

Statement from Micky Garus:

I want to explain from a logical standpoint devoid of emotions, why the proposed Church at The Park (C@P) Homeless compound is unsuitable for construction in Dallas. Setting aside personal sentiments about the accuracy of C@P's data and the validity of their claims, I extend the benefit of the doubt, taking everything they assert at face value. The focus is on articulating why Dallas is not the appropriate location for a Low-Barrier Shelter.

What is a low-barrier shelter? A low-barrier shelter is for anyone in need, especially those with more barriers, such as people with behavioral and mental health issues and criminal backgrounds. Anyone is welcome without prerequisites, eliminating sobriety requirements.

- No Identification Required
- No Criminal Background Checks (including sex offenders)
- No Drug Testing
- No Mandatory Health Evaluation
- No Mandatory Mental Health Counseling
- No Mandatory Sobriety Programs
- No Mandatory Transitional Housing or Employment Programs

The data I am using has been gathered from C@P literature, their website and social media, Polk Paths (including the 2023 point in time count), Mid-Willamette Valley Homeless Alliance, Polk County Family & Community Outreach, Willamette Week, and claims made by Polk County Commissioners.

The Homeless crisis is a statewide issue, but today I am concerned with Polk County and specifically Dallas. It is the Dallas community that will be impacted the most if this Low-Barrier Homeless Compound is built here. Ideally, I don't want to see a Low-Barrier type shelter anywhere. I do not believe the data supports the claims that they make a positive difference in reducing the homeless population; however, I believe they contribute to increased crime in the communities they are established after reviewing numerous police/EMS reports, data from dispatch centers, and community surveys including businesses.

Furthermore, we have several examples from across the country that prove Low-barrier Shelters are not the solution. Experts agree that what is needed is more long-term "treatment" facilities, not "housing first" options without adequate care or requirements for the residents.

To give you some more background, and help you understand what problems low-barrier shelters have, I'll start with quoting Willamette Week, November 15th, 2023 – "Many of these individuals would be doing better if they got a residential treatment episode of care for 30 to 60 days. We need a tranche of inpatient psychiatric beds locally: somewhere between 40 to 50 inpatient psych beds. And we need upwards of 200 secure residential treatment beds. Multnomah County pursued a flawed housing policy. It's easy to look in the rearview mirror and identify that there was a philosophy within the Portland

metropolitan area that was 'housing first' strategy, as in only build housing units. And that was not an appropriate strategy for the region. Former Multnomah County Chair Deborah Kafoury and Marc Jolin, the prior leader of the Joint Office of Homeless Services, had a very specific strategy that was focused on building housing units and not looking at the broader needs of a population of folks for whom you can't take a housing-only approach to the intervention. Residents at Central City's housing units are doing a lot of damage. Having unmet high-acuity behavioral health needs in the community and having an amphetamine epidemic as well as a fentanyl epidemic have led to individuals having escalated behavior—within our housing but also in the lobbies of our clinics. We have people who have unmet behavioral health needs who come in, who are agitated, who are psychotic, who are hurting themselves, hurting our facilities, and hurting our staff. Our general liability insurance costs have gone up more than 300% in the last four fiscal years. And we have been told that our problems are also not unique, that many other supportive housing providers within the region are experiencing the same type of unmanaged behavioral health acuity among clients."

– Dr. Andy Mendenhall – CEO Central City Concern

Here are the reasons why it doesn't make logical/mathematical sense for a Low-Barrier Homeless Compound to be built in Dallas.

There is a population of 89,164 people who reside in Polk County. West Salem has 33, 846, as the largest city in the county, and subsequently also has the largest homeless population in Polk County. That's not surprising considering they are literally right across the bridge from downtown Salem, and logistically, they are close to many of the existing resources available to the homeless community.

Dallas has a population of 17,285, and according to the latest Point in Time (PIT) count, there are approximately 31 "Unsheltered" homeless individuals that reside here. That's 0.0179% of our population.

It should be noted that the PIT count total in Polk County for "Unsheltered" homeless is 91; however, they conveniently did not include West Salem in this survey. 58% of the 91 homeless are not on the streets; they reside in a camper or RV. That leaves 41%, approximately 37 people who are truly sleeping on the streets.

C@P asserts that in Salem and surrounding areas, their organization has sheltered 502 people in 2023, and program-wide there has been a total of 173 exits to positive destinations; 109 to permanent housing and 64 to transitional/temporary housing. It's worth noting that there is no accurate tracking data provided; we don't know how long people who move on to the positive destinations remain making progress or if there is a percentage who fall under the chronically homeless category and revert back to unsheltered status. What we do know is with the numbers they are providing, roughly 34% of their residents are successful, and there is a remainder left of 66%. In various literature and community meetings C@P and county commissioners have made claims of a success rate much higher, 60-65% at specific C@P facilities, but the figures I just shared came directly from their own flyer published on their social media. I'd also point out that their own published definition of "Positive Destinations" include

Permanent Housing, Transitional Housing, Residential Projects, Emergency Shelters, etc., it's very vague and hard to measure a true standard of success... is "emergency shelter" truly success?

The Low-Barrier Homeless Compound they are trying to build in Dallas will have 40 beds and there is a 90-day turnover rate. Remember, Dallas only has 31 "Unsheltered" homeless living on our streets now. Assuming each one of them will agree to move into this C@P compound, that means they will need to find 9 more "Unsheltered" homeless from outside our Dallas community. Using the 65% success rate they claim some of their facilities have, that means after 90 days 35% unsuccessful individuals will be released. If they run at capacity, and they claim they will because of demand, every 90 days 14 new homeless people will be placed on the streets of Dallas; that's 57 people every year C@P deemed "Unsuccessful" that now become public health and safety risks to the people of Dallas. It increases the existing homeless population in Dallas after the first year by 83%, and that number will compound exponentially every 90 days. Those individuals will not be paid for by C@P, those individuals will strain our services, police, fire, EMS, hospitals, etc., and create an even bigger deficit in our city budget. The burden will be felt by the taxpayers; businesses and industry will eventually relocate, further decreasing tax revenue; property values will plummet, and soon we will be in an economic spiral from which we cannot recover. My primary concern is for our children, given the undeniable link between homelessness and drug use. Exposing our children to increased risks is irresponsible, especially with the proposed location near the high school.

Again, giving C@P the benefit of the doubt and assuming the success rates they claim are all accurate, their Low-Barrier model theoretically should decrease the homeless populations in areas like Salem and Portland that are starting with a much higher percentage of homeless people (although it has not worked elsewhere). It's a simple import/export issue. It will never work in Dallas because to fill the beds, you need to relocate homeless people into our city from other locations, and the ones who come here that are unsuccessful will eventually outnumber the natives. It's simple math, and for these reasons, we should not allow this.

Even if one argues that this model reduces homelessness statewide, the potential consequences for Dallas outweigh the benefits. My commitment extends beyond property lines; Dallas is my home, and protecting the community we've built here is paramount.

Thank you,

Micky Garus

Citizens for a Safer Dallas