drugs. In some cases, respondents expressed concern that they would relapse into substance use and/or homelessness because of their new housing environment. For example, one respondent had this to say:

Most places do not have anything available or they do not accept DHA vouchers or the DH voucher is not enough to cover the apartment cost. And it's just been a lot of factor. And I'm trying to get out in an area like a walker target area which is like a more of an area like [Redacted Location] or [Redacted Location] where the crime area -- they try to -- they try to angry the homeless into that type of environment. So really trying to move up in those area, I don't want to be in a area where there is lot of in and out traffic, drugs. I mean you're going to have drugs everywhere and alcohol, but I mean in a more nicer area.

The above excerpt highlights the frustration of only having access to undesirable living environments, but it also touches on the difficulty of finding housing, even with a DHA voucher. Another respondent discussed her difficulty finding a landlord to accept her housing voucher:

INTERVIEWER: How did you find out?

RESPONDENT: Go to apartments, they are going to apartments start to find section 8 apartment and seein', and my affordability amount was correct, if it matched, then I can move in they kept asking me, “What kind of voucher do you have?” I'm like, “Section 8 voucher.” and I didn't know like what to say and they would have to look at my voucher and be like “Oh no we don't accept that.”

INTERVIEWER: And so what kind did you have you had the regular Mobile Section 8 one?

RESPONDENT A regular one.

INTERVIEWER: Yeah regular Section 8.

RESPONDENT: Yeah regular Section 8 voucher.

INTERVIEWER: So they didn't take that one?

RESPONDENT: No lot of places didn't take it, like it all depends on the apartment.

INTERVIEWER: Okay, so they wouldn't take Section 8 tenants is what they are saying?

RESPONDENT: Yeah it all depends on the apartment...A lot of apartments, they wouldn't agree to your Section 8 voucher because each voucher is different. I don't have a kid, so my affordability amount will be smaller. And it also depends on zip codes. Zip codes and housing pays what they think apartments are worth, not what the apartment say they are. So a lot of apartments say, “I don't - that affordability amount is too small, it's like me losing, I will be losing



\$200, \$300 on rent then I can have somebody that pay the full amount.” So lot of apartments say no and because I don’t have a kid, my affordability amount will be small.

The above narratives suggest that housing vouchers in and of themselves are not necessarily sufficient to secure housing due to the process that calculates the affordability amount. The following respondent also describes how difficult it can be to receive a voucher in the first place:

INTERVIEWER: During that time, what services have you accessed? So let's talk a little bit about that and what that experience was like. Accessing, applying for, and getting.

RESPONDENT: DHA, Dallas Housing Authority. I had applied for that on many occasions. First time, I was at [Redacted Program] and I slipped through the cracks through that and another housing program.

INTERVIEWER: What do you mean you slipped through the cracks?

RESPONDENT: For some reason, my name just never came up. Slipped through the cracks. Everybody else was getting their vouchers and whatever, and I am like “Okay, where is my name?” I think on that one, my case manager didn't turn my name in to that for the first time, to DHA. The second time, under my roof, something happened with the vouchers. I had actually talked to them and she said – oh, my file got misplaced. I had talked to them and everything, and we never could get on track with that. So, I slipped through the cracks with them. So, I just said, you know what, forget that then. Then, some years later, I ended up signing back up

The issue of housing stock is especially important in the case of people with prior criminal justice system involvement, living with substance use disorders, or families with children. The ability to live in desirable neighborhoods relates to people’s perceived ability to avoid violence, exposure to drugs, and quality educational opportunities. As we look to create opportunities for people to exit homelessness it will be critical to continue to link these strategies with larger efforts to improve low-income housing accessibility and create more mixed-income neighborhoods.

Difficulty Navigating the System

Respondents’ reported difficulty obtaining and using housing vouchers is in line with a larger theme that emerged in Dallas. One of the most frequently discussed barriers to exiting homelessness was a general difficulty navigating the service system. Participants felt confronted with burdensome and inequitable qualifications and requirements for services. Individuals with whom we spoke discussed the persistence it took to finally receive services and the frustration felt when waiting lists were long. For example:

INTERVIEWER: Have you ever had any trouble finding housing or getting services?



RESPONDENT: With the housing, I had trouble with that. Cause, like I said, I went to [Redacted Program] and I talked to their case workers over there and they said, "You're not eligible because you're not physically, mentally disabled or have some kind of handicap." And I said, "What's that got to do with me being homeless?" Just because I'm not sick and I'm not crazy, I'm still homeless, I need help. He said I don't fit the-- wasn't qualified, I didn't fit the criteria. So I didn't give up. I just said, at some point, somebody's going to have to help me keep going. They're going to help me because I'm not going to give up and be persistent and keep trying.

This quote touches on a particular experience which came up frequently in our interviews: the impression that folks are being tested by programs, and continuously failing to pass. Being turned away from services due to program criteria was a common feature amongst many respondents' narratives across SPARC communities. This pattern was consistent in Dallas as well. This theme was reiterated by a participant in our stakeholder focus group, who described some of the requirements for services in the programs they oversee:

Well you have to have children. So, we don't have any resources for single people that are experiencing homelessness. You have to have children. Um, you have to be willing and able to work. Um, you have to have legal custody of your children. We have to have proof that you have legal custody of your – of your children. Um, you have to be, um, open and agree to financial literacy training. Um, so those are just some of the initial qualifiers when people call and they want to be a part of our program. And then once a family is accepted, and we don't have like – there's usually a five to seven day move-in process.

As the focus group participant indicated, many programs prioritize clients in a way that leaves others having to fight particularly hard to receive the support they need to exit homelessness. In addition, people felt like program requirements were sometimes a burden that made it harder to succeed. One respondent had this to say:

RESPONDENT: I went to this other shelter and they wanted to try to entrap me in one of their programs there.

INTERVIEWER: You said, entrap you in one of their programs?

RESPONDENT: Yes, because actually some volunteers came through. They found out what my profession was. The man tried to set me up to get a job, because I was under contract with this one shelter, the work to stay program. I was contractually obligated to them to fill out that contract. They sat there and told me I could not go to work.

INTERVIEWER: Why?

RESPONDENT: Because I was working for them in their kitchen. I said, "I am not working. I don't get paid to do this. I am a volunteer." They said, "It's paying for your bed." So, really, eight hours a day, I was in that kitchen, working for them and could not go get a regular job, because I was in a work to stay program, which was paying for my bed. So they kept me trapped there.



For the above respondent, a “work to stay” program requirement barred her from finding paid employment, and therefore being able to move towards exiting homelessness. She was put in a position where she had to choose between seeking opportunities for economic mobility and securing shelter. The respondent notes her preference for obtaining a “regular job” and highlights the negative experience she had at the program by framing it as entrapment. When reflecting on the capacity of services to effectively respond to the needs of their clients, a participant in our service provider focus group had this to say:

So, you know what? What do systems do to help that? And I – I believe, personally, that we don’t do enough. We say, “Okay go out here, you have to get this, you have to get this.” It’s not available.” It’s just - unfortunately, it’s just not there. And then it’s not enough. Not enough housing. It’s not enough resources.

Both clients and providers feel an acute scarcity in resources available and see how discouraging the process can be — “go out here, you have to get this, you have to get this, this is not available.” When people feel like the system is set up to make them jump through hoops rather than support them, overcoming homelessness and sustaining housing is difficult. As Dallas reflects on new strategies to end homelessness, it will be important to incorporate these experiences into the solutions.



4. Discussion: Promising Directions

The sections above report SPARC's initial quantitative and qualitative findings on the experiences of homelessness of people of color in Dallas. The qualitative themes emerged from the data independent of the Structural Change Objectives selected by Dallas' SPARC working group. As mentioned in the executive summary, Dallas chose to focus on three areas of structural change:

1. Strengthening opportunities for economic mobility in communities of color in the Dallas Metro area.
2. Folding equity measures into the Continuum of Care's long-term Strategic Plan to end homelessness.
3. Diversifying leadership and board membership in the Continuum of Care and other service providers.

The research summarized in this report helps guide this work and suggests additional areas for short and long-term action. The stories we heard repeatedly demonstrated that the network impoverishment of communities make homelessness seem inevitable. In this context, how does the community strengthen these networks? What are the necessary investments to build assets in communities of color? How do the city and county return economic mobility to some of its most disenfranchised citizens? How does that work flow through an anti-racist lens so that it is strengths-focused and empowerment-based rather than paternalistic? How do systems interact to effectively serve people with medical and mental illness?

As we continue to explore the data from this initiative, we are aware that a number of research questions deserve additional attention. In the next section, we discuss the implications of our findings and highlight potential areas of future research on race and homelessness. In the final section, we identify a concrete list of recommendations.

4.1 Economic Mobility for Communities of Color

Economic mobility is clearly a pillar of ending homelessness but remains elusive in many communities. As was detailed in the qualitative section of this report, respondents often had a rich job history, but had a great deal of difficulty securing employment that would pay a living or housing wage. Barring a significant shift in federal or state policies regarding minimum wage, it is unlikely that our current workforce development approach will be sufficient to end homelessness. Simply put, if someone comes to experience homelessness while working for



minimum wage, transitioning to a different minimum wage job will not make a substantial difference in their life.

The SPARC team has begun to examine in greater detail what respondents had to say about their employment history and employment search. One area requiring more analysis is employment discrimination. Unsurprisingly, respondents have repeatedly reported experiencing interpersonal racism over the course of their job searches. They have also discussed the role of systemic racism in preventing them from attaining career-track jobs, reporting, for example, inequitable access to education or skill development (including vocational training).

As we continue to investigate concrete and immediate steps that we could take in order to drive change in our communities, the SPARC team has begun to look more closely at the way communities spend workforce development dollars. A potential direction to take workforce development would be to reduce the size of cohorts moving through programs and intensify the skills being acquired. For example, rather than moving 150 people through a soft skills development program it might be more beneficial to move 20 people through a UX (user experience) design code academy that is connected to a job placement possibility at several design or technology firms.

Additionally, as mentioned above, it will be important to think about what economic stabilization looks like. Our findings point to upstream intervention sites that are community-based and focused on stabilizing fragile networks through necessary infusions of capital—either through targeted subsidies, flexible emergency funding, or policies that better facilitate pooling income.

Finally, we should consider how soft skill development programs are frequently constructed around behavioral norms for professional conduct that have been established and advanced by White people. What does it mean to engage a 17-year-old Black person in a program that essentially tells them that their way of interacting the world is the wrong way?

These kinds of questions are important to consider in the construction of workforce development programs but also with regard to the ways in which we consider advancing staff of color on our teams. As we examine why certain staff members do or do not advance, an important consideration must be whether or not they are being passed over because they are not cultural matches with senior leadership. As one respondent stated, “Senior managers want to know that the people around them will think like them and respond to situations the same



way that they would. Sometimes it seems like they don't choose Black staff or staff of color to advance because they don't think we're enough like them culturally."

As we continue to break down the ways in which interpersonal and structural racism exacerbate each other, it could be helpful for programs to engage in honest dialogue about how personal bias might be enabled by structural factors. In the case of supporting people of color in their job search, it might be understanding a person's context and giving second chances, rather than saying, "They've had three weeks to get an interview and they still haven't." With regard to staff of color, it might mean re-working job descriptions rather than saying, "I'm not promoting them because they don't have a B.A.—not because they're Black."

4.2 Upstream and Downstream Stabilization

Our qualitative data suggest that destabilizing factors often occur well before people come to experience homelessness. Upstream stabilization may be best achieved through the development of short-term flexible subsidies. People do not always need large amounts of money, or even money that is dedicated specifically towards housing or utilities. Many respondents expressed having initial difficulty with a non-rent related financial burden. Common examples have been car repairs or food. However, without the money to pay for these non-housing areas, a crisis can rapidly develop. Respondents who cannot pay for their car repairs may be unable to get to work and subsequently lose their jobs, or those who cannot afford food for the whole household may kick adolescents or emerging adults out of the house in order to free up resources for the very young or very old.

Stabilizing these households who are on the precipice requires immediate infusions of capital. However, these subsidies have to be uniquely flexible to cover a wide range of one-time needs. This might represent expanding discretionary spending so that community members at risk of becoming homeless have access to it. Moreover, prevention approaches need to be shared among all sectors working with low income folk, so that everyone is preventing crises that lead to housing loss.

Spending models of this kind have existed for many years in the faith community. It is not uncommon for churches to step into exactly the need that is being described. Unfortunately, network impoverishment affects faith communities as well. As the broader community has less extra money, there is less ability to 'take up the collection plate' in order to meet someone's needs in crisis. In order to address the hemorrhaging of people of color into the population



experiencing homelessness it will be necessary to replenish (or establish) these kinds of community level safety-nets.

Downstream stabilization focuses on securing families or individuals in housing units that they move into after exiting the homelessness response system. In these cases, two things need to be evaluated:

1. Does doubling up make sense?
2. What supports would be necessary in order to facilitate successful family reunification (for people of all ages)?

With regard to doubling-up, we need to begin to ask whether or not (middle class, White) norms of how housing needs to function make sense for all. Communities of color that have a history of living inter-generationally or with other close family or friends may protect against homelessness. Frequently, respondents would discuss being moved into housing on a time limited subsidy knowing that they would not be able to afford the housing once the subsidy ended. We believe this situation to be one of the key drivers of the rapid cycling phenomenon seen within family homelessness. The young women of color typically heading these households are not able to secure an income that will offset the loss of the subsidy, so they rapidly come to experience homelessness again. It is possible that this process may be improved by encouraging providers to let clients direct the housing outcomes. Additionally, if subsidies were adjusted to be shallower, but longer, and families exiting the shelter were encouraged to pool their subsidies and live together, this may provide enough time to stabilize and locate employment. As these options are explored, it will be important to advocate against the “cliff effect,” or policies that cut or lessen benefits as incomes increase, so that despite new income, families end up further behind.

In addition to economic stabilization, encouraging living together allows for new networks of social support to be entrenched. Moving in this direction may help encourage supportive relationships within communities that are very frequently missing large numbers of people due to the continued predatory involvement of the criminal justice system.

This method could also assist with stabilizing youth, who could potentially return home but had not (and had no plans to) because they had been thrown out for being unable to contribute to household expenses. When subsidies can assist with rent payments or food in a meaningful way, it may be possible to negotiate their return to a stable living situation.



Finally, many respondents also expressed that family reunification was not possible for a variety of reasons, not all economic. Frequently these reasons involved significant social stress that may have begun with money, but these problems are not solved simply by subsidizing the return; the mistrust and anger that developed was real and often overwhelmed any desire to return to a stable living situation. In order to successfully facilitate reunification (and stabilize people downstream, e.g. after they had been re-housed) it will be important to provide ongoing services in the form of family therapy and other counseling in order to help heal social ruptures. While people are often able to mend these bridges on their own, the support to do so is often lacking. In order to re-house people (especially youth), we must treat their grievances not as temper tantrums but as real obstacles standing between them and a home.

4.3 Hispanic/Latinx

Existing literature frequently refers to the “Latino paradox” with regard to the idea that the Hispanic/Latinx population in the U.S. shares risk factors for homelessness with the Black population, but they are underrepresented, not overrepresented, among people experiencing homelessness. Despite this discussion in the literature, we have increasing reason to suspect that these theories are based on inaccurate reporting and weak methodology for counting people experiencing homelessness and/or Hispanic/Latinx people not accessing homeless services. Emerging from our research is the finding that in communities that have more intentional outreach to Hispanic/Latinx communities, numbers tend to trend upwards towards overrepresentation.

Our preliminary research suggests the need to focus our attention in meaningful and immediate ways on reaching out to Latinx communities. This will require deliberate cultivation of Spanish-speaking outreach teams made up of members of the communities that they hope to engage. Ideally, these teams would have preexisting relationships that they can leverage to build trust. Additionally, programs might begin to take steps to segregate documentation and immigration status from other components of a client’s file and hold it on a “need-to-know” basis, similarly to how HIV/AIDS information is managed under HIPPA. While this policy change would not have a legally enforceable edge, it would be a step towards building trust with clients regarding whether or not their immigration status will be shared with other staff—and to what extent the circulation of that information puts them at potential risk. Moreover, we might begin to more carefully identify what services we actually require immigration or citizenship information in order to activate. A number of services that may currently request this information may in fact not actually require it to report to funders or screen individuals in or out of services.



By limiting requests for information regarding documentation status to only those services that absolutely require it and putting strict firewalls around that information, we may begin to have better engagement with Hispanic/Latinx communities experiencing homelessness. With better engagement will come a more accurate understanding of rates of homelessness, characteristics, and needs.

4.4 Trans* People of Color

Our current understanding of the needs of trans* (used here to refer to all trans, gender-expansive, gender-fluid, or non-binary individuals) people experiencing homelessness is similarly limited. While the SPARC team has been lucky enough to engage a number of trans* youth and some trans* adults in our research, we are very far from being able to characterize patterns in trans* experiences of homelessness. While we expect that social rejection and stigma play a role in pathways into homelessness, we do not yet have enough information to suggest appropriate structural interventions.

One obstacle in the way of researching trans* experiences of homelessness is inconsistent administrative data. While there is a great deal of anecdotal evidence around trans* people experiencing homelessness at greater rates, there is still a dearth of data on trans* individuals in service systems. Because of this, we are left with an inaccurate understanding of how many trans* individuals are in need of service, and we are not able to estimate rates of disproportionality across race and gender identity. We advise programs to work diligently to capture sexual orientation and gender identity/expression (SOGIE) data so that policy decisions can be more informed.

Finally, it is important to track requests that trans* clients are making of systems. While the SPARC team will continue to analyze the available data, we believe that the best resource available to programs and systems leaders are the voices of people who are currently utilizing services. By creating a way to track (and document responses to) requests or complaints that come from trans* clients, systems can use the knowledge that is already there while waiting for better research to emerge.



5. Recommendations

There are numerous actions Metro Dallas Homeless Alliance (MDHA) and the City of Dallas can take now and plan to take in the future. SPARC's recommendations include:

1. **Design an equitable Coordinated Entry system.** Coordinated Entry organizes the Homelessness Response System with a common assessment and a prioritization method. This directs clients to the appropriate resources and allows for data-driven decision making and performance-based accountability. Continual review of data from this process for racial disparities can assess whether housing interventions are sufficiently provided to people of color who come into contact with the system. Examination of the data can also help pinpoint additional intervention need. Coordinated Entry is at the root of MDHA's response to homelessness, and racial equity should be integrated into Coordinated Entry.
2. **Incorporate racial equity into funding and contracting for homelessness and housing programs.** Funders should consider how to infuse a race explicit lens into its contracting, requiring that programs report how their work will address issues of racial equity. Specifically, it is useful to develop criteria in which racial equity is part of the evaluative process for scoring funding proposals. Funders can also play a role by evaluating the racial diversity of agency leadership. Finally, they should encourage agencies to periodically conduct internal program and policy reviews that examine disparities in outcomes based on race.
3. **Include racial equity data analysis and benchmarks in strategic planning to end homelessness.** As Dallas sets goals around program development, expanding housing capacity, and creating more housing placements, the system should be measuring impact by race and ethnicity. It will be vital to look at how race and ethnicity relate to returns to homelessness. Additionally, it may be helpful to use a formal racial equity tool in organizational decision making. All major organizational decisions, whether explicitly about race or not, should be analyzed through an internal racial equity tool that will highlight potential negative consequences to communities of color.
4. **Support organizational development to ensure racial equity at the organizational level.** Many agencies that provide human services are at a critical point of self-examination. As we continue to unpack the impact of systemic inequity on the populations we serve, the time has also come to investigate the organizational practices, structures, and cultures of serve settings that unconsciously perpetuate inequity for those same communities. Despite agencies' best intentions to promote equity and justice, many have a long way to go before their internal practices, staff and



leadership teams, resource allocation, facilities, and strategic planning reflect and advance these goals. However, promising practices exist and can be leveraged and tailored to organizations that are ready to do the work. MDHA can support agencies by providing resources to do this work and by disseminating tools and strategies.

5. **Encourage anti-racist program delivery.** SPARC’s findings suggest that programs that are strengths-focused, empowerment-based, and trauma-informed, rather than paternalistic, will best serve people of color experiencing homelessness. Programs will need to look internally to answer questions about whether or not they are inadvertently replicating systems of disenfranchisement. Performing internal systems audits and looking at program output data by race and ethnicity for disproportionality can help target the work. These philosophies might also play a key role in inter- and intra-agency equity plans.
6. **Promote ongoing anti-racism training for homeless service providers.** Government and nonprofit staff will benefit from continuous training on the intersection of race and homelessness, on bias, and on strategies to confront racism within their work. Building off of Recommendation 2 (Support Organizational Development), MDHA can host inter-agency trainings and support trainings for individual agencies. While organizational development focuses on structural change to organizations, training can focus on interpersonal skills—both for working with clients and for working with our colleagues.
7. **Collaborate to increase affordable housing availability for all people experiencing homelessness.** People in Dallas described frustration not only in the wait to receive a voucher but also in the difficult process of trying to find a landlord or apartment complex that would accept it. As the community begins to discuss how best to address homelessness through a racial equity lens, it will be necessary to discuss how people experiencing homelessness could be moved into desirable units and neighborhoods by working with landlords and developers to address issues with accepting housing vouchers.
8. **Utilize innovative upstream interventions to prevent homelessness for people of color.** Homelessness is not inevitable. The data in this report suggest that it may be possible to stabilize people well before they become homeless by identifying pathways and providing support early. Preventing homelessness is a key component of achieving the county’s goals, and the community is making efforts to improve its upstream services and homelessness prevention efforts. MDHA should continue focusing on areas where it can have the biggest impact, including targeted eviction prevention for people at risk of homelessness. Prevention also means working with the criminal justice, child welfare, and public health systems to reduce the number of people exiting into homelessness from programs and institutions within those systems.



9. **Investigate flexible subsidies to mitigate the effects of network impoverishment.** Many financial crises start as non-rent related. For many of our research participants, initial needs were for food, car repair, or bills. This suggests that for some people, flexible subsidies could be used to avert crises that spiral into homelessness. Short-term interventions of this kind can prevent or end homelessness quickly and connect people to other systems and resources, such as employment, health care, child care, and a range of services to support greater stability. It may offer a range of one-time assistance, including eviction prevention, legal services, relocation programs, family reunification, mediation, move-in assistance, and flexible grants to address issues related to housing and employment.
10. **Support innovative health care strategies to meet the needs of communities of color.** Low-income individuals may have more difficulty accessing and paying for health care in states like Texas where lawmakers have thus far declined to expand Medicaid eligibility to all families and individuals with incomes up to 138 percent of the federal poverty level. Medical and mental health needs emerged as an important feature of people's pathways into homelessness, experience of the system, and barriers to exit. The homelessness response system should collaborate with health providers to increase people's ability to access care with or without insurance.

6. Conclusion

We recognize that equity-based work should not be confined to specific initiatives, but rather should be the lens through which all of the work flows. As communities develop equity approaches, they do not happen in isolation, limited to one program or one response. Instead, racial equity models need to be widely spread across systems and sectors.

We look forward to working with community leaders across the cities engaged in SPARC to continue to develop and hone the skills of equity implementation. Our hope continues to be that we will someday be a nation that does not strive towards equity but has realized the vision of having these values sit at the core of what we do.



7. Appendix

7.1 Dallas Homeless Service Providers Diversity & Inclusion – Mixed Methods Findings

Every day, our nation puts the complex problem of solving homelessness into the hands of individual providers doing the work. Successfully recruiting, hiring, training, and supporting the homeless service workforce is key to ending homelessness.¹² Because the goal of SPARC is to fight homelessness by improving outcomes for people of color, an important question is: What are the characteristics of a workforce that best serves people of color? Advancing racial equity in programs may mean ensuring that people working in agencies, from the front desk to the boardroom, reflect the race and ethnicity of the people they serve. Through an online survey, SPARC and our Dallas partners set out to learn more about the background of providers working in homelessness response programs and their self-reported desires for professional development. In addition, we sought to better understand how people perceive the issue of race in service settings through qualitative research.

Methods

To learn more about the race and ethnicity of people working in housing and homeless service programs in Dallas, SPARC and the Metro Dallas Homeless Alliance administered an online survey. The survey was sent through e-mail and was open to respondents for approximately one month. Participation was voluntary, and we received 64 responses. Results of the survey are described below and suggest a preliminary picture of how the race and ethnicity of staff relate to their experience, job categories, and professional development goals. The summary of the survey results are followed by a few quotes from qualitative interview and focus group participants that shed additional light on the subject of provider race and ethnicity.

Results

In the sample of Dallas providers surveyed who reported racial identity (n=63), 60.3% identified as White, 30.2% identified as Black, 6.3% identified as Two or More Races, and 3.2% identified as Asian. No respondents identified as Native Hawaiian or Pacific Islander (NH/PI) or as Alaskan Native or American Indian (AN/AI). In a separate question on ethnicity, 14.1% identified as Hispanic or Latinx. Results that compare responses by race are extremely limited by the small

¹² Mullen, J., & Leginski, W. (2010). Building the capacity of the homeless service workforce. *Open Health Services and Policy Journal*, 3, 101–110.



sample size, but including this information is important for a comprehensive discussion about provider race and ethnicity.

Race	Percent	Frequency
Alaskan Native or American Indian	0.0%	0
Asian	3.2%	2
Native Hawaiian or Other Pacific Islander	0.0%	0
Black	6.3%	19
White	60.3%	38
Two or More Races	6.3%	4
Ethnicity		
Hispanic or Latinx	14.1%	9
Non-Hispanic or Latinx	84.4%	54

Almost two-thirds (62.3%) identified as female and 34.4% as male; 3.1% declined to answer. The mean age of respondents was 46 (SD=12.5) years old and ranged from 24 to 69. The majority (76.6%) identified as straight or heterosexual, while 14.1% identified as lesbian, gay, bisexual; 9.4% declined to answer).

Respondents worked in emergency shelter, transitional housing, permanent housing, outreach, drop-in centers, advocacy organizations, and other specialized services. These organizations were categorized as mostly nonprofit (85.9%), as opposed to government agency (9.4%). Over a third (34.9%) of respondents were either an Administrator or Executive Director. Ten of the 12 (83.3%) Executive Directors and seven (70%) of the ten Administrators (defined as all administrative roles except Executive Director) were White. Similarly, senior managers were only 22.7% people of color compared to 77.3% White, while front line staff were only 46.3% people of color compared to 51.2% White.

Educational backgrounds were not comparable between race groups: only 15.8% of Black individuals reported holding a master's degree compared to 47.4% of White individuals. Over twenty percent (24.2%) of respondents reported having personally experienced homelessness. In order to protect anonymity on this sensitive question, results are not presented by race.

Experienced homelessness (answered: n=62)	Percent	Frequency
Yes	24.2%	15
No	75.8%	47



We asked respondents to reflect on their current organization and report how well the race and ethnicity of frontline staff and senior managers reflect the race and ethnicity of the people they serve. Overall, the majority (84.4%) of respondents agreed or strongly agreed that the race/ethnicity of frontline staff reflect the race/ethnicity of clients. Almost half (46.9%) agreed or strongly agreed that the race/ethnicity of senior managers reflect the race/ethnicity of clients.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
The race and ethnicity of frontline staff at my organization reflects the race and ethnicity of the people we serve.	39.1%	45.3%	7.8%	7.8%	0.0%
The race and ethnicity of senior managers at my organization reflects the race and ethnicity of the people we serve.	15.6%	31.3%	28.1%	17.2%	4.7%

We asked survey respondents to think about what kinds of skills they would need to 1) excel in their current position, and 2) take their career where they wanted it to go.

Overall, respondents most frequently indicated that they needed skills in written communication, financial management, time management, and data management. There was some variation despite the small sample size. Only 40.0% of people of color indicated needing grant writing compared to 84.2% of White respondents. Similarly, only 56.0% of people of color indicated needing fundraising skills compared to 89.5% of White respondents.

Skills needed to excel in current position	Total	White (n=38)	Combined PoC group (n=25)
Mental health counseling	64.1%	68.4%	56.0%
Time management	84.4%	86.8%	80.0%
Financial management	87.5%	92.1%	84.0%
Written communication	92.2%	89.5%	96.0%
Technology skills	73.4%	71.1%	76.0%
Grant writing	65.6%	84.2%	40.0%
Data management	78.1%	73.7%	84.0%
Fundraising	76.6%	89.5%	56.0%
Supervisory skills	71.9%	68.4%	76.0%
Note: Percentages are calculated with race totals as the denominator. Participants could select all that apply.			



We also asked respondents what skills they needed to take their career where they wanted it to go. Overall, people most frequently indicated that they need skills in time management, written communication, financial management, technology skills, and data management. While conclusions are limited based on the small sample size, there was some variation. For example, of the 92.0% of people of color indicated they needed skills in written communication compared to 84.2% of White staff. Almost three-quarters (73.7%) of White staff indicated a need for fundraising while only 52.0% of people of color indicated they needed that skill.

Skills needed to advance to career goals	Total	White (n=38)	Combined POC group (n=25)
Mental health counseling	73.4%	76.3%	68.0%
Time management	89.1%	92.1%	84.0%
Financial management	82.8%	81.6%	84.0%
Written communication	87.5%	84.2%	92.0%
Technology skills	78.1%	78.9%	76.0%
Grant writing	64.1%	71.1%	56.0%
Data management	78.1%	76.3%	80.0%
Fundraising	65.6%	73.7%	52.0%
Supervisory skills	65.6%	63.2%	68.0%
Other			
Note: Percentages are calculated with race totals as the denominator. Participants could select all that apply.			

The final set of questions asked providers to consider the barriers/facilitators to professional growth by answering the question, "If training or classes were offered to help you develop the skills you selected above, how important (Not a Concern, Somewhat Important, Very Important) would the below factors be to you, as you considered taking part?" The factors listed were 1) fitting it into my busy day, 2) compensation for my time, 3) support from my manager, and 4) topic relevance.

Most important to all providers was "topic relevance" (82.3% selected "very important"). To follow, two-thirds felt that "fitting it into my busy day" was also important (66.1% selected "very important"). Keeping the small sample size in mind, the importance of topic relevance and fitting trainings or classes into one's day was fairly consistent across racial groups. There was some difference between people of color and White respondents: 80.0% of people of color compared to 52.6% of White respondents indicated that "fitting into busy days" was "very important"; 32.0% of people of color compared to 7.9% of White respondents indicated that compensation was "very important"; 72.0% of people of color indicated that support from



management was “very important” compared to only 39.5% of White staff; and 72.0% of people of color compared to only 39.% of white staff indicated that topic relevance was “very important”.

Conclusions from this survey are limited by a small sample size. The complete dataset will be made available to our Dallas partners. Despite the small sample size, the most striking finding from this survey is the underrepresentation of people of color in senior level positions. It is difficult to generalize this finding because higher level staff may have been more likely to respond to the survey. However, given the substantial number of Administrators and Executive Directors who did respond, the finding that the overwhelming majority were White is notable. Additionally, respondents reported directly through a survey item that race and ethnicity of senior management, in their opinion, does not reflect the people they serve.

Qualitative Data

The data described above come from a non-systematic, voluntary survey of people working in housing and homelessness programs in Dallas. The sample was small, and the response rate overall or across racial and ethnic groups is unknown. However, our qualitative findings can help guide interpretation and clarify potential recommendations.

Lack of diversity in the homeless service workforce may have a negative impact on client’s experiences of services and outcomes. A few people talked about experiences of racism within programs. One respondent shared:

INTERVIEWER: Do people of color get treated differently by staff here?

RESPONDENT: It depends. I – I’m not saying all white folks. But white folks act like they’re just afraid to talk to anybody who’s Black. Just afraid of them. You get the biggest impression they’re afraid to say anything. Or deal with it. You know. They’ll say kind of feel like I can’t help you.

INTERVIEWER: They say what?

RESPONDENT: They say have him help you.

INTERVIEWER: Have him help you.

RESPONDENT: They point towards an employee that’s of color. Yeah. They don’t want to deal with you. Usually the new ones.

INTERVIEWER: The new what? New who’s?

RESPONDENT: You can tell where they just are afraid. They watch a lot of television. They watch a lot of movies.

This respondent shared a negative experience where his needs were not met by a White staff, who instead ushered him to go to an employee of color. His narrative suggests that he has observed this as a pattern and internalizes that some White staff, especially new employees, are afraid of Black people. People also noticed subtle differences in access to resources:



INTERVIEWER: I see what you are saying. Do you think people of color get treated differently by staff members? In any homeless service center, not necessarily here.

RESPONDENT: Yeah. One situation, my first day here I was greeted, welcomed in and my paperwork processed I was given a bunk. Okay two months down the line I sat right there. I am a volunteer in the kitchen as well so I watched two individuals come in, one is a man, one is a lady, they're not of color. They were greeted by the same individual. They were provided with food, upon entering, water, access to the clothes, and I sat there and I watched that and I said damn I wasn't given that opportunity. So I just looked at it. Even though it was not something – it was nothing serious but because I mean eventually I had access [it, but it was like they had me finish the intake process and they were like at distance and stuff, so I was like wow how did I miss that. It was that situation. There was another situation where I didn't have blankets and stuff like that. I accumulated it. Certain people not of color that come through, it's like magic, this shit just appears and I sit and I mean like where did the hell did this come from, how come I didn't get?

A few qualitative interviews with service users explored the Whiteness of agency leadership.

INTERVIEWER: Do you feel people of color get treated differently by staff?

RESPONDENT: You know what, that's difficult to say, because I think staff has different expectations and since staff is -- all of the upper staff in every homeless shelter in Dallas is all white, every bit of it. And most of the clients are black. Now you tell me how the white staff is going to relate to white people when they come in. Yeah, they get treated -- white people are treated differently. But then the whole bureaucracy is, I call it, the Tarzan of the ape -- Tarzan and the ape-man bureaucracy, because we have a bureaucracy where we have people -- where we have all these blacks and there's always a white person who's leading it, at the head of it, as if there's not a black person intellectually capable of doing that.

This respondent above suggests that homeless service agencies are always led by White people, while all of the clients and many of the providers are Black. His comments are striking, and resonate with the data of our survey, despite its limited sample size.

Discussion

Our online survey of providers, focus groups, and interviews shed light on the diversity of the homeless service workforce in Dallas. Our findings describe a need for leadership to commit to racial equity, both as a lens to view client outcomes and a framework for managing and supporting the people who work for their agency. Because one of Dallas' structural change goals is professional development and leadership training for people of color, paying close attention to the real challenges providers of color face is vital. This research suggests practice and policy implications in the following areas:

- **Hiring.** If requiring a master's degree is getting in the way of hiring leadership of color, particularly Black leaders, programs should think critically about whether such a requirement is necessary.



- **Training.** Everyone in the U.S. is exposed to racism and has work to do to unlearn implicit biases. Anti-racism and diversity training should be ongoing and an understanding of microaggressions, not just for White providers but for all staff.
- **Promoting.** Continued and ongoing analysis of how staff are promoted, what salary grades they are assigned, and what opportunities for professional development they are offered should be a robust part of every program. By routinely collecting this data and analyzing it by race/ethnicity, gender identity/expression, and sexual orientation, programs can continue to drive themselves towards equitable practices.



7.2 Entry and Exit Location Groupings

We grouped HMIS data fields for situations at entry into the following categories for our analyses:

- 1. Homeless (Shelter + Street)**
 - a. Place not meant for human habitation
 - b. Emergency Shelter (including motel/hotel with voucher)
- 2. Permanent Housing/Renting w/ subsidy**
 - a. Rental by client with VASH subsidy
 - b. Rental by client with other ongoing subsidy
 - c. Permanent housing for formerly homeless persons
 - d. Owned by client with ongoing subsidy
- 3. Permanent Housing/Renting w/o subsidy**
 - a. Rental by client with no ongoing housing subsidy
 - b. Residential project/halfway house with no homeless criteria
 - c. Owned by client with no ongoing subsidy
- 4. Institutionalized Care**
 - a. Long-term care facility or nursing home
 - b. Substance abuse treatment facility or detox center
 - c. Foster care home or foster care group home
 - d. Hospital or other residential non-psychiatric medical facility
 - e. Psychiatric hospital or other psychiatric facility
 - f. Mental health/psychiatric, physical health, substance use treatment, foster care
- 5. Jail, prison or juvenile detention facility**
- 6. Doubled Up**
 - a. Staying or living with friends
 - b. Staying or living with family
- 7. Transitional setting**
 - a. Transitional Housing for homeless persons (including youth)
 - b. Safe Haven
 - c. Hotel/Motel (no voucher)
- 8. Other**
 - a. Other (True Other; i.e., response option was labeled "Other")
- 9. Missing data** (not included in analysis)
 - a. Client does not know
 - b. Client refused



We grouped HMIS data fields for destination at project exit into the following categories for our analyses:

- 1. Homeless (Shelter + Street)**
 - a. Place not meant for human habitation
 - b. Emergency Shelter (including motel/ hotel with voucher)
- 2. Permanent Housing/Renting w/ subsidy**
 - a. Rental by client with VASH subsidy
 - b. Rental by client with other ongoing subsidy
 - c. Permanent housing for formerly homeless persons
 - d. Owned by client with ongoing subsidy
- 3. Permanent Housing/Renting w/o subsidy**
 - a. Rental by client with no ongoing housing subsidy
 - b. Residential project/halfway house with no homeless criteria
 - c. Owned by client with no ongoing subsidy
- 4. Institutionalized Care**
 - a. Long-term care facility or nursing home
 - b. Substance abuse treatment facility or detox center
 - c. Foster care home or foster care group home
 - d. Hospital or other residential non-psychiatric medical facility
 - e. Psychiatric hospital or other psychiatric facility
 - f. Mental health/psychiatric, physical health, substance use treatment, foster care
- 5. Jail, prison or juvenile detention facility**
- 6. Doubled Up**
 - a. Staying or living with friends (permanent)
 - b. Staying or living with family (permanent)
 - c. Staying or living with friends (temporary) (option at exit only)
 - d. Staying or living with family (temporary) (option at exit only)
- 7. Transitional setting**
 - a. Transitional Housing for homeless persons (including youth)
 - b. Safe Haven
 - c. Hotel/Motel (no voucher)
- 8. Other**
 - a. Other (True Other; i.e., response option was labeled "Other")
 - b. Deceased
- 9. Missing data (not included in analysis)**
 - a. Client refused
 - b. Data not collected
 - c. No exit interview completed



Dallas Domestic Violence Task Force

Annual Summary Report: 2016-2017

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Dallas Domestic Violence Task Force

Annual Summary Report: 2016-2017

Introduction

For 30 years the City of Dallas Domestic Violence Task Force has served the community by combatting domestic violence and raising awareness about this public health and safety issue. Comprised of elected officials and representatives of law enforcement, courts, and corrections, as well as members of advocacy, religious, media, and volunteer organizations, the Task Force has established itself as the clear voice of community safety concerns and activism. The *Annual Summary Report: 2016–2017* builds on the first two reports by providing updates and trend information on the activities and membership of partners in the Task Force, all in an effort to show Dallas’s systemic response to the threat of domestic violence.

The City of Dallas Domestic Violence Task Force was created in 1987 to investigate and monitor the city’s response to domestic violence. Representatives from the Dallas Police Department (DPD) and family violence-advocacy organizations, including The Family Place, Genesis Women’s Shelter & Support, Mosaic Family Services, Salvation Army, and Hope’s Door participate on the Task Force. Other key partners come from the local criminal justice system, government, and social services, and include the City of Dallas Office of the Mayor and City Council, Dallas County district attorney’s office, and City of Dallas Attorney’s office, county and district court judges, and shelter placement and transportation providers. Although the Task Force was instructed to meet for only 2 years at its inception, the group quickly realized the impact of their coordinated efforts on helping victims. Strong working relationships have been formed within the group, which has been meeting quarterly since 1986. The Task Force’s general meetings are open to the public.

In addition, the Executive Committee, composed of a small number of partners, meets monthly to discuss detailed metrics and guide city policy. Recently, the Task Force has received renewed attention, especially in the form of its annual report, under the leadership of Dallas Mayor Mike Rawlings. Following the brutal murder of Karen Cox Smith in 2013, Mayor Rawlings launched the Men Against Abuse Campaign and appointed Council Member Jennifer Gates to chair the Domestic Violence Task Force, thereby mobilizing the community to do more to address domestic violence.

Council Member Gates was charged with gathering metrics to highlight community and government efforts in raising awareness. Toward this end, in 2014 she invited Dr. Denise Paquette Boots (associate professor of criminology and senior research fellow at the Institute for Urban Policy Research at the University of Texas at Dallas) to join the Executive Committee and general Task Force and spearhead its data collection. Accordingly, Dr. Boots met with these partners over an 18-month period to ensure reliability and rigor in this collection of measures, as these agencies and organizations have voluntarily contributed significant efforts and manpower to inform the inaugural report, which was released in the fall of 2015. While the inaugural report was written without external funding, the 2015-16 report was funded by local donors in Dallas and greatly expanded the metrics reported.

This report builds on those of the previous 2 years, administering similar surveys for both general Task Force and Executive Committee partners. Furthermore, it includes updated and expanded metrics from local government agencies, particularly law enforcement and judicial partners. As with previous annual reports, the reporting period is June 1, 2016, through May 31, 2017. This 1-year time period allows the research team to gather metrics and present these data in a report in the month of October, which is National Domestic Violence Awareness month. Together, these data present a cumulative picture of the systemic response to domestic violence in the community and offer a preliminary glimpse into the year-over-year changes that would drive policy and criminal justice issues moving forward.

A General Overview of the Systemic Response to Domestic Violence

In June of 2017, all attendees of the general Domestic Violence Task Force meetings were invited by email to participate in a brief electronic survey about their organizations and levels of involvement. In all, 64 invitations were distributed to individual email addresses. Of those, 47 started the survey, and 43 completed it, yielding a 68% response rate and a 91% completion rate, an increase compared to last year's response rate of 82%. These response rates are outstanding considering that all attendees of general Task Force meetings were invited to return the survey, regardless of whether they had attended once or were regular participants. One should note that even if a person, either an individual or an organizational representative, attended one meeting over the 1-year period, he or she received an email invitation. This strategy creates a larger sample to include in the solicitation (and potentially more beneficial information across a wide range of participants). However, it also means that some of these invitations may not be accepted because the recipient is not a vested member of the general Task Force, reducing the response rate. Therefore, caution is warranted in interpreting the response rates overall or the variance, as they may change each year, depending on Task Force meeting attendance.

About the Survey

The survey asked respondents for information about themselves, their organizations (if applicable), and their involvement in the Dallas Domestic Violence Task Force. Those who indicated they represented the interests of an organization, such as a nonprofit or government agency, were asked about their organizations' employment, characteristics, mission, and purpose. Respondents whose organizations provided shelter services were asked about shelter capacity. As with any survey instrument, respondents were free to answer all, some, or none of the questions. This caused the total sample size to vary across tables and figures. To maintain integrity, missing data were not imputed, and no entries were changed from the original.

This year's survey, like in the previous 2 years, represents an attempt to integrate responses across both the general membership and the metric-reporting Task Force members. These metric-reporting Task Force members serve on the Executive Committee, meet as a separate group, and attend the general Task Force meetings. They have each agreed to provide detailed monthly performance metrics on domestic violence-related functions within their agencies. Combined with the general items asked of all members, the resulting data set comprises 3,112 variables. This number presents a substantial increase from last year's survey, which included 2,569 variables. A key goal of each successive annual report is to expand variables of interest related to the systemic domestic violence response in Dallas. Again, these variables provide a comprehensive overview regarding the scope and scale of domestic violence in the city of Dallas. The sheer magnitude of this data set and the complexities surrounding the interpretation of the measures, however, produced a considerable share of difficulties as measures

were combined across partners for a succinct presentation within this report. Institute staff spent roughly 200 hours cleaning and coding the data to produce the results contained in this report and hundreds more hours planning, executing, interpreting, and writing the analyses contained herein.

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Survey Findings

A total of 26 different organizations and 2 individuals (without organizational affiliation) responded to the demographic portion of the survey. One organization represented a for-profit entity, and one was a higher education / research institution. The remaining organizations were nonprofits, offices of elected officials, and government agencies. Figure 1 depicts the types of organization the respondents represented. As in previous years, nonprofits were the most common type of responding organization. Their representation has grown steadily, now representing exactly one half of all responding organizations. Unlike previous years, this year saw no faith-based organizations among the respondents, as well as a decline in both elected representatives and administrative government agencies.

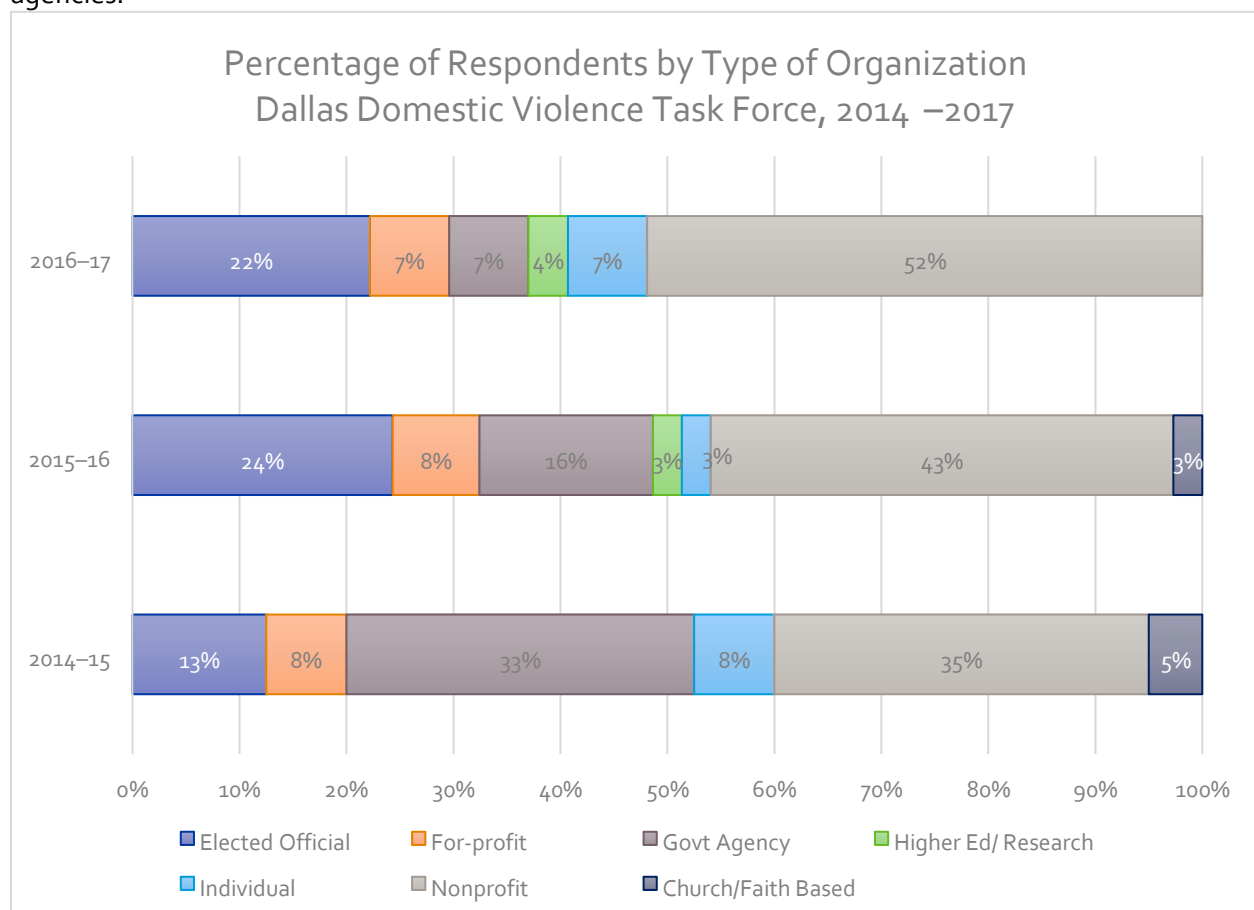


Figure 1. Percentage of Respondents by Type of Organization, Dallas Domestic Violence Task Force, 2016-17

The tenure of participation for individual respondents (not the organization they represented) also resembled that of last year. Table 1 shows that one half of those who answered were members of the

Dallas Domestic Violence Task Force for less than 2 years. The other half range from 3 years to over a decade on the Task Force; this was 18 percentage points higher than in the 2016 report.

Table 1. Cross-Tabulation of Organization Type of Member Tenure, Dallas Domestic Violence Task Force, 2016–17

	Elected Official	For-profit	Non-profit	Government Agency	Higher Education/ Research	Individual	Total
Less Than One Year	1 17%	0	1 10%	1 50%	0	0	3 13%
1–2 Years	2 33%	0	3 30%	1 50%	1 100%	1 50%	8 35%
3–4 Years	3 50%	1 50%	2 20%	0	0	1 50%	7 30%
5–9 Years	0	0	2 20%	0	0	0	2 9%
10 or More Years	0	1 50%	2 20%	0	0	0	3 13%
Total	6	2	10	2	1	2	23

The organizational tenure on the Task Force is comparable to the personal tenure this year. As described in Table 2, one half of the organizations that participated were on the Task Force 4 years or fewer, while 45% were involved 5 or more years. Last year, over 75% of the organizations had a tenure below 4 years.

Table 2. Cross-tabulation of Organization Type by Organization Tenure, Dallas Domestic Violence Task Force, 2016–17

	Elected Official	For-profit	Nonprofit	Total
Less Than One Year	0	0	2 14%	2 12%
1–2 Years	0	0	4 29%	4 23%
3–4 Years	0	0	2 14%	2 12%
5–9 Years	1 100%	0	4 29%	5 29%
10 or More Years	0	1 50%	2 14%	3 18%
Not Applicable		1 50%		1 6%
Total	0 1	2	0 14	17

As depicted in Figure 2, roughly one half of the organizations answering the survey employed fewer than 100 employees; a quarter of the organizations employed between 100 and 250, and one fifth employed over 250 employees. The figure also narrows the focus to only those employees who worked in areas of domestic violence. Nearly two thirds of the respondent organizations had fewer than 50 employees solely dedicated to working on domestic violence-related projects.

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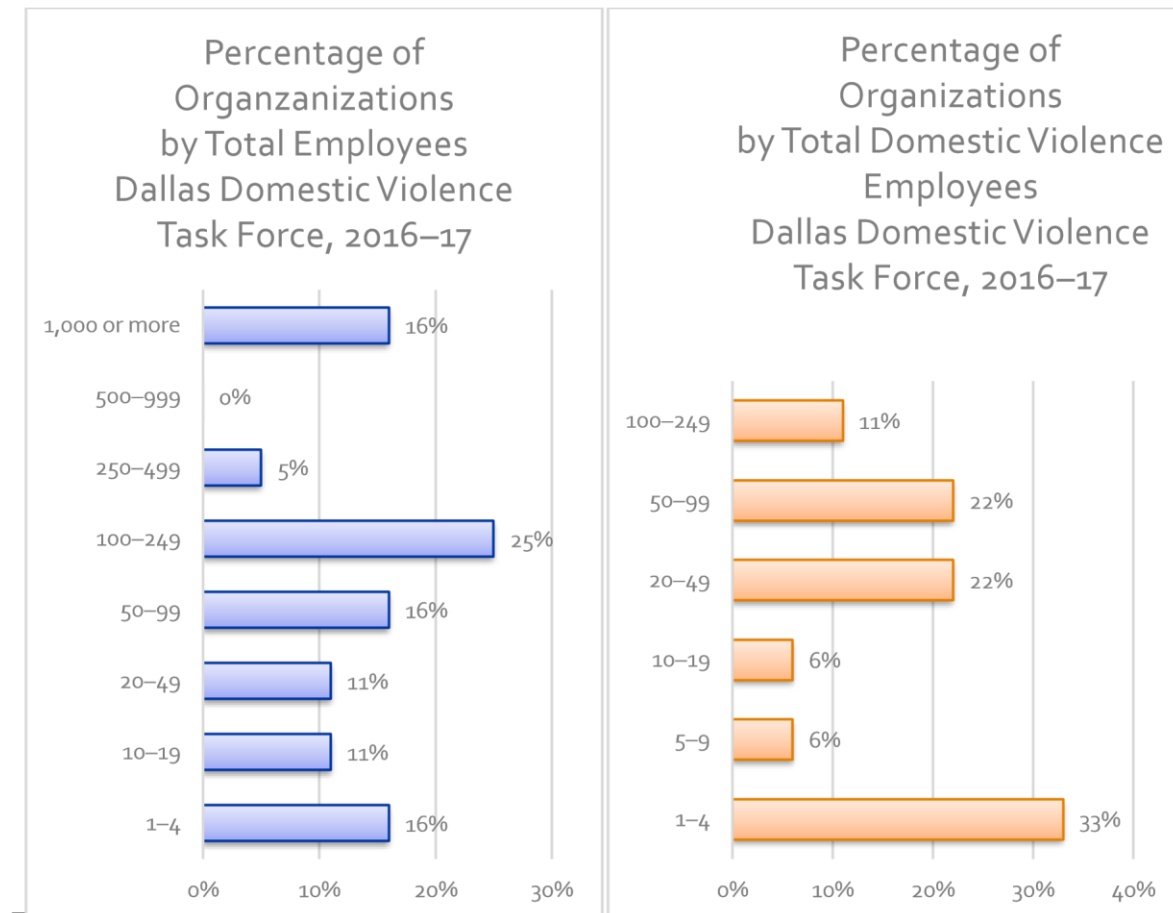


Figure 2. Percentage of Organizations by Total Employees and Number of Employees Focusing on Domestic Violence, Dallas Domestic Violence Task Force, 2016–17

Services Provided by Agencies

Figure 3 depicts the variety of services provided by those surveyed and the change in the proportion of organizations providing each type of service. Law enforcement grew slightly in representation of the organizations that responded when comparing this year to the last, moving from 10% to 13%. Victim service and advocacy continued to have the largest number of organizational respondent representation, with a 20% increase compared to last year; 63% of respondents identified this service as a main function of their respective organizations. Other services provided by significant numbers of organizations include public education and outreach at 38%, emergency shelter and transitional housing support at 29%, legal representation and prosecution at 25%, and victim transportation at

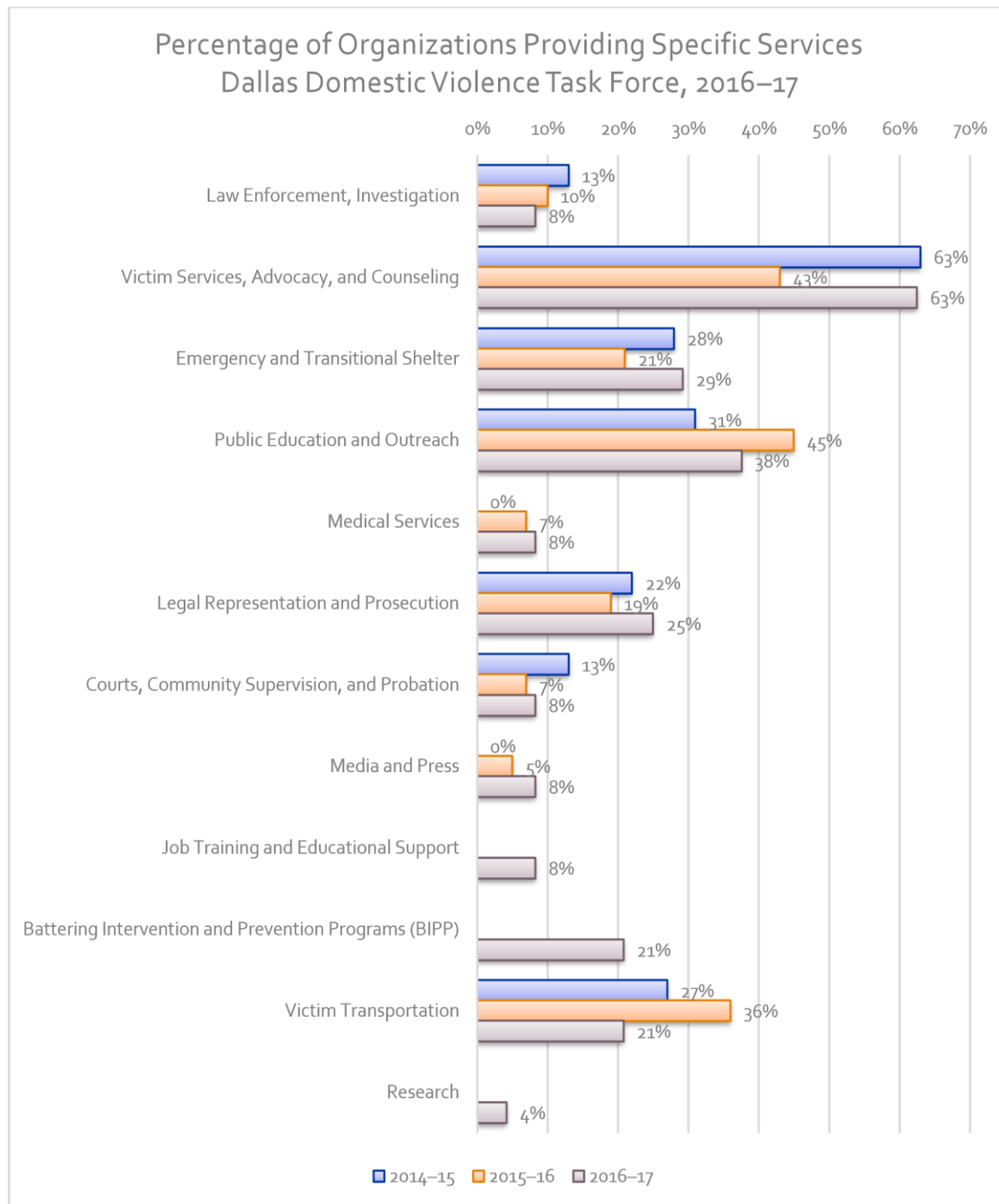


Figure 3. Percentage of Organizations Providing Specific Services, Dallas Domestic Violence Task Force, 2016–17

Figure 4 further illustrates the variety of transportation services provided among agencies that do so. With the exception of private car services, all modes of transportation experienced an increase over last year. The proportion of organizations providing bus or rail transit nearly doubled (27% to 50%), while the proportion of agencies that provide air travel almost tripled from 7% to 20%.

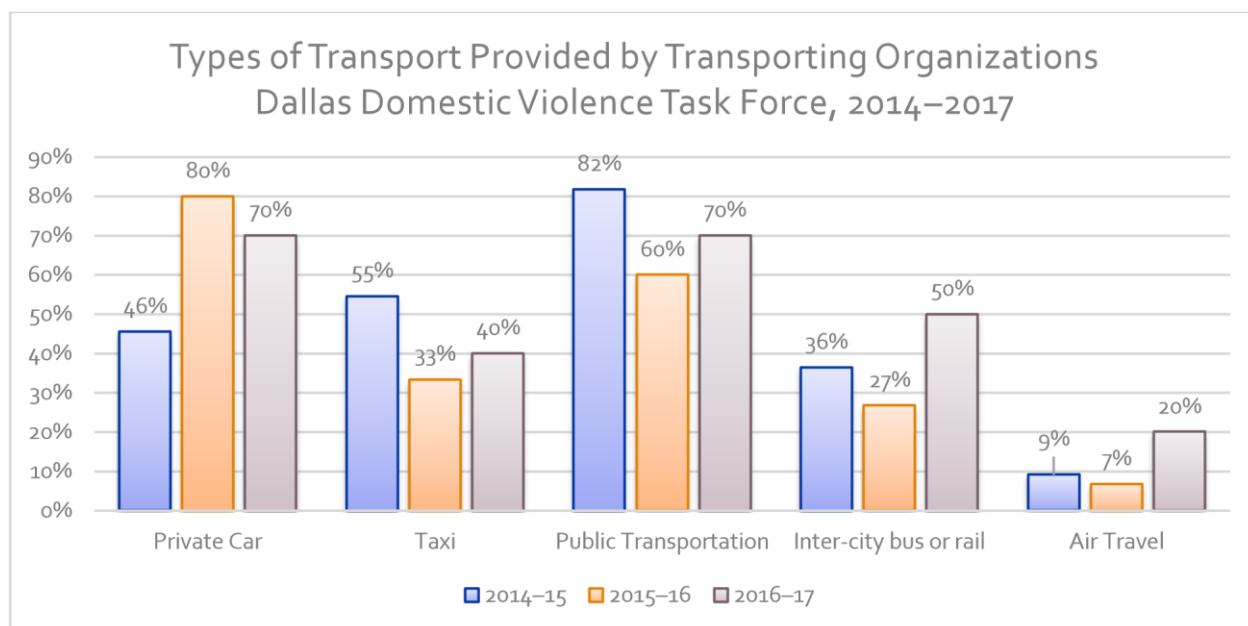


Figure 4. Types of Transport Provided by Transporting Organizations, Dallas Domestic Violence Task Force, 2014–2017

Qualitative data from these partners provide further insights into specifics regarding how these shelter support and referral partners offer critical assistance to victims fleeing their abusers and seeking safety. For example, the shelter support and referral provider Families for Freedom continues to expand its services for clients and now offers three broad types of transportation options for victims seeking safety outside Dallas or the State of Texas. First, in October of 2016, Families for Freedom received a grant from the Verizon North Texas Communities Giving Foundation to expand its services to survivors of intimate partner violence. With this award, Families for Freedom offers fuel cards to victims for gas purchases when leaving their abuser in their own vehicle. Since launching this program last year, 24 adult victims and 26 children have benefited from this service. While most clients are female, one male also sought assistance and was aided by the program. Clients receive as much fuel as needed to relocate to safety in a new state. In 2017, a domestic violence shelter or police referral became a new requirement for this service to mitigate fraud or misuse.

As a second option, Families for Freedom began providing bus tickets for adult and child shelter victims who were nondisabled and capable of travel via bus (when driving by car was not an option) through its Ticket to Ride program. Since this service began in October of 2016, 47 adults and 16 children have been serviced and found safe haven by leaving the immediate area. Of these clients, four traveled by bus to available shelter outside Texas. While most of the population served were females, two clients were male, and one was transgender. Most of these clients traveled on Greyhound, but others received free transport via Megabus tickets and Amtrak tickets, depending on cost-effective pricing and availability. This is a significant transportation cost to bear, as this nonprofit receives no discounts from these transportation companies for tickets purchased.

Last, Families for Freedom continued its primary service of providing car and van rides to victims of domestic violence. Over the 1-year period, the organization helped 27 adult female victims and 34 children reach safe haven outside Texas, with most of these victims departing directly from a DFW-area

domestic violence shelter. In October of 2016, they revised their policy to provide multistate car/van rides only to victims with children, with a disability, and victims with pets.

Client Diversity

The 2015–16 survey asked respondents to identify survey changes and/or additional variables that would be helpful to them in providing assistance or bettering their response to domestic violence in the community. Task Force partners in last year's report suggested that a collection of demographic information about the clients they serve would help them better understand the larger needs of the client population in Dallas. In response, this year's survey featured this set of new questions regarding a range of client demographic characteristics, from race and educational achievement to immigration status and homelessness status. The results are expressed as average percentages from the 17 organizations that responded and are aggregated across all respondents. Figure 5 presents a summary of these demographic characteristics. About one fifth of the average agency's clients were White; nearly a third were Black, and slightly less (28%) were of Hispanic or Latino origin. Asians, Native Americans, and Pacific Islanders made up less than 10% of the average agency's clients. Nearly 60% of clients spoke English as a primary language, though a quarter named Spanish as their dominant language.

Almost one half (42%) of clients seen by the average agency had not completed the equivalent of a high school education, while only 3% of clients seen by the average agency possessed a graduate degree. Nearly all those seeking services from the average agency were below the age of 54, and over half were younger than 34.

Nearly 60% of the clients seen by partners lived in poverty, while less than 15% of clients seen by agencies in Dallas earned above 200% of the poverty line. Over a quarter of the clients served were living the United States as immigrants (e.g., undocumented, asylum seekers, or refugees), and over a third were presently homeless.

While these new demographic variables are a welcomed addition to this year's report, Task Force partners might consider adding other variables for future iterations of the annual report. For example, there have been numerous discussions about underserved populations and challenges in delivering services to victims who are drug users, who have special needs, who have custody of older male children, and LGBTQ victims. Additional measures regarding those victims served within these populations would be quite valuable by providing concrete numbers to direct resources and discussions among partners about how to address these needs. These types of data requests would need to be balanced with the considerable amount of time and effort for data collection that shelter partners would be asked to take on, however. There have also been concerns expressed about sharing sensitive data regarding human subjects and safeguards that would need to be in place to ensure that privacy for these victims would be maintained and that all data would be properly de-identified. These are complex issues that will require additional discussions with partners involved before any commitments may be made toward future reporting.

Figure 5. Distribution of Clients by Demographic Characteristics, Dallas Domestic Violence Task Force, 2016–17

Training and Education Provided

Respondents to last year's survey also expressed an interest in better understanding the volume of outreach training and education that service providers delivered within the community. Within this new section of this year's report 13 respondents answered questions about the training and education they provided. Combined, these agencies conducted 548 individual training sessions (more than 45 per month), and they reached a combined 14,748 people, an average of more than 40 each day. These impressive numbers suggest that Task Force partners are providing a high level of outreach services to victims of domestic violence as well as using considerable efforts and resources to educate people regarding the causes, consequences, and signs of domestic violence. Such efforts are essential to the community in battling the myths that persist regarding intimate partner violence as a whole, increasing outreach to vulnerable populations, and encouraging support for victims within their neighborhoods, places of faith, schools, and workplaces.

Reported Shelter Capacities

All Task Force members who reported providing shelter services provided details about their shelter capacity for both on- and off-site shelters. *On-site shelter* refers to the capacity to house victims of domestic violence within the facility itself. In essence, reporting organizations own and manage the facilities that provide on-site shelter. *Off-site shelters* make use of facilities not controlled by the serving organization. For the majority of the reporting organizations, off-site capacity refers to motel or hotel rooms that the organization reserved and paid for as needed.

Capacity can further be broken down into emergency shelters and transitional housing. An *emergency shelter* is defined here as one that provides victims of domestic violence with immediate and short-term shelter directly after an incident has occurred. *Transitional housing* is defined as service that provides long-term housing assistance to clients, as well as subsidized housing and services to rebuild clients' lives after leaving an abusive relationship. Table 3 presents the data reported for the current year.

Table 3. Number of Rooms and Beds by Shelter Type, Location, and Victim Demographic, Dallas Domestic Violence Task Force, 2016–17

	On-Site				Off-Site			
	Emergency		Transitional		Emergency		Transitional	
	Rooms	Beds	Rooms	Beds	Rooms	Beds	Rooms	Beds
Women & Children	83	383	99	225	4	147	0	0
Men & Children	7	8	5	10	22	24	0	0
Total	90	391	98	265	26	171	0	0

The data displayed in Table 3 represent an aggregation of all five shelters that responded to the general survey distributed to the Task Force this year in the greater Dallas area. These are the four Executive Committee shelter partners; Genesis Women's Shelter & Support, Mosaic Family Services, The Salvation Army, and The Family Place; and general Task Force member Hope's Door. It should be noted that Hope's Door merged with New Beginnings Center in 2016; therefore, the numbers presented here by Hope's Door are for the total capacity based on the merger. In 2015–16, these partners reported individual numbers. This merger was implemented to produce a more financially stable organization, create a streamlined management team and infrastructure, and offer a unified and stronger voice in the community. Perhaps most importantly, the combined merger allowed these nonprofit shelter partners

to reduce their administrative operating rate from 19% to 12%. They used this cost reduction to provide more services to victims and increase outreach within the community. The shelters are located in Garland and Plano. While they are not within Dallas' city limits, the close proximity of cities and shared goals of victim safety highlight how the Task Force works effectively as a coordinated community response team to share resources, support each other's efforts, and work toward placing victims across a broad geographical area within the Dallas-Fort Worth metropolitan area.

The shelters reported a total emergency capacity (for on- and off-site locations) of 116 rooms and 562 beds for victims. Within this total of emergency housing, partners identified 87 total rooms and 530 beds dedicated for women and children, and 29 rooms and 32 beds for men and children. The combined total of on- and off-site transitional housing has capacities of 98 rooms and 265 beds, with 93 rooms and 255 beds dedicated to women and children, and five rooms and 10 beds for men and children.

The 2015–16 survey marked the beginning of a more complex collection of capacity data, rendering data collected from prior years incomparable. In the first annual report in 2015–16, none of the shelters provided transitional accommodations for men and children on site. This changed in 2016–17 when some shelters did provide on-site rooms and beds for men and children. Of particular note is that onsite transitional housing for women and children increased from 69 rooms in 2015–16 to 99 rooms in 2016–17, representing a 43% increase. Off-site transitional housing capacity for women and children decreased in 2016-17, dropping from seven beds and seven rooms to no rooms or beds. The change in off-site transitional housing for women and children could be a result of the increase in on-site transitional housing options, alleviating the need for off-site capacity. There is a clear need for more rooms and beds for domestic violence victims across the area.

Shelter Support and Referral Services

Another valuable service is provided by non-shelter organizations that specialize in finding shelter space for victims. Data related to these services are provided in Table 4.

Table 4. Number of Victims Placed and Not Placed by Shelter Type and Client Demographic, Dallas Domestic Violence Task Force, 2016–17

	Placed		Not Placed	
	Emergency	Transitional	Emergency	Transitional
Women	51	0	3	0
Children	42	0	5	0
Men	0	0	1	0
Total	93	0	9	0

The three organizations reporting this year are International Rescue Committee, Heart House, and Families to Freedom. Combined, they located emergency shelter for 51 women and 42 children, but they did not place any male victims. These agencies were not able to find shelter for all who sought it: Nine victims were unserved due to a lack of space or availability. These numbers are significantly lower than last year's figures from shelter support and referral partners, which showed a combined total of 625 unplaced victims who sought emergency and transitional placement but were unable to find shelter at that time.

As one Task Force partner from last year did not respond with 2016–17 data, these figures are believed not to portray the level of need or a solid estimate of the number of unserved and unplaced victims in Dallas. Variation is expected across years since reporting is voluntary and respondents change annually.

Each additional partner's data provides another piece of the puzzle regarding need versus demand for both emergency and transitional housing space. There has been frequent discussion, for example, in Task Force meetings regarding the need for shelters and more victim services in southern Dallas, where many victims seeking support live in poverty and have limited financial and social supports to flee their abusers. Shelter referral and placement partners on the Task Force work in these areas, and these numbers of unserved victims are not reflected in this year's report versus the 2015–16 report. It is hoped that in coming years the Task Force will be able to increase the response rate and have all partners in Dallas provide data, but it is understood that this can be a significant challenge for nonprofit partners with already limited resources and time when they are working on behalf of victims at the same time data collection is requested.

Additionally, for each year of reporting, readers should use caution in adding the total number of unserved victims across various sections of the report. The metrics do not reflect unique victims, and it is unclear if these victims were able to find placement at a later time or in a different geographic area. This report does not track any identifying information on adult or child victims to protect their identity and confidentiality, so it is not possible to know the full extent of double counting across sources or areas of the report. While reporting year-over-year data is important, the change in organizations that provided detailed quantitative metrics does not necessarily allow for cross-comparisons between the 2 years.

Restrictions to Service

For a variety of reasons, some organizations place restrictions on the types of clients they will accept for service. Some organizations face limits imposed by their use of federal funding, while others enforce restrictions on client acceptance due to private funding, their internal bylaws or board oversight requirements, or potential liabilities to minimize risk to populations they serve. Concern for victims' safety and the ability (or inability at times) to address the needs in specific subpopulations frequently drives restrictions. These restrictions affect not only the shelters; they also influence the shelter referral service organizations that are assisting with victim placement.

For shelter referral organizations, partners reported that key barriers to victim placement included having an older male child or custody of a large number of minor children. Other barriers to placement are lack of English fluency, having a pet, criminal history restrictions, being disabled or having special needs, and taking prescription medication not allowed by the shelter.

All replying shelters reported having some restrictions on the clients they assist, and most of the restrictions are similar to those reported by the referral agencies. These included restrictions for victims who have active drug use or drug dependency, though fewer shelters have this restriction than last year. Consistent with 2015–16, shelters also reported having older children as a restriction. In addition, two shelters reported gender as a restriction, specifically, not being able to house male victims. At least one shelter reported restrictions for serious medical conditions, severe physical or emotional disabilities, and lack of translation services.

Three shelters have reported metrics on transitional housing restrictions. All three shelters stated active drug use or dependence is a restriction for transitional housing. As with the previous year, at least one shelter is unable to serve victims with older children, and at least one shelter reported an inability to serve male victims. One shelter has restrictions on serving victims with serious mental health issues. Likewise, one shelter reported having restrictions on serving victims with serious medical problems or conditions.

In last year's report, a key barrier that was raised for shelter referral organizations and the shelters themselves was the inability to share real-time shelter availability for victims across these partners. Since the release of last year's report, shelter organizations have created and launched a Google Docs system to do just that. Shelters now are able to help place victims at other facilities outside their own and relay this information to shelter referral and placement organizations and police in real time. These efforts show the importance of sharing resources and working collaboratively, as they significantly impact promptly getting victims to safe haven when they are in the most need.

Additional barriers to placement exist depending on the unique circumstances of the victims involved. At times victims are traveling long distances to seek shelter throughout North Texas and across the state, and shelters may be unable to "reserve" a room or beds. Other times shelters may be able to accept only "imminent threat" victims, such as at peak times, or have geographic restrictions on placement of victims from outside the area, making emergency shelter and transitional housing even more challenging to find. Another issue that might create a barrier for victim placement is the need for dog or cat kennel space. Many victims are unwilling to leave their pets behind when fleeing an abuser. Some shelters cannot accommodate animals and/or do not have the space or staff for their care, thus creating a painful dilemma for victims at their time of greatest need.

An additional issue raised by shelter partners concerned immigration status and new federal policy initiatives surrounding the deportation of undocumented residents (this will be discussed in more detail at the end of this report in the policy and future recommendation section). It should also be noted that the restrictions discussed here do not reflect the total number of shelter and referral partners participating on the Task Force; therefore, other restrictions may exist that are not cited here.

A Detailed Analysis of Agency Metrics

Lead researcher Dr. Denise Paquette Boots continues to meet quarterly with Executive Committee partners on the Task Force. Dr. Boots and her colleague Dr. Timothy Bray also meet with general Task Force partners at each open meeting. Together, these researchers oversee the creation of each year's annual survey that is administered via email to all Task Force partners. Feedback from these general and Executive Committee meetings is integrated into new iterations of the survey each year to bring new information and illuminate policy issues that are identified to be of interest. A wide variety of metrics on police, courts, and victim services has been collected over the past 3 years. The survey features two main sections: a general portion already presented and the current section relaying detailed metrics from Executive Committee partners on the Task Force. These Executive Committee members agreed to provide monthly data across a large number of key variables, thereby permitting a more detailed inspection of monthly trends. Shelters, DPD, the Dallas County District Attorney, the Dallas City Attorney, Dallas courts, and City of Dallas elected officials provided data for this year's report.

Shelters

The shelter metrics in this section provide detailed monthly information from four nonprofit organizations in Dallas that serve on the Executive Committee: Genesis Women's Shelter & Support, Mosaic Family Services, The Salvation Army, and The Family Place. The majority of the population assisted by the four shelters were women and children, a demographic group that historically tends to have higher needs for shelter (National Coalition Against Domestic Violence, 2016). Note that only four shelter partners are reporting here, rather than the five that reported data for the general survey portion of this report. Therefore, these metrics cannot necessarily be combined or compared to the general Task Force metrics presented earlier. Just as in previous annual reports, the detailed metrics from these four shelter agencies include: (a) reported capacity in rooms and beds, (b) number unserved due to lack of space, (c) average monthly capacity, (d) average nightly emergency population, and (e) average nightly transitional population.

Reported Capacity in Rooms and Beds

Table 5, like Table 3, reports the combined capacity total from the Executive Committee Task Force shelter members. On-site again refers to the capacity available to house domestic violence victims within a facility that is owned, operated, and managed by the organization itself. Off-site is the capacity available in shelter arrangements outside an agency's ownership or control, typically hotel or motel rooms that an organization books when it is at capacity on its own property. As in the general Task Force section on rooms and beds, capacity can further be broken down into emergency shelters and transitional housing. An emergency shelter is defined here as one that provides victims of domestic violence with immediate and short-term shelter directly after an incident has occurred. A transitional housing is defined as one that provides long-term housing assistance to clients, as well as subsidized housing and services to rebuild clients' lives after leaving an abusive relationship.

Table 5. Number of Beds and Rooms by Shelter Type and Victim Demographic, Dallas Domestic Violence Task Force, 2016–17

	On-Site				Off-Site			
	Emergency		Transitional		Emergency		Transitional	
	Rooms	Beds	Rooms	Beds	Rooms	Beds	Rooms	Beds
Women & Children	51	217	58	203	4	4	0	0
Men & Children	1	2	5	10	4	6	0	0
Total	52	219	63	213	8	10	0	0

For the reporting period between June 1, 2016, and May 31, 2017, the total emergency capacity for both on- and off-site was 60 rooms with 229 beds. Of these emergency shelter assets, 55 rooms and 221 beds were dedicated to female victims and their children, with another 5 rooms and 8 beds for men and children. The four shelters also reported a total of 63 rooms and 219 beds for transitional housing, including both on- and off-site. These transitional totals included 58 rooms and 203 beds for women and children and five rooms and 10 beds for men and children.

In last year's report, the Executive Committee shelter partners reported dedicated rooms and beds for male victims and their children in only off-site emergency shelters. Men and children had rooms and beds available in both on- and off-site emergency shelters as well as on-site transitional housing in 2016–17. No shelter partners reported capacity for adult male victims or their children in off-site transitional housing this report cycle. A significant increase in services appears when comparing

transitional housing numbers between 2015–16 and 2016–17. Specifically, on-site transitional housing for women and children increased from 163 beds in 2015–16 to 203 beds in 2016–17, or a 25% increase. In 2016–17, no female victims were housed in off-site transitional housing. In the coming year, the level of service for adult male victims and their children will be dramatically impacted due to the opening of a new shelter by The Family Place. On May 8, 2017, The Family Place opened the first shelter for male victims of domestic violence in Texas. With 20 beds, it offers on-site emergency housing for men and their children of any age. This shelter space was made possible through federal grant funding, and fills an important gap that has been identified in previous annual reports regarding male victims. At the time that data were collected, The Family Place also planned to open a new shelter for females and children in August of 2017.

Unserved Due to Lack of Space

Figure 6 presents the data on the monthly number of victims seeking shelter who were unserved. From June 2016 through May 2017, the Executive Committee shelter partners turned away a total of 7,950 women, children, and men due to a lack of space. This represents a 22% decrease from the previous reporting period, which saw 10,154 clients unserved due to space, but slightly higher than the 7,567 reported in 2014–15. The month of May 2017 saw the highest monthly number of victims unserved at 866, a number well above the 2016-2017 monthly average of 663. The month-to-month trends have remained largely consistent over the years, although the 2016-17 numbers were much lower from July through November than 2015-2016 and the 3 years converged from December to May.

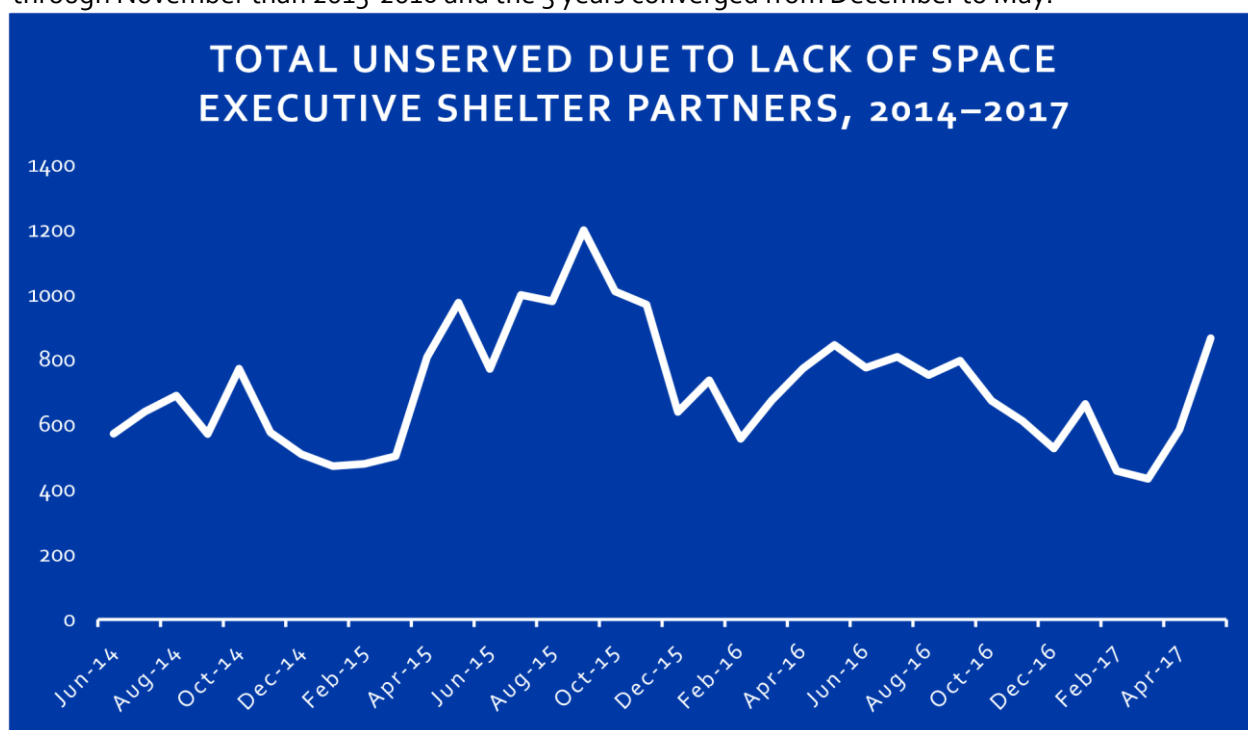


Figure 6. Total Unserved Due to Lack of Space, Executive Shelter Partners, Dallas Domestic Violence Task Force Executive Committee Shelter Partners, 2014–2017

While the numbers for total unserved victims due to lack of space were lower in the 2016–17 reporting cycle, the reasons behind this decrease or the sustainability of this trend in the number of victims unserved are unknown at this time. Taken at face value when considering the rising population of

Dallas, it seems highly unlikely that demand would be decreasing by such a large percentage for emergency shelter or transitional housing. This departure from previous years may be the result of an expansion in facility sizes, thereby allowing for more victim services, and thus decreasing the number of victims turned away. Since there is no identifying information reported for the victims, it is not possible to know if some of the numbers have been duplicated. For instance, if the same victim was turned away at multiple sites, each site would report the person as unserved and inflate the unserved number count. This issue was a cited concern in previous published reports that urged caution in interpreting the numbers presented. With that being said, shelter providers noted that the number of potential duplicates is likely smaller this reporting year. This explanation holds merit since these providers successfully launched a new web-enabled application via Google Docs that enables real-time sharing of available rooms and beds across multiple shelter sites and locations throughout Dallas. As one of shelter partner so aptly stated in the qualitative comments, “with one call, the victim is directed to a program with openings, reducing the number of times she has to call [from] shelter to shelter. Overall, it is reasonable to assume that this might decrease the number of callers turned away due to lack of space.” Other shelter partners stated that they spent significant funds this last year on placing at-risk victims in hotels.

It is also possible that some outside factors such as policies regarding undocumented status might be impacting the number of victims seeking shelter or receiving information on available services because they are reluctant to call police for help. While partners were not asked to report data and could not have anticipated the changes in immigration law and enforcement this past year, multiple partners have reported anecdotally that current clients who are undocumented are more fearful to engage in community services or reach out to law enforcement or medical personnel as needed.

This metric regarding the number of victims left unserved is a vital piece of the picture of domestic violence victim needs for services, yet it is important to remember that some victims do not seek shelter (Kim & Gray, 2008). Victims might not seek emergency shelter for a number of reasons: their abuser leaves, they have a safe place to stay with friends or family, or they leave the area and find shelter somewhere else. Some victims also opt to stay with their abusers because they feel they have no viable options, are too terrified to leave, or are overwhelmed with issues such as joint custody of children or family pressures to stay in an abusive environment. These are just a few reasons that victims might not seek shelter from a nonprofit. The complexities of the decision to leave an abusive relationship are well documented in both empirical research and the clinical realities of shelters that provide support and outreach services for victims as they heal. To that end, the nonresidential components of the shelter providers’ programs are critical in addressing the needs of domestic violence victims. To help address this need, The Salvation Army applied for and received funding to expand their nonresidential counseling and legal advocacy services to survivors of domestic violence.

Average Monthly Capacity

Figure 7 depicts the average monthly facility capacity for the four reporting shelters. Overall, the 2016–17 reporting period experienced an average capacity utilization of 97%, representing a small increase from the previous reporting period. From November 2016 through May 2017, the shelters remained closer to full capacity than in the previous 2 years. Shelter providers had the highest capacity for 2016–17 in May (where all reported at or over capacity levels), whereas in the previous reporting year, the highest capacity for shelters was in September. For all years, shelter capacity remains close to 100% in November and December. In totality, the demand continues to exceed the capacity of beds and rooms

available; this is evidenced by the number of unserved victims who could not find placement, as discussed in the previous section. Shelter and support partners have voiced repeatedly that they need more funding to meet both short- and long-term housing and safety needs of victims in Dallas. The metrics each year provide further support for these claims with concrete numbers across key partners in the community.

These data demonstrate the persistent and ongoing high demand for rooms and beds for all shelters. Yet there are critical subtleties regarding the interpretation of data across the various shelter partners. For example, although these numbers provide insight into capacity, differing shelter policies related to how victims are housed create challenges for interpretation. For instance, in some shelters multiple female victims are housed in one room that contains multiple beds, while other shelters do not house multiple single victims in the same room due to privacy concerns. As a result, a single woman may occupy one room and one bed, and a woman and her two children occupy one room but three beds. This in turn complicates an interpretation of shelter capacity and exploration of barriers to service. Hence, this room-to-bed ratio may create the impression that a shelter was operating at a lower capacity. In addition, the space and housing vary from shelter to shelter, as do the policies related to allocation of rooms and beds.

Family composition can also affect bed utilization. For instance, the presence of a male child over the age of 10 may affect how families are housed. If a shelter typically houses multiple families in a bedroom when demand requires, the presence of a male child over 10 prevents this, therefore limiting maximum bed utilization. Until the establishment of an all-male emergency shelter by The Family Place in May of 2017, male victims both with and without children had few opportunities to find shelter in Dallas County because the majority of shelter providers designate adult females and their children as their primary populations. In addition, mixing adult females and their children with male victims (with or without children) is impossible due to safety concerns. Thus, providers such as The Family Place must often seek an off-site location to provide long-term transitional housing for male victims. While considerable strides have been made since the inception of writing these annual reports, providing shelter for all populations continues to be a critical issue among the Executive Committee partners. Continued funding to help address the needs of all populations is warranted. Hence, the current room-to-bed ratio presented may create the impression that a shelter was operating at a lower capacity due to the demographics and needs of the victims it was servicing at that time.

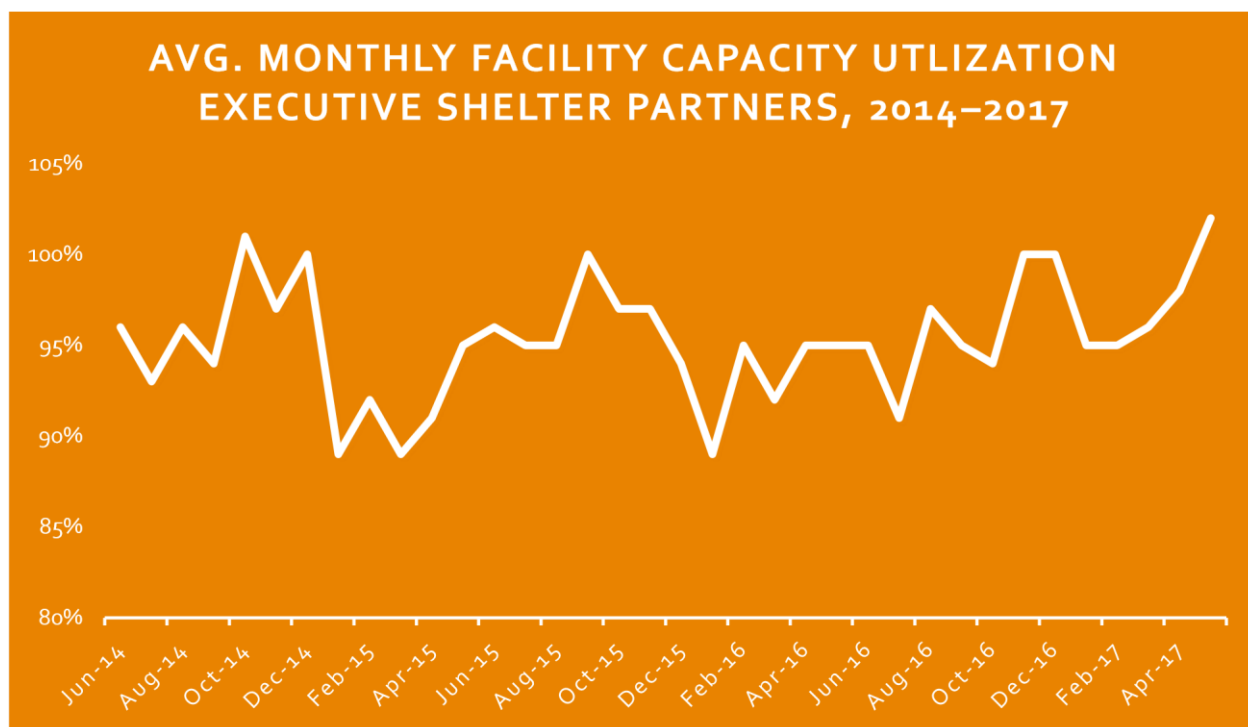


Figure 7. Average Monthly Facility Capacity Utilization, Executive Shelter Partners, Dallas Domestic Violence Task Force Executive Committee Shelter Members, 2014–2017

Average Nightly Emergency Population

Figure 8 presents the average nightly emergency shelter populations, both on- and off-site, from the four Executive Committee reporting shelters. The average monthly number of victims in emergency shelters was 246 in the 2016–17 reporting cycle. This represented a robust 37% increase from the previous year by an average of 67 additional victims per month (with 179 victims in emergency shelters monthly), and an increase of 94 more victims placed in emergency shelters per month (or 61%) compared to 2014–15. It should be noted that beds can turn over many times within a monthly period, so it is possible that more clients could be served in a month than the shelter partners show as the available bed count.

Although the present reporting cycle runs from June 1, 2016, through May 31, 2017, one should note that at the time these data were collected over the summer of 2017, The Family Place was about to open a new 50,000-square-foot facility called Ann Moody Place. In the next annual reporting year, this new facility will add 47 new beds for adult women and their children along with 10 kennels for dogs and 5 kennels for cats. Additional outreach and administrative offices will also be in this larger facility. The Family Place also opened a dedicated emergency shelter for adult male victims of domestic violence and their children at the end of the yearly reporting cycle in May of 2017. A significant rise in the number of victims' services and capacity reported for the coming year with these new facilities opening in Dallas is anticipated.

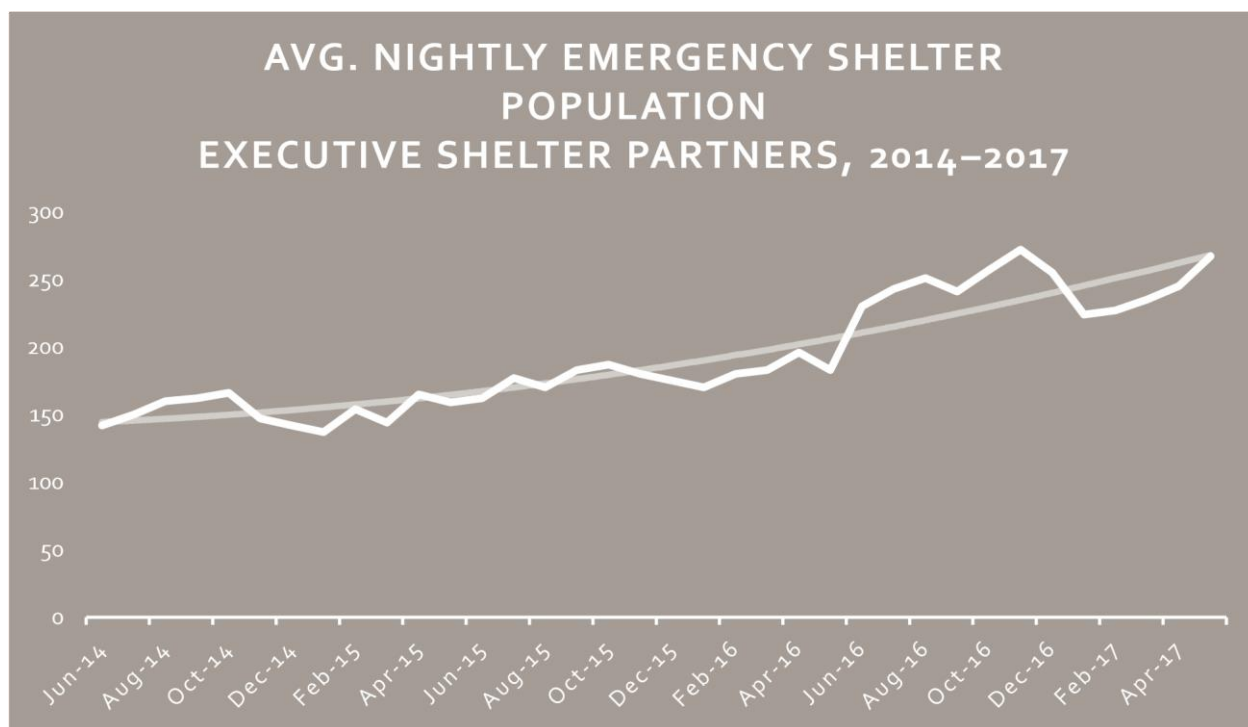


Figure 8. Average Nightly Emergency Shelter Population, Executive Shelter Partners, Dallas Domestic Violence Task Force Executive Committee Shelter Members, 2014–2017

Average Nightly Transitional Populations

In addition to providing emergency shelter for victims, several shelters also provided transitional housing services. These transitional services included long-term housing, job training, financial education, and counseling support for victims, all aimed at helping them to reenter their normal lives and preventing homelessness. These victims in transitional housings have varied needs depending on their circumstances. As a result of the control and social isolation their abusers exert over them, many victims are unable to form social ties or work outside of the home prior to seeking safe haven (Kim & Gray, 2008). Moreover, many clients in transitional housing are still in grave danger. In some cases, the abuser has not been arrested, and in others, the victim and abuser are still engaged in active criminal or civil legal cases. Both these scenarios present a serious danger to the victim. As a result of these factors, sufficient long-term transitional housing is a critical component of care and healing for victims to build healthy lives. Victims who receive transitional housing services are frequently long-term clients or patients, with services provided from several months to years, depending on the unique needs of the victim and the capacity of the shelter provider. Figure 9 presents the average nightly transitional population for the four shelters. The average monthly number of victims in transitional housing for the current reporting period was 162. This represents a decrease from the previous reporting year by an average of 17 victims a month, or a 10% decrease. Although this year's data indicated a decrease from the previous reporting year, this average still represents an increase from the 2014–15 reporting cycle of an average of 26 victims (or 19%).

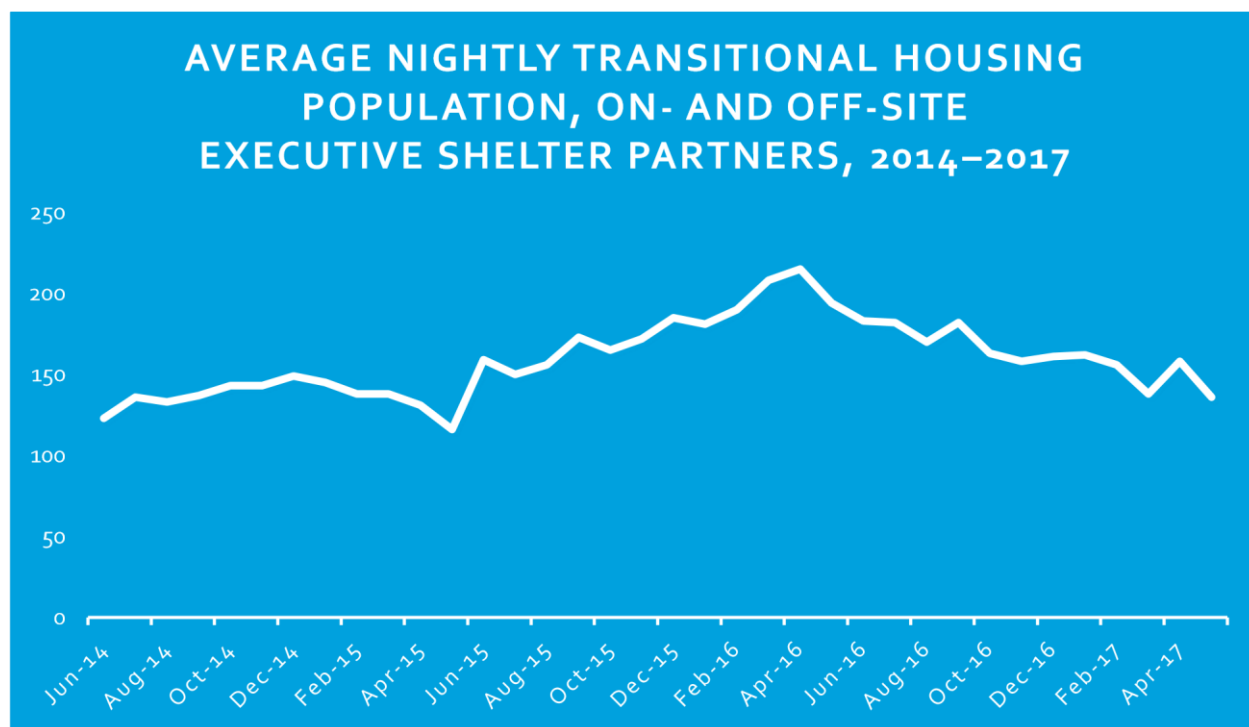


Figure 9. Average Nightly Transitional Housing Population, Executive Shelter Partners, Dallas Domestic Violence Task Force Executive Committee Shelter Partners, 2014–2017

Dallas County shelter partners play an invaluable role in combatting domestic violence for adult and child victims, thereby contributing to the health and success of the greater Dallas community. Continuing funding for these nonprofits combined with the high level of cooperation among partners on the Task Force enables these organizations to leverage precious resources in their efforts to stop domestic violence. The ongoing need for more resources to provide transitional housing space and long-term outreach support was highlighted several times throughout the survey by Executive Committee shelter partners as an area of critical focus.

Programmatic Advances Among Executive Committee Shelter and Outreach Providers

In October of 2016, The Salvation Army expanded their services for domestic violence victims with funding received from the Criminal Justice Division of the Texas governor’s office through its Victims of Crime Act funding. Expansions focused on growing their services in nonresidential counseling and legal advocacy for survivors of domestic violence.

The Family Place received similar block grant money from the Council of Governments and Office of the Attorney General. In May of 2017, it opened the first emergency shelter for male victims of domestic violence in Texas, with 20 dedicated beds for men and children. It is another example of the progressive response to domestic violence that Dallas partners continue to make. This shelter space fills an important gap that has been identified in previous annual reports. At the time that these data were collected in the summer of 2017, The Family Place was scheduled to open a 50,000-square-foot facility in August of 2017—the Ann Moody Place—which includes shelter and kennel space, administrative offices, and outreach support.

Other significant events for the Executive Committee shelter and outreach partners included Genesis

Women's Shelter & Support hosting the 12th Annual Conference on Crimes Against Women, held in Dallas in May of 2017. This 4-day conference offered over 146 speakers, 111 workshops, 12 case studies, 5 computer labs, 4 interactive workshops, and 2 evening film screenings. As one of the premier conferences for practitioners who work in law enforcement, advocacy, legal, and medical fields related to violence against women, over 2,000 registrants from all 50 states, the U.S. Virgin Islands, Canada, Asia, and Europe attended the conference. In addition, Genesis expanded their advocacy services in their nonresidential location in Dallas. These outreach services ensure that those survivors who are not wanting or ready for counseling are still able to receive the same exceptional level of service focused on their current issues. Two on-site advocates and a director of advocacy make up these outreach services. Survivors can call the hotline and be connected with an advocate to build a safety plan, receive crisis intervention, and address current basic needs (e.g., housing, financial, food), as well as gain access to employment services and applications for childcare. Additionally, these victims receive legal advocacy and referrals to legal resources, including the Genesis legal department, for further information and representation. These advocates are also at work within the community to ensure that they have the most up-to-date information about other agencies and service providers and to create change within the systems that clients navigate on a daily basis. They do it all for the purpose of better assisting survivors in overcoming barriers to a life free from abuse.

In summary, each of the shelter partners on the Task Force serves critical needs within the community regarding outreach and support services for clients who may never be offered housing or shelter. For these victims, these services are part of their lifeline to recovery. Genesis Executive Director Jan Langbein aptly described the benefits of these outreach services:

While it is true that it may seem like there is no substitute in a moment of crisis for safe confidential shelter, it is not the only answer. It can't be, or else all domestic violence agencies would be doing is running emergency shelters. Advocating alongside the victim through nonresidential advocacy services and providing a strong hotline response and safety planning to those in immediate crisis can help a victim to consider all of their options for safety when shelter is not immediately available. Because these services are more scalable than a shelter and have a much larger footprint, it is important for the community to also have a thorough understanding of these services and their role in the domestic violence community response.

Police Response

Domestic Violence Offenses, Arrests, and Case Filings

Over the past 3 years, DPD has provided detailed metrics to the Domestic Violence Task Force and been an invaluable member of the Executive Committee and general Task Force. For the 2016–17 reporting cycle, DPD gave detailed monthly metrics to the research team and regular updates to Task Force members throughout the year on the following items: (a) numbers of reported offenses determined to be domestic violence related; (b) domestic violence arrests, with a breakdown between misdemeanor and felony offenses; (c) family violence cases filed; (d) protective order violation offenses; and (e) family violence and intimate partner murders. DPD also provided retrospective data for variables of interest about the victims, offenders, and case-specific variables regarding all 3 years of intimate partner murders since the inception of the annual reports in June 2014 through May 2017. This is a significant new contribution to this year's report and is presented in the section on intimate homicides.

Since 2015, DPD has experienced significant organizational and leadership changes that have had a profound impact on the Domestic Violence Unit. Former DPD Chief David Brown announced his retirement effective October 22, 2016, which ended a 33-year career of service within the department. As this report was being written in September of 2017 (and after the reporting year had commenced in May of 2017 for this cycle), U. Renee Hall began her tenure as the 29th chief of police. Over the last 2 years, the Domestic Violence Unit has experienced a great deal of turnover with its command staff and detectives assigned within the unit. Four commanders have led the unit in this time frame, including Lieutenant Cecilia Hinojo, Lieutenant Pamela Starr, and Lieutenant Kylee Hawks all assuming leadership of the unit in the last year's reporting cycle. Lieutenant Hawks was the current commander at the end of May 2017.

Throughout this reporting cycle, the Domestic Violence Unit lost a large number of personnel through retirements, transfers, special assignments to other divisions, and the death of a detective. At the end of May 2017, the unit had only 23 case filing detectives, and they carried a caseload average of 45 cases per month. One detective was assigned 65 cases in the month of May. At the writing of this report, they were authorized to fill the vacancies and anticipated hiring several detectives and a couple of sergeants. The Domestic Violence Unit also had a detective on special assignment in the Personnel Division who was anticipated to return in August of 2017. In addition, in the fall of 2017, they anticipate the return of the officer who is assigned all Class C misdemeanor assault offenses. He was placed on special assignment as a 9-1-1 call-taker on March 30, 2017. With these changes in effect as of fall of 2017, the unit commander expects the unit to be fully or nearly fully staffed. As of June 2017, the unit had a lieutenant, 2 sergeants, 26 detectives, 2 caseworkers, 1 office assistant, a research specialist, and an investigative support specialist on staff. In the late summer of 2017, the Domestic Violence Unit anticipated adding a high-risk victim coordinator on a state-funded grant via The Family Place. This coordinator will specialize in identifying high-risk victims and providing them special support. A limited duty police officer is expected to return to the unit in the fall of 2017.

As shown in Figure 10, over the past 3 years, the number of reported offenses determined to be related to domestic violence have gradually increased. Between June 1, 2016, and May 31, 2017, alone, DPD determined 15,566 calls were domestic violence related, which represented a roughly 3% increase from the 15,124 calls reported in the previous reporting year. This metric included all calls received regardless of assignment to a specific unit, such as the Domestic Violence Unit. These calls include Class C misdemeanors and miscellaneous incident reports, which are calls involving domestic violence but that do not result in a domestic violence incident report. Note that calls to 9-1-1 may not be immediately classified as domestic violence related, as there are many offense codes that can have a domestic violence origin and require further examination. For instance, a 9-1-1 report of people fighting might later be determined to be domestic in origin. Likewise, a 9-1-1 report of a loud noise disturbance may, upon further investigation, be found a domestic violence complaint. Figure 10 depicts the relative consistency in the month-to-month trend over the past 3 years. In June of 2016, there were 1,477 calls reported to be domestic violence related, accounting for the highest monthly total across all three reporting periods.

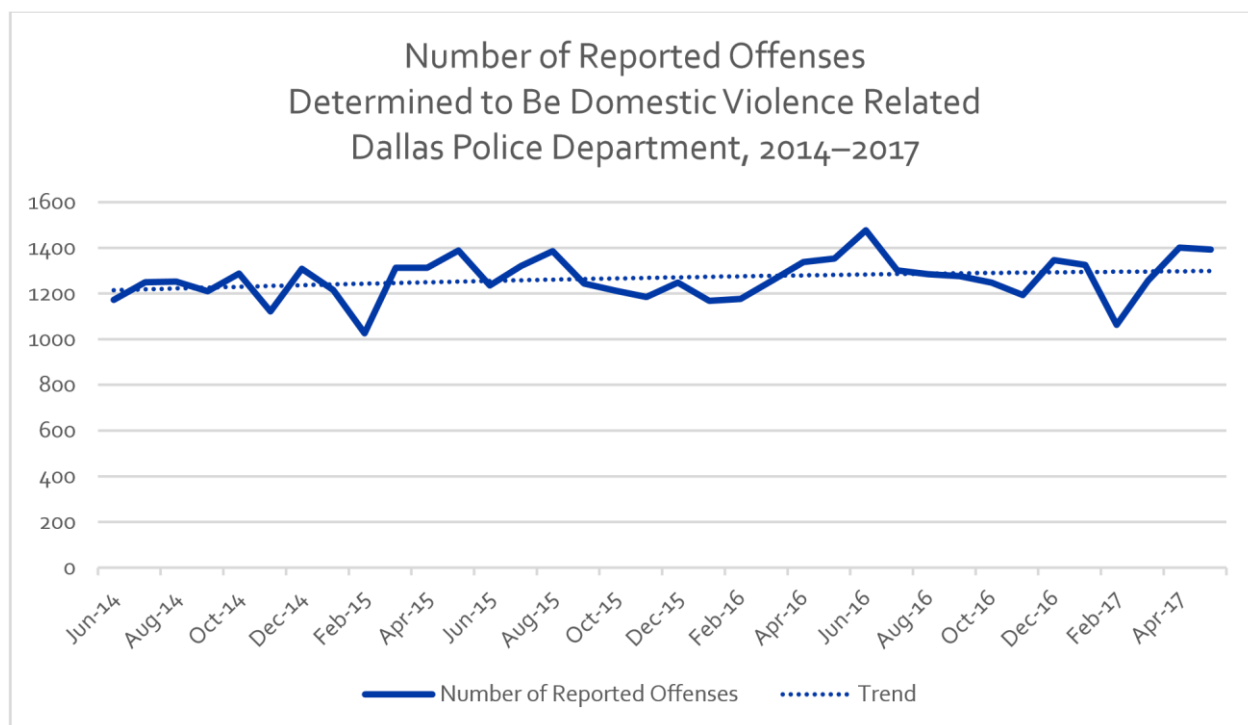


Figure 10. Number of Reported Offenses Determined to Be Domestic Violence Related, Dallas Police Department, 2014–2017

Case Filings

DPD filed 11,371 family violence cases over the past 3 years. The number of cases filed in 2016–17 accounted for the lowest yearly total for any of the years that the annual report has summarized metrics, with 3,527 cases filed. After a 5% increase from 2014–15 to 2015–16, there was a 12% decrease between 2015–16 numbers and those reported in 2016–17. Figure 11 displays both the monthly case filings reported between June of 2014 and May of 2017 as well as the trend. These graphics illustrate that July 2016 had 430 family violence cases filed, thereby accounting for the highest monthly total across all three reporting periods.

The decrease in case filings could be caused by a number of contributing factors cited by leadership within DPD. First, vacancies in key staffing positions within the Domestic Violence Unit clearly appeared to be a leading cause. A decrease in detectives caused a corresponding increase in caseloads for the remaining detectives. High caseloads reduced the amount of time each case received from the detectives, thereby making them cumbersome and creating difficulties in detectives having sufficient time to build these cases. In addition, when victims sign affidavits of prosecution (waivers), it is incumbent upon the detective assigned to the case to gather enough evidence for probable cause for an arrest without the testimony of the victim. While there are many reasons victims may be unwilling or unable to cooperate with police, these cases can be extremely hard to prove without victim cooperation. This is especially true since domestic violence cases are often based on the testimony of the victim and may lack other outside witnesses. When detectives do not have the necessary time to spend on each case, they likely will not have enough time to gather the evidence needed to build the case, or to conduct important home visits to victims who are nonresponsive to other means of contact. This would result in a decrease in the number of cases filed, as well as other metrics such as home visits that are impacted by this lack of personnel. DPD stated at the end of the reporting year that they

anticipated having approval from DPD leadership to fill the vacancies within the unit to address this staff shortage. Moreover, the unit reported looking for and implementing strategies that allow their team to work more efficiently, such as technological advancements that will increase their time management and ability to collect evidence quickly in the field.

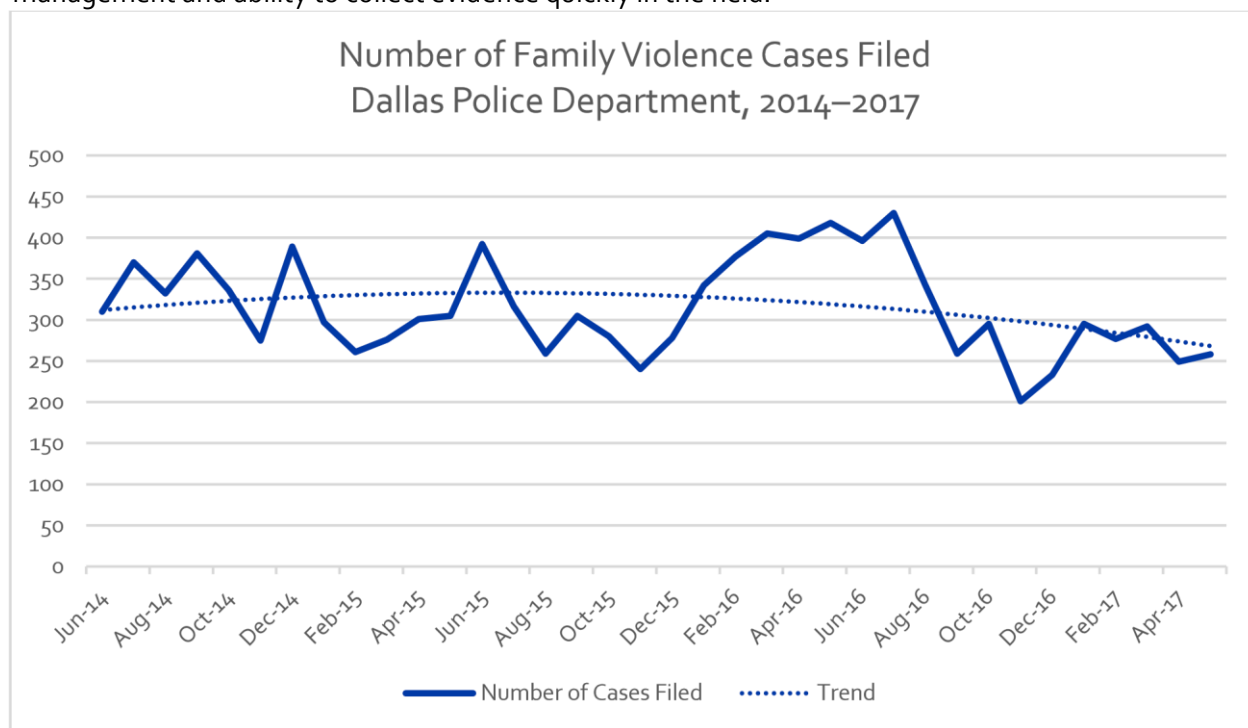


Figure 11. Number of Family Violence Cases Filed, Dallas Police Department, 2014–2017

Court orders of protection, commonly called protection orders, are documents that legally restrict the behavior of known or suspected domestic violence perpetrators. The provisions of these orders may include limitations to communication, distance to be maintained from the victim, and other stipulations specific to the case at hand. Protective order violations occur when a perpetrator violates the requirements of the order. Over the past three years, DPD reported 538 protective order violations, 211 of which occurred during the 2016-17 reporting period. This represents a 19% increase from the 178 violations reported during 2015–16 and a 41% increase compared to the 149 violations reported during the 2014–15 reporting period. Figure 12 provides the month-to-month variation in the reports filed. These data revealed that March of 2017 had the highest number of protective order violation offenses across all 3 years, with 27 violations, followed closely by May of 2015 with 26.

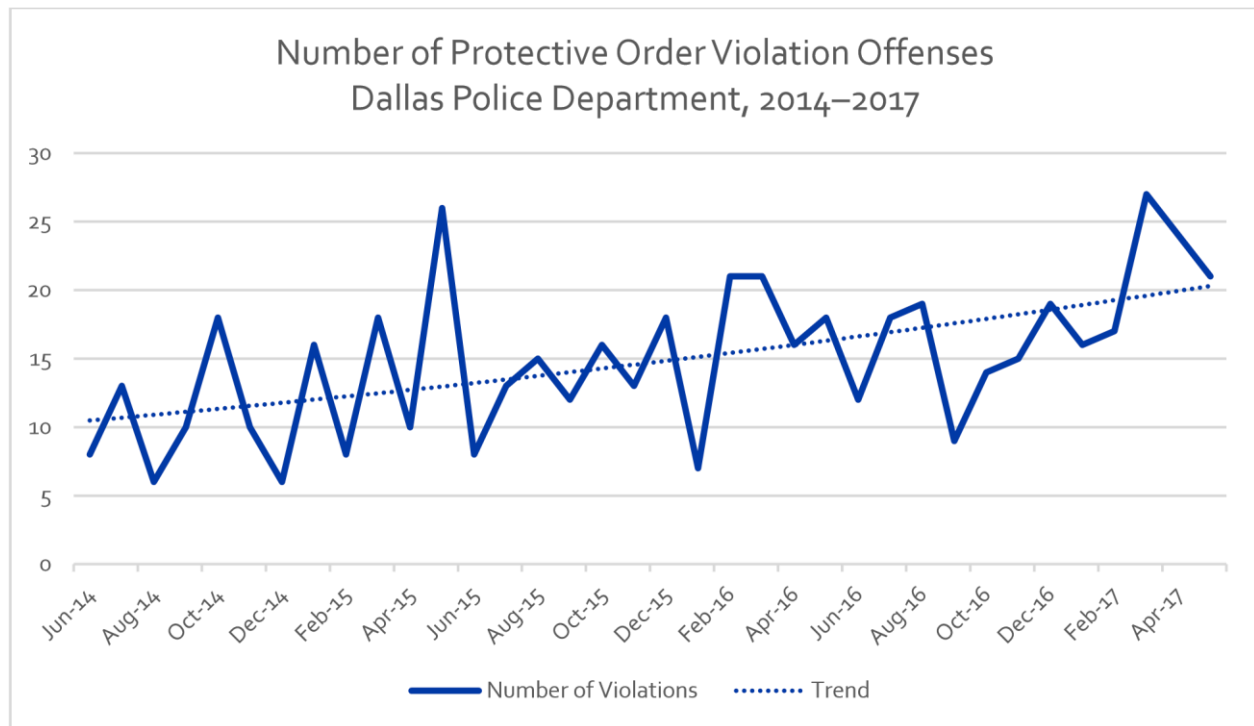


Figure 12. Number of Protective Order Violation Offenses, Dallas Police Department, 2014–2017

Misdemeanor Arrests

Figure 13 depicts the slight but gradual decrease in the number of misdemeanor domestic violence arrests reported by DPD, with the solid line linking monthly totals. Over the previous 3 years, DPD made 17,305 arrests on misdemeanor domestic violence charges. In 2016–17 there were 5,601 misdemeanor domestic violence arrests, which is 164 fewer arrests, or a 3% decrease, from the previous year. These findings mirrored the 3% decrease seen between 2014–15 and 2015–16 when there were 168 fewer misdemeanor arrests. August saw the highest number of misdemeanor arrests by DPD for both the 2015–16 and 2016–17 reporting periods, with 504 and 531 arrests, respectively. When examining the trend line (indicated with the blue dotted line), one will note a gradual decrease and leveling for misdemeanor arrests. DPD leadership noted that this decline in arrests overall may be partially due to a decrease in patrol officers, which in turn has led to an increase in response times and opportunities for offenders to leave the location. As such, more suspects were at-large, making these cases difficult to file, especially if the officers were unable to reach the victim to verify facts.

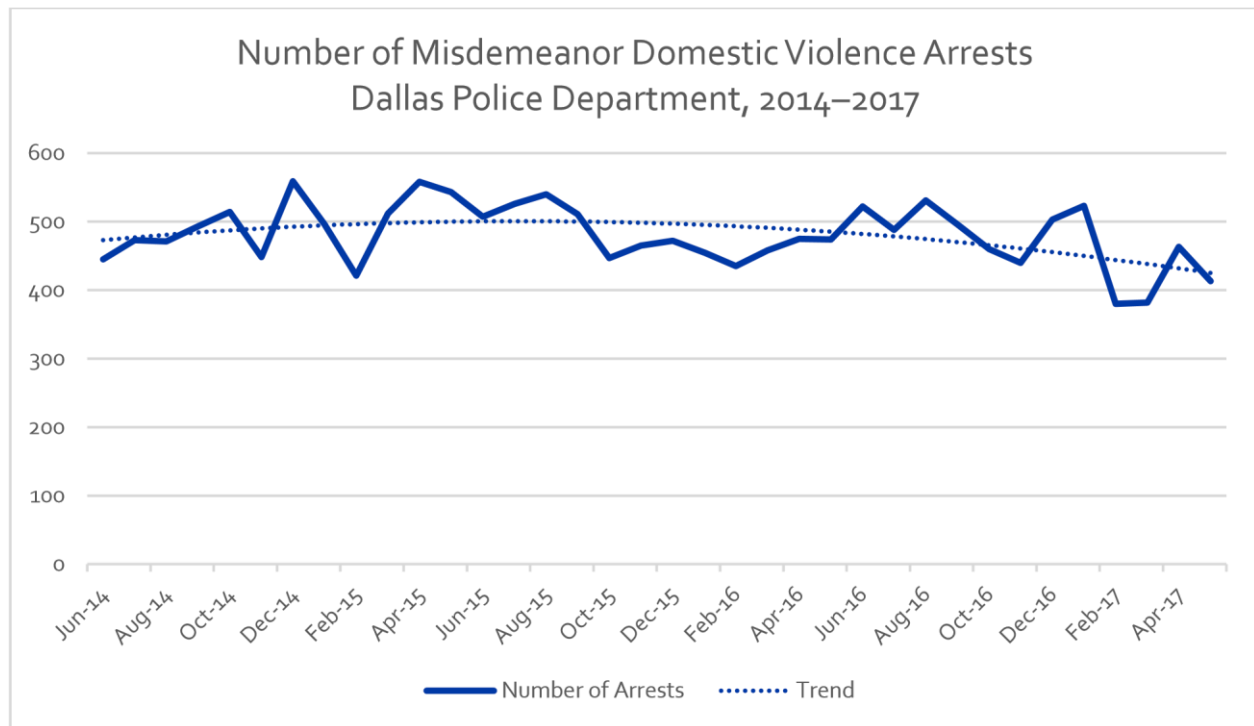


Figure 13. Number of Misdemeanor Domestic Violence Arrests, Dallas Police Department, 2014–2017

Felony Arrests

Figure 14 presents the number of felony domestic violence arrests in 2014–17. When looking at this figure, there is an overall decreasing trend in felony arrests (indicated by the dotted line). However, when considering the annual 2016–17 data only, the reported 1,545 arrests represented a 6% increase from the previous year's 1,458 felony arrests. Over the 3-year period, DPD has reported 4,668 felony domestic violence arrests. Over the last 2 years, the month of May has historically seen the lowest number of felony arrests (with 76 arrests in 2015–16 and 95 arrests in 2016–17).

To represent the true volume of domestic violence arrests, Figure 15 presents the total number of arrests by the level of charge (misdemeanor versus felony) for June of 2014 through May of 2017. Misdemeanors are presented in blue and felonies in orange. Each month, DPD makes 500–700 arrests for misdemeanor and felony domestic violence. This is more than 16 arrests every day of the year.

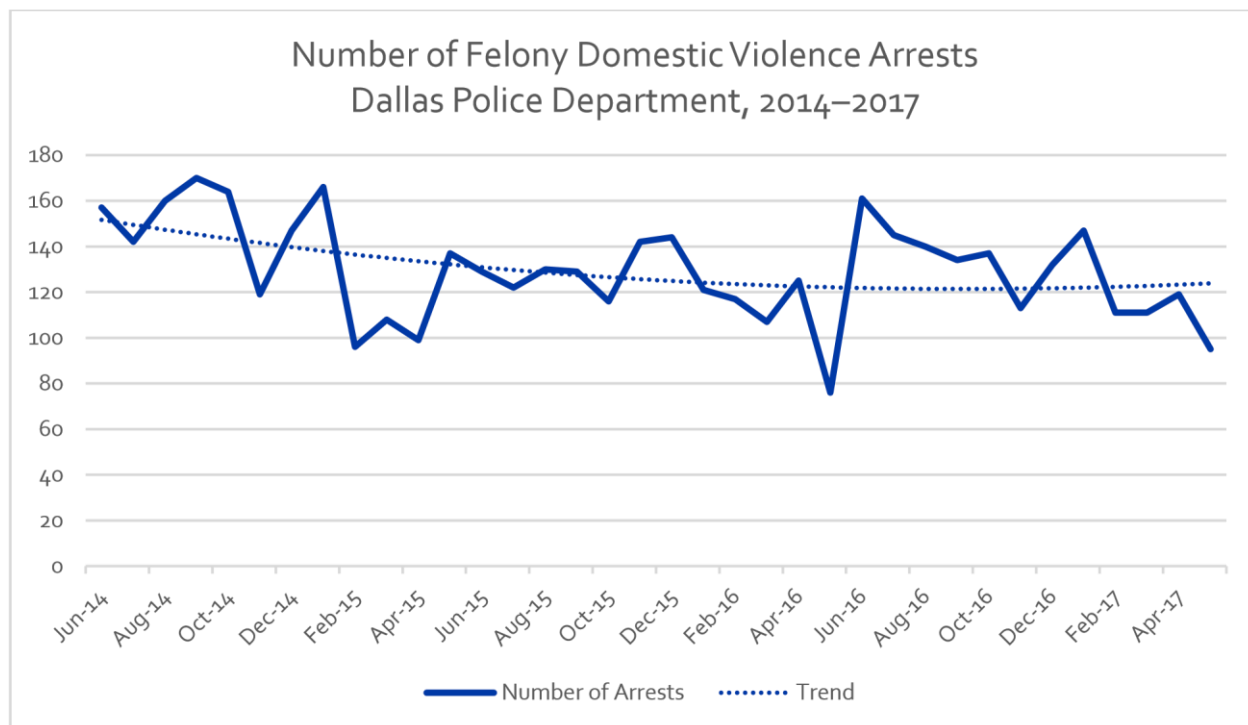


Figure 14. Number of Felony Domestic Violence Arrests, Dallas Police Department, 2014–2017

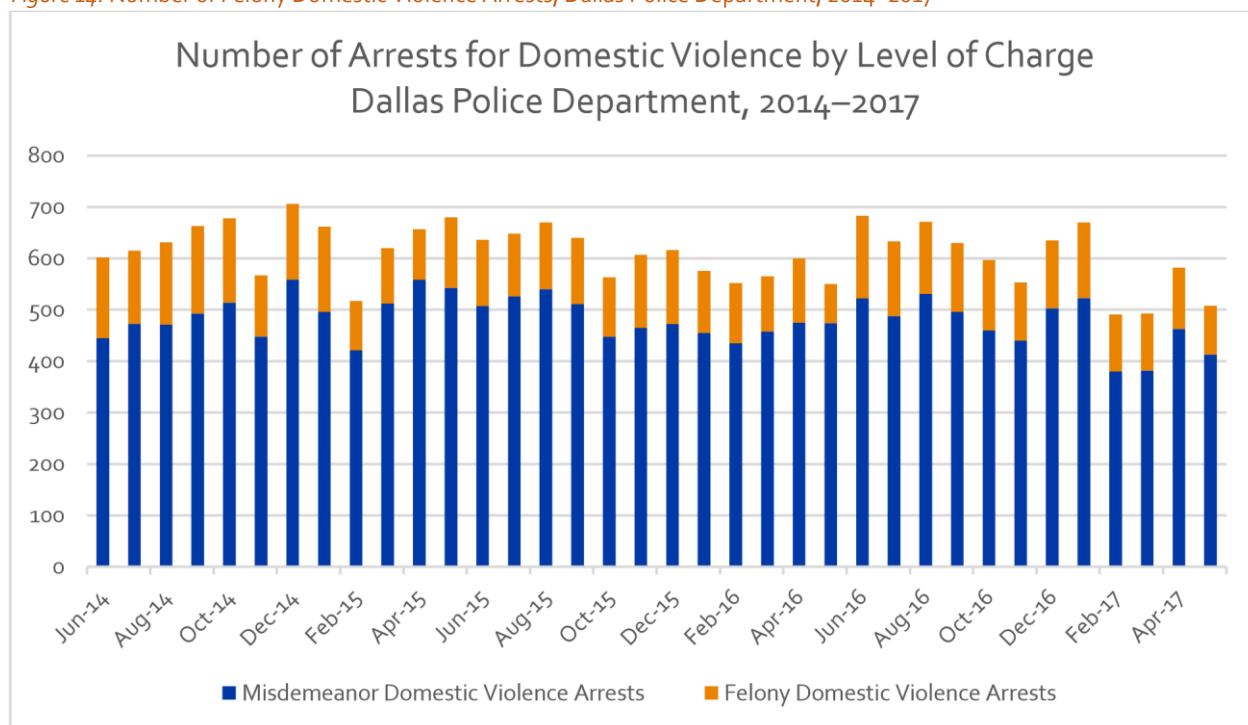


Figure 15. Number of Arrests for Domestic Violence by Level of Charge, Dallas Police Department, 2014–2017

Lethality Reduction Program

In 2012, DPD received a grant to implement the Domestic Violence Lethality Assessment developed by the Maryland Model (Maryland Network Against Domestic Violence, 2017). The instrument assesses the likelihood of lethal violence based on 11 protective factors, and is an evidence-based instrument considered a best practice for increasing victim safety and preventing intimate partner homicides. These lethality assessments represent a critical tool for DPD in reducing the likelihood of domestic homicides and identifying high-risk cases within the community once they are reported to police. The lethality assessments are conducted as part of the Domestic Violence Supplement Packet for calls related to intimate partner violence (see Appendix A).

Figure 16 presents the month-to-month trend of completed lethality assessments. DPD has conducted 13,213 lethality assessments since first providing data on this metric for the annual report in 2015–16. In 2016–17 alone, DPD conducted 6,052 lethality assessments, which is down 15% from 2015–16. The month of June accounted for the highest number of lethality assessments completed (604), while December marked the lowest (431) for 2016–17. Overall, Figure 18 shows a gradual decrease over the 3-year period of lethality assessments conducted.

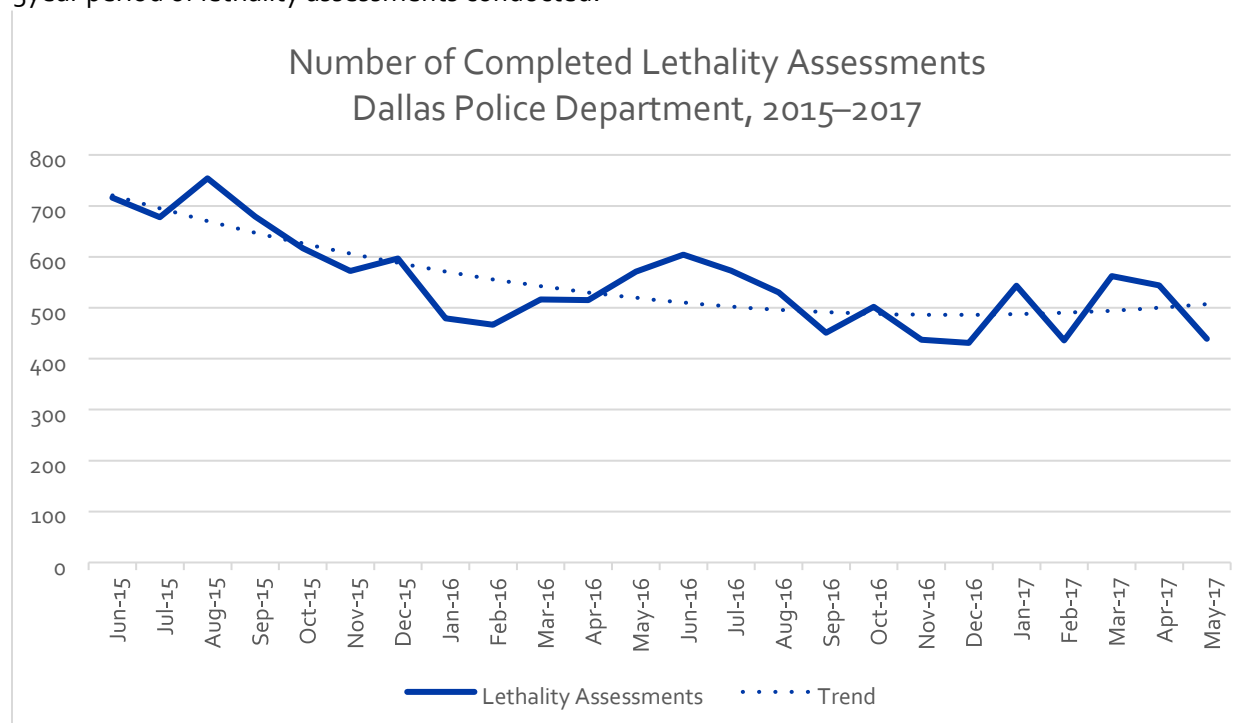


Figure 16. Number of Completed Lethality Assessments, Dallas Police Department, 2015–2017

Using data indicators from the lethality assessment tool, DPD seeks to identify domestic violence victims who are at higher risk for lethal violence. They subsequently follow up with these victims by conducting a home visit where they can assess safety, discuss the facts of the case, and offer information on community resources to these victims if needed. Figure 17 presents the total monthly number of attempted home visit contacts and total monthly number of completed home visit contacts across the past 2 years. During the 2016–17 reporting cycle, DPD attempted 338 home visits or contacts, which is a 19% decrease from 2015–16 (418). However, the 161 home visit contacts completed by the Domestic Violence Unit represents a 58% increase over the previous year (102). In fact, the

percentage of home visits that resulted in a successful victim contact nearly doubled over these 2 years, rising from just 24% in 2015–16 to 47% in 2016–17. This dramatic rise in completed home visits is indicative of greater efficiency in the unit, despite shortages in personnel, compared to the previous year. As these high-risk victims are thought to be in the greatest danger of lethality from their abuser, this is a significant finding and one that merits praise for DPD’s efforts.

The leadership in the Domestic Violence Unit reported moving aggressively toward filling vacancies to provide additional personnel, which should have a positive impact on the number of cases filed and home visits for the next reporting cycle. With increased staffing, the leadership within the unit expects that changes will be made in work schedules to be more aligned with victim availability. Moreover, the anticipated addition of a high-risk victim coordinator should also result in increased numbers of home visits and contact between high-risk victims and detectives.

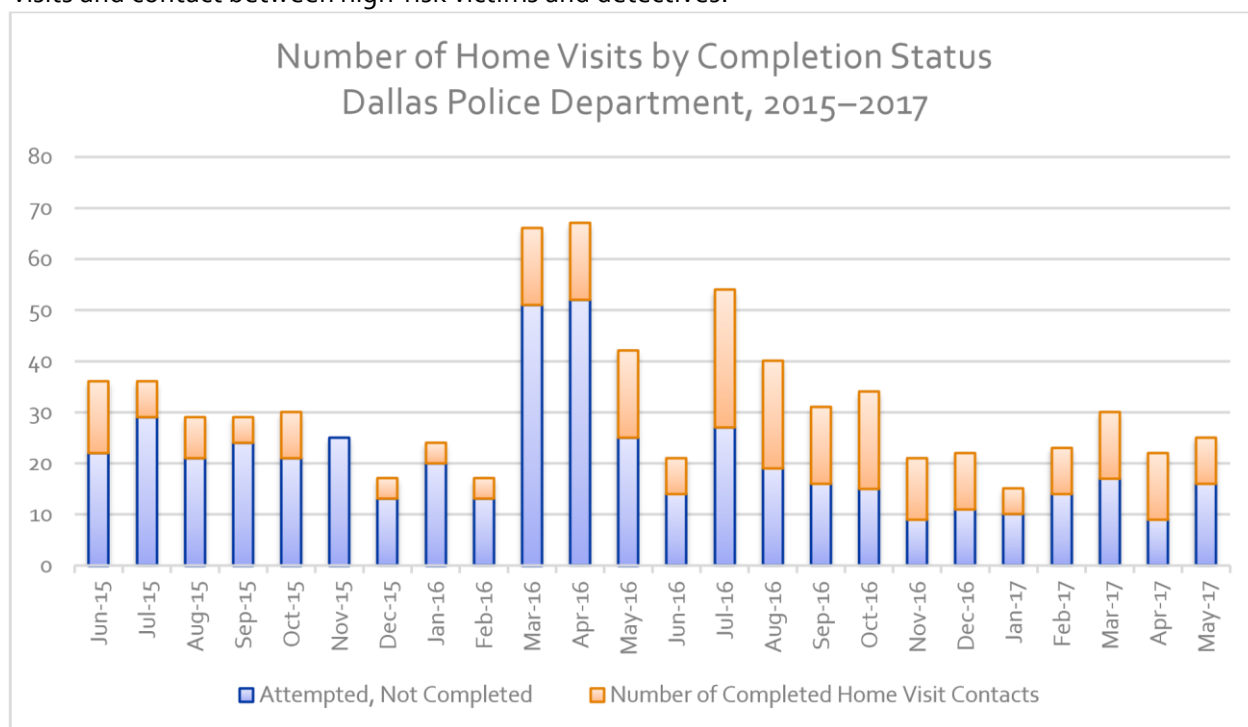


Figure 17. Number of Home Visits by Completion Status, Dallas Police Department, 2015–2017

Family Violence Murders

Figure 18 displays the monthly trend in the previous 3 years for all homicides between family members investigated by DPD. This figure presents, for each month, the total number of family violence murders occurring during each of the three reporting periods. One should note that, within this report, family violence murders comprise *all* family-involved murders, not just those committed by former or current intimate partners (these are disaggregated in the next section of the report). Over the past three reporting periods, 52 family violence murders have occurred within the city of Dallas. In the course of preparing data for this report, DPD’s Domestic Violence Unit identified additional homicides that had been *reclassified to an intimate partner homicide, thereby increasing family violence and intimate partner homicide counts, respectively*. DPD provided the revised data to the research team on October 16, 2017, restating numbers reported in previous Task Force reports. Even with these revised metrics from DPD included, family violence murders still remained virtually stable across the 3-year period: there were 21,

15, and 16 murders, respectively. January (9), February (8), and March (8) saw the greatest number of family violence murders over the 3 years. Similar to last year's report findings, these trends stand in contrast to the rise in murders overall in Dallas over the same period.

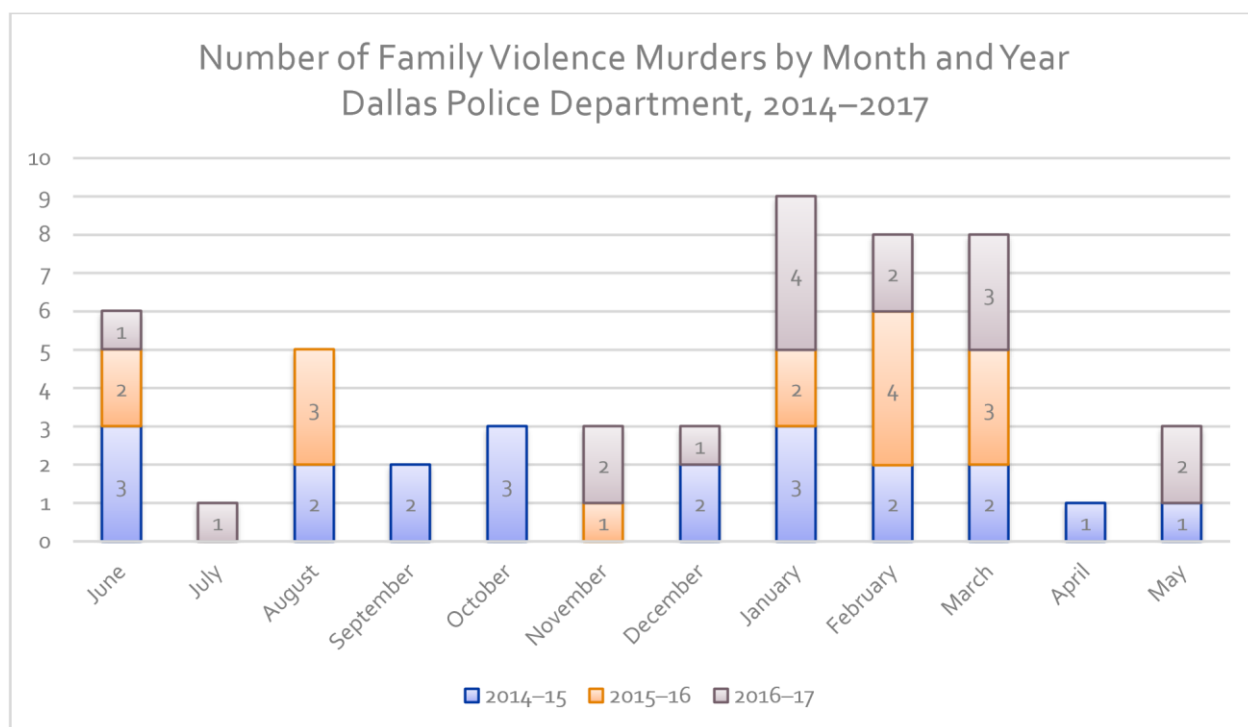


Figure 18. Number of Family Violence Murders by Month and Year, Dallas Police Department, 2014–2017

Intimate Partner Homicides

There have been 24 intimate partner (IP) homicides in the city of Dallas over the three reporting periods (11, 6, and 7, respectively, for each annual report). Of the 16 family violence murders reported by DPD in 2016–17, almost one half (seven, or 44%) involved intimate partners. With revised metrics, there was an increase of one intimate partner homicide from DPD's 2014-15 total of 10 IP homicides and another for 2015–16 resulting in a total of six. With 11 intimate homicides recorded in Dallas in 2014–15 (the highest year since metrics were reported in annual reports), the 2016–17 report of seven victims represented a 36% drop. Figure 19 presents the month-to-month trend in these homicides and reveals that May and September are the only 2 months without the recording of a family or intimate partner homicide since the reporting of metrics in 2014.

Factors that might have contributed to lower reports of intimate partner homicide include the efforts of the DPD Domestic Violence Unit that resulted in higher home visit completions. In addition, DPD worked closely with the department's Fugitive Unit to execute warrants on high-risk offenders who violated protective orders or were escalating violent behaviors against victims. Detectives used the lethality assessment instruments to help identify these offenders and those victims at the highest risk. Getting these offenders off the street increases victim and public safety and reduces potentially lethal opportunities for them to hurt their victim again. The efforts of other Task Force partners such as the increased numbers of beds for emergency shelter and transitional housing, continuation of the Felony Domestic Violence Court (under Judge Brandon Birmingham and discussed more in the courts section

that follows), expansion of the Gun Surrender Program (under Judge Roberto Cañas in the courts section), and increased prosecutions of impeding (strangulation) felony cases by the district attorney's office (discussed in the Dallas County District Attorney section that follows), all contributed to some extent to the reduction of intimate partner homicides reported by DPD. Yet more work remains to be done before Dallas is at zero for this metric.

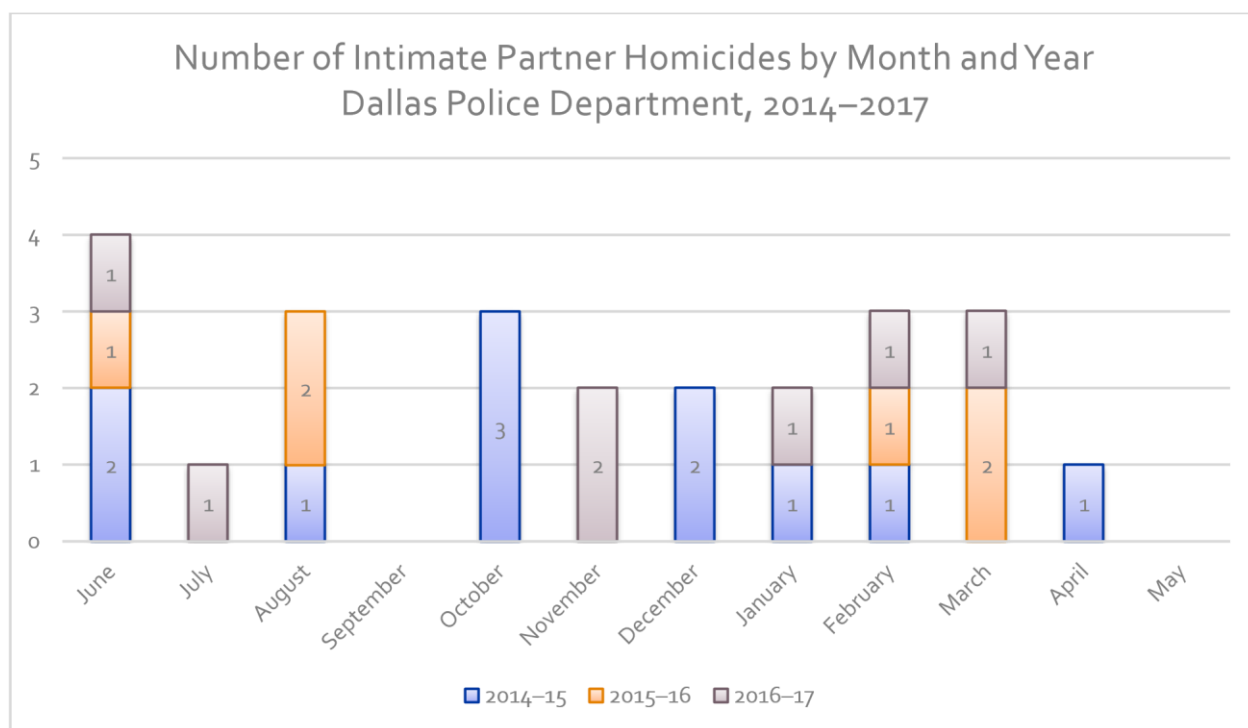


Figure 19. Number of Intimate Partner Homicides by Month and Year, Dallas Police Department, 2014–2017

Toward a more generalizable consideration of intimate partner homicides, this year's report adds substantive new data to the DPD detailed metrics, allowing a more thorough consideration of factors surrounding these 24 murders. This year, DPD provided retrospective data for variables of interest regarding the victims, offenders, and case-specific variables regarding all 3 years of intimate partner murders from the beginning of the annual reports in June 2014 through May 2017. This last section is a significant new contribution to this year's report as it offers specific information into the dynamics of these intimate partner homicides. In turn and over time, the research team will seek to identify trends or commonalities across murders that may inform the systemic response to domestic violence and better identify factors that make lethality more likely in these cases. Unlike the in-depth analysis of intimate partner homicides conducted by the Dallas County Intimate Partner Violence Fatality Review Team (IPVFRT), the cursory analysis presented here seeks to provide a high-level description of the victims and their assailants over the last 3 years. The empirical research on domestic homicide conducted to date points to the relevance of numerous offender–victim characteristics and offense specifics that are critical to better understand the unique dynamics of these murders, which can direct policies toward the prevention of these homicides (Dobash & Dobash, 2015).

Table 6 presents the demographic characteristics across the combined 24 offenses involving intimate partner homicide victims and offenders. When considering the 3-year trends, some interesting

similarities and differences were found. The average age of the victims rose from 39 to 44 from 2014–15 to 2015–16 before falling again to 40 in 2016–17. Black and Hispanic victims continue to be overrepresented as intimate partner homicide victims, with Blacks accounting for 45%, 67%, and 71%, respectively, of all victims across the three reporting periods. As expected, and keeping with national statistics on these crimes, females account for the majority of victims, except in 2016–17 when they were 43% of all victims. As the total sample size is quite small with only seven offenses, these data should be interpreted with caution. Prior victimizations also rose each consecutive year for victims, from an average of 0.2 in 2014–15 to 0.8 in 2016–17. Regarding offender demographics, the average intimate partner killer was in his or her early- to mid-40s. These offenders were predominately Black (followed by Latino/a) and male; the anomaly was in reporting year 2016–17 when only 43% of intimate partner killers were male.

Turning to Table 7, these data show the intimate partner homicide types for each type of premises where these offenses occurred by reporting period. In keeping with prior research, victims were overwhelmingly targeted at their place of residence (75% of all victimizations), with 42% and 25% of all intimate partner homicides occurring in apartments or single-family homes across the 3-year period.

Table 6. Demographic Characteristics of Intimate Partner Homicide Victims and Offenders, City of Dallas, 2014–2017

Demographic Characteristics	2014–15	2015–16	2016–17
Total Offenses	11	6	7
Victim Demographics			
Average Age	39	44	40
Black	45%	67%	71%
Latino/a	36%	17%	0%
White	18%	17%	29%
Male	18%	17%	57%
Female	82%	83%	43%
Average Number of Prior Victimization	0.20	0.50	0.80
Demographic Characteristics	2014–15	2015–16	2016–17
Offender Demographics			
Average Age	40	46	41
Black	64%	67%	71%
Latino/a	36%	17%	14%
White	0%	17%	14%
Male	82%	83%	43%
Female	18%	17%	57%
Average Prior Offenses	11.0	7.50	11.0

Table 7. Intimate Partner Homicides by Type of Premises, Dallas Police Department, 2014–2017

Type of Premises	2015–16	2016–17	Total
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Commercial – Office	0%	17%	0%	4%
Public Space	0%	17%	43%	17%
Residential – Single Family	27%	17%	29%	25%
Residential – Apartment	64%	17%	29%	42%
Residential – Apartment Common Space	9%	17%	0%	8%
Open Field	0%	17%	0%	4%
Total	11	6	7	24

Table 8 portrays the breakdown of intimate partner homicides by sex of the victim and weapon type for the 20 intimate partner homicides for which type weapon could be determined. Firearms were the weapon of choice for most intimate partner killers, with 65% using this weapon. Knives, used in 20% of these murders, were the second most common weapon. Interesting variation can be seen by gender. Female victims are far more likely than males to be killed by firearm (85% compared to 29%). For male victims, the weapon use shows much more variance, with no single weapon type predominant.

Table 8. Intimate Partner Homicides by Sex of Victim and Weapon Type, Dallas Police Department, 2014–2017

Weapon Type	Male Victim	Female Victim	Total
Firearm	29%	85%	65%
Knife	43%	8%	20%
Other Weapon	29%	8%	15%
Total	7	13	20

Additionally, Table 9 offers information on the presence of witnesses to these intimate partner homicides. For the 22 intimate partner homicides for which the presence or absence of witnesses could be established between 2014 and 2017, victims were killed without witnesses present in over three quarters of these murders. In roughly 1 out of 4 cases, one or more persons witnessed the homicide.

Table 9. Intimate Partner Homicides by Presence of Witnesses, Dallas Police Department, 2014–2017

Witnesses to Homicide	2015–16	2016–17	Total
None	82%	67%	80%
One or More Witnesses	18%	33%	20%
Total	11	6	5

Finally, Figure 21 offers a comprehensive, detailed schematic overview of all 24 intimate partner homicides and their characteristics between June of 2014 and May of 2017. In this 3-year period, there

were 17 female and 7 male victims; proportionately, more than two thirds of all these victims were females (71%). Of these 17 female intimate partner homicide victims, nine were Black, five were Latina, and three were White; 82% were non-White victims. All 17 of these female homicide victims were killed by a current husband, common-law husband, or boyfriend. Of the seven males killed by intimate partners in the city of Dallas over the 3 years, five were Black, and two were White. All these victims were killed by their current or former wives, common-law wives, or girlfriends.

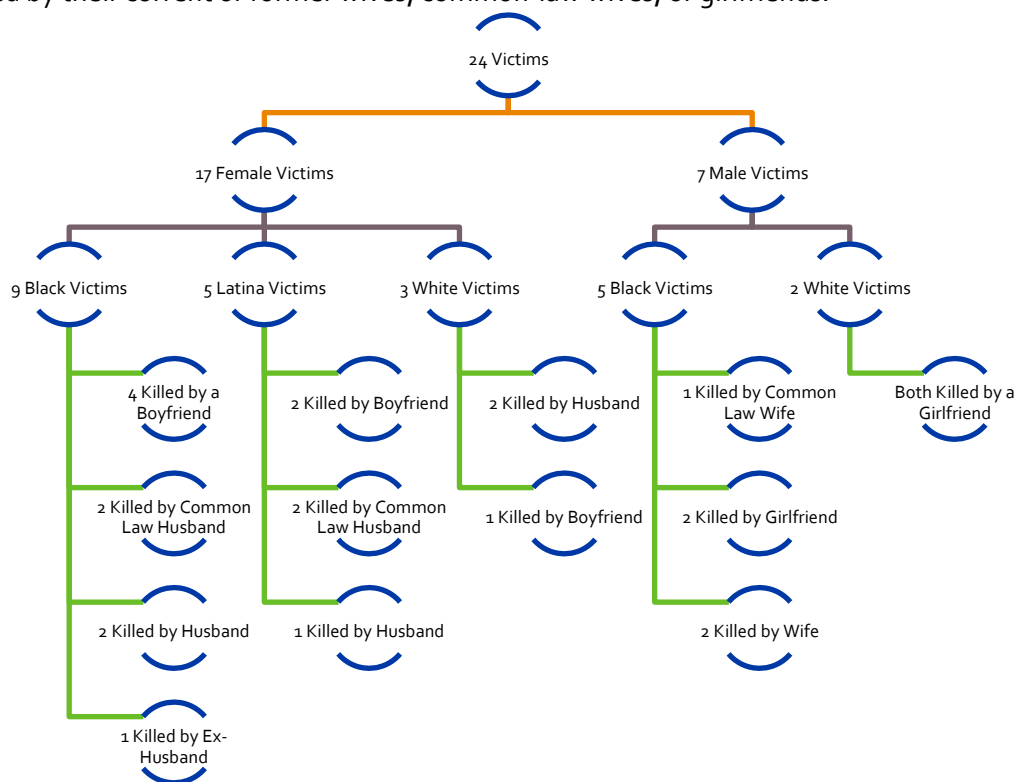


Figure 21. Intimate Partner Homicide Characteristics, Dallas Police Department, 2014–2017

In looking toward next year's report, the research team will talk with DPD about expanding the detailed information on the dynamics surrounding intimate partner violence in an attempt to bring further information that captures the extent and impact of these murders. This was the first year to bring in specific offense/offender/victim characteristics, and it represented a considerable investment of time and effort for DPD to go through each of these homicides and record details across this full range of variables. However, the extant literature suggests that there are other facets to be explored in more detail. For example, intimate partner homicides often include other family members, friends, or children as collateral victims. These types of homicides are frequently referred to as *familicides* in the research literature and within the media. Familicide is defined as the killing by a family member of others within their family of origin. For the purposes of this report, familicide specifically refers to intimate partner homicides in which a partner is the primary offender. When looking at the specific offender–victim relationships that characterize familicides involving intimate partner murders, it is all too common to have multiple victims counted among the injured or killed. While the immediate target may be the former or current adult intimate partner, offenders will kill others who are there by chance or who are sought out and targeted by the killer. Familicides involve a subclass of domestic homicide killers known as *family annihilators*. These are particularly tragic events that wipe out entire families,

devastate the lives of these victims' friends and family members, and seemingly come out of the blue when people reflect on their perceptions of some of these killers. When multiple victims are involved, this devastation becomes even more widespread and pronounced as the ripple effects of these crimes impact a larger number of loved ones.

Contrary to public perception that intimate partners who kill their partners will always display aggressive behaviors prior to the event, research has shown that over half of these killers had no known history of family violence prior to the murder event and that they were thought to be good providers for their families (see, for example, Websdale, 2013). Another subset of familial killers do have backgrounds of abusive behavior, arrests for domestic assaults, and/or demonstrated explosive tempers. As such, the variance when looking across the numerous factors related to familicides makes them difficult to predict since they do not all fall within defined parameters of risk factors. Although male killers commit roughly 80%–95% of these crimes, females on occasion also murder their intimate partners or children, or kill themselves. Familicide, while rare, leaves a tremendous amount of pain and trauma in its wake. It is one of the few crimes that shocks a public who have become desensitized to violent crime headlines. Sometimes, these crimes hit close to home and remind us of the realities and scope of these tragic events.

In September of 2016, Meredith Hight was killed by her estranged husband, Spencer Hight in the Dallas suburb of Plano. When police arrived on the scene after receiving a 9-1-1 call of shots being fired in their home within a quiet neighborhood, they were confronted by an armed offender and killed him at the scene. Inside the home and in the back yard, police discovered seven additional victims, many of whom were close friends with the killer, who were executed along with Meredith. Spencer Hight committed this crime on the eve of the couple's sixth wedding anniversary. Six of these victims were either current or former University of Texas at Dallas students. The research team knew some of them well, and joined the rest of the University community in mourning their collective and individual losses. So why do these type of crimes happen? Websdale (2013), as one of the foremost experts on domestic homicides, has identified four key areas while studying hundreds of these cases. He reports these four factors have been causally linked with these crimes: (a) divorce/breakup of family unit and problems with child visitation, (b) monetary hardships, (c) cultural honor killings, and (d) serious mental illness. The offender feeling an overwhelming sense of shame is a common thread across many of these killings explored by Websdale in hundreds of case studies of intimate partner homicides.

While the number of intimate partner homicides has decreased in Dallas over the last 2 years, it is unclear to what this decrease can be attributed. Continuing to track and consider trends, similarities, and differences across the unique characteristics, offender–victim relationships, and risk factors of these offenses is an important step in both transparency and reporting. The annual report offers a chance for converging the details on these crimes in a timely manner and condensing complex factors. Such analyses offer Task Force partners the chance to carefully consider the findings and make policy recommendations toward reducing lethality and keeping victims who are at high-risk safe. DPD has made great strides over the past 3 years in implementing the lethality assessment and home visitation program. This year saw a dramatic rise in the success of Family Violence Unit personnel making contact with high-risk victims in the community. Undoubtedly, this best practice is contributing in some form to the low number of intimate partner homicides reported last year.

Prosecution

Two different prosecutorial entities handle prosecution of domestic violence cases in the city of Dallas. The Dallas County district attorney's office prosecutes defendants charged with any offense that is a Class B misdemeanor or higher. When police are unable to secure sufficient evidence to file at least a Class B misdemeanor, DPD has the option to file a Class C misdemeanor with the city attorney's office. This office handles all lower-level misdemeanors and citations via prosecutions in the Dallas Municipal Court System.

Dallas County District Attorney

In December of 2016, Governor Greg Abbott appointed Republican Faith Johnson as the Dallas district attorney, replacing Susan Hawk, who resigned from office that September. Faith Johnson's appointment was historic for the office, as she is the first African American female to hold the office in Dallas County. She was the first African American female district criminal judge elected in Texas, and she served on the bench for over 17 years. She was also the first African American named as chief felony prosecutor during her previous tenure at the Dallas County district attorney's office. In addition to Judge Johnson, Jerry Varney of the Family Violence Unit continues to serve as the main liaison from the Dallas County district attorney with the Task Force. A primary focus of Judge Johnson's first year was to expand the presence of the district attorney via satellite offices throughout the county. In addition, the district attorney's office continued to expand its protective order service in the George Allen Dallas County Civil Court, a program that started in January of 2016. This service provides legal assistance to victims as they seek to leave their abusers and receive protective orders from the court. Beginning in March of 2017, these satellite offices also began offering district attorney representation for domestic violence victims in the protective order process. Working with their nonprofit partners, the district attorney's office also provides these victims with information on shelter and survivor resources from other community partners.

The Dallas County district attorney reported receiving 2,986 misdemeanor domestic violence cases during the 2016–17 program year, an increase of 7% from the previous year. Figure 22 presents the monthly number of misdemeanor family violence cases received from June 2014 to May 2017. The shaded area highlights the monthly average for each month of the 3-year period. For instance, if the line for a month is above the shaded area, then that month was above average when compared to that month in other years. On average, the district attorney received 241 cases per month from 2014 to 2017. One noticeable trend is the decline in the number of cases in March and April of 2016, when the number of cases received was almost 100 less than those received during the same months in other years. Figure 23 depicts the number of misdemeanor family violence cases rejected each month from 2014 to 2017. Overall, 392 cases were rejected in 2016–17, an increase of 84% from the previous year.

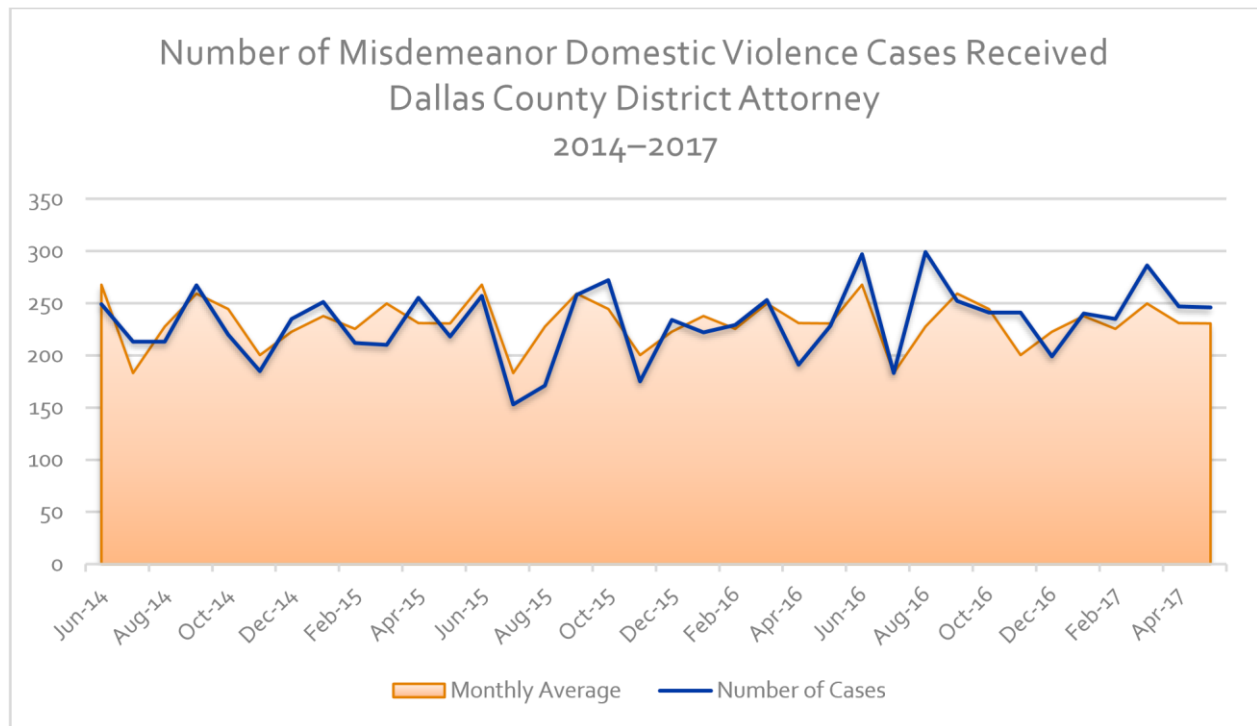


Figure 22. Number of Misdemeanor Domestic Violence Cases Received With Monthly Average, Dallas County District Attorney's Office, 2014–2017

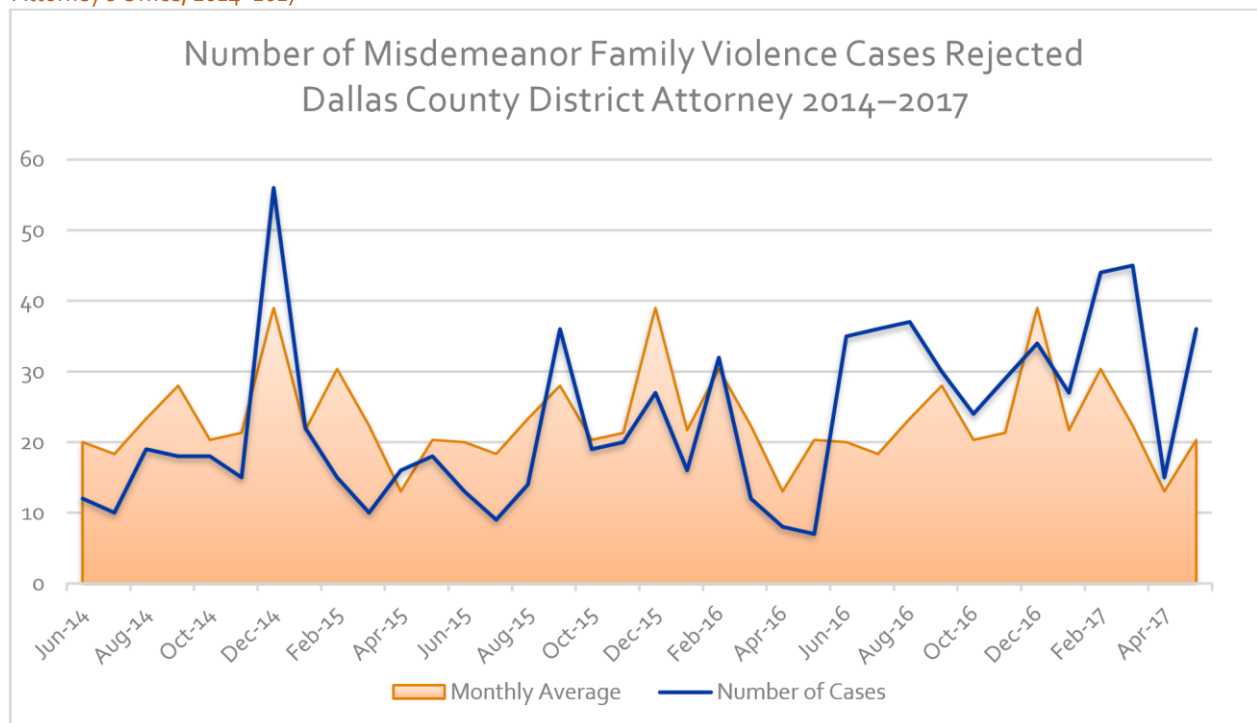


Figure 23. Number of Misdemeanor Family Violence Cases Rejected With Monthly Average, Dallas County District Attorney, 2014–2017

Figure 24 shows the number of felony family violence cases received each month by the Dallas district attorney's office. For 2016–17, an average of 247 cases were received per month, with the highest number of cases (299) received in August and the lowest number (183) received in July. The total number of felony family violence cases received last year was 2,966, which represented a 12% increase over the 2,643 cases received in 2015–16. The metric involves only intimate partner violence cases, and excludes other forms of family violence committed by siblings, parents, or other relatives.

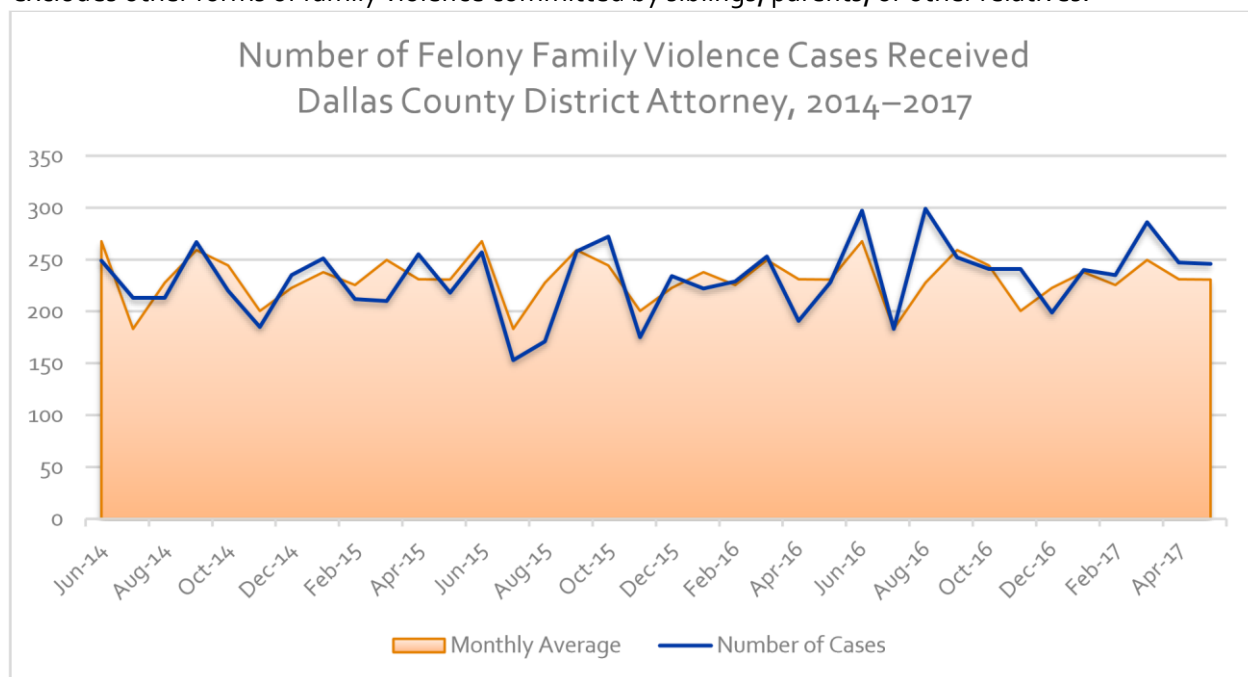


Figure 24. Number of Felony Family Violence Cases Received With Monthly Average, Dallas County District Attorney, 2014–2017

Figure 25 reports the number of felony family violence cases rejected by the Dallas County district attorney from 2014 to 2017. In 2016–17, the office rejected 90 family violence cases, compared to 107 in 2015–16 and 105 in 2014–15. This represents a reduction of 15% between 2015–16 and 2016–17. On average, the district attorney rejected eight felony family violence cases per month in 2016–17, compared to nine in the both of the previous 2 years of annual reporting.

Of the total number of felony family violence cases received by the Dallas County district attorney's office, attorneys presented 92% of these cases to the grand jury. As a result, 2,196 (74% or roughly three quarters) were indicted, while the grand jury returned no-true bill for 528 cases (18%). The outstanding percentage of these cases (a) were received as felony but reduced to misdemeanors, (b) were rejected by the district attorney's office, or (c) were returned to the originating law enforcement agency for more investigation. Figure 26 depicts the monthly trend in the numbers of no-billed and indicted felony family violence cases, reflecting a gradual increase in indictments and a gradual decrease in no bills.

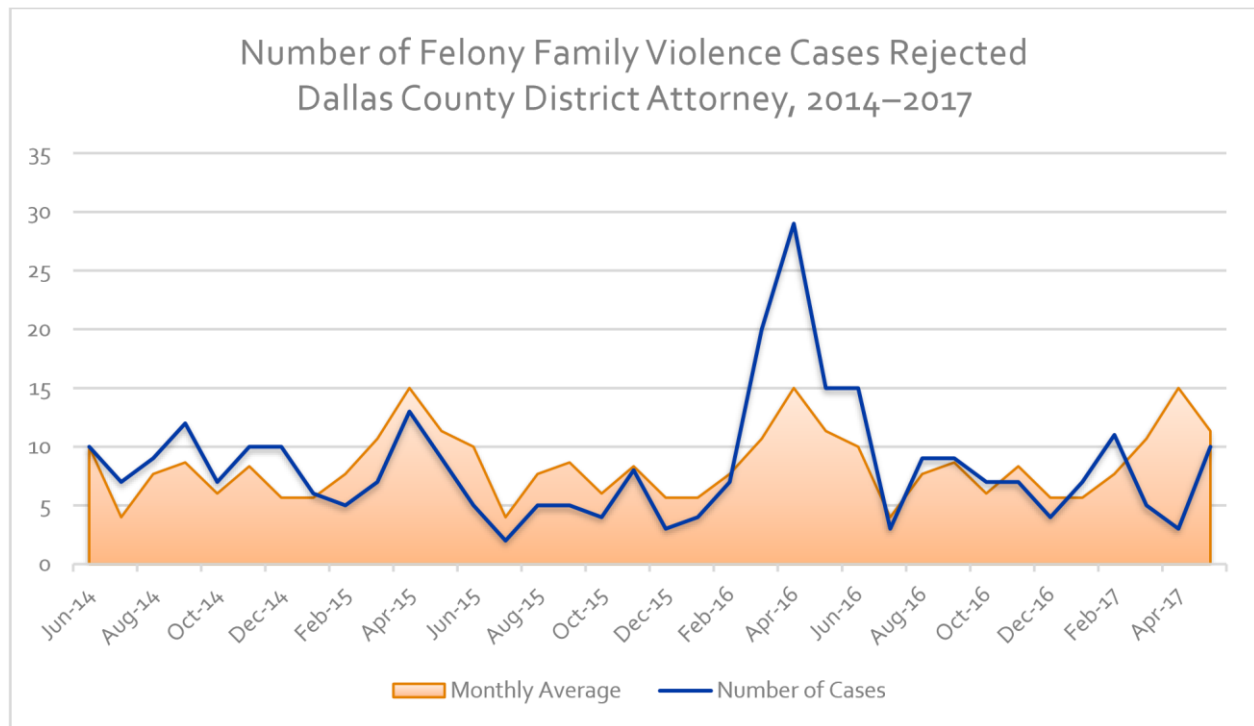


Figure 25. Number of Felony Family Violence Cases Rejected, Dallas County District Attorney, 2014–2017

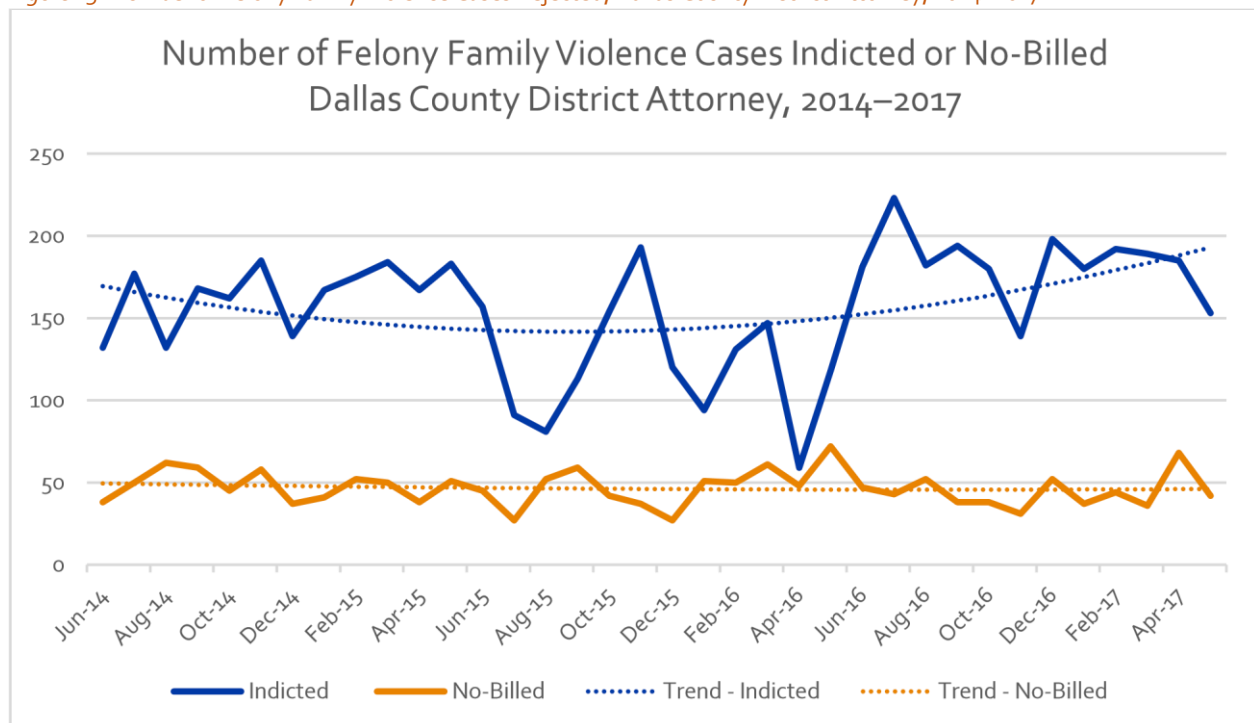


Figure 26. Number of Family Violence Cases Indicted or No-Billed, Dallas County District Attorney, 2014–2017

Penalties for domestic violence crimes can be enhanced when another crime has been committed that carries extra considerations for sentencing. The Texas Penal Code (Tex. Penal Code § 22.01, 2003) has identified six aggravating circumstances for which the sentence can be enhanced:

1. Continuous family violence enhancement: This occurs with a history of two or more arrests for assault against a family member during a 12-month period, enhancing the offense to a third-degree felony;
2. Assault enhancement: This occurs when a misdemeanor family violence assault offense is enhanced by a prior family violence conviction, enhancing the offense to a third-degree felony;
3. Impeding enhancement: This occurs when there is evidence of strangulation with a previous family violence conviction, increasing the offense to a second-degree felony;
4. Stalking: Incidents of stalking over a period of time can enhance an offense to a third-degree felony;
5. Misdemeanor violation of protective order: A nonviolent violation of a protective order can enhance an offense to a Class A misdemeanor; and,
6. Felony violation of a protective order: A violent violation of a protective order can enhance a crime to a third-degree felony.

Table 10 presents the annual number of cases to which each category of enhancement was applied. In 2016–17, 1,366 cases received enhancement to family violence offenses, compared to 1,291 the previous year. A notable drop in the number of enhancements due to felony violation of protection order was observed, with the number of reported cases decreasing from 77 in 2015–16 to 31 in 2016–17. The most notable increase in these family violence enhancements came from the assault and impeding cases; the latter is significant because it involved cases with evidence of strangulation for an offender with a previous conviction of family violence. The change in these prosecutions on impeding cases between 2014–15 and 2016–17 represented a 242% increase.

Table 10. Number of Family Violence Enhancements by Enhancement Type, Dallas County District Attorney, 2014–2017

Type of Family Violence Prosecution Enhancements	2014–2015	2015–2016	2016–2017
Continuous Family Violence	156	108	106
Impeding	168	500	575
Assault	668	509	562
Stalking	29	30	29
Misdemeanor Violation of Protection Order	61	67	63
Felony Violation of Protection Order	65	77	31
Total	1,147	1,291	1,366

Figure 27 illustrates the monthly trends in the types of enhancement applied by the district attorney in 2016–17. A majority of enhancement cases during the year were due to assault or impeding circumstances, a trend that held relatively steady across all months of the year. Figure 28 shows the monthly trend in the number of enhancements applied to prosecution over 2 years.

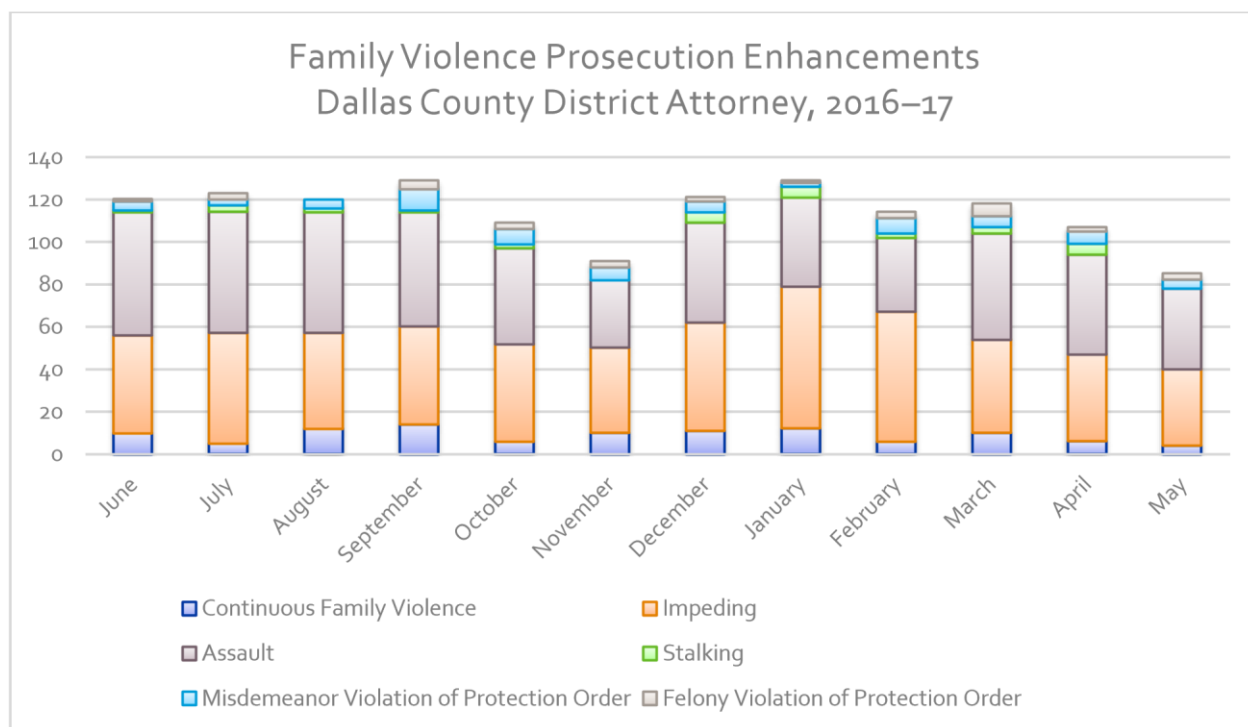


Figure 27. Family Violence Prosecution Enhancements, Dallas County District Attorney, 2016–17

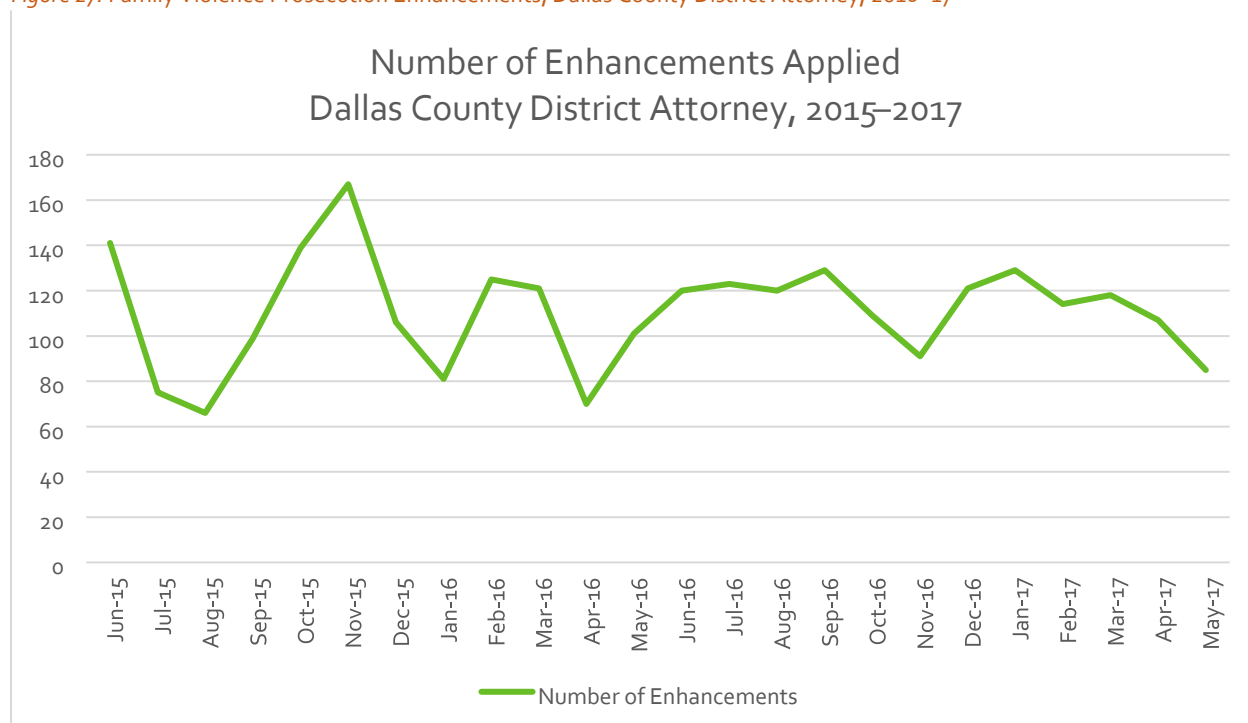


Figure 28. Total Number of Enhancements, Dallas County District Attorney, 2015–2017

The district attorney's office reported data regarding orders of protection, including the number of order petitions that were granted, withdrawn, dismissed, and denied. In 2016–17, Dallas County judges granted 544 orders of protection, dismissed 56 requests, and denied 25. Seventy defendants withdrew

their petition before hearing. This represents a 36% increase in the number of orders granted over the previous year and a 37% decrease in dismissals. In an effort to make protective services more accessible to victims in need, the district attorney's office has expanded services to 11 satellite offices throughout the county. This expansion may be a driver of the increase in granted orders of protection and decrease in dismissals. Figure 29 illustrates the monthly trends in orders of protection for each disposition in 2016–17. The total number of orders of protection of any disposition peaked in the months of June, August, September, October, November, and January, with 60 or more orders of protection granted, dismissed, dropped, or denied in each month. The highest number of orders of protection of any disposition were observed in the month of August (74).

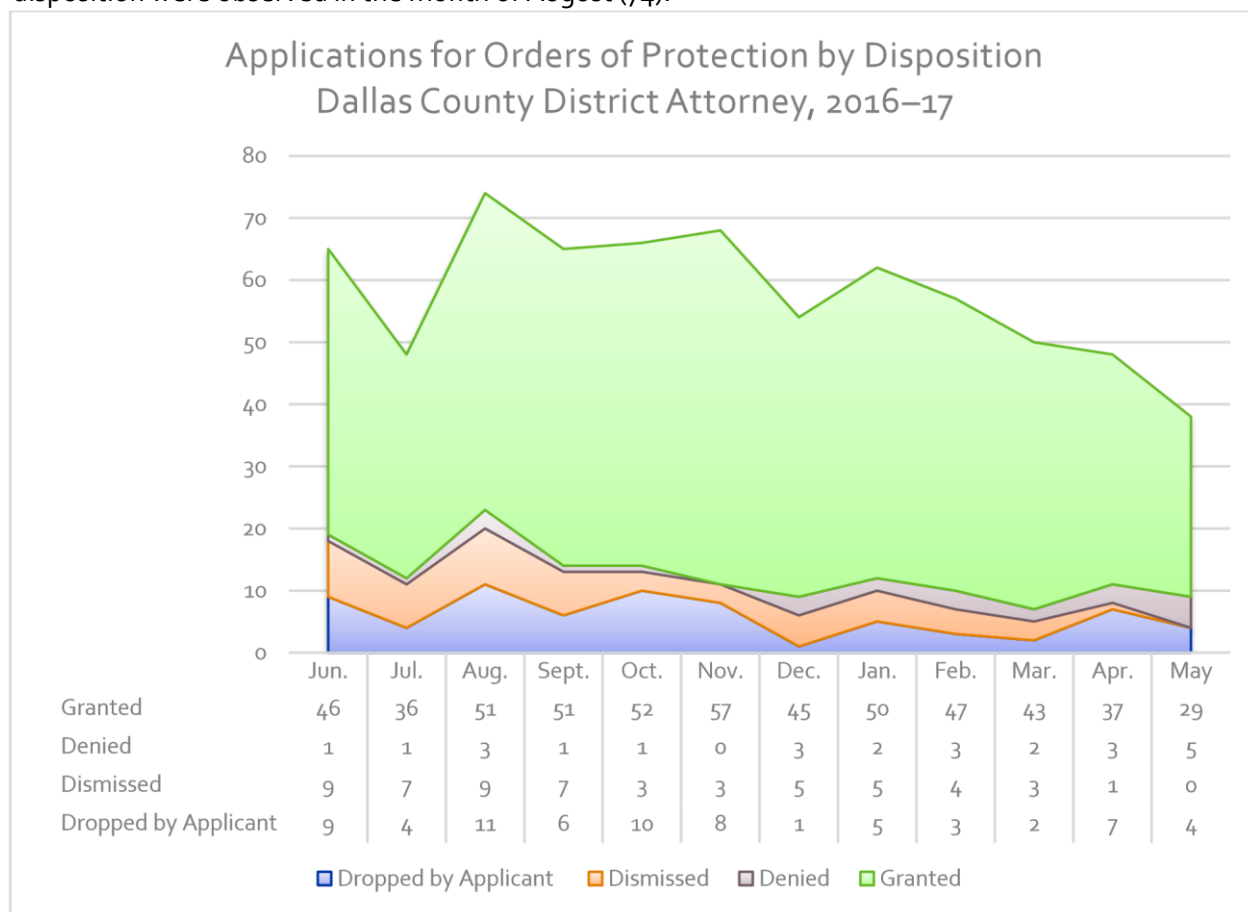


Figure 29. Applications for Order of Protection by Disposition, Dallas County District Attorney, 2016–17

The charts in Figure 30 compare trends in orders of protection for each disposition separately. On average, the courts granted 45 orders of protection each month in 2016–17. The average number of monthly orders of protection that were dismissed, dropped, and denied in 2016–17 were five, six, and two, respectively.

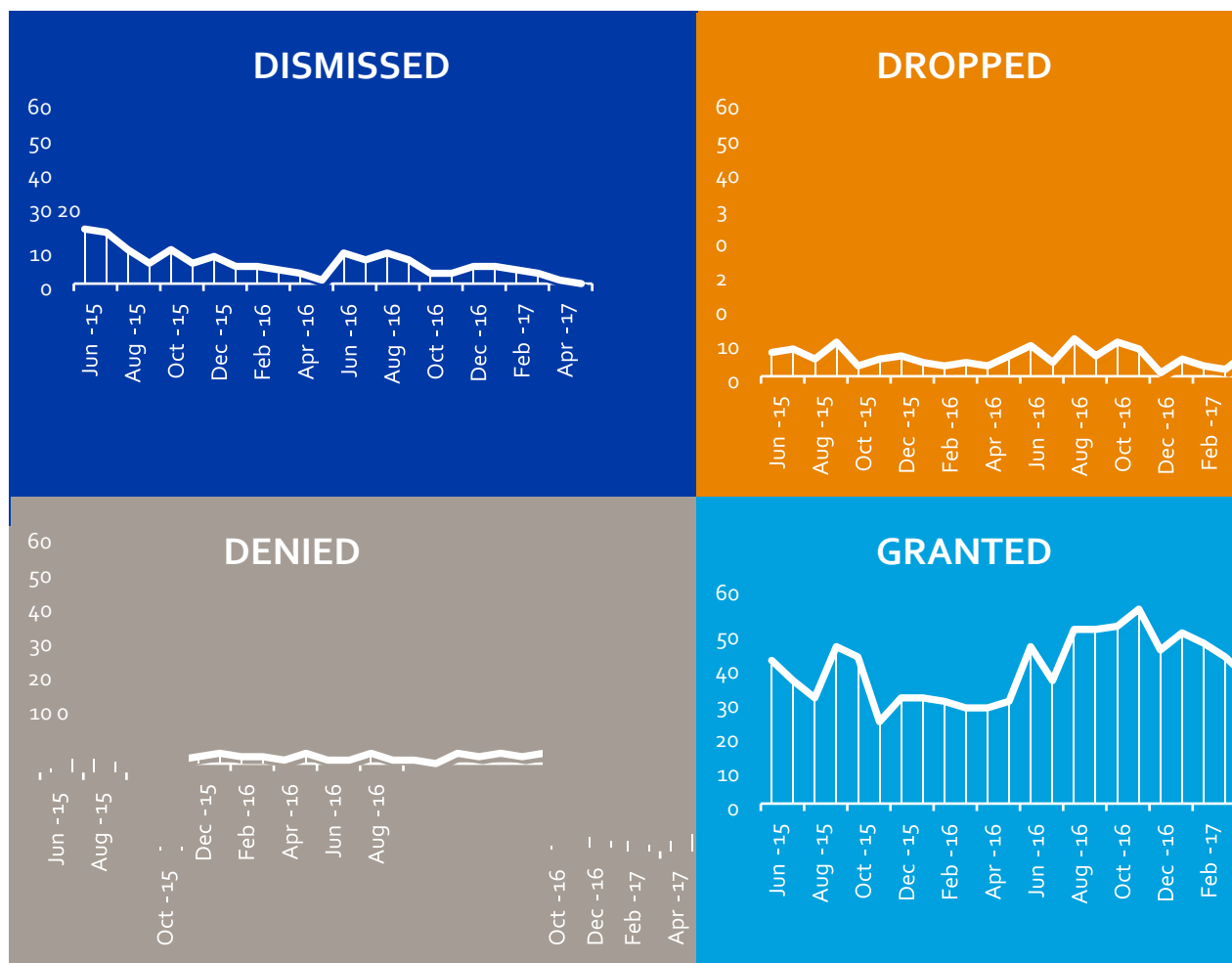


Figure 30. Monthly Trends in Applications for Protective Order by Disposition, Dallas County District Attorney, 2015–2017

City of Dallas Attorney’s Office

The Dallas city attorney’s office is responsible for prosecuting Class C misdemeanors in the city of Dallas, including Class C domestic violence cases. These misdemeanors, usually involving lower risk offenses that do not involve physical injury to victims, are punishable by fines of up to \$500 and do not entail jail time. Cases involving Class C misdemeanors are handled by the Municipal Court System for the city of Dallas and prosecuted by the Dallas city attorney’s office. From June 2016 to May 2017, 4,023 Class C misdemeanor family violence cases were received by the Municipal Court System, which is roughly the same as the 4,065 cases received the previous year. Figure 31 depicts the number of cases received per month in the 3-year period from 2014 to 2017, along with a 3-month moving average trend line. The average number of cases received per month in the 2016–17 reporting period was 335, which is slightly higher than the 3-year average of 326 cases per month.

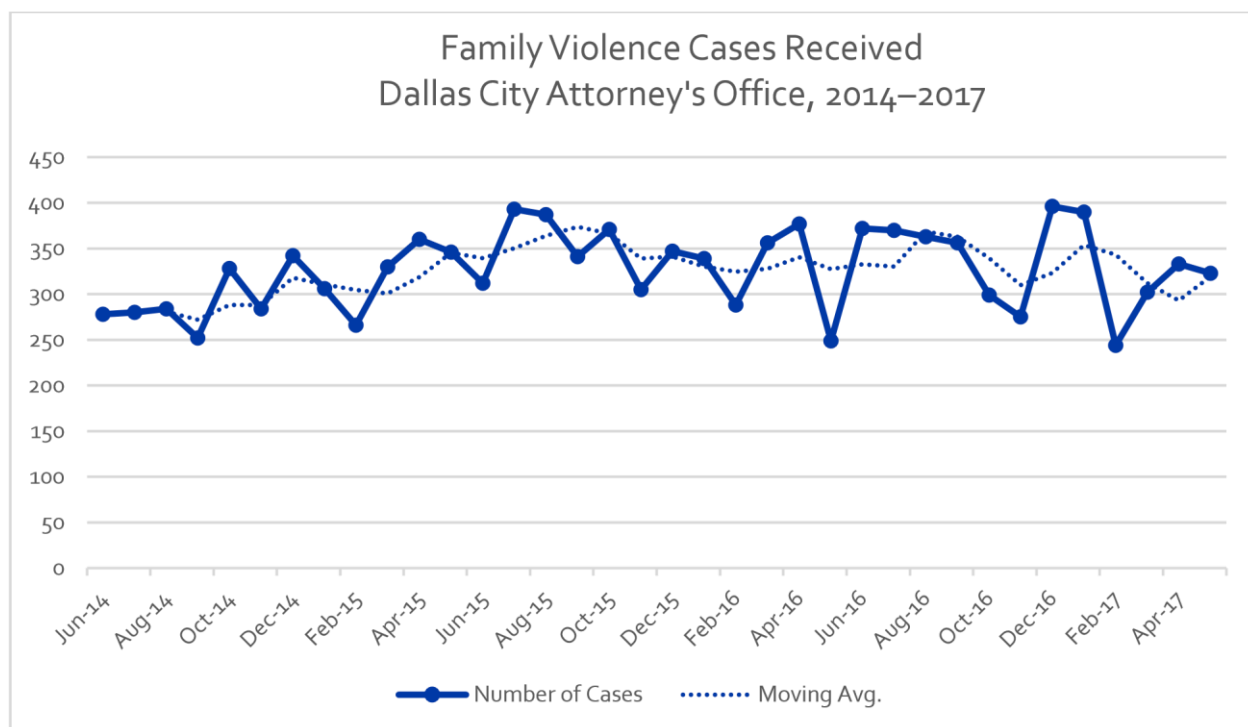


Figure 31. Family Violence Cases Received, Dallas City Attorney's Office, 2014–2017

Figure 32 and Figure 33 illustrate the relative proportions of family violence case dismissals by cause in the 2016–17 and 2015–16 reporting periods. In the current reporting period, 34% of dismissals were made due to no outside witness, and 46% were made due to deferred disposition (in former years' reports, this was referred to as deferred adjudication). This stands in contrast to 35% of dismissals made due to no outside witness and 54% due to deferred disposition in 2015–16. The 2016–17 cycle saw a sharp increase in the number of family violence dismissals made due to insufficient evidence—15%—whereas none was dismissed due to insufficient evidence in the previous year. This anomaly is most likely attributed to how the case dismissals were coded by the prosecutor's office over the last 2 years, such that the reason for dismissal was more specific in the recent year versus less specific in previous years.

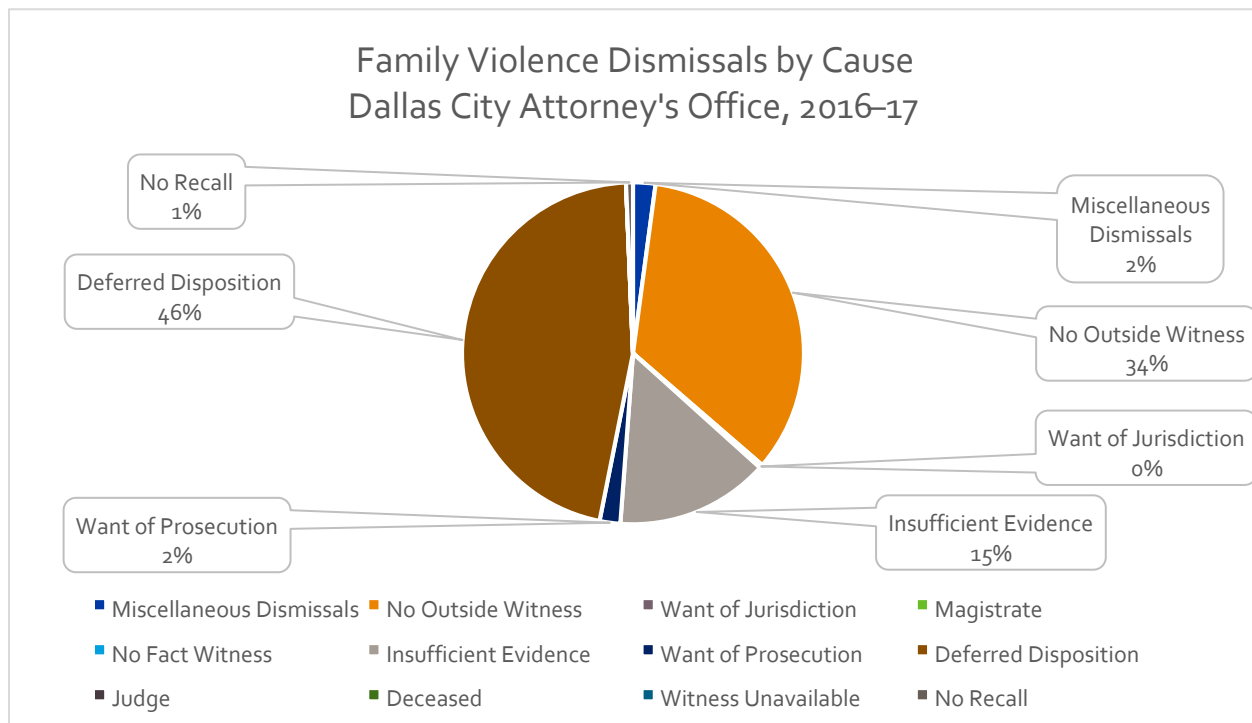


Figure 32. Dismissals of City Court Cases by Cause for Dismissal, Dallas City Attorney's Office, 2016-17

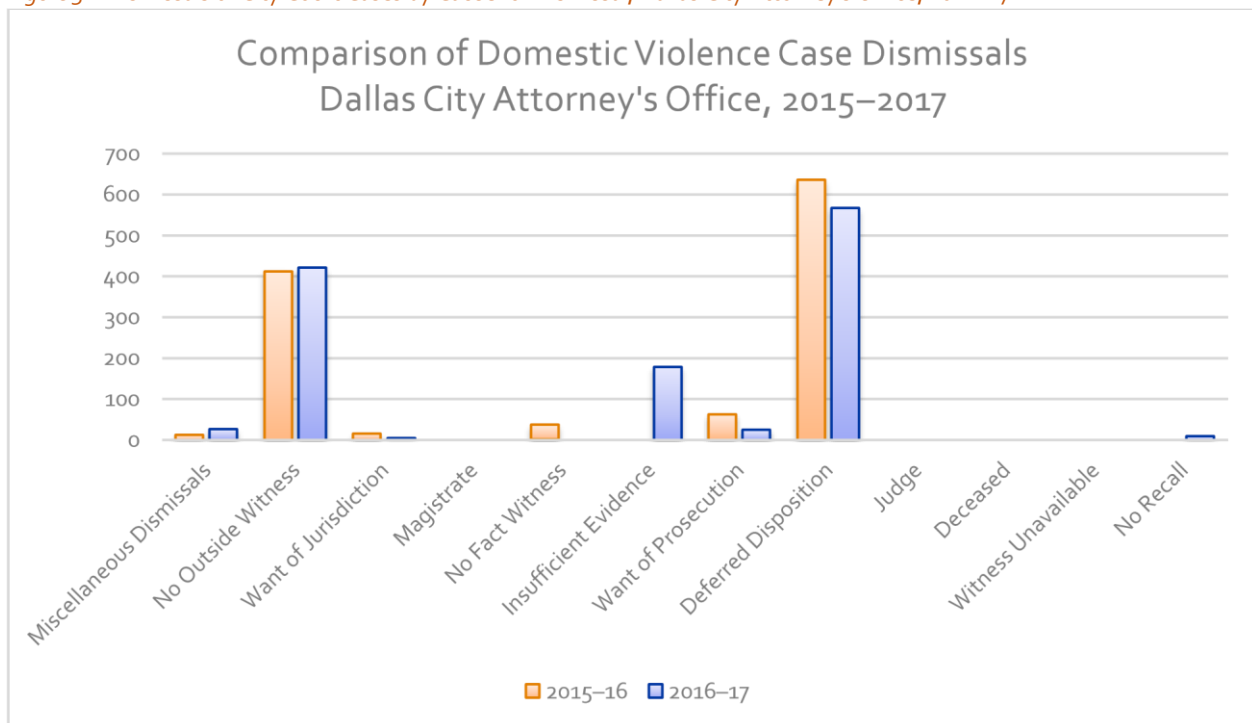


Figure 33. Domestic Violence Case Dismissals by Cause for Dismissal, Dallas City Attorney's Office, 2015-2017

The Dallas city attorney's office sponsored events in the Dallas Municipal Court System throughout National Domestic Violence Awareness Month in October 2016. These activities were intended to raise awareness and educate the public. The office provided citizens pamphlets, resources, and contact

information for domestic violence shelters in the area, and offered promotional items for children and adults.

Dallas County Courts

The courts continue to play a critical role in Dallas's systemic response to domestic violence. This work has been documented in previous Dallas Domestic Violence Task Force annual reports and has expanded over the previous reporting year

In 2014, Judge Rick Magnis established the Dallas County Felony Domestic Violence Court (FDVC) to promote victim and community safety by increasing the court's monitoring of offenders assessed to be of high risk of lethal violence, who have been placed on probation due to felony offenses against domestic partners. With the retirement of Judge Magnis during the 2016–17 cycle of the annual report, Judge Brandon Birmingham now oversees this specialty court program and presides over the 292nd Judicial District Court. In keeping with offender accountability as well as some of the ideals of therapeutic jurisprudence that influence problem-solving courts with difficult populations throughout the United States, the team includes the following members:

- Judge Brandon Birmingham;
- A dedicated probation officer;
- The Family Place (supplies the BIPP [see below]);
- A prosecutor;
- A public defender;
- Genesis Women's Shelter & Support (provides a victim advocate);
- A team of forensic psychological assessors (employed by the Dallas County Community Supervision and Corrections Department);
- A substance abuse counselor (from a community vendor);
- An electronic monitoring service (contracted to a vendor);
- A data collection specialist (records offender-related variables and conducts analyses); and □
A detective from the DPD Family Violence Unit.

Started as a pilot program in 2014, the FDVC program has received funding support from two Violence Against Women Act grants through the Texas Criminal Justice Division and a third through The Family Place from the Texas Council on Family Violence.

Overall, the FDVC program aims to increase accountability for these offenders while also providing opportunities for prosocial change through cognitive behavioral intervention in areas of need. The program specifically focuses on creating opportunities for personal insights into their part of the intimate partner violence and behavioral change via a Battering Intervention and Prevention Program (BIPP). In addition, the county typically orders offenders on probation into substance and alcohol abuse treatment as needed, employment counseling and referrals, and psychological support services. Another goal is to maintain and enhance victim safety using electronic monitoring, illicit drug monitoring, and swift and immediate sanctions for noncompliance with FDVC program requirements.

Between June 1, 2016, and May 31, 2017, the FDVC program conducted 313 forensic domestic violence assessments and recommended 137 participants to Judge Birmingham's FDVC program from the court

of original jurisdiction. It had 36 new participants join the court during this period and 27 offenders successfully graduate. Twenty-four of the FDVC participants have been revoked during the 1-year reporting cycle, with sentencing sanctions ranging from 6 months to 20 years in prison. Twenty of these revocations resulted in sentences of 5 years or more in the Texas Department of Corrections. As these offenders present a considerable risk to the victims, recall that one of the goals of this program is to preserve public safety and hold these offenders accountable quickly for violations while they are under probation. Five FDVC participants continued their probation and were transferred to a different program within the Dallas Community Supervision and Corrections Department.

While the FDVC continues to protect public and victim safety and reinforce accountability of batterers, the program administrators cite the need for additional funding to expand the number of participants in the program and accommodate additional high-lethality domestic violence offenders. Nationally, high-risk felony domestic violence programs such as FDVC have been shown to provide intense probation supervision—specialized courses that address cognitive behavioral programming—thereby increasing victim safety and reducing lethality. Program administrators also cite a need for additional funds for GPS and BIPP services for indigent offenders who do not have money to participate, as it is punishing their victim (and the community) if they are not afforded these interventions/monitoring. It is common for probation programs to require a minimal payment from offenders for services such as monitoring, treatment, or counseling, even when they are court-ordered, to reduce the cost to society and the criminal justice system.

Roberto Cañas continues to oversee and coordinate the Dallas County Gun Surrender Program. Formally established in May of 2015, the program seeks to collect guns from convicted domestic violence offenders; these offenders are ineligible per federal law for life from owning a firearm, while Texas law prohibits offenders from possessing them for 5 years. In spring of 2017, the Southern Methodist University Dedman School of Law published an outstanding comprehensive 114-page Executive Summary and detailed report entitled *Taking Aim at Family Violence: A Report on the Dallas County Gun Surrender Program* (Choi, Elkin, Harasim, & Nanasi, 2017). The report outlined the program's aims and metrics to date, as well as offered a historical account of the creation of the Gun Surrender Program in Dallas and the few similar programs across the country. As the report authors noted in the Executive Summary, this initiative was a crucial step for domestic violence stakeholders seeking to eliminate domestic homicides in Dallas, as these Texas statutory limitations on convicted domestic violence offenders exist primarily to protect victims from lethal violence. Indeed, "Over the past 25 years, more intimate partner homicides in the U.S. have been committed with guns than with all other weapons combined" (Choi et al., 2017, p. 6). The authors pointed to empirical studies on domestic violence lethality showing that intimate partner deaths are premeditated and that there is a statistically significant increased risk of intimates being killed by an abuser when there is a gun present in the home.

The program is spearheaded by Judge Cañas, who presides over the misdemeanor domestic violence Dallas County Court No. 10; he remains an active and dedicated stakeholder and Executive Committee member of the Dallas Domestic Violence Task Force. He continues his work toward policies that seek to reduce domestic violence in the city of Dallas with dedicated partners such as the Dallas County Sheriff's Department, Dallas district attorney's office, and district court judges. However, a tremendous amount of work remains to be done, as the report details that this program receives referrals from only a handful of judges and lacks collaborative efforts that would expand its reach across the Dallas County

courts. As a result, the report authors argue that, while the Gun Surrender Program is a critical step toward reducing intimate partner homicides, the program is vastly underused.

As of May 2016, the Gun Surrender Program has collected roughly 60 guns in coordination with the Dallas County Sheriff's Office over the 2 years of the program. This number is dramatically under the estimate of 1,600 guns that program administrators hoped to collect. Judge Cañas reported that four different offenders have surrendered firearms since the beginning of the year, and three of those offenders came from within County Criminal Court No. 10. One firearm has been returned. To help facilitate best practices, Judge Cañas distributed a bench card on how to use the firearm surrender program for the felony district courts.

The Dedman Law School's report included a comprehensive overview of the program, describing the program's strengths and challenges. The report suggests that there is a need for increased communication between partners in the courts, law enforcement, attorneys, social service, and advocacy sectors who are involved in protecting survivors of domestic violence. It also notes a need for increased resources and collaborative efforts to enforce this statutory protection. Judge Cañas stated in this year's reporting that he would like to see the Gun Surrender Program expanded through the number of judges who use it as well as have police officers begin accepting firearms at the scene of a domestic violence incident if the victim surrenders the firearm to them. Judge Cañas also points to the need for a larger evaluation project that assesses the amount of time it takes for misdemeanor and felony domestic violence cases to move from arrest through conviction in the courts. This project will require significant funding but promises to yield critical information and insights into the systemic response to domestic violence in the community that cannot be answered with the data currently provided. Upon reading the Southern Methodist University report, the Dallas County Criminal Justice Advisory Board agreed with one of the report recommendations and requested that Judge Cañas draft and implement a memorandum of understanding between all the interested parties to outline distinct responsibilities. Judge Cañas expects to complete this action within the next calendar year.

In addition to his work with the Gun Surrender Program, Judge Cañas has collaborated with The Family Place on implementing the Justice for Families grant in Dallas County Criminal Court No. 10. Funded by the U.S. Department of Justice Office of Violence Against Women, the grant provides funds to pay for a full-time pretrial compliance officer. This officer's main duty is to monitor offenders while they are awaiting the completion of their domestic violence case. This officer ensures offenders are attending their court-ordered batterer intervention program and serves as a liaison with the court to address any safety concerns that arise for victims. The grant also pays for a part-time victim advocate who works for The Family Place, which is an important resource for victims. This advocate provides support to address any long-term service needs victims have after their case in court is disposed. The Justice for Families grant runs from October 1, 2016, to September 30, 2019.

Another new initiative started in the Dallas County Jail in April of 2016 involves a batterer intervention program group facilitated by The Family Place. These BIPP classes occur in a pod specifically designed for detainees with a previously identified risk of assault and/or family violence. This collaboration may lead to additional opportunities, including domestic violence psychology- and process-based groups within the jail.

Elected Officials

City of Dallas Council Member Jennifer Gates (District 13) continues to oversee and chair the Dallas Domestic Violence Task Force general and Executive Committee meetings. Quarterly meetings are held with Domestic Violence Task Force members, including DPD, the Dallas County district attorney's office, county and district judges, Dallas city attorney's office, and nonprofit agencies throughout the greater Dallas area. During these meetings, Council Member Gates leads discussion on trends in domestic violence response, sharing resources and event information, relevant policy, legal and criminal justice initiatives, and solutions to issues that arise. On October 19, 2016, for the second year in a row, the City of Dallas City Council and Mayor's Office recognized National Domestic Violence Awareness Month with a proclamation to raise awareness in the community about domestic violence and encourage citizens to take a stand on this critical issue.

On October 28, 2016, Mayor Mike Rawlings, Council Members Jennifer Gates and Tiffinni Young (formerly representing District 7) hosted the Domestic Violence Awareness Month Breakfast. This event served as the official launch and release for the second annual Dallas Domestic Violence Task Force report. Drs. Denise Paquette Boots and Timothy Bray presented key metrics and findings from the data collection from both general Task Force and Executive Committee members with monthly detailed metrics. Roughly 200 people attended the event, and media were present, offering substantial coverage of the annual report highlights and victim recognition, and further raising awareness regarding the impact of domestic violence in the Dallas community. Subsequent stories on the key metrics followed over several days in both live and print media, including coverage of the mayor's special guest Trent Kreslins. Mr. Kreslins was seriously injured after intervening on behalf of a domestic violence victim; he was recognized for his courage in stepping up for victims in hopes others will do the same.

Other events during October 2016 included the Clothesline Project, an art exhibit with sponsorship and coordination by Council Member Gates and domestic violence shelter partners Genesis Women's Shelter & Support, The Family Place, and The Salvation Army. The Clothesline Project is a visual art display of shirts created by survivors of domestic violence and their supporters. The goal is to heal and educate while honoring survivors and memorializing victims. The project was displayed at Dallas City Hall's main lobby and within the main security check-in area in the Art Travelers Love Field Art Gallery at the Dallas Love Field Airport. Thousands of people viewed these symbols of hope, freedom, and healing. Also within the gallery, The Salvation Army displayed silhouettes to represent victims to create awareness.

Additionally, the City of Dallas revisited their annual Paint the Town Purple event to spread awareness and educate the community during October 2016, distributing purple ribbons at 14 City of Dallas parks as well as recreation centers. Staff supported regular social media pictures, posts, and inspirational stories to highlight domestic violence response and to encourage advocacy and support for nonprofits serving victims. They also created a calendar of events of Task Force members to distribute throughout the community.

Council Member Gates directed the drive for funding within the community to support the collection of data and report writing for the Task Force for the next 2 years, starting with this 2016–17 report. The generous donors include Communities Foundation of Texas, Dallas Women's Foundation, Mary Kay, Verizon Corporation, and the Embrey Family Foundation. This funding will continue through the 2017–

18 reporting cycle and produce the fourth annual Dallas Domestic Violence Task Force report, which will be completed in October of 2018.

Organization Priorities and Policy Suggestions

Domestic violence affects adults and children in every community. Almost one half of domestic violence cases are not reported to the police, making it one of the more underreported crimes (Reaves, 2017). The members of the Dallas Domestic Violence Task Force represent the domestic violence shelters, courts, prosecutors, and law enforcement agencies that serve the city. As part of the general survey, members were asked to list their top three organizational priorities and provide policy suggestions. The 13 categories in Figure 34 summarize the respondents' answers.

Many of the needs cited in last year's report persisted. The top priorities for 2016–17 were the need for increased shelter capacity, long-term affordable housing, and increased funding, particularly with fewer restrictions. Domestic violence shelters provide needed safety when victims make the initial decision to leave an extremely dangerous situation, which is why respondents across the field highlighted the need for more options for victims. Many respondents identified the need for long-term shelters and access to safe, affordable housing. A United States Conference of Mayors study found that 50% of homeless mothers were victims of domestic violence. The need for sustained funding with targeted increases of nonrestricted funds was necessary for most agencies, as nearly a quarter of responses identified this priority.

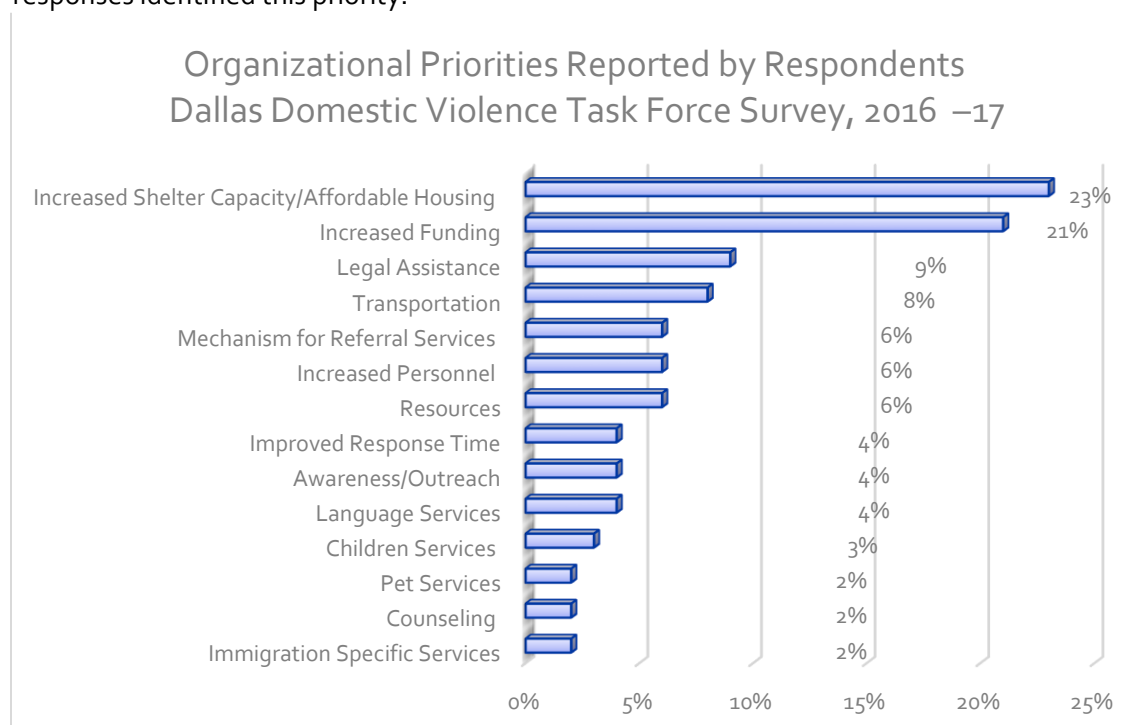


Figure 34. Organizational Priorities Reported by Respondents, Dallas Domestic Violence Task Force, 2016–17

The next most cited priorities were access to legal assistance and transportation. There was a large variety in the types of legal services mentioned, from a larger capacity to address civil cases for victims to increased access to defense for the falsely accused. Many of the organizations that provide

crisis-related transportation services for victims expressed the need for more resources to meet the current demand. Strategies that address the long-term transportation needs of survivors are essential as well.

As has been noted in previous annual reports, some Task Force members continue to express concern that LGBTQ victims of intimate partner violence are underserved in the city and county of Dallas. Members suggested that the Task Force might benefit from active recruiting from subsets of the LGBTQ community, including individuals and representatives from organizations and churches serving that population. For transgender victims, it can certainly be difficult or complicated to find emergency or long-term transitional housing, depending upon individual victim circumstances, family composition, shelter restrictions, and occupancy rates. Since thousands of Dallasites are turned away each year due to lack of shelter space, some portion of these victims undoubtedly belong to the LGBTQ community. Despite increased resources and efforts this year, the Dallas nonprofit partners continue to struggle to meet the ongoing needs and resources required to support domestic violence victims, and they never have enough funds to cover all the needs. As the Dallas population grows, so does the need for beds, emergency and transitional services, as well as legal services, outreach services, and long-term treatment.

Another frequently cited and significant issue reported annually by Task Force partners is that they have few funding sources without strict stipulations on how monies are directed. At the same time, these partners are confronted with the need to fill gaps for services that were unidentified or previously unknown at the time they applied for funding. While they are grateful for funding support from generous sponsors in the private and public sectors, restricted funds can make it difficult to meet all needs for the populations they serve.

Additional concerns were voiced regarding increasing services and outreach to non-native speakers. In early 2017, the Trump administration announced a new immigration policy that endorsed ICE enforcement and deportation for undocumented immigrants. With this new policy comes the certainty that domestic violence victims who lack a documented immigration status will be less likely to call law enforcement on abusers for fear that they will also be arrested and potentially separated from their families and children if they report their abuse. Considerations regarding how immigration status might impact calls for service with the police, fear and victim noncompliance during court proceedings, and home visits for high-risk cases should be further explored in next year's report data and metrics if partners are able to provide relevant data. In response to Task Force members' experiences to date, some partners have already noted in anecdotal terms that a negative impact is being felt within the Dallas community. The research team anticipates creating new metrics with open-ended responses for partners to provide case examples on how undocumented status and related concerns may impact safety for victims and further empower abusers. With regard to policy, one partner left specific comments urging the creation of "city policies and practices that reflect the total inclusion for immigrant victims of violence so that they can freely access services needed to remain safe." While it is an ever-changing and dynamic issue with new policies still rolling out from the federal to the local city level, this complicated issue is one that deserves more discussion and attention in the coming year.

Regarding the annual survey modifications requested to be considered for next year, partners have provided some valuable comments to the research team. While not all suggestions can be accommodated due to funding restrictions or program software limitations, the data collection instrument is revised each year to expand and improve the metrics collected. For the coming year,

improvements such as adding an open-ended comment section to each metrics panel will enable partners to provide additional explanatory details to assist in understanding the dynamics of the data reported. Additional demographics regarding victims might also be considered, as was discussed in the general Task Force survey results section of this report. When looking across transportation services provided for adults and children, future instruments will explore methods that disentangle the number of adults versus children offered services. Some partners have also suggested that the Task Force might consider recording the number of batterers served in BIPP programs. This is a complex and timeconsuming task that has not been attempted previously. Some of the known BIPP providers do not attend Task Force meetings, so they would need to be identified and approached to see if they have interest in voluntarily providing metrics. Such an endeavor would require outreach beyond existing and active Task Force members for these data to be meaningful. Additional questions regarding outreach and support services for nonresidential clients should also be considered as a new area for the annual report to collect metrics on. It would also be a meaningful addition to ask the shelter partners if they offer kennel space for animals, how many they housed over the past year, and how many animals could not be accommodated in order to generate a better sense of these needs. Forging future relationships with city and county partners in services and creating networks for foster homes for pets could provide additional resources for victims who are not able to find shelter with their animals.

Challenges for Shelter Providers

Shelters face a dilemma in that the longer a woman stays, the more time she has to stabilize; however, the longer the stay, the fewer number of women who can be housed when in crisis. Most shelters have time limitations or guidelines regarding how long victims may be accommodated in emergency and transitional housing for this reason. Across the board, shelter capacity continues to be an ongoing challenge, along with the affordable housing crisis in the city. The lack of affordable housing has affected the pace at which beds turn over. The situation is further exacerbated by the lack of transitional housing. Another critical issue is the need to have kennel space and care for pets that victims wish to take with them when they flee their abusers.

Beyond providing a safe environment, shelters are struggling to meet the needs of vulnerable populations whose issues extend beyond family violence. National policies regarding immigration have had an immense impact on providers' abilities to serve immigrant victims because many have expressed fear of being deported if they seek services. This has further empowered abusers to use immigration status to exert power and control over victims. Additionally, shelters are inadequately prepared to meet the social and emotional needs of children, and there is no access to safe and free childcare for victims. Most types of assistance require extensive paperwork coupled with long wait lists, which can be overwhelming in an already high-stress situation. The mental health issues of victims also continue to be an on-going concern and challenge. Shelters are continuously seeking training for staff so that they can adequately meet their clients' needs.

Policy Recommendations and Closing

The members of the Dallas Domestic Violence Task Force offered qualitative data on the annual survey regarding policy implications and suggested changes that would advance their work in preventing and ameliorating domestic violence. Of particular importance to respondents this year were vulnerable populations and transportation. Current immigration laws and pervasive anti-immigrant sentiments have left immigrant women who are in abusive relationships more fearful than ever of seeking and receiving services. Respondents suggest providing culturally relevant resources in multiple languages

and increasing education campaigns that reinforce protection for victims regardless of victims' legal status. Similarly, the sector continues to struggle in meeting the needs of LGBTQ victims. The report has addressed these concerns across its various sections, but it is clearly an issue that should receive more attention and collaborative efforts over the coming year. Task Force members have suggested targeted recruitment within the LGBTQ community to encourage engagement of allies within this population; such an effort might help identify the particular needs facing LGBTQ victims.

Agencies report a barrier to victims who are pressing charges and/or participating in the legal process, with still more need for transportation services and resources to fund victims getting to court. A suggestion offered is to increase access to low-to-no cost public transportation by providing victims with a verbal password to which DART operators are trained to respond. Additionally, a shared database of resources could help providers and victims navigate current resources available and perhaps alleviate some of the transportation need. The expansion of protective orders and legal aid from the Dallas County district attorney in 11 community satellite offices and the George Allen Civil Courthouse represents an important step forward for making these protections available to a larger population of victims. Within the Dallas courts, individuals without representation are now aided in the protective order process by a prosecutor and victim advocate. These public servants assist in filling out affidavits and represent the victim at the hearing. These types of efforts are especially salient for low-income victims who have few financial resources at their disposal while seeking safety from a violent abuser.

In general, respondents believe there is a need to strengthen and expand programs that support victims and keep them safe. As many offenders continue to perpetuate their abuse on victims, identifying these offenders and protecting the safety of domestic violence survivors is always a top issue. With regard to the FDVC and the Dallas County Gun Surrender Program, Dallas continues to promote and support progressive programs and initiatives and be a national leader in the fight against domestic violence. As noted previously, the Gun Surrender Program seeks to confiscate guns per statutory requirements from persons convicted of domestic violence charges; it is the first of its kind in Dallas and one of the few in existence nationally. Yet this program needs more active participation and referrals from judges to ensure victim safety. Several Task Force partners have noted that the identification of repeat and dangerous offenders and the removal of guns remain top priorities. One partner commented, "The City must continue to be mindful of the role of gun ownership, and the courts must find ways to share information to assist in targeting repeat offenders."

Respondents identified another urgent need, to increase services that are directly related to mothers and children to aid in their recovery and healing. Some shelters have placed increased emphasis and effort on rules reduction and trauma-informed care training and practices toward this end. As has been reported in previous years, there is not nearly enough transitional housing available to support all the adult victims and children needing this level of long-term support. While needs change often, making it difficult to anticipate the beds and rooms needed, partners clearly voiced a serious shortage of beds at this time. There is also a need to reprioritize domestic violence transitional housing in funding allocations. Restricted funds make new or unanticipated demands hard, if not impossible, to accommodate. Finally, several partners pointed toward the need for policies and practices that have more survivor-centered versus program-centered goals and outcomes. Best practices point toward survivor-centered trauma responses.

In closing, the research team wishes to thank each of the Task Force partners for their considerable time and efforts to contribute to this year's annual report. Each of these partners play a vital role in the systemic response to domestic violence across Dallas. They serve in differing capacities and with varying missions, yet share a joint goal of helping victims to heal and holding abusers accountable. This report grows each year in size, content, and value due to the joint efforts of the Task Force members who work across the nonprofit, government, courts, law enforcement, social service, religious, and public sectors of the Dallas area. The research team is grateful for the open communication and constructive feedback received from each of these partners. Hundreds of hours of work went into the creation of the survey, data collection and management, data analyses, graphic design and written presentation of findings. Throughout this yearlong process, the Task Force partners worked closely with the research team and confirmed metrics and their interpretation, offered substantive comments and policy recommendations, and provided insights into organizational and metric-related processes that were central to the report creation and the integrity of its contents. The team also wishes to thank City of Dallas Council Member Jennifer Gates and Mayor Mike Rawlings (and their tireless staff members Carolyn Williamson, Scott Goldstein, and Patricia Blasquez) for their continuing leadership and vision to bring community partners and research together to raise awareness on these issues. Finally yet importantly, the team thanks the generous donors who made this report possible: the Communities Foundation of Texas the Dallas Women's Foundation, Mary Kay, Verizon Corporation, and the Embrey Family Foundation. The Dallas Domestic Violence Task Force Annual Report is one of the most comprehensive domestic violence reports in the nation and reflects the significant and ongoing contributions of this dedicated coordinated community response team.

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