



# Operation: RISE

## Robust Interagency Strategic Engagement

A Strategic Plan to reduce or eliminate  
homelessness in Bell County.



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# Executive Summary



## Study Scope:

The Cities of Killeen and Temple procured the services of Marbut Consulting to conduct a *Homelessness Services Needs Assessment* and to develop a plan of *Homelessness & Mental Health Strategic Action Steps* to improve service delivery in order to help reduce homelessness within Killeen and Temple, and throughout Bell County. Special attention was given to the increase in the number of individuals experiencing homelessness due to the pandemic.

In order to develop practical recommendations, Marbut Consulting:

- Conducted a wide range of discovery interviews with stakeholders,
- Conducted a series of site visits and tours of service providing agencies,
- Interviewed individuals experiencing homelessness,
- Studied and inventoried homeless services throughout the Cities of Killeen and Temple, and within Bell County,

- Analyzed statistics and reports from local agencies,
- Made street-level observations,
- Posed as a person experiencing homelessness in order to understand what it is like to be homeless in this area and to better understand the movement and circulation of the community of homelessness.

Using national best practices and the *Seven Guiding Principles of Homeless Transformation* as the key measuring tools, Marbut Consulting evaluated the current state of homeless service operations within Killeen and Temple, and throughout Bell County including conducting an extensive survey of people experiencing homelessness. Marbut Consulting then conducted a needs assessment and gaps analysis between existing inventory and identified needs, including the types of services (qualitative) and capacity of services (quantitative) needed within Killeen and Temple. Marbut Consulting formally started working in Killeen and Temple on April 26, 2022 and finished this study and written report in December 2022.

**Based on the research and analysis, there are five critical issues that will affect the strategic plan action steps:**

1. There is a very high level of out-of-towners for both Killeen and Temple, indicating people experiencing homelessness are drawn to Killeen and Temple.
2. The chronicness level is very high, especially for Temple, indicating system enablement.
3. Cross-referencing the very high out-of-towner level with the very high chronicness levels, indicates out-of-towners are welcomed into Bell County and then are enabled, especially in Temple.
4. Due to the very low levels of employment before and after experiencing homelessness in Bell County, it will be very critical to include workforce development programs within most of the clinical tracks that are developed.
5. Due to the relatively high percentage of women experiencing homelessness, it will be very important to tailor specific clinical services and programs to women.

**Summary of Major Recommended Strategic Action Steps:**

**County Wide Recommendations**

- C1** - Develop and operate nine clinical tracks within three focus areas across Bell County.
- C2** - Establish the Arbor of Hope non-profit to coordinate county-wide homeless services.
- C3** - Information Management (HMIS, intake, and coordinated case management): need to move from a data tracking model to a true case management and service coordination tool.
- C4** - Open the Bell County Diversion Center.
- C5** - Create permanent supportive housing across the street from the Central Counties Services Office in Temple.
- C6** - Proactively source new housing of all types.
- C7** - Whenever possible, separate families with children from non-family single adults.
- C8** - After becoming compliant with *Martin v. Boise*, have a zero tolerance approach to encampments.

### **Killeen Recommendations**

**K1** - Create and develop the Arbor of Hope West Campus.

**K2** - Support the Homeless-to-Housed Village.

**K3** - Integrate the Killeen Police Department's Community Engagement Team with the Arbor of Hope West Campus operations.

### **Temple Recommendations**

**T1** - Create and develop the Arbor of Hope East Campus.

**T2** - Reactivate Salvation Army's unused former Men's Shelter as an interim solution.

**T3** - Integrate Temple Police Department's Community Oriented Policing Services (COPS) Unit with the Arbor of Hope East Campus operations.

### **Killeen and Temple**

**KT1** - Continue to support Family Promise of Bell County's new operation.

### **Next Steps**

- Create the Arbor of Hope non-profit organization.
- Hire the Executive Director, Director of Finance and Development, and the Director of Guest Services and Relations to oversee both campuses.
- Develop construction and operating budgets for conceptually approved initiatives.
- Formal approval to construct the Arbor of Hope West and East Campuses.
- Help fund the operations of the West and East Campuses.
- Assign each adopted strategic action step to one person by name with a targeted timeline of implementation.
- Develop tactical actions to successfully implement the adopted strategic action steps.
- As soon as possible start implementing - just get started!!
- Establish a feedback loop to review the the progress of implementation, and then make program adjustments as needed.

# Glossary of Homeless Assistance Terms

**Cooling or Warming Centers** - short-term intermittent facilities often open during the day, generally for 8-10 hours a day when “triggered” by extremely high or low temperatures.

**Inclement Shelters** - short-term intermittent facilities often open overnight, generally open 10-14 hours when “triggered” by extreme weather conditions like really high temperatures (105° or higher), really low temperatures (39° or lower), tornados, floods, hurricanes, etc.

**Summer and Winter Shelters** - shelters operating over a finite period of time (usually 3-5 months depending on local weather conditions) . . . these shelters are generally open 10-14 hours a day, but are sometimes open 24/7.

**Come-As-You-Are (CAYA) Shelters** - sometimes called “Low Demand Shelters” or “Low Barrier Shelters,” these types of facilities have minimal barriers to entry, and low demands on guests once inside facilities. CAYA can be applied to any of the above type of shelters. A CAYA facility is DIFFERENT from a “wet shelter” in that CAYA facilities do not allow on-site drinking and drug use.

**Wet Shelters** - facilities that allow on-site drinking, and sometimes on-site drug use.

**Shelters (are not Homeless Assistance Centers, Navigation Centers and Transformational Centers)** - shelters have minimal services and focus on basic life safety services, are often open part-time and seldom open 24/7.

**Homeless Assistance Centers, Navigation Centers and Transformational Centers (are not Shelters)** - homeless assistance, navigation and transformational centers have a wide-range of wrap-around trauma informed services and focus on programs that promote exiting homelessness, and are generally open 24/7.

**Campuses** - are more robust versions of Transformational Centers, and are known for having extensive wrap-around services that are provided by multiple service partners working collaboratively on one site.

***Martin v Boise*** - *Martin v. Boise* is currently the most important federal homelessness court case regarding homelessness as it relates to local governmental powers to address homelessness. Even though this case is in a different regional federal court circuit than Bell County, the US Supreme Court let stand the Ninth Judicial Circuit opinion in *Martin v. Boise*; therefore, many federal district judges within other circuits will use *Martin v. Boise* to guide their opinions

**Short Term Emergency Services** - in relation to this report and recommendations, short-term emergency services are a variety of customized targeted wrap-around services that starts with coordinated intake and continues for up to 30 days. Everyone should be placed within one of the proposed 9 clinical tracks within this service phase, with the understanding that some individuals will move between clinical tracks.

**Intermediate Services** - intermediate services is the phase between short-term emergency services and long term placement (eg includes graduation out of homelessness into self-sufficiency or placement into long term supportive care). Ideally this service phase would last less than 8-10 months and include customized robust wrap-around services within the 9 proposed clinical tracks.

**Long Term Supportive Care** - mostly include individuals receiving SSI, SSID, Medicare, and Medicaid that are placed into long term supportive care (eg housing with customized services) by the Arbor of Hope case management system.



# Study Scope

## **Key Activities, Work Products and Timeline**

Based on prior work in dozens of other communities, Marbut Consulting performed the following project Phases and Tasks as outlined below.

Some of these tasks ran in sequence, while other tasks overlapped. Throughout these phases and tasks, the current state of homelessness was observed from a variety of vantage points: individuals experiencing homelessness – especially those impacted by the pandemic, families with children experiencing homelessness,

agency staffs, volunteers, upstream funders, government officials, civic community leaders, businesses, the general public, communities of color and other marginalized cohorts.

Throughout the different phases and tasks of this study, Marbut Consulting participated in group and individual meetings with key community stakeholders and partners in order to solicit their input, and to garner their buy-in of the *Homelessness & Mental Health Strategic Action Plan*. The discussions with the key stakeholders and partners were critical in order to improve the study, promote buy-in, and deepen partnership relations.

# Engagement Scope

## Phase 1 Understanding the Challenges Through Research and Data Analysis

### **Task 1 - Inventory of current services and articulating an accurate understanding of the challenges (May to July):**

In coordination with the Temple and Killeen Homeless Services Coordinators, Marbut Consulting inventoried and ascertained information about the types (qualitative) and volume (quantitative capacity) of homeless services being provided throughout Temple and Killeen. This included in-person site visits of services and service points as well as interviews and focus groups with people experiencing homelessness, service providers, and key stakeholders throughout Temple and Killeen in order to inventory the “types” and “volume” of services. Specifically, the Consultant performed in-person site visits and interviews in order to:

- Analyze the coordinated entry system,
  - Inventory shelter services, beds and mat units,
  - Inventory the types and volume of supportive services (quantity and qualitative),
  - Inventory preventative and intervention services,
  - Identify service pinch-points and service gaps,
  - Analyze levels of system integration (and non-integration) between mental health/substance use disorder service providers, homeless services providers and housing placement service providers.
- Below is a list of meetings, tours and site visits for the Cities of Temple and Killeen:**
- Individuals with lived experiences,
  - Site visits to all the large encampments,
  - Site visits to major congregating areas (eg community centers, parks, rivers, lakes, central business districts, etc.),
  - Elected officials, to include the Mayors and key Councilmembers, County Judge, etc.,
  - Critical city and county staff members such as the city managers, deputy city managers, homeless coordinators, housing administrators, county administrators, county mental health officials, direct service managers, etc.,
  - Other critical city and county staff members that deal with issues of homelessness (eg legal, community action, parks and recreation, etc.),
  - Librarians and site visits to all downtown libraries (and other highly impacted libraries),
  - Law enforcement officers, Police chiefs, County Sheriff and all top Law enforcement agency commanders that are dealing with issues of homelessness,
  - Ride-alongs with police departments and county deputies to see gathering points, feeding sites, encampments, jail, etc.,
  - Coordinators of EMS/fire/rescue in the most active areas,
  - Directors of the most active hospital emergency rooms (ERs/EDs) that receive individuals experiencing homelessness,
  - Primary medical care providers that work with people experiencing homelessness,
  - Chairs/CEOs/Executive Directors of all the top homeless service providing agencies including all shelters like Salvation Army sites, winter warming shelters, women’s day shelters, youth drop-in programs, etc.,



- Site visits to all key homeless service providing agencies,
  - Visit all housing programs of all types,
  - Site-visits to affordable and attainable housing programs,
  - Diversion and intervention programs,
  - Homeless Outreach Teams,
  - Specialty programs such as enhanced case management programs, shower and laundry programs, emergency rental assistance programs, rapid rehousing placement services, mental health services, etc.,
  - Workforce and job training service providers,
  - Personal storage services for people experiencing homelessness,
  - Site visits of major feeding initiatives,
  - Equity outreach organizations,
  - Homelessness and Mental Health Taskforce Steering Committee,
  - Heads of all local mental health agencies and organizations,
  - Heads of all local SUD agencies and organizations,
  - Cross system collaborations,
  - Data coordinators who work with HMIS (Homeless Management Information System), PITC (HUD Point-in-Time Counts) and other data reports,
  - 211 hotline staff members that coordinate service delivery and public calls,
  - Key funders (to include local United Ways and community foundations),
  - Key affected merchants and businesses,
  - Leaders of business and tourism organizations to include impacted business districts,
  - Faith-based service providers, supporters and funders,
  - Any impacted neighborhoods and neighborhood associations,
  - Advocates for people experiencing homelessness,
  - Any other key stakeholders.
- Below is a list of meetings, tours and site visits in Bell County, but outside of Temple and Killeen proper:**
- Individuals with lived experiences,
  - Site visits of major congregating areas (eg libraries, parks, rivers, lakes, central business districts, etc.),
  - Mayors and key councilmembers,
  - Critical city administrators (eg city manager, deputy city manager, etc.),
  - Police chiefs (if not the Sheriff),
  - Chairs/CEOs/Executive Directors of homeless service providing agencies, to include tours of service providing agencies,
  - Other key stakeholders,
  - Others on the Temple/Killeen list above.

## **Task 2 - Data analysis of PITCs and HMIS + field observations and surveys (May to July):**

Marbut Consulting conducted a data analysis of the most recent Point-in-Time-Count (PITC) compared to earlier PITCs. The Consultant also reviewed Homeless Management Information System (HMIS) data and reports of homeless service providing agencies. PITC data was then compared to HMIS data. Additionally, in coordination with the Temple and Killeen homeless program coordinators, Marbut Consulting conducted a series of targeted field observations analyzing flow and movement patterns which included Dr. Marbut “experiencing homelessness” by living on the streets of Temple and Killeen. Based on these findings, Marbut Consulting then drafted and conducted an in-the-field data survey of individuals and families experiencing “street-level homelessness” to include individuals living in shelters, centers and transitional programs. Field observations and surveys were used to better understand the unique local causes and triggers of homelessness, which have informed the *Homelessness & Mental Health Strategic Action Plan*.

## **Task 3 - Review, analyze and summation of relevant studies and documents (May to June):**

Reviewed, analyzed and summarized the following relevant documents:

1. Temple Homelessness Report,
2. City of Temple 2020-2025 Consolidated Plan,
3. City of Killeen 2020-2024 Consolidated Plan,
4. City of Temple Analysis of Impediments to Fair Housing Choice,
5. Crisis System Inventory Report,
6. City of Killeen Analysis of Impediments to Fair Housing Choice,
7. Others as needed,

## **Task 4 - Gaps and duplication analysis - Articulating an accurate understanding of the challenges (July to August):**

Based on the agency interviews, site visits, street-level observations, Point-in-Time-Count data, Homeless Management Information System reports, agency reports and the unique Temple/Killeen survey data, Marbut Consulting conducted a needs assessment of the types of services (qualitative) and capacity of services (quantitative) needed in Temple/Killeen. This included conducting a gap and duplication analysis of services between existing inventory and identified needs, which in turn were analyzed through an equity lens.

## **Task 5 - Master Functionality Assessment Study (July to September):**

In conjunction with Task 4 above, Marbut Consulting then conducted a “strategic-higher-level” master functionality assessment study of the gaps and missing services. A “functionality assessment study” is critical in order to assure cost effective and affective strategic action steps, and to ascertain what is needed to assure long term success. Using national data and best emerging practices, this sub-study has synthesized missing types of services, quantity of service gaps, demand:supply ratios, service proximity data, and downstream data (eg traditional HUD data covering housing, rapid rehousing, permanent supportive housing and housing first), which has in turn “informed” the functional strategic action steps. This included a study of geographic areas, and where best to locate services. The functionality study also includes how to make it easier for people experiencing homelessness to access services, as well as how to provide treatment and recovery services in light of structural shifts due to the COVID-19 pandemic. Having an accurate understanding of the functional needs is necessary in order to

understand the scope, scale and structure (S<sup>3</sup>) of the overall system. The functionality assessment study was also analyzed through an equity lens.

Toward the end of Task 5, Dr. Marbut conducted several oral mid-project presentations of the preliminary data analyses and base findings at various meetings and public forums with the key stakeholders and partners.

## Phase 2 Strategic Framing and Assessment

### **Task 6 - Collaborative strategic framing of critical issues and initiatives (August to October):**

With input and guidance from Temple and Killeen officials, and as part of the strategic development process to create a shared vision and to encourage community “buy-in,” Marbut Consulting has “strategically framed” action steps in order to develop a sound *Homelessness & Mental Health Strategic Action Plan* for Temple and Killeen. This included several community workshops and feedback sessions, as well as several focus groups that were assembled based on the data, findings, and observations. The focus was to develop customized strategic and tactical solutions to significantly reduce homelessness within Temple, Killeen and Bell County. This required the Consultant to conduct in person meetings with officials from local government, elected bodies, funders, businesses, faith-based organizations, non-profits, civic groups, service providers, and other agencies. This framing process included the input of key stakeholders and community partners, as well as appropriate interrelated-system partners from the criminal justice system, health care providers, substance use disorders/diseases treatment providers, and mental/behavioral health treatment providers.

## Phase 3 Development of Strategic Plan with Action Steps

### **Task 7 - Draft a Strategic Action Plan with action steps (September to November):**

Marbut Consulting then drafted the written *Homelessness & Mental Health Strategic Action Plan* with recommendations based on national and emerging best practices that are grounded within identified local needs, gaps, and opportunities. This plan is informed by the input from people experiencing homelessness, key stakeholders, and community partners. This strategic action plan includes real-world strategic positioning of both qualitative (types of services) and quantitative (volume) needs within the overall CoC environment including critical functionalities and operating policies/protocols/procedures. The types of services and volume of services also will be addressed by geographical areas. The *Homelessness & Mental Health Strategic Action Plan* includes recommended improvements throughout all aspects of the continuum of care including: outreach, engagement, prevention, coordinated entry, crisis response, staffing, funding, transitional services, rapid rehousing, permanent supportive housing, affordable housing, and other longer term housing issues. The goal was to develop five-year *Homelessness & Mental Health Strategic Action Plan* for the Bell County region that reduces the number of families and individuals who are experiencing homelessness by strengthening the physical health, mental health, and support services for unhoused residents, and to reduce the number of families and individuals experiencing first time homelessness.



**Task 8 - Key partner and stakeholder comment period - Development of a shared vision (November):**

As part of the “buy-in” efforts and to improve the overall *Homelessness & Mental Health Strategic Action Plan*, Dr. Marbut presented the critical elements of the “Draft” *Homelessness & Mental Health Strategic Action Plan* for comment to the key stakeholders in a variety of one-on-one and group forums. This included presentations in front of City Councils in both Temple and Killeen. This phase required Marbut Consulting to conduct numerous briefings of government staff members, elected officials, businesses, faith-based entities, civic groups, service providing agencies, and other stakeholders. The Consultant also shared his knowledge of the best emerging practices across the United States.

**Task 9 - Public presentations of the FINAL Homelessness & Mental Health Strategic Action Plan:**

A written “Final” *Homelessness & Mental Health Strategic Action Plan* with specific action steps will be delivered to the Cities of Temple and Killeen. It is critical that this five-year *Homelessness & Mental Health Strategic Action Plan* to have measurable goals and strategies with clear timelines. This plan will provide a comprehensive roadmap to help prevent and reduce homelessness within Temple, Killeen, and Bell County region. Beyond the recommendations in the plan, this document will also include key observations and data findings. Additionally, Dr. Marbut will publicly present this final report to the City Councils of Temple and Killeen, as well as the Bell County Commissioner’s Court.

# Major Observations and Findings



## The Positives and the Opportunities

There is a tendency in such endeavors to focus on the negative rather than the positive. Therefore, before the challenges and gaps are addressed below, there are a few observations that bode well for Killeen and Temple regarding the state of homelessness that Marbut Consulting would like to share:

- Most of the leaders involved with the issues of homelessness understand the connection of homelessness with untreated mental illness and co-presenting substance use disorders.
- Governments, agencies, and advocates are willing to work together.
- Most everyone genuinely likes each other, and most everyone would like to work together to dramatically reduce the levels of homelessness.
- The homeless service agencies throughout Bell County do so much with so little.
- There is a genuine desire and determination amongst key leaders to bring positive change to the homeless situation.

# The Negatives and the Challenges

## **There is no true “Formal System” of coordination among service providers:**

Even though some attempts at coordination have been made, there has been very little strategic coordination and collaboration of services among homelessness service providers. What little coordination that exists among service providers is informal, and ad-hoc and is generally based on personal relationships.

## **Minimal data was found indicating individuals successfully and systematically exiting homelessness and becoming financially independent as a result of current programs:**

Sadly, anecdotal information indicates that more individuals have experienced homelessness on a chronic level, rather than positively transitioning to self-sufficiency.

## **Bell County, and the Cities of Killeen and Temple do not have the right-size inventory of needed services in order to be *Martin v. Boise* compliant:**

There is a significant lack of services, especially considering how big the homeless challenges are in Killeen and Temple. It is very important to note that because of the current significant lack of services (both in terms of quantity and types of services), the Cities of Killeen and Temple are non-compliant in terms of the *Martin v. Boise* case. In order to be compliant, each community would be required to be able to provide a bed for the next head, at an equal or higher quality level.

## **The greater Killeen and Temple communities have lacked adequate funding to cost effectively operate “right-sized” comprehensive programs:**

Agencies within Killeen and Temple have lacked an appropriate level of financial resources necessary to effectively operate comprehensive treatment, recovery, and engagement services for individuals and families experiencing homelessness. Killeen and Temple have big-city homeless challenges, but have small-community resources. In order to be successful, public-sector funding will be necessary to fill the gap.

## **There have been a lack of substance use disorder and mental health treatment slots/beds in Killeen and Temple:**

The root triggers and causes of street-level homelessness most often is untreated mental illness with co-presenting substance use disorders. To engage in meaningful recovery, the focus must be on the root causes of homelessness, not symptoms. There is a need in Killeen and Temple for affordable mental health and substance abuse treatment slots/beds.

## **Within the policy and funding arenas, compared to other communities, the homeless situation is currently more manageable in Killeen and Temple:**

A series of targeted investments would have a huge positive impact in terms of the overall outcomes. Furthermore, smartly targeted

investments could actually save unnecessary spending within the criminal justice and medical systems, as well as the negative impact on businesses and neighborhoods.

### **Temple is located on a high traffic North-South corridor near Austin:**

Temple is located on IH-35, a major North-South Corridor that connects Temple to major metropolitan areas, which means there is a constant inflow of people experiencing homelessness, especially coming from the North and from Austin. Even though Temple is a mid-sized community, it deals with the big city challenges of homelessness. It is important to note that because of weather conditions and seasonal changes, North-South corridors generally have significantly higher levels of individuals experiencing homelessness passing through than East-West corridors experience.

### **People formerly associated with Fort Hood are contributing to homelessness in Killeen:**

Killeen has an inflow of people associated with Fort Hood who are experiencing homelessness. This inflow is composed of three sub-cohorts: veterans, “disconnected” former dependents, and former civilian contractors no longer working on Fort Hood. The number of individuals experiencing homelessness that are disconnected former dependents is almost equal to the number veterans formally connected to Fort Hood. It should be noted that this group is often more challenging to address since most of the individuals in this sub-cohort are not eligible for VA nor DoD benefits. The inflow of individuals experiencing homelessness may always be high since Fort Hood is the largest US military installation in the world. Like Temple, Killeen must deal with the big city challenges of homelessness.

### **The number of housing placements is low:**

Due to a low inventory of affordable housing and relatively high occupancy rates, housing placements are very low relative to the need. Like most of the USA, there is a critical need of “transitional” units (eg 6-24 month residential stays) as well as affordable “permanent supportive housing” (eg 2 years or longer time frames). There is also a critical need for short-term emergency beds (1-6 months). Study beyond the scope of this project is needed to determine a precise number of housing units needed within Bell County.

### **It is important to understand the major subgroups of homelessness in Killeen and Temple:**

Very seldom is the loss of housing the real root cause of homelessness, likewise, very seldom does securing housing alone reverse the cycle of homelessness. The cycle of homelessness is a multi-faceted process that starts with a trigger, and devolves through the loss of credit worthiness, connections with friends and families, jobs, housing, vehicles, etc. Below is a list of the major demographic sub-groups of homelessness in Killeen and Temple:

- Out-of-town Single Adult Males and Females who may have untreated mental illness, often with co-presenting substance use disorders, who came to Killeen and Temple.
- Homegrown Single Adult Males and Females who may have untreated mental illness, often with co-presenting substance use disorders.
- Homegrown Single Adult Females who have experienced domestic violence.
- Families with Children who have experienced domestic violence.
- Families with Children who have experienced economic hardship due to divorce economics.

Unfortunately, most of these sub-cohorts in Killeen and Temple have very high levels of “chronic homelessness” (1+ years on the street with untreated mental illness and co-presenting substance use disorders). Killeen and especially Temple have extraordinarily high numbers of individuals experiencing super chronic levels of homelessness (five years or more on the street with untreated mental illness and co-presenting substance use disorders).

**The current state of the Homeless Management Information System (HMIS) is within the Balance of State (BOS):**

*Bell County is currently within the Balance of State (BOS):* In Texas, all BOS geographic areas are supported by the Texas Homeless Network (THN). The focus on THN is to ensure that all required Department of Housing & Urban Development (HUD) data elements are being accurately recorded. THN has been reluctant to introduce new data elements that are not required by HUD. This is common among Homeless Management Information System (HMIS) lead agencies. Software upgrades often cause custom development to have issues during new releases, so HMIS leads often result in sticking to only what is required. This dramatically limits the ability to make local customizations, which in turn limits the ability to use it as both a tool to coordinate care and to generate meaningful reporting information.

*Use of HMIS:* HMIS is being used by just a handful of organizations in Bell County. The primary use is at the point of intake by only three homeless service providers: Salvation Army, Endeavors, and Friends in Crisis. Unfortunately, there appears to be very little service coordination happening after entry. The primary data collection is centered on entry, and then at exit of the system of care.

*Software Vendor:* The HMIS vendor that the BOS uses is called ClientTrack. ClientTrack is one of the major platforms used throughout the country.

They are about to release a major upgrade at the end of 2023 and THN will be migrating BOS providers to the new version.

*Agency Perceived Barriers to System Use:*

The following are the major real and/or perceived barriers to adopting HMIS:

- High costs for licenses and additional staffing costs to enter data.
- The hardware costs are high for smaller providers that have limited budgets to spend on IT equipment.
- Because of the general lack of understanding of how entering data will help their organization or the community at large, there is low motivation to participate.
- Information security concerns about data sharing.

**Dehydration, poor nutrition and sleep deprivation exacerbate the homeless condition within Bell County:**

Mental health, behavioral health, and substance use disorder issues are all exacerbated by dehydration, poor nutrition, and sleep deprivation. Individuals experiencing “street-level” homelessness often do not drink enough water since it is hard to find a public restroom and they do not want to be hassled for going to the bathroom in public. Additionally, individuals and families with children experiencing homelessness seldom eat well-balanced meals since it is much cheaper to prepare high-sugar and high-carbohydrate meals. Finally, most individuals and families experiencing homelessness have less than ideal sleeping arrangements which leads to severe sleep deprivation for many individuals. Unfortunately, many individuals experiencing homelessness experience all three of these exacerbating factors at the same time (eg dehydration, poor nutrition, and sleep deprivation) which makes treatment and recovery even more challenging.

**A note on current child research - It is very negative to mix children with single adults:**

Over the last 25 years, a new body of research has emerged that has been studying the long-term neurobiological and physiological impacts of exposure to adverse experiences during childhood. These “toxic stress” experiences are called “Adverse Childhood Experiences” (ACEs). The groundbreaking study in this research area was *Adverse Childhood Experiences Study (ACE Study)* and was led by California researchers Dr. Vincent Felitti and Dr. Robert Anda, and surveyed more than 17,000 adults. What they and others have found is having a high number of Adverse Childhood Experiences (eg traumatic experiences) during the most formative period of a person’s life can have a highly negative impact on a child’s developing brain and body, and this negative impact can last a lifetime.

There are 10 specific formally recognized ACEs that a child can be exposed to during childhood. See the *Data Report - A Hidden Crisis: Findings on Adverse Childhood Experiences in California* by The Center for Youth Wellness for more information.

It is thus highly problematic to mix non-family adult males who are experiencing homelessness with children since these children are exposed on an average to many more ACEs than children in the general population. In terms of the overall general population, 83.3% of the general population had three or less ACEs, and 60.0% of the general population had zero or one ACEs in their childhood. Whereas children that are co-mingled with adult males experiencing homelessness will likely experience at least four ACEs on a daily basis (eg exposure to individuals with mental illness, to individuals with substance abuse, to people who have been incarcerated, etc.). It is important to note that the research has found that having four or more ACEs is the critical tipping point between good outcomes and poor outcomes over a lifetime.

People who were exposed to four or more ACE’s during their childhood had the following increased serious health and behavioral conditions compared to individuals who were exposed to three or less ACEs (partial listing of negative outcomes):

- 12.2 times as likely to attempt suicide,
- 10.3 times as likely to use injectable drugs,
- 7.4 times as likely to be an alcoholic,
- 5.1 times as likely to suffer from depression,
- 2.9 times as likely to smoke,
- 2.4 times as likely to have a stroke,
- 2.2 times as likely to have ischemic heart disease,
- 1.9 times as likely to have cancer,
- 1.6 times as likely to have diabetes,
- 39% more likely to be unemployed.

This issue is very relevant since several cases of co-mingling of families with children experiencing homelessness with adult males and females experiencing homelessness were observed within Bell County.

# Survey Data Results and Analyses of Street-level Homelessness



Marbut Consulting developed a customized survey tool for Bell County based on interviews of stakeholders, street-level observations, anecdotal information, and previously used surveys in other communities. Surveys were then administered throughout Bell County during the months of May and June, 2022, at service points, feeding sites, on the streets, and in encampments by volunteers, homeless coalition members, and Cities of Killeen and Temple staff members. Throughout the County, 414 completed and unduplicated surveys were collected.

Unlike the Point-in-Time-Count (PITC), this survey instrument was specifically designed to focus on issues relating to individuals experiencing homelessness within the Cities of Killeen and Temple, and throughout Bell County. It is important to note that the PITC is designed to address HUD oriented issues. Furthermore, because of the way PITC questions are asked, answers often “undershoot” real-life durations/timelines of homelessness, thus missing what is actually going on in the real life (eg the PITC frequently misses the major underlying issues

because it is not statistically sensitive enough to detect critical real life issues). Taking all these issues together (eg multiple unrelated sub-groups, narrow questions, “undershooting,” etc.), PITC data often “mask” what is really going on within the narrower sub-populations of those experiencing homelessness.

Since there are very few 24/7 programs with housing within Bell County, the unsheltered street-level homeless cohort is virtually the same set of individuals within the overall community of homelessness. By focusing the survey on individuals experiencing street-level homelessness, there is a more robust understanding of what is really going on with the group of individuals experiencing street-level homelessness.

Responses were cross referenced and analyzed separately for Killeen and Temple, as well as county-wide. In most cases, county-wide data is reported below. It is specifically noted when there is a meaningful difference in the data among Bell County, City of Killeen and City of Temple.

## The following is aggregated data from the surveys:

### Gender

Males represent 58.7%, females represent 39.9%, and non-binary gender identity represent 1.4% of the surveyed population of people experiencing homelessness. Within Bell County, there is a significantly higher percentage of women experiencing homelessness compared to national percentages and percentages in comparable communities which means it will be very important to tailor clinical programs and services for women.

### Age

The average age for individuals experiencing homelessness is 48.3 years old and the median age is 49.0 years old. This is very similar to comparable communities and the overall nation.

### Age Started Experiencing Homelessness

The average age of an individual starting to experience homelessness is 41.1 years old, with a median age of 45.0. The average and median ages are significantly lower than would be expected.

### Length of Time Living in Bell County

On an average, individuals experiencing street-level homelessness have lived in Bell County for 14.4 years, with a median of 7.0 years in Bell County. This is on the low side compared to comparable communities.

### Born in Bell County

15.7% of the respondents were born in Bell County (very low - Killeen 8.1% vs. Temple 21.6%).

### Location of High School Attendance

- 24.2% attended High School somewhere in Bell County (very low - Killeen 16.7% vs. Temple 30.3%),
- 29.5% attended High School in Texas but not in Bell County (low),
- 46.4% attended High School in the USA but not in Texas (very high).

### Job History in Bell County Before Experiencing Homelessness

- 58.5% did not have a job in Bell County before experiencing homelessness (very high),
- 29.0% had a full-time job before experiencing homelessness (very low),
- 12.5% had a part-time job before experiencing homelessness (very low).

### Job History in Bell County After Experiencing Homelessness

- 73.7% did not have a job in Bell County after experiencing homelessness (close to average),
- 14.5% had a full-time job after experiencing homelessness (close to average),
- 11.6% had a part-time job after experiencing homelessness (close to average).

### Family Living in Bell County

Of all the individuals experiencing street-level homelessness, 43.5% currently have family members living in Bell County. This is relatively low.

### **Chronicness Levels (Duration of Chronic Homelessness)**

In over simplified terms, HUD defines chronic homelessness as a person who has been living on the streets for more than one year. Marbut Consulting has developed two categorical definitions called super chronic homelessness and very super chronically homelessness which is defined as individuals who have been experiencing homelessness for 5 or more years and 10 or more years, respectively.

Of all the individuals surveyed, the average total time experiencing homelessness is 7.2 years (Killeen 5.2 years versus Temple 9.0 years) and the median was 4.0 years, both of which are higher and longer compared to other communities. Temple is especially very high.

Broken down by length of time living on the street:

- 84.1% - 1 or more years on the street (HUD defined chronic homelessness).
- 44.9% - 5 or more years on the street - super chronic homelessness (very high - Killeen 34.4% vs. Temple 54.6%).
- 25.4% - 10 or more years on the street - very super chronic homelessness (very high - Killeen 18.3% vs. Temple 31.7%).

### **Homegrown vs. Out-of-Towner**

- 15.7% born in Bell County (very low - Killeen 8.1% vs. Temple 21.6%),
- 24.2% went to high school within Bell County (very low - Killeen is 16.7% vs. Temple 30.3%),
- 41.5% had a job in Bell County before experiencing homelessness (very low).
- 43.5% have family currently living in Bell County (low).

This indicates there is a very high level of individuals from outside of Bell County.



**Based on the survey data, there are five critical issues that will affect the strategic plan action steps:**

1. There is a very high level of out-of-towners for both Killeen and Temple, indicating people experiencing homelessness are drawn to Killeen and Temple.
2. The chronicness level is very high, especially for Temple, indicating system enablement.
3. Cross-referencing the very high out-of-towner level with the very high chronicness levels, indicates out-of-towners are welcomed into Bell County and then are enabled, especially in Temple.
4. Due to the very low levels of employment before and after experiencing homelessness in Bell County, it will be very critical to include workforce development programs within most of the clinical tracks that are developed.
5. Due to the relatively high percentage of women experiencing homelessness, it will be very important to tailor specific clinical services and programs to women.

# Major Recommended Strategic Action Steps Summary

## County Wide Recommendations

**C1** - Develop and operate nine clinical tracks within three focus areas across Bell County.

**C2** - Establish the Arbor of Hope non-profit to coordinate county-wide homeless services.

**C3** - Information Management (HMIS, intake, and coordinated case management): need to move from a data tracking model to a true case management and service coordination tool.

**C4** - Open the Bell County Diversion Center.

**C5** - Create permanent supportive housing across the street from the Central Counties Services Office in Temple at the end of this sentence.

**C6** - Proactively source new housing of all types.

**C7** - Whenever possible, separate families with children from non-family single adults.

**C8** - After becoming compliant with *Martin v. Boise*, have a zero tolerance approach to encampments.

## Killeen Recommendations

**K1** - Create and develop the Arbor of Hope West Campus.

**K2** - Support the Homeless-to-Housed Village.

**K3** - Integrate the Killeen Police Department's Community Engagement Team with the Arbor of Hope West Campus operations.

## Temple Recommendations

**T1** - Create and develop the Arbor of Hope East Campus.

**T2** - Reactivate Salvation Army's unused former Men's Shelter as an interim solution.

**T3** - Integrate Temple Police Department's Community Oriented Policing Services (COPS) Unit with the Arbor of Hope East Campus operations.

## Killeen and Temple

**KT1** - Continue to support Family Promise of Bell County's new operation.

# Major Recommended Strategic Action Steps In Detail



## C - County Wide

### **C1 - Develop and operate nine clinical tracks, grouped by three focus areas across Bell County:**

In order to be successful in reducing homelessness, it will be necessary to create customized clinical tracks based on the unique needs of the Cities of Killeen and Temple, as well as overall Bell County. These clinical tracks must be driven by the data and need to be coordinated on a county-wide basis. To prevent “shopping for services” and “moving the cheese,” all jurisdictions within Bell County should use the same criteria, policies, procedures, and protocols for these clinical tracks.

Based on best practices, research, and the survey results, the following nine clinical tracks, grouped in three focus areas, should be created:

#### ***Stop the Growth of Homelessness . . .***

1. The Visitor Program (out-of-towners in Bell County 2 years or less, with a focus on the first 30 days).
2. Early Intervention and Prevention (before the onset of homelessness).

#### ***Reduce Existing Homelessness . . .***

3. Local Females, including out-of-towners 2+ years.
4. Local Males, including out-of-towners 2+ years.
5. Intensive Mental Health and Substance Use Disorder Treatment.
6. Sober Living.
7. Veterans.
8. Disconnected Former Military Dependents.

#### ***Long Term Supportive Care . . .***

9. Long Term Supportive Care (SSI/SSID (Social Security Disability Income)/Medicare/Medicaid/Case Management Referred).

### Notes About the Clinical Tracks:

- Tracks 1, 3, 4 and 9 should be housed inside the Arbor of Hope East and West Campuses.
- Track 2 should be a partnership of Temple Police Department (TPD) and Killeen Police Department (KPD) homeless liaison officers with the Arbor of Hope clinical staff.
- Tracks 5 and 6 should be led by agencies that have proven experience in providing successful substance use disorder treatment. Both Killeen and Temple should fund 1-2 scholarship beds on an annual basis for men who do not have qualifying insurance plans. Both Killeen and Temple should sponsor 0.5-1 scholarship beds on an annual basis for women who do not have qualifying insurance plans.
- Tracks 7 and 8 should be led by an agency that has proven experience in providing successful veteran services.
- Tracks 3-9 must focus on chronic homelessness issues.
- Tracks 3, 4, 7 and 8 must have robust job “coaching” and workforce development programming.
- Tracks 5 and 6 should have female focused sub-tracks which will feed into Track 3.
- Because of the different clinical needs among cohorts, it is critical that each cohort be treated uniquely (eg unique clinical tracks). Furthermore, it is very important to note, if these cohorts were to be treated the same there could be a variety of very negative outcomes for the individuals within these cohorts, as well as for the general public. For example, a home-grown individual experiencing homelessness needs significant engagement and help. However, providing the same type of support to an out-of-town visitor could actually encourage the visitor to stay longer, thus increasing the negative outcomes.
- Every track must have one “lead” agency directing the activities of each particular track.

- These nine customized tracks will be able to address most, but not all of the homeless clinical needs in Killeen and Temple, and throughout Bell County.
- These clinical tracks should be reevaluated and updated every 3-5 years, as successes are made, and as sub-populations change in nature and in numbers.
- All homeless service agencies that receive funding from Bell County, the Cities of Killeen and Temple, the United Way of Central Texas, and the United Way of the Greater Fort Hood Area should be required to utilize the common criteria, policies, protocols and procedures, including use of HMIS and central intake procedures.
- Killeen, Temple, Bell County, and United Way will need to significantly fund these client tracks, along with applying for federal and state grants.

### Proactive Outreach and Engagement:

In preparation to standing up the nine different clinical tracks and the opening of the Arbor of Hope East and West Campuses, a highly structured street outreach and engagement effort must initially occur (See Recommendation C2 below).

This outreach effort should be led by the Arbor of Hope clinical staff with outreach support of the KPD and TPD liaison officers. From the start, there needs to be one dedicated case manager for each Campus. These two staff members should be “assigned” to their respective Campuses, and most of their time should be spent in the field (at least initially).

This proactive outreach and engagement effort should quickly accomplish the following two outcomes, then maintain these outcomes over the long run:

1. Build positive relationships between the Arbor of Hope and individuals and families



experiencing homelessness (positive relationships should be established with as many individuals as possible in advance of the openings of the East and West Campuses).

2. Develop, then maintain a comprehensive list of individuals and families needing help. This master case management list should identify what type of assistance is specifically needed to engage the individual or family out of homelessness and include the best suited clinical track for each individual. This list needs to be integrated into the Homeless Management Information System (See Recommendation C3 below).

**Identify funding sources for root cause treatment and recovery programs:**

Root cause treatment options for individuals and families experiencing homelessness is currently very limited throughout Bell County. There is a critical need for additional short-term and longer-term mental health and substance use disorder treatment services. It is therefore recommended to identify funding sources that can be used to customize tailored treatment programs for individuals and families experiencing homelessness.

Programs that only address the *symptoms* of homelessness do very little to reduce homelessness, and actually often increase homelessness through enablement. If the Cities

of Killeen and Temple, and Bell County want to truly address the condition of homelessness, they must proactively and thoughtfully focus on the *root causes* that trigger homelessness in the first place. In simple terms, homeless service agencies need to move from a “basic emergency service level” to a “more holistic and comprehensive service model.”

Increases in homelessness drain and divert the resources of law enforcement, courts, jails, and prisons. Killeen and Temple Police Departments already have disproportionately high contact and interaction rates with individuals experiencing homelessness. Likewise, hospitals expend disproportionately high levels of resources on individuals experiencing homelessness, while having a very low reimbursable rates for these expended resources.

If root cause treatment and recovery programs are not adequately funded, the number of individuals and families experiencing homelessness will continue to increase significantly. This in turn will dramatically and exponentially increase the financial burden on the emergency medical service and criminal justice systems. It will be much more cost effective to address the homeless issue as fast as possible.

If properly targeted, an investment now will save millions of dollars over time within the criminal justice and medical care systems.

**As Part of the Clinical Track System, Establish Service Eligibility Criterion with Residency Criteria:**

It is strongly recommended that “Long-term” and “Intermediate-term” services be exclusively used for and on behalf of individuals with long-term direct connectivity to the greater Killeen and Temple communities.

“Short-term Emergency” services would be available for both individuals with long-term direct connectivity with Bell County and for visitors from out-of-town. For the purpose of this recommendation, short-term emergency services would last no longer than thirty cumulative days of service within any given year.

It is very important to realize that for the exception of domestic violence triggered homelessness, treatment is generally more successful at a clinical level when an individual is located close to one’s home support structure of friends and family. It is therefore better for individuals experiencing homelessness to be in a treatment community near where the individual grew up, and in familiar surroundings.

It is recommended that “Direct Connectivity to Bell County” be defined as individuals:

- a) who attended high school in Bell County or,
- b) who have living parents in Bell County or,
- c) who have deceased parents that were living in Bell County at the time of their passing or,
- d) have been living continuously in Bell County for more than 24 months.

If an individual does not meet at least one of these four criteria, then the individual would have “no direct connectivity to Bell County.”

The above paragraphs would function as a “residential requirement” for utilization of long-term and intermediate-term services. It is very important to note that this proposal provides short-term emergency services to all individuals

for up to thirty days of service in a year regardless of residency requirements.

Having active family involvement is a well-known core principle of most counselors and therapists in the field of homelessness (with the very important exception is with domestic violence victims/survivors). Most individuals with mental illness and substance use disorders have a higher chance of recovery when they are in their home environment with family and friends.

The quote below is from the Federal SAMHSA (Substance Abuse and Mental Health Services Administration) and sums up their thinking on this issue:

*“ . . . all families share a bond that can be used to support one another during trying times. While there is no one-size-fits-all solution for helping a family member who is drinking too much, using drugs, or dealing with a mental illness, research shows that family support can play a major role in helping a loved one with mental and substance use disorders.*

*When a family member is experiencing a mental or substance use disorder, it can affect more than just the person in need of recovery. Evidence has shown that some people have a genetic predisposition for developing mental and substance use disorders, and may be at greater risk based on environmental factors such as having grown up in a home affected by a family member’s mental health or history of substance use. Families should be open to the options of support groups or family therapy and counseling, which can improve treatment effectiveness by supporting the whole family.”*

Additionally, because of the robust communication channels within the community of homelessness, providing support to out-of-towners will actually attract more visitors to Bell County, and these visitors likely will stay for longer periods of time.

Simply put, if an individual is not a long-term resident of Bell County then they should only receive short-term emergency services and

assistance. **This does not mean out-of-town guests should not receive services!** Quite the opposite. It means that out-of-town guests should receive customized services that produce the highest chance of recovery from homelessness for each individual.

At a clinical level, the Cities of Killeen and Temple should aim to place individuals in the best environment to achieve the highest chance of recovery from homelessness. Services should be provided to allow the individual to make it back home.

Ideally all formal service agencies and informal organizations providing services within Bell County should adopt and use the same eligibility criterion.

**C2 - Establish the Arbor of Hope non-profit to coordinate county-wide homeless services:**

Establish a non-profit organization to coordinate, manage and oversee the county-wide strategic action steps to reduce homelessness within Bell County.

The Arbor of Hope will be a 501(c)3 non-profit organization that leads the county-wide coordination and management of all homeless services and issues, including overseeing the implementation of Homelessness & Mental Health Strategic Action Steps for the Cities of Killeen and Temple. It will be part of a formal inter local agreement among the Cities of Killeen and Temple, and the County of Bell.

At the start, Arbor of Hope will work within the Balance of State Continuum of Care (BOS CoC). At a later date, when the service system becomes more robust, the Arbor of Hope may want to become its own CoC and Collaborative Applicant.

The Arbor of Hope Board will be composed of:

- 4 members appointed by the Bell County Commissioners Court,
- 3 members appointed by the City of Killeen,
- 3 members appointed by the City of Temple,
- Chair of the Homeless Service Providers Advisory Council,
- President/CEO of Arbor of Home serving as an ex-officio member of the Board,
- An ex-officio representative of the Central Texas Council of Governments.

The Arbor of Hope Officers of the Board will be:

- Chair,
- Vice-Chair,
- Secretary/Treasurer.

*NOTES:* Bell County and the Cities of Killeen and Temple should share and rotate these positions, with each jurisdiction holding one of the positions at all times. The Executive Committee should be composed of these three officers, plus the Chair of the Homeless Service Providers Advisory Council and the President/CEO.



The starting staff will include:

- President/CEO,
- Director of Finance & Development,
- Director of Guest and Resident Services,
- Arbor of Hope West Campus Case Manager,
- Arbor of Hope East Campus Case Manager.

*NOTE:* Funding for these positions should be split 50:50 by the Cities of Killeen and Temple.

Key Starting Workgroups will include:

- Homeless Service Providers Advisory Council (to draft proposed operating policies, protocols and procedures),
- HMIS and Coordinated Entry workgroup (to promote universal use, increase data quality, provide real time reporting, and move from a “score-keeping model” to “case management and care coordination tool”),
- Mental Health and Substance Use Disorder Recovery workgroup (to coordinate and manage the recovery system),
- Meal services and food banks workgroup (to coordinate nutrition services within the community of homelessness),
- Homeless Outreach Team workgroup (to harmonize protocols),
- Transportation services workgroup (to ensure appointments are kept),
- The Arbor of Hope East Campus management workgroup (to operate and manage the East Campus),
- The Arbor of Hope West Campus management workgroup (to operate and manage West Campus).

Key Starting Duties:

- Reaffirm the Mission and Vision of Arbor of Hope, and establish measurable goals of success,

- Develop the operating policies, procedures, and protocols for the Arbor of Hope, and for the overall county-wide homeless services system,
- Create and execute a county-wide awareness campaign to move the community from an enablement culture to an engagement culture,
- Manage and operate the Arbor of Hope East and West Campuses,
- Reboot and significantly upgrade the HMIS system in order to promote universal use, increase data quality, provide real time reporting and move from a “data gathering model” to a “case management and care coordination model” (see C3 below for detailed recommendations),
- Reboot and upgrade the “coordinated entry” system to include the development and management of the central intake system (see C3 below for detailed recommendations),
- HMIS should be housed within the Arbor of Hope.

**C3 - Information Management (HMIS, intake, and coordinated case management): need to move from data gathering model to a true case management and service coordination tool:**

The Homeless Management Information System (HMIS) needs to be transformed from a “Data Gathering Model” (eg a score keeping model) to a “Proactive Care Coordination Tool.” In most communities, the data collected in HMIS is focused almost entirely for reporting and compliance reasons. The focus is rarely on improving the client experience or care coordination. To improve adoption in Bell County, this needs to change. Additionally, to reduce impediments to universal use, a system-wide-all-agency information release form should be utilized by all agencies. Furthermore, in order to promote universal agency participation, funding to service agencies by foundations, government

agencies, United Way and the Continuum of Care should become contingent on being proactive participants in HMIS.

### Defining the System of Care Vital Metrics:

The Arbor of Hope leadership should start by defining the 5-10 vital metrics that indicate success. Once these are defined, it becomes easier to create the model of care and supporting programs that will result in achieving them. There will likely be vital metrics that are consistent with the existing HUD metrics, but those should be considered just the beginning. Leadership should ask the following questions in defining their vital metrics:

- What measurable impact do our stakeholders care the most about?
- What are the unique problems our community is facing?
- How can we measure progress on an ongoing basis?
- What metric would increase excitement and bring in new sources of support?

Defining the few vital metrics that matter most will be key in aligning resources and focused efforts. Most communities track so much information that they then do not know what to review and analyze. They start tracking, but never get to the meaningful review. By focusing on the most important, essential metrics, it will make review

and improvement much more possible.

### HMIS Recommendations:

- HMIS provides a helpful “data gathering” function; however, HMIS needs to move from being a passive score-keeper to being a proactive “case management tool” within a truly integrated Master Case Management System.
- Using HMIS as a proactive case management tool includes using it for the following activities: tracking recovery action plans, making referrals to providers, tracking bed availability in real-time, and using dashboard data to make tactical and strategic decisions about operations. Additionally, the lack of good real-time data prevents the “system” from being integrated and coordinated.
- Make it easy to enter data. Currently, participation in HMIS is VERY low. Incentives need to be created for agencies to use HMIS, likewise, there needs to be financial consequences for not using it. Funders must incentivize participation in HMIS. Funding should be directly tied to and contingent upon timely and accurate data entry.
- Data should guide all decision making. Unfortunately, because of the low participation, most of the existing HMIS data has not been useful for data analysis for this report. Furthermore, the lack of good data inhibits good strategic level policy making.



- Data entry needs to be “real-time” and “universal” across all agencies in order to facilitate coordination of care across the Continuum of Care.
- A “universal release” should be developed and utilized by ALL homeless service providing agencies participating in the Continuum of Care. Before implementing the universal release, each provider will need HIPAA and data security training to ensure they protect the privacy and best interest of the individuals experiencing homelessness. There are templates that exist that can help facilitate real-time data sharing and improved outcomes reporting, which could position the Continuum of Care for new funding opportunities.
- Find the Win/Win. Often when it comes to entering data, the language is focused on compliance to funding standards. If the providers are going to be expected to increase their participation, it has to feel useful to them. Find ways to customize ClientTrack to solve some existing problems and improve service delivery coordination.
- Incentivize unfunded providers. Right now, only funded programs are entering data into HMIS, and this is because they are required to do so. Develop incentives that will encourage unfunded organizations to also entered information into HMIS.
- The community needs to create an inclusive HMIS data monitoring team within the Arbor of Hope. This team should look at agreed upon outcomes every month. The key is to use the data as a flashlight instead of a hammer. This team should seek to learn and improve from the data they are evaluating. The goal is to create an environment of continuous quality improvement.
- A Master Case Management “system” needs to be developed for individuals and families experiencing homelessness. “Master case management” and “agency level case management” are often wrongly presented as the same functionality. There is a major difference between master case management

and agency level case management - the first is holistic case management across the entire system of all agencies while the second is only within an individual agency.

- Ideally, this master case management system needs to utilize HMIS as its primary coordinating and case management tool. If the BOS provider does not support this, an alternative will need to be explored.

#### **Minimum Level of data to Effectively Coordinate:**

The following represents the minimum amount of information that should be captured to begin to effectively coordinate care. This list should be thought of as a minimum viable product (MVP). The CoC should focus here before expanding to “nice to haves.”

1. Intake data:
  - a. Required HUD data flow is already in place.
  - b. What else would the local CoC want to add? Customize existing intake flow to add local data priorities. The key is to only add what is essential.
2. Referrals: Starting with intake, and then with follow-up, providers should document both the sending and receiving referrals.
3. Services: As individuals move throughout the CoC, each service they receive should be documented.
4. Case Notes: Key notes about the care and services received at each provider.
5. Exit Data: As a client exits a program for either a positive or a negative reason, this information should be entered, ideally including change in status related to key outcomes.

#### **Coordinated Entry (Intake):**

Ensuring that accurate data is being captured at the point of entry into the system is critical. Because of this, there should be well thought out training that ensures a high degree of data quality. Given the desire to better coordinate care between Temple and Killeen, it is suggested to have one

intake operation in both cities, with the ability to refer to care in either area as appropriate.

### **Models to Consider:**

- Virtual: The ability for intakes to be completed in many physical locations, leveraging one common web-based platform.
- Phone: Intakes can be completed over the phone.
- Hybrid: A combination of any of the above options.

### **Recommended Process Flow:**

1. Intake is completed in Temple or Killeen, based on where the client presents.
2. Client fills out universal release, allowing coordinated entry teams to share info with other providers in the system of care.
3. Complete screenings and assessment that determine vulnerability and urgency.
4. Gather data for both local care coordination and reporting needs as well as HUD compliance data.
5. Once intake is made, the client should be referred to the appropriate provider.

### **Additional Needed Information:**

1. Bed availability.
2. Services offered by each provider.
3. Key points of contact within each provider.

### **Coordinated Case Management:**

Because HMIS is used to primarily to keep score and not coordinate care, clients are expected to share their story repeatedly to satisfy the data capture requirements of every organization they interact with. This is not a compassionate way to serve. For many clients it can be traumatizing to repeatedly share their background and reason for needing care. When key information such as goals, referrals, case notes, and assessment data are shared with coordinating providers, it makes for a much more seamless process that is good for both the providers and the clients.

Instead of putting the challenge of navigating the system of care on the client, the system of care should be restructured to assign each person to a case manager that can help them navigate the entire system. The following are recommendations to better coordinate care.

### **Initial Case Management Meeting:**

Once referred from an agency doing coordinated entry, the first meeting with the case manager should focus on getting to know the individual or family and explaining their role in guiding them through all the services they need to overcome homelessness. The case manager should introduce the idea of creating a "Recovery Plan," and leave them with a template so they can start mapping out their goals. It is important that each individual or family is driving their own goals, as much as possible. The case manager can help the individuals attain the goals, but the goals must be intrinsic if they are going to be successful in overcoming homelessness.

### **Making the Plan:**

Every individual or family should have only one plan. Traditionally, clients of social service providers are asked to create a new plan with every service provider they work with since the providers are not coordinating their care. With a master case manager, there is only one plan. Each service provider plays a role in supporting the plan in their niche role.

A Recovery Plan should have the following components:

1. Goals: The goals should be constructed in the individual's or family's own words. There is a higher likelihood of buy in if goals are articulated in their own words.
2. Barriers: What needs to be overcome for the individual or family to reach their goal?
3. Strengths: What assets does an individual or family need to reach their goal?
4. Short-term action steps: What tangible steps does an individual or family need to take to

reach the larger goal? The plan needs to be SMART (specific, measurable, attainable, realistic, and time-bound).

Every individual or family should produce at least one goal in the following domains:

1. Engaged in their own recovery and healing: What are they doing to work on their physical, mental, and spiritual well-being?
2. Engaged in a Home Plan: What do they envision home looking like? Where do they want to live? What type of housing will they need? Section 8? Public housing? Supportive? Market rate?
3. Pursuing Sustainable Income: What is the main source of income they will need to support the life they want to live? Employment income, benefit income, or a combo of the two?
4. Community Reintegration: What independent life skills do they need to develop to keep them from becoming homeless again? The focus should be on building life skills, finding a faith home, giving back, and becoming a good neighbor.

#### **C4 - Open the Bell County Diversion Center:**

The Bell County Diversion Center, estimated to open in Fall 2023, is going to help address the homeless situation dramatically by providing more appropriate emergency mental health treatment and services. The Diversion Center will provide a critically needed mental health triage facility that will be a positive alternative to jail or hospital emergency rooms/departments.

The Arbor of Hope should work with the Bell County staff to develop policies, protocols and procedures regarding individuals experiencing homelessness who need emergency mental health treatment. Specifically, the Arbor of Hope should work with the Bell County staff and planners to develop intake (eg inflow) and referral

(eg outflow) policies, protocols, and procedures.

Ultimately, the Arbor of Hope should help support the long-term sustainability of the Diversion Center as well as explore expansion options should more services be needed.

#### **C5 - Create Permanent Supportive Housing Across the Street from the Central Counties Services Office in Temple:**

With the possible use of a CHDO (Community Housing Development Organization), the Arbor of Hope should help Central Counties Services to develop about ten units of permanent supportive housing, which include robust mental health and substance use disorder treatments, across the street from the Central Counties Services offices in Temple.

This housing would be best suited for residents utilizing Central Counties Services in Temple.

#### **C6 - Proactively source new housing of all types:**

There is a critical need to increase the number of affordable housing placements, especially transitional housing placements, across the spectrum for single men, single women and families with children. To be successful, there needs to be an increase in inventory capacity of all types of housing within the Cities of Killeen and Temple, and overall in Bell County.

Because of likely upcoming federal budget cuts, the financial burden will be shifting to state and local governments to fund additional transitional housing units as well as longer-term supportive housing units.

Because there is no one silver bullet that will singularly fix the lack of housing units, the Cities of Killeen and Temple should proactively pursue multiple initiatives in order to increase the affordable housing stock:

- Explore a wide variety of housing types.
- As challenging it will be, try to obtain more federal vouchers.
- Partner with developers to maximize the use low-income housing tax credits.
- Develop working relationships with developers and apartment owners.
- Encourage homeless service organizations to develop their own housing stock.
- Conduct due diligence on the possibility of developing “tiny-houses.”
- Purchase and then remodel vacant and/or abandoned motels.
- Develop a Memorandum of Understanding with Bell County Tax Appraisal District and other taxing entities to release houses and properties that are in tax default prior to auction for use in development of affordable housing.
- Encourage new housing units with all new economic development projects.
- Awareness campaign to support affordable housing development.

Finally, service providers need to develop educational training programs that prepare individuals and families for the challenges they will face in the future once they receive housing placements.

**C7 - Whenever possible, separate families with children from non-family single adults:**

Families with children must be separated away from single adults experiencing homelessness as much as possible, and as soon as possible. This includes all types of contact including queuing in lines for meals or waiting for services at food pantries.

By all measures, the mixing of children with adults who are experiencing chronic homelessness does

not meet national best practices as it is risky, dangerous and unnecessarily increases legal exposure to agencies. It is very important to note that this type of commingling creates unhealthy and negative developmental issues in children. Furthermore, this mixing can exacerbate the inefficiencies in the placement process and inhibit optimal utilization of service inventory. This is why centers/programs/shelters across the USA have moved to separate families with children from non-family single men (and single women when possible).

Ideally, all families with children should be separated at least from single adult males, and when possible separated from single adult females. However, the realities of capacities and physical facility layouts may not allow for the ideal setups, at least in the short-term.

Additionally, at a clinical level, it would be good for all single adult females to be separated from the single adult males. Ideally, single adult females would have their own dedicated facilities, but this likely would be cost prohibitive.

See the note above about the tragic results of commingling children with single adults - *A Note on Current Child Research - It is Very Negative to Mix Children With Single Adults.*

**C8 - After becoming compliant with Martin v. Boise, have a zero tolerance approach to encampments:**

After opening the Arbor of Hope West and East Campuses, and thus becoming *Martin v. Boise* compliant, the Cities of Killeen and Temple, as well as the County and the other cities within the County, will be able to take a zero tolerance approach to encampments. For a variety of safety, health and environmental reasons, encampments should not be tolerated. Proactive efforts need to occur in order to locate individuals living on the street, and to engage these individuals into appropriate living situations.

Overall, living on the streets or in encampments is unsafe, unhealthy, and is unsuitable habitation for individuals. Bell County contains encampments that pose serious environmental contamination issues, disease transmission concerns, vector control risks, and potential fire hazards.

Encampments often have accompanying trash heaps that function as fuel for fires, promote dangerous disease transmission, and create vector control issues. Unfortunately, much of, if not most of the discarded rubbish within the encampments are items given to the individuals residing in the encampments free of charge by agencies and individuals.



## K - Killeen

### **K1 - Create and develop the Arbor of Hope West Campus:**

#### **The Need for a Campus in Killeen:**

Unfortunately, the majority of people currently experiencing homelessness within Bell County receive a minimal level of basic services (eg food, clothing, respite and part-time sheltering), primarily focused on meeting immediate needs.

A “shelter” works to keep a person alive by providing basic support services. Whereas a “transformational center” or a “campus” works to help people exit the condition of homelessness by providing robust, targeted and customized trauma informed care services that get to the root causes of their homelessness.

Meeting basic needs is of the utmost importance, but “shelters” will not reduce the level of homelessness.

The ergonomic limitations of the existing facilities and systems within Killeen dramatically limit the provision of robust trauma informed services. Additionally, the internal layouts of the existing facilities limit the number of homeless cohorts that can be served at one time. Furthermore, the restricted layout of facilities create many instances of co-mingling children with single adults (see the note above about the tragic results of co-mingling children with single adults - *A Note on Current Child Research - It is Very Negative to Mix Children With Single Adults*). Currently, when services are provided, they are seldom coordinated, and are not robust nor holistic in nature.

In order to reduce homelessness within Bell County, it is paramount that the main facilities operate 24/7 year round, and are right-sized and correctly designed in order to deliver a proper mix of services efficiently and effectively. Once right-sized and right-designed, facilities can effectively provide the right-mix of trauma informed care services. Additionally, specialized service partners will need to provide customized care services at the Arbor of Hope West Campus.

#### **Specifically, it is recommended that Killeen develop and establish the Arbor of Hope West Campus:**

The goal should be to open the Arbor of Hope West Campus by Fall of 2023, and for the facility to allow Killeen to become *Martin v. Boise* compliant. The Arbor of Hope West Campus should have a wide range of services provided on-site by multiple agencies. The West Campus should house and co-locate all service agencies that exclusively provide homeless services.

Additionally, agencies that provide indirect or part-time services to the community of homelessness should be encouraged to have part-time presences on the West Campus. The City of Killeen should

initially fund and construct the Arbor of Hope West Campus, and the West Campus should be operated by the Arbor of Hope with some financial support from the City of Killeen.

Ideally, the Arbor of Hope West Campus should be adjacent to the Homeless to Housed Village. Setting up a Sprung building would be faster and more cost effective than building a structure from scratch or rehabbing an existing facility (see [www.sprung.com](http://www.sprung.com) for more information).

The following service functionalities should be included in the Arbor of Hope West Campus on either a full-time or part-time basis:

**+ Engagement:**

- Outreach - interface with Homeless Outreach Teams (HOTs).
- Intake, registration and assessment.
- Master Case Management.

**+ Medical:**

- Mental health (on-campus and off-campus referrals).
- Substance Use Disorder treatment (on-campus and off-campus referrals).
- Pharmacy services (on-campus).
- Medical (on-campus and off-campus referrals).
- Dental (off-campus referrals).
- Vision (mostly off-campus referrals).

**+ Job Placement Services:**

- Legal services and ID recovery.
- Life skills training.
- Job skills training (includes resume, interview and retention skills training).
- Job placement, coaching and enlisting business community support for jobs.

**+ Hygiene Services**

(in order to be presentable for job interviews and employment):

- 24/7 bathrooms.
- Showers.
- Hygiene skills training and services.
- Hair cut services.

**+ Overnight Sleeping:**

- Come-As-You-Are sheltering.
- Transitional living.
- Long Term Supportive Care housing.

**+ Feeding:**

- Establishment of a commercial kitchen.
- Food and meals.
- Coordination of meals (delivery and prep from non-profits and churches).

**+ Other Support Services:**

- Housing out-placement.
- Veteran services.
- Clothing closet.
- Daytime activities.
- Property storage.
- Donation center.

**+ Administration:**

- Administrative services.
- Security.
- Storage.
- Volunteer coordination.
- Community service work crews.

It should be noted that almost everyone interviewed for this study stated there is a clear need for a year-round Come-As-You-Are (CAYA) program. EMS, police, firefighters, clergy, hospital staff, and many in the general public all expressed a need for “a place or program” in which they can refer adults to that are experiencing street-level homelessness. The survey data also supports the need for a Come-As-You-Are (CAYA) facility.

### **K2 - Support the Homeless-to-Housed Village:**

In order to increase the housing inventory for the community of homelessness within Killeen, the City of Killeen should continue to work with Habitat for Humanity to finish the permitting and conveying processes in order to facilitate the creation of the Homeless to Housed Village.

In preparation of the Homeless to Housed Village opening, utilizing an existing bus route, work with the Hill Country Transportation District to realign one HOP bus stop to be adjacent to the Homeless to Housed Village. Arbor of Hope West Campus guests and residents would also utilize this realigned HOP bus stop.

### **K3 - Integrate the Killeen Police Department 's Community Engagement Team with the Arbor of Hope West Campus operations:**

Building on the success of Killeen Police Department's (KPD's) original homeless outreach team, integrate KPD's new Community Engagement Team with the operations of the Arbor of Hope and the overall homeless services system.



## T - Temple

### **T1 - Create and develop the Arbor of Hope East Campus:**

#### **The Need for a Campus in Temple:**

Unfortunately, the majority of people currently experiencing homelessness within Bell County receive a minimal of the most basic of services (eg food, clothing, respite and part-time sheltering).

A “shelter” works to keeps a person alive by providing basic support services. Whereas a “transformational center” or a “campus” works to help people exit the condition of homelessness by providing robust, targeted and customized trauma informed care services.

Meeting basic needs is of the upmost importance, but “shelters” will not reduce the level of homelessness.

The ergonomic limitations of the existing facilities and systems within Temple dramatically limit the provision of robust trauma informed services. Additionally, the internal layouts of the existing facilities limit the number of homeless cohorts that can be served at one time. Furthermore, the restricted layout of facilities create many instances of co-mingling children with single adults (see the

note above about the tragic results of co-mingling children with single adults - *A Note on Current Child Research - It is Very Negative to Mix Children With Single Adults*). Currently, when services are provided, they are seldom coordinated, and are not robust nor holistic in nature.

In order to reduce homelessness within Bell County, it is paramount that the main facilities operate 24/7 year round, and are right-sized and correctly designed in order to deliver a proper mix of services efficiently and effectively. Once right-sized and right-designed, facilities can effectively provide the right-mix of trauma informed care services. Additionally, specialized service partners will need to provide customized care services at the Arbor of Hope East Campus.

#### **Specifically, it is recommended that Temple develop and establish the Arbor of Hope East Campus:**

The goal should be to open the Arbor of Hope East Campus by Fall of 2023, and for the facility to allow Temple to become *Martin v. Boise* compliant. The Arbor of Hope East Campus should have a wide range of services provided on-site by multiple agencies. The East Campus should house and co-locate all service agencies that exclusively provide homeless services.

Additionally, agencies that provide indirect or part-time services to the community of homelessness should be encouraged to have part-time presences on the East Campus. The City of Temple should initially fund and construct the Arbor of Hope East Campus, and the East Campus should be operated by the Arbor of Hope with the financial support of the City of Temple.

Setting up a Sprung building would be faster and more cost effective than building a structure from scratch or rehabbing an existing facility.

The following service functionalities should be included in the Arbor of Hope East Campus on either a full-time or part-time basis:

#### **+ Engagement:**

- Outreach - interface with Homeless Outreach Teams (HOTs).
- Intake, registration and assessment.
- Master Case Management.

#### **+ Medical:**

- Mental health (on-campus and off-campus referrals).
- Substance Use Disorder treatment (on-campus and off-campus referrals).
- Pharmacy services (on-campus).
- Medical (on-campus and off-campus referrals).
- Dental (off-campus referrals).
- Vision (mostly off-campus referrals).

#### **+ Job Placement Services:**

- Legal services and ID recovery.
- Life skills training.
- Job skills training (includes resume, interview and retention skills training).
- Job placement, coaching and enlisting business community support for jobs.

#### **+ Hygiene Services**

(in order to be presentable for job interviews and employment):

- 24/7 bathrooms.
- Showers.
- Hygiene skills training and services.
- Hair cut services.

#### **+ Overnight Sleeping:**

- Come-As-You-Are sheltering.
- Transitional living.
- Long Term Supportive Care housing.

#### **+ Feeding:**

- Establishment of a commercial kitchen.
- Food and meals.
- Coordination of meals (delivery and prep from non-profits and churches).

#### **+ Other Support Services:**

- Housing out-placement.
- Veteran services.
- Clothing closet.
- Daytime activities.
- Property storage.
- Donation center.

#### **+ Administration:**

- Administrative services.
- Security.
- Storage.
- Volunteer coordination.
- Community service work crews.

It should be noted that almost everyone interviewed for this study stated there is a clear need for a year-round Come-As-You-Are (CAYA) program. EMS, police, firefighters, clergy, hospital staff, and many in the general public all expressed a need for “a place or program” in which they can refer adults to that are experiencing street-level homelessness. The survey data also supports the need for a Come-As-You-Are (CAYA) facility.

**T2 - Reactivate Salvation Army’s unused former Men’s Shelter as an interim solution:**

In order to increase the housing inventory for the community of homelessness prior to the development of Arbor of Hope East Campus, the City of Temple should work with the Salvation Army to “reactivate” the currently shuttered former men’s shelter. This would provide lodging for 28 people.

This facility, with newly created programming, should be integrated into one the nine identified clinical tracks of Recommendation B1.

**T3 - Integrate Temple Police Department’s Community Oriented Policing Services (COPS) Unit with the Arbor of Hope East Campus operations:**

Adding to the successes of Temple Police Department’s (TPD’s) COPS Unit and TPD’s overall homelessness outreach efforts, integrate TPD’s COPS Unit with the operations of the Arbor of Hope and the overall homeless services system.



## KT – Cities of Killeen and Temple

**KT1 - Continue to support Family Promise of Bell County’s new operation:**

The Cities of Temple and Killeen, as well as Bell County should work the Family Promise of Bell County to assure long term sustainability of the newly created Promise House, and to support the Phase II development of eight transitional homes for families with children.

Taken together, the Promise House and the future eight transitional homes will go a long way in addressing the needs of families with children that are experiencing homelessness within Bell County.

# Exhibit 1

## **Dr. Robert G. Marbut Jr.**

Dr. Robert Marbut has worked on issues of homelessness for more than three decades: first as a volunteer, then as chief of staff to San Antonio Mayor Henry Cisneros, next as a White House Fellow to President H.W. Bush (41, the Father), later as a San Antonio City Councilperson/Mayor-Pro-Tem and more recently as the Founding President & CEO of *Haven for Hope* (the most comprehensive homeless *transformational center* in the USA).

In 2007, frustrated by the lack of real improvement in reducing homelessness, and as part of the concept development phase for the *Haven for Hope Campus*, Dr. Marbut conducted a nationwide best practices study. After personally visiting 237 homelessness service facilities in 12 states and the District of Columbia, he developed *The Seven Guiding Principles of Homeless Transformation* which focuses on root causes and recovery, not on symptoms and short-term gimmicks. Since 2007, Dr. Marbut has visited a total of 1,363 different operations in all 50 states, plus Washington, DC and Mexico City, and has helped hundreds of communities to positively address their homelessness issues. He has consulted with more communities and organizations than anyone else in the USA and has worked in all 50 states.

These *Seven Guiding Principles of Transformation* are used in all aspects of Dr. Marbut's work to create holistically transformative environments in order to reduce homelessness.

He earned a Ph.D. from The University of Texas at Austin, Austin, Texas in International Relations (with an emphasis in international terrorism and Wahhabism), Political Behavior and American Political Institutions/Processes from the Department of Government.

He also has two Master of Arts degrees, one in Government from The University of Texas at Austin and one in Criminal Justice from the Claremont Graduate School. His Bachelor of Arts is a Full Triple Major in Economics, Political Science and Psychology (Honors Graduate) from Claremont McKenna (Men's) College.

Dr. Marbut also has completed three post-graduate fellowships, one as a White House Fellow (USA's most prestigious program for leadership and public service), one as a CORO Fellow of Public and Urban Affairs, and one as a TEACH Fellow in the Kingdom of Bahrain and the State of Qatar (1 of 13 USA educators selected). He was also a member of the Secretary of Defense's Joint Civilian Orientation Conference (JCOC-63) 2000 class which focused on Special Operations. JCOC is the Secretary of Defense's premier civic leadership program.

## Shaun Lee

Shaun Lee currently serves as the Chief Operating Officer at Mission Matters Group (MMG). The mission of MMG is to align people, processes and technology to help organizations have a greater impact. His work is focused on helping nonprofits develop strategic plans and implementing systems that improve organizational health. He also leads projects centered on building cohesive teams and strong leaders. Connected to this work, Shaun also Co-founded 6 Levers, a framework to help teams intentionally create new, healthier ways of working.

Before joining MMG, Mr. Lee served as Executive Vice President of Operations at Haven for Hope, the largest homelessness services campus in the United States. He was responsible for all the infrastructure support and direct services, including leading Haven for Hope through its annual budgeting. Additionally, he led the effort to build a Homeless Management Information System (HMIS) in San Antonio that has extended well beyond data compliance and government reporting. The system he built is still in operation and facilitates real-time coordination across an entire community, with an outcome reporting model that allows key stakeholders to measure and learn from their collective impact.

Before joining Haven for Hope, Shaun served for five years at the largest homelessness services center in Missouri, the St. Patrick Center (SPC). While at SPC, Mr. Lee led a team that relocated more than 300 families from New Orleans after Hurricane Katrina. He also developed and managed an information system used to connect several organizations with more than 200 users. This client tracking system allowed SPC visibility into their processes and outcomes, with access to their most important data, and the tools to evaluate the data and overall outcomes.

He was the founder and owner of Truckin' Tomato, a social enterprise that was a combination of a food truck and a farmer's market, which created job training for the homelessness community and revenue for non-profits working on food insecurity issues. Truckin' Tomato went on to merge with Farmhouse Delivery, where he became its Chief Executive Officer.

He graduated with his Master of Social Work focusing on Community Organization and Non-Profit Management and Leadership, and received his MBA from UT San Antonio.

He has served on several short-term mission trips to Rwanda and Peru focusing on building local church leaders. He is married to his wife DeeDee, and they have three children, Estella, Elisha and Georgia. Together they live in Austin.



Homelessness Services Needs Assessment  
and Recommended Homelessness & Mental  
Health Strategic Action Steps for  
The Cities of Killeen and Temple

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