Gold Medal Winner

The Bridge Homeless Assistance Center

Dallas, Texas



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Partnering Strategies for the Urban Edge

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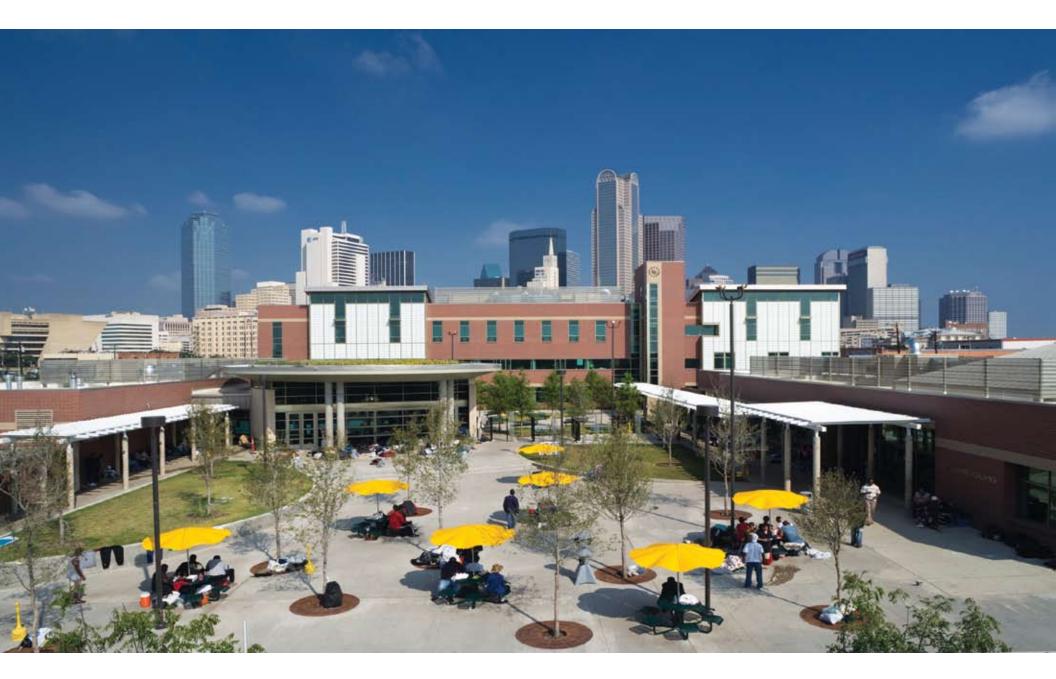
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Project At-A-Glance

WHAT IS THE BRIDGE?

- → A 75,000 square foot homeless assistance center located in downtown Dallas that provides day-shelter, emergency nighttime shelter, and transitional housing for the city's homeless population.
- A service facility that provides coordinated healthcare, mental health and substance abuse services, employment assistance, laundry facilities, library and computer access, and three meals every day to those in need.
- A LEED Silver certified six-building complex that incorporated the reuse of an existing vacant warehouse, natural day lighting, grey water recycling, and a "green roof" dining room.

PROJECT GOALS

- → To implement a strategy aimed at the elimination of chronic homelessness in Dallas by providing "housing first" and by connecting the homeless to a continuum of support services to assist their transition back to permanent housing.
- → To reduce the financial and operational strain of chronic homelessness on police, jails, hospitals, and other social services, conserving scarce resources for the newly-homeless.
- To reduce the negative impacts on people experiencing homelessness living on the street, such as crimes of need, panhandling, inappropriate use of public facilities, and congregating in public spaces.
- → To locate a shelter facility in a way that does not isolate or stigmatize the homeless, but instead connects them to transportation, green space, and public facilities as well as to shelter and services in a safe, caring, respectful, and dignified refuge.
- → To design a shelter facility that projects a positive image to both the homeless and the general public and expresses the community's compassionate attitude toward the plight of the homeless.

Project Chronology

1999 Day Resource Center for homeless persons anticipates 2006 termination of lease on its facility and begins a search for new accommodation. Board takes this opportunity to rethink programmatic approach.

2003 Then Mayor Laura Miller creates a task force to end chronic homelessness in Dallas in ten years. Tom Dunning, Miller's opponent in the 2002 mayoral election is appointed city's first "Homeless Czar."

Dallas voters approve \$3 million bond referendum to plan for a homeless assistance center to serve as the keystone for a plan to end chronic homelessness.

2004 Dallas City Council approves plan to end chronic homelessness using the "housing first" model that includes construction of a homeless assistance center, The Bridge, with coordinated continuum of care services and permanent supportive housing.

2005 Overland Partners in collaboration with Carmargo-Copeland were selected as architects to design the homeless assistance center.

April: City Council approves recommendation of Homeless Task Force to acquire St. Louis Street site for the new facility. Downtown site a few blocks from City Hall and adjacent to the Farmers' Market district is chosen for the new facility. Design team, members of staff, and board visit other cities to learn about other homeless centers.

Public workshops held to gather input for facility design and

generate citizen support for the project.

September: Tom Dunning resigns as "Homeless Czar" and Mike Rawlings is appointed to succeed him.

November: Dallas voters approve \$23.8 million bond issue to develop the homeless assistance center and permanent supportive housing (PSH).

2006 City Council creates Metro Dallas Homeless Alliance, (MDHA), a private membership organization, to leverage public and private resources for The Bridge and PSH.

2007 Dallas County pledges \$1 million in annual operating aid for The Bridge.

February: construction begins on The Bridge.

2008 City Council contracts with MDHA to develop, deliver, and manage The Bridge with \$3.5 million operating funds to be matched by more raised by MDHA.

May: The Bridge opens its doors for the first time and offers some level of service for 800 to 1400 guests a night in its first year, when it was designed to accommodate up to 650 (325 in transitional housing).

2011 MDHA and The Bridge separate into two organizations. The Bridge focuses exclusively on sustaining and increasing benefits for people experiencing homelessness.



KEY PARTICIPANTS INTERVIEWED

James Andrews RIBA, AIA, LEED AP, Principal,
Overland Partners Architects
Richard Archer FAIA, LEED AP, Principal, Overland
Partners Architects
Zaida Basora Assistant Director, Public Works, City of Dallas
Christiane Baud Christiane Baud Consulting
Myriam Camargo AIA, Partner, Camargocopeland Architects
John Castle Chairman, Metro Dallas Homeless Alliance.







JAY DUNN Managing Director, The Bridge, Metro Dallas Homeless Alliance

MIKE FAENZA President and CEO, Metro Dallas Homeless Alliance
Lois Finkelman Member, Dallas City Council and Quality
of Life Committee

Larry Hamilton *CEO, Hamilton Properties Corporation* Thomas Leppert *Mayor, City of Dallas*

DANIEL MILLET Owner, Millet the Printer, Inc.

LIAM MULVANEY

MIKE RAWLINGS Former Chairman, Metro Dallas Homeless Alliance
KAREN D. RAYZER Asst. Director, Housing/Community Services,
City of Dallas

Susan Heinlen Spalding Medical Director, Parkland Health and Hospital System

Mary Suhm City Manager, City of Dallas
TIM TOLLIVER Associate Services Manager, The Bridge, MDHA
DAVID TREVINO Senior Program Manager, Public Works,
City of Dallas

Project Description



URBAN CONTEXT

he Bridge Homeless Assistance Center is located in the Warehouse District on the edge of downtown Dallas, backed up to Interstate 30, adjacent to the Farmers' Market, and three or four blocks from Dallas City Hall where many of the homeless served by the new facility used to congregate.

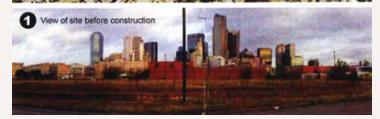
The complex occupies an entire city block – and a little more – about 3.4 acres. The site is bounded by Park Avenue, Corsicana Street, and St. Paul Street. One block of St. Louis Street to the southeast was vacated to accommodate part of the complex but the right of way has been left undeveloped so as not to preclude its future use as a public thoroughfare.

The six building ensemble is generally most dense toward the north and east of the site to minimize impact on the neighborhood and to leave room for expansion. Building facades come right to the sidewalk, creating a clear urban edge consistent with neighboring buildings – a printing plant, a vacant warehouse, the commercial structures of the Farmers' Market, and, one block away, a public school.

Otherwise, the neighborhood – known as the Warehouse District – is dominated by surface parking lots and city streets connecting downtown destinations with the Interstate Highway. Once a thriving commercial zone, economic activities there declined in parallel with







the broader trends of suburbanization and de-industrialization. As the employment base shrank, supporting retail uses disappeared, and many structures were left vacant or were demolished and replaced by parking lots. Members of Dallas' growing homeless population came to fill the void, loitering or camping on those streets.

Project sponsors have emphasized the importance of the site's proximity to City Hall and Downtown Dallas in general and the visibility of the location within the civic realm. They have rejected the "out of sight, out of mind" approach to homelessness by placing the facility "a stone's throw" from City Hall where it can be a source of civic pride. Indeed, it is a short walk to City Hall but not a comfortable one across parking lots and busy streets. Public places are accessible from the facility but the core of the downtown office district is five to ten blocks away. Overall, The Bridge is not very visible to the everyday public in the daylight, although the "beacon" is visible from City Hall at night.

THE BRIDGE

sits on the edge of the City's Emerald Bracelet, a plan for a contiguous series of parks, trails, and landscaping that will circle the Central Business District, Arts District, and Farmer's Market.

This allows the homeless to access the site from downtown and surrounding areas. The project's courtyard becomes a destination on the Emerald Bracelet.

Overall, the location of The Bridge seems to express a public ambivalence toward the homeless and reflects a compromise between keeping the homeless somewhat out of view and ensuring they are connected to a network of public spaces, transportation facilities, pedestrian paths, and amenities such as the planned "Emerald Necklace" of city center parks. The selection of this site balanced an impulse to show compassion for the homeless with the imperative to protect private and public investments in downtown Dallas.

Given much apprehension about the impact of the facility on the neighborhood, it is ironic that The Bridge is arguably the best building there. While some business interests feared that building it there might dampen the market for additional housing development downtown, the opening and operation of the facility seems to have had the opposite effect.

DEMOGRAPHICS

The demographic profile of homeless persons in Dallas continues to evolve, but a 2008 "Point in Time" survey by the Metro Dallas Homeless Alliance provides a broad picture of who the homeless are, how they came to be homeless, and what their major needs are now. The 2008 study counted 5,869 people experiencing homelessness in Dallas County. Of these, 49 percent were adult men; 29 percent were women; and 22 percent were children.

Those surveyed self-reported the causes of their homeless situation. The categories below add up to more than 100 percent because people who become homeless often have multiple problems. The causes cited were:

- Loss of a job or because of unemployment 43%
- Substance abuse or dependence 31%
- Lack of money 27%
- Domestic abuse or family problems 22%
- Mental illness 22%
- Medical disability 16%
- Legal problems or a prior criminal conviction 11%
- Eviction 7%
- Natural disaster 1%
- Other 7%



People experiencing homelessness who were surveyed also reported a wide range of needs for service. The top five categories identified were:

- Permanent housing (other than for disabled persons) 26%
- Job placement 21%
- Bus pass 18%
- Dental care 15%
- Transportation 14%

The results of this survey do not distinguish between those who might be temporarily homeless, and the chronically homeless – those people who have been continually homeless for more than a year or with four or more episodes of homelessness in the past three years and with some kind of disabling condition.

PROJECT HISTORY

At the beginning of the first decade of the 21st century, the City of Dallas, Texas faced what many community leaders considered a crisis of homelessness. An estimated 6,000 people in Dallas were homeless including 1,000 who were classified as "chronically homeless" – persons with a disabling condition who were also continuously or repeatedly without shelter. Homelessness had doubled during the 1990s and the number of chronic homeless had increased six-fold. Their community-wide impact was notable.

Many of the homeless congregated in Downtown Dallas, spending their days in public parks, in public buildings, or on the street. A majority of crimes downtown were being committed by members of the homeless population, albeit often out of material necessity. Downtown business owners were outraged at having to constantly clean up after homeless visitors and having clients and customers being frightened off by the increasing number of panhandlers in the city streets. Many believed that the sense of despair brought by homelessness downtown was standing in the way of economic development. Some initial responses to the problem, such as antipanhandling ordinances, were considered punitive.

At the same time, it began to be understood that homelessness, as it had been addressed up to that point, was more costly to the community than it needed to be. Dealing with the homeless through the police, in jail, in mental health facilities, in the emergency room, and in emergency shelters was far more costly than providing housing. Meanwhile, research across the country was revealing that the chronically homeless absorbed far more than their share of resources aimed at helping those who had only temporary housing difficulty.

Everyone agreed something had to be done to address the problem. In September 2003, then-Mayor Laura Miller announced the City would devise a comprehensive strategy to end chronic homelessness within ten years. The plan would increase funding for homeless programs, expand the capacity of assistance centers, and increase the supply of permanent housing for the homeless. At the core of the





plan would be a new 24-hour homeless assistance center to provide daytime and nighttime shelter and access to a full continuum of care and services to help the homeless on the road back to housing.

The new facility would replace the Day Resource Center, a health care and counseling clinic that also served as a homeless shelter. It was located elsewhere downtown and was considered by its own management to be inadequate to meet the needs of the homeless population, and was about to lose its lease.

Miller created a homeless task force – an often-used approach to problem-solving in Dallas – to develop the plan and the new facility. The task force was made up of civic and business leaders, social workers with knowledge of homelessness, volunteers from local soup kitchens, city staff, and health care providers. Miller also named Tom Dunning, a local businessman and her opponent in the February 2002 mayoral election, as the city's first Homeless Czar.

In 2003 voters approved a \$3 million bond referendum to fund the planning process for the homeless assistance center. There is some evidence in the journalistic record that it was understood at the time that \$3 million would pay for some significant portion of construction costs but ultimately it wasn't even enough to buy the site. Either way, the task force and the Dallas Department of Public Works soon selected CamargoCopeland of Dallas and Overland Partners of San Antonio to lead the design process.

The next steps in the process – site selection and project design – would be crucial. Funding to build the facility would require another public bond referendum. Public and political support would be important. Where the facility was located and how it looked would help shape public opinion on what was now known as "The Bridge."

When the center officially opened in May of 2008, they were immediately overwhelmed. Designed for about 350 transitional housing guests, The Bridge served over three times that number in both transitional and emergency shelter on a typical day that year.

The task force believed that to have the greatest effect in alleviating homelessness their new facility needed to be located where people experiencing homelessness could get to it and close to where they already spent their time. Business interests argued that the site should be outside of downtown where it wouldn't interfere with efforts to develop market-rate in-town residential projects. Homeless advocates beyond the task force insisted on a location within walking distance to other shelters and the range of services available downtown. The task force evaluated six potential sites in Dallas but the site in the Warehouse District on the edge of downtown was clearly the best from their perspective.

It would not, however, be the most politically palatable location. Potential opponents believed that to build the homeless assistance center in downtown Dallas would increase the visibility of the homeless on the street and exacerbate the problems of crime. Some argued that the site chosen was too valuable for other purposes to dedicate it to the care of people experiencing homelessness, and that such a facility would make it harder for others to justify investments in the same neighborhood such as in market-rate housing which has been increasingly common in and around the downtown. One developer offered to put up the money for the site – on the condition that it wasn't downtown. Another businessman urged other facilities to take on the day-shelter function The Bridge

was planning. Still another predicted the proposed facility would draw the homeless "like stray cats."

The task force and the design team invited business leaders and other concerned citizens to participate in a series of community workshops. They hoped that providing potential critics an opportunity to shape the design and operational plan would both improve the project and increase support for its implementation. Nevertheless, when the City Council placed a \$23.8 million bond referendum on the November 2005 ballot, opponents organized to defeat it.

Led by Daniel Millet – Millet the Printer, a next-door neighbor of the project site – a business group calling itself the "Heart of Dallas Partnership" raised and spent more than \$160,000 to argue that building the facility at Corsicana and Park would attract larger numbers of people experiencing homelessness, damage the surrounding neighborhood, and inhibit investment Downtown. Two economics professors from the University of North Texas published research that suggested property values depressed by the presence of people experiencing homelessness downtown cost the city and school district \$2.4 million a year in revenue. Notably, however, the powerful Central Dallas Association – representing the largest downtown businesses – did not take a position on the matter.

Voters gave the referendum a 59 percent majority anyway and money to build and operate the new facility was assured. Dallas City Council followed up by creating the Metro Dallas Homeless Alliance to supersede the task force and appointed them to manage The Bridge. It is worth noting that capital bond issues in Dallas are typically put forward as packages that fund multiple projects. The Bridge bond act passed on its own, reflecting the degree of concern about this issue on the part of Dallas citizens, and also their willingness to contribute to solving it.

With money in hand, the design process could move forward. Architects, staff, and board members toured homeless facilities in Houston, Los Angeles, and Atlanta, among other places. They interviewed staff, guests, neighbors, and residents of surrounding communities to understand their design, operation, and local impacts. Generally, they didn't like what they saw and heard. Many of the shelters were impersonal, unwelcoming, and institutional in character. Guests were often expected to live in rooms more like cells with little access to natural light. Such conditions bred apathy in staff and aversion by guests.

The designers resolved to give the new facility light, air, beauty, and a sense of dignity. They also worked with staff to create a complex program that would accommodate the unusual service model devised for The Bridge. This involved creating a range of spaces for emergency shelter and transitional housing, allowing some to sleep outside where they would feel less enclosed and others to



stay long-term. The program also included spaces to meet with case managers, and to socialize, as well as spaces for a variety of service providers, and spaces in which a sense of community might flourish.

Construction of The Bridge began in January 2006 and the center officially opened in May of 2008. They were immediately overwhelmed. Designed for about 350 transitional housing guests, The Bridge served over three times that number in both transitional and emergency shelter on a typical day that year. Three or four hundred people would sleep outside in the courtyard each night. Those that still could not be accommodated were referred to other shelters.

Staff became overburdened with the demand and problems arose. Drug dealing, gangs, fighting, and theft became more prevalent. An initial philosophy of tolerance gave way to new rules. A 10 p.m. curfew was initiated and the whole facility was evacuated each afternoon at 5 p.m. with only guests who had registered in advance for a mat or transitional bed allowed to return. Incoming guests were searched and drugs, weapons, or other contraband confiscated. The Bridge entered into a partnership with Downtown Dallas, the city center business improvement district, to provide security patrols and entry screening. There were some conflicts. But the problems of the start-up were just that – start-up problems.

Since that time, management has stabilized, problems have subsided, and The Bridge has become a focus for the homeless of Dallas. It is widely considered to be vital, active, and welcoming. Even those who actively opposed the bond issue and the location of the facility have become supporters. One of the leaders of the "Heart of Dallas Partnership" now advocates for the expansion of permanent supportive housing and the head of Downtown Dallas describes The Bridge as a "selling point" for center city offices, shopping, and housing because it shows Dallas is doing something about the problem.

FACILITIES

The Bridge is organized to address the needs of the homeless comprehensively at one location, serving as a central node in a network of services designed to help individuals find their way back to shelter, employment, supportive services, and normal life. It links emergency shelter to transitional housing and permanent supportive housing around the community. It also provides for the immediate and ongoing needs of people experiencing homelessness who are unemployed, mentally ill, addicted, abused in domestic settings, or otherwise troubled.

The 75,000 gross square foot complex consists of six buildings organized around a series of interior courtyards: (1) the Welcome Building, (2) the Services Building, (3) the Dining Hall and Kitchen, (4) Outdoor Restrooms and Showers, (5) the Sleeping Pavilion, and (6) a Storage Building. Together, they give physical form to the continuum of care concept on which The Bridge is founded, connecting short term with long term services, and integrating shelter, food, personal care, health care, transitional housing, and assistance in searching for employment and permanent housing.

The Welcome Building adjoins the Entry Courtyard on the northeast side of the complex and includes laundry facilities, post office, daycare, a barber shop, library, and classrooms. It's also the place where guests meet with intake staff – The Bridge has a "concierge" – to consider their next step in a transition process.





- 2. <u>The Services Building</u> includes first floor space for medical clinics, health screening, counseling, and training; second floor space for supportive services such as legal aid, travelers' aid, job placement, housing assistance, work-live housing, and administration; and third floor space for longer-term residents a men's dorm, a women's dorm, and rooms for special needs guests such as the transgendered, convalescing, or elderly.
- 3. <u>The Dining Pavilion</u> and Kitchen occupies a central location in the complex, creating the social hub of the complex, and providing three meals a day prepared by the Stewpot, a long-time Presbyterian Church charity in Dallas. They relocated their meal service from their main site when The Bridge opened round the clock service.
- 4. <u>Outdoor Restrooms and Showers</u> offers the opportunity for all guests of The Bridge, regardless of how long they stay, to take care of their basic personal needs in an accessible location.













- 5. <u>The Sleeping Pavilion</u> is an adaptively reused warehouse building on the southwest side of the complex providing emergency shelter for about 300 people who sleep on mats. The garage-style doors of the building are left open for residents who feel more comfortable sleeping outdoors, as many long-term people experiencing homelessness do.
- 6. <u>The Storage Building</u> provides space for guests to keep their possessions safely while visiting The Bridge. It also includes a kennel for dogs incorporated in the complex in acknowledgement that many people experiencing homelessness have canine companions that travel with them.

The courtyards, meanwhile, are a crucial part of the design. One shapes the entrance sequence – guests arrive through a gate into the Entry Courtyard, not a door. A second gives an outdoor space to the dining hall. A third is for residents. And a fourth, the "secret garden" is reserved for individuals with children under the ages of eighteen experiencing homelessness.





DESIGN

The Bridge complex was designed by a team of architects who readily acknowledged they had never before done a building such as a homeless shelter, but given the emergent character of the approach and service model, it's unlikely that very many firms anywhere had created facilities for the kind of program envisioned. The result was a campus and ensemble of buildings that appears to have been well-accepted by guests and staff at The Bridge, appreciated by the community at large, and has been widely-recognized through several architectural awards.

Some of the issues that deserve consideration include original programming, the campus concept, the use of air, light, and glass, trade-offs between budget and aesthetics, urban design, image, and designing for sustainability. Overall, the designers attempted to resolve all of these issues in a way that reinforced the attitude of tolerance and respect toward the homeless that The Bridge espoused.

Programming

Because the service delivery model is so complex and the needs of guests of The Bridge are so diverse, programming needed to start from the ground up with a lot of effort devoted to understanding the multiple pathways guests might take through the facility and its services as well as the specific needs of people *experiencing homelessness* (e.g. the need to accommodate some who would prefer to sleep outside).

A campus concept

It appears the campus concept emerged in the early stage of design, perhaps reflecting an intuition by early participants that the complex needed to be simultaneously open and protected. The specific organization of buildings and the resulting series of courtyards represent value added from the architecture team. The courtyards create spaces in which community can grow.

The designers strived for a complex that would project an image that both the community and the guests would be proud to associate with.

Air, light, glass

The use of space, natural and artificial lighting, and windows both to project light from the building at night – it is sometimes described as a "beacon" or "lantern" – and to provide light to interior spaces – even sleeping spaces in some cases – is a key feature of the design.

Budget and aesthetics

The designers worked to achieve a desired image for the project within a constrained budget. They turned to durable, local materials – mostly brick – to achieve their goals. Otherwise, a generally neutral color palette is employed, and is considered consistent with the needs of the clientele.

Urban design

The buildings of the complex are built to the sidewalk, consistent with the character of neighboring buildings, and obviating the need for exterior fencing. Only the parking lot on the southwest side of the project interrupts this rhythm. It's also important to note that the complex encloses but does not build on the right of way for St. Louis Street in the event that it is needed in the future as a public thoroughfare.





Image

Overall, the designers strived for a complex that would avoid the typically institutional character of homeless shelters and other such facilities and would project an image that both the community and the guests would be proud to associate with. One of the architects relates a story about a luxury home client who was skeptical about the project until he told her they intended to build "something beautiful."

Public Art

The design incorporates original artwork into the fabric of the building with the words of the homeless etched into glass doors and walls in the interior of the complex.

Sustainability

The building was certified as LEED Silver and features a long list of sustainability strategies: re-use of an existing building, low albedo roofing and paving, native plantings, grey water recycling system, energy and water conservation measures, building systems commissioning, use of recycled, local, and low-emitting materials, and extensive use of natural light and ventilation. The complex is also well-located in relation to public transit and the urban hike and bike trail.

Entrances to the complex were designed to segregate users as they entered with the southern entrance for volunteers and staff, a west-ern entrance for long-term residents, and a main entrance on the north side of the complex for first-time guests. This arrangement was partly in response to demands that a main entrance be located away from a nearby school.

The Bridge has won a wide range of design awards including the AIA National Housing Design Award; the AIA HUD Secretary Award; the U.S. Conference of Mayors Livability Award; Tschwane Foundation Rebranding Homelessness Award; Environmental Design + Construction Sustainability Award; World Architecture News – Civic Building Design Award; and the Dallas Topping Out Award.

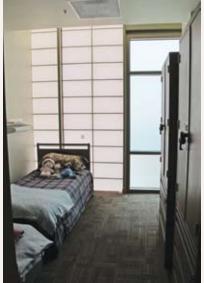




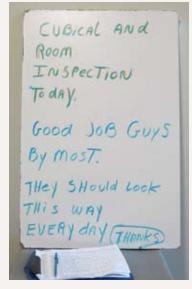
PROGRAMS

The basic approach for delivering services at The Bridge is to provide shelter first, then link homeless persons to a continuum of care to give each access to the help they need to reestablish a normal, sheltered way of life. As such, The Bridge is the "hub" in a "hub-and-spokes" design, establishing a key point of contact for the homeless to a comprehensive array of services including:

- **Shelter,** including day shelter for approximately 1,200 people; on-site night shelter for 325 people including emergency and transitional shelter; and off-site night shelter referrals and placements for 875 people through a network of cooperating providers.
- **Meals,** through the Stewpot, a long-time church-based Dallas charity that agreed to join forces with and moved its meal service operations to the Bridge. To date more than 2.5 million meals have been served.
- Care management, providing coordination among a range of providers of health and behavioral health care, jail diversion and re-entry services, job-seeker services, and housing-seeker services for 600 people per week.
- Health and behavioral health care, including health screenings, acute disease care, chronic disease care, and mental health and chemical dependency diagnosis and recovery services for 600 people per week.









- Jail diversion and reentry services, including coordination of shelter, care management, community services, and probation and parole.
- Job-seeker services provided in collaboration with LifeNet Community Behavioral Healthcare and WorkForce Solutions Greater Dallas for 75 people per week and helping more than 600 people per year find employment.
- **Housing-seeker services** for people seeking affordable, supportive, or transitional housing.



A "REVOLUTIONARY" APPROACH TO HOMELESSNESS

The Bridge as an organization takes an approach to homelessness that diverges from that of many of the long-term providers in the field. It combines a commitment to the still-emerging "housing first" movement, whose proponents believe it is not possible to provide needed services to the homeless until after they have secure shelter, with an assumption that serving the chronically homeless requires that providers create a "low-demand" environment in which all – except the most disruptive – are welcome. Some have suggested this approach is "revolutionary."

The "housing first" approach has growing support across the nation and carries a powerful logic. It promises not only to link all the services that a homeless person might need in one system or continuum of care, but also to provide services at the most appropriate venue, offering a cost savings to government, health care, and others. It is cheaper, not to mention often more effective, to house someone in a shelter or in permanent supportive housing than it is to keep them in a jail or psychiatric ward. This aspect of the philosophy practiced at The Bridge has won them some allies.

Another aspect of their approach, however, has been far more controversial. Unlike many other shelter agencies in Dallas and elsewhere, The Bridge purposely puts few demands on its guests. Because they seek to deal with the chronically homeless they are often dealing with individuals who are shelter-averse. Such individuals are unlikely to take shelter with agencies where they must sleep in enclosed spaces, commit to substance abuse treatment, take part in religious services, pay for a bed, participate in mandatory work programs, or evacuate the premises early each morning. Agencies that enforce such rules believe that to do otherwise is simply to enable the homeless in the continuation of their condition.

At The Bridge all are welcome, within certain broad norms of behavior, and the road back to permanent housing is understood as longer and more complicated. Inevitably, however, that road must begin with getting the chronically homeless person – however troubled or cantankerous – to come in off the street. As of December 2010, The Bridge boasted a 90% success rate in transitioning clients to permanent housing, placing over 850 clients that year. It also found employment for 1600 individuals and served 1.6 million meals to homeless individuals. Staff emphasizes "guest services," the idea that there is "no wrong door" for people to come in, and that tolerance for the homeless and respect for their dignity are key to success in the mission.

COMMUNITY PARTNERSHIPS

To a great extent, The Bridge owes its creation to a grand alliance between the "heart" and "head," in which the "heart" represents all those people acting on a moral concern for the welfare of some of society's least fortunate members, and the "head" represents those who act as stewards for important individual, corporate, and governmental assets. The former are involved because they care about the homeless; the latter are involved because they want to minimize the impact of the homeless on their interests; they came together because their respective interests overlapped.

People like Mike Faenza and Jay Dunn had made careers out of caring for the homeless, mentally ill, and other such people. They proposed a strategy they believed would be effective in alleviating chronic homelessness where other approaches had failed. Elected officials like Laura Miller and Lois Finkelstein responded to pressure both from constituents in the business community and the people who manage public budgets to do something about a homeless problem that was (a) darkening the business climate and (b) having a major impact on demand for public services.

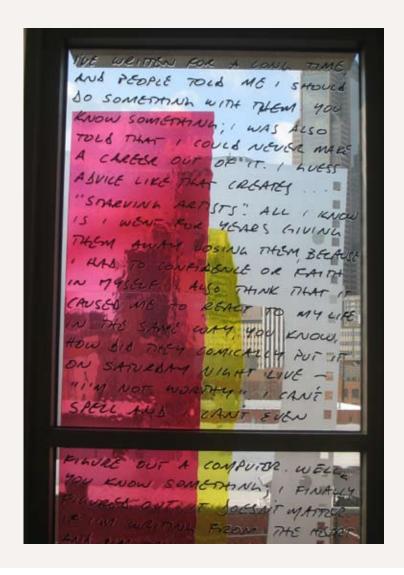
Earlier on, business people as represented by the Central Dallas Association and Downtown Dallas, and later in the game, former members of the Heart of Dallas Partnership, came to see the logic and the benefit in the strategy in action. Treating the homeless in

this new way was not only more effective, it saved scarce public dollars, and it preserved and even enhanced commercial or property values in the city center.

LEADERSHIP AND ORGANIZATION

Individually and organizationally, the success of The Bridge has depended upon strong leadership at several key junctures in the process. At its inception, the role of Laura Miller as Mayor of Dallas, was key, responding to a sense of crisis and establishing the task force that created the proposal and plan for The Bridge. Later on, the leadership of Mike Rawlings as "Homeless Czar", Mike Faenza President and CEO of Metro Dallas Homeless Alliance Jay Dunn President and CEO of The Bridge and John Castle Chair of The Bridge was also important. For each of these, being able to manage the tensions inherent in the "coalition of heart and head" was a central strength, providing strength to keep pushing the initiative but being flexible enough to understand and respond to the interests of other participants.

As of December 2010, The Bridge boasted a 90% success rate in transitioning clients to permanent housing, placing over 850 clients that year.



FUTURE PLANS/STRATEGIC PLANNING

The facility was initially intended – and designed – to serve a broader range of homeless individuals, specifically including families with children. As the project opened, however, staff became less confident that it would be possible to serve a full range of homeless individuals and at the same time accommodate families with children. While the facility provides a range of different spaces for different guests, the problem of how to guarantee the security of children within the more heterogeneous population of the shelter was a persistent one. While spaces – including a playground – were designed for such guests, management at The Bridge decided to limit its clients to individuals, and some of those facilities are therefore relatively little used.

In the aftermath of this shift, management and board say they would like to develop a second facility specifically to serve families with children. However, no such work is in progress and given the demands on all to maintain programs and facilities at The Bridge, not to mention the "heavy lift" required to establish the current facility in the first place, it seems like such a facility is not imminent. It might be easier to expand facilities on the current site, a significant part of which is now occupied by parking. In fact, the original design for the complex anticipated the potential to build permanent supportive housing and a parking structure on the parking lot there now.

The other critical issue which The Bridge, MDHA, and the City of Dallas need to tackle is the provision of permanent supportive housing. The housing first/ continuum of care model cannot work, advocates say, if there is not sufficient housing in which the oncehomeless might be placed. This means not just housing, but housing connected to the ongoing health, mental health, behavioral health, employment, and transportation services people need to maintain a normal life. Besides the obvious need for funding for additional units of PSH, there is a significant obstacle to the siting of such facilities. Neighborhoods often oppose them. The success of The Bridge may have helped to pave the way for other such developments by the City or other developers, but as we go to publication it appears the current focus is on expanding the capacity of The Bridge, not providing facilities in other locations

FINANCES

Operating Costs

The operating budget for The Bridge ramped up quickly in the facility's first three years of operation, rising from \$5.4 million in 2008 to \$7.5 million in the second year, and \$8.2 million in the 2010. About 41% of operating funds come through program contract fees from the City of Dallas. Another 11% comes from Dallas County and 15% from the State of Texas. Fully one third of operating funds are raised privately.

Central to the rationale for providing public support for operations at The Bridge is that money spent on services there reduces the demand for services provided by police, jails, hospitals, and others – all of which are provided at higher per day costs than at the Bridge. Indeed, support from Dallas County is provided contingent on demonstrating that people *experiencing homelessness* are diverted from the county jail. The Bridge and the city have determined that for every \$1 million dollars of funding loss per year, there would be 200 fewer people served. They then work with the correlations between the number served and those that are placed in more expensive programs in each sector of service. In this fashion they demonstrate significant municipal savings. Arguments like this strengthened the rationale for continued and integrated service delivery.

Capital Program

Two referendum-approved bond acts funded the development of the facility, one in 2003 for \$3 million and one in 2005 for \$23.8 million for a total of \$26.8 million – all of which went for project development costs. This included:

- \$17 million for construction
- \$3 million to purchase the site
- \$2.5 million for SRO dedication
- \$2.3 million design expenses
- \$1.5 million for FFE/ IT/ and contingency
- \$0.4 million for project expenses

PROJECT IMPACTS

The Bridge appears to have had a wide range of positive impacts, consistent with its mission, and responsive to the coalition that helped make the project a reality. These impacts cover the homeless, themselves; the immediate neighborhood; the larger community, especially Downtown Dallas; and the general public as reflected in public budgets.

Outcomes for Individuals Experiencing Homelessness

- Homeless individuals are measurably healthier with
 24 percent fewer health emergencies than before the facility was in operation.
- Guests are more likely to become employed with job-seeker services provided for 150 people per year and 1,571 job placements in nearly three years since the facility opened.
- Guests' housing needs are being met with housing-seeker services for 300 people per year and 960 housing placements since the shelter opened in 2008.
- The vast majority of persons who have made a transition through the programs at The Bridge have found – and maintained – permanent supportive housing, removing them from the cycle of chronic homelessness.
- Chronic homelessness in Dallas overall declined by more than half between 2004 and 2010 from nearly 1,200 individuals to slightly more than 500.

Outcomes for The neighborhood

- The Bridge has benchmarked the level of crime in the neighborhood prior to their services and notes a 6% drop in incidents.
- A "guest giving back" program has been implemented that allows guests to provide five hours of community service to the neighborhood each week, which has kept the neighborhood cleaner than it has ever been.
- The bridge has increased activity in the neighborhood by bringing professionals and volunteers to an area where they would normally not go.

Outcomes for The larger community

- Crime in the Central Business District has been reduced by 20%.
- The visible presence of homeless persons in the Downtown area – and objectionable behavior associated with people who lack access to bathrooms, showers, and beds has decreased.

Outcomes for Public budgets

 The Bridge reports public savings because the homeless are being housed at The Bridge, and ultimately in permanent housing, rather than in jails, hospitals, or psychiatric institutions.

Assessing Project Success

SUCCESS IN MEETING PROJECT GOALS

- To implement a strategy to work toward the elimination of chronic homelessness in Dallas by providing "housing first" and connecting the homeless to a continuum of care and services to assist their transition back to permanent housing.

 With almost ,1000 housing placements since opening and 1,571 job placements, the slogan of "housing first" with the ability to make it sustainable through employment is working. The homeless in Dallas are significantly more healthy and there is an over 50% reduction in the chronic homeless population between 2004 and 2010. Much of this reduction is attributable to the ramp up and implementation of The Bridge programs.
- To reduce the financial and operational strain of chronic homelessness on police, jails, hospitals, and other social services, conserving scarce resources for the newly-homeless and saving money overall.

Bridge and City personnel report over 600 people per week participate in the jail diversion/reentry services including shelter services, care management services, community service coordination, and probation/parole coordination. Such services are presented by The Bridge at a fraction of the cost of service through the criminal

justice or emergency health care systems. For example, The Bridge increased the number of individuals participating in rehabilitative behavioral health care services by thirty-one percent. Crisis related services, which are twice as expensive as regular outpatient services, decreased by twenty-four percent for people experiencing homelessness participating in Bridge services.

• To reduce the negative impacts of people experiencing homelessness living on the street such as crimes of need, panhandling, inappropriate use of public facilities, and congregating in public spaces.

The 20% reduction in crime downtown, and the reported reduced visibility of homeless persons in the downtown area offer evidence of success. The conversion of resistance to the Bridge to support for the Bridge by some elements in the business community offers further evidence.

• To locate a shelter facility in a way that does not isolate or stigmatize the homeless, but connects them to transportation, green space, and public facilities as well as shelter and services in a safe, caring, respectful, and dignified refuge.

The selection of this site successfully avoided "downtown" and the perceived difficulty a central location would present even as it is close and walkable from the downtown. Bus transportation services are available but the alignment with the so-called greenbelt was not evident in either the interviews or in tours of the site area.

• To design a shelter facility that projects a positive image to both the homeless and the general public and expresses the community's compassionate attitude toward the plight of the homeless.

The facility design has received eight design awards with seven of them from national or international venues. Its design has demonstrably added value to the immediate neighborhood and its program secures and sustains the image of a clean and well lit place. Evidence of the communities respect for the project includes municipal and private sector support for its programs and the recent Dallas based "Topping Out" award celebrating outstanding building projects that impact the environment.

The project delivers on its promise to offer a comprehensive approach to homelessness in Dallas. It has delivered fully on the promise to integrate services in order to facilitate the transition from homelessness to stable housing and it has done so in an environment that is respectful, tolerant, disciplined and effective.





SELECTION COMMITTEE DISCUSSION

The Committee noted that The Bridge offers a realistic and convincing plan to end homelessness in Dallas, based upon the provision of shelter and services offered with a discipline that helps to assure the success of this more ambitious intention. The approach is characterized by experimentation and mid-course corrections within an ethic of patience and interagency cooperation.

While there is a long history of architectural and social experimentation with the poor and disadvantaged, the Committee felt that The Bridge's approach to services is unique. Their creative approach to achieving political success, the manner in which they have learned from the experience of other programs and are continuing to learn-by-doing programmatically have all contributed to the evolution of a new service model. The Bridge is also unique in recent decades in its response to the long term demographics of homelessness not just the recent market place dynamics and the housing foreclosure crisis. The Selection Committee commended The Bridge for going beyond the temporary conditions of crisis and working on long-term structural solutions to the factors that contribute to chronic homelessness.

The architecture of the Bridge was discussed at length by the Selection Committee. Some praised the simple expression of the lantern, believing The Bridge functions as such a beacon both literally and metaphorically. Others praised the adaptability of the spaces at the Bridge as it continues to experiment with program. Still others saw The Bridge as adding to the quality of the streetscape in the neighborhood. However, the appreciation for the architecture was not universal. Some members of the Committee felt the architecture was modest, even pedestrian, and others saw the base of the beacon along the street front as fortress-like.

All agreed that the strongest part of the project was its comprehensive integration of program and image with architecture and the way it has changed the politics and social engagement of the issue of homelessness in Dallas. One Selection Committee member concluded the discussion with the idea that every city in the United States should have a comparable plan to end homelessness in their city.

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