THE UNIVERSITY OF TEXAS AT DALLAS
School of Economic, Political and Policy Sciences
Public and Nonprofit Management Program

Initial Needs Assessment

McKinney Better Together Initiative

Prepared for:	City of McKinney
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Table of Contents

Executive Summary

Background

The City of McKinney launched the Better Together Initiative (BTI) to build a collaborative, data-driven response to homelessness. Guided by City Council-adopted principles, the BTI examines the issue through three lenses: Root Causes, Homeless Experience, and Symptoms of Homelessness. McKinney is not a direct service provider; it coordinates with local and regional partners, while receiving HUD funding that it directs toward homelessness prevention and services. This report outlines the findings from the Initial Needs Assessment, prepared by the Public and Nonprofit Management Program at the University of Texas at Dallas for the City of McKinney.

Methodological Approach

The assessment combines quantitative and qualitative methods. Quantitatively, the team consolidated administrative data across systems, including HUD Point-in-Time counts, U.S. Census/ACS indicators, McKinney Police Department records, EMS and healthcare utilization data, shelter operations, and code compliance/encampment data. These data points were used to build a cross-system cost and utilization picture, supplemented by regional benchmarks where local data was unavailable.

Qualitatively, and in line with community engagement goals of the BTI, the team conducted seven listening sessions (May–June 2026) with city staff/first responders, downtown and Highway 380 businesses, east- and west-side residents, nonprofit and service-provider staff, and a field ride-along with MPD's Community Services Unit that engaged individuals experiencing homelessness directly. A public survey (270 completed responses as of July 10, 2026) supplemented the sessions. Grounded in both quantitative and qualitative data, findings have been organized into a four-part needs framework (Root Cause, Homeless Experience, Symptoms, and Systemic Barriers), with each identified need tagged by homelessness type and coded as data-supported ("real") or unverified ("perceived") to keep policy-relevant evidence distinct from recurring impressions.

Key Findings

- Scale and stability: McKinney's Point-In-Time (PIT) count has held steady at roughly 0.10% of the population since 2021 even as the city has grown rapidly, roughly on par with the Continuum of Care (CoC, Dallas and Collin Counties) and state share.
- Mostly transitional, not chronic: about 76% of the homeless population identified in the 2026 PIT count was in transitional housing versus 24% being unsheltered. McKinney's homeless households include a notably higher share of families with children (42.5%) than the regional CoC (20%).
- High, concentrated costs: Estimated unmanaged homelessness costs the community roughly $9M annually (accounting for approximately $1.6M in Emergency Medical Services, law enforcement, and cleanup costs to the city directly). Regionally, Housing Forward estimates rehousing could save ~$18,000 per person annually. EMS, hospitalization, and policing are the largest cost drivers, with heavy reliance on emergency systems (89–98% of EMS calls resulting in ER transport) and minimal cost recovery (6.7% of EMS costs reimbursed).
- Geographic concentration: 58% of encampments are in East McKinney, with additional hot spots near downtown and along the HWY 380 corridor and US-75. These trends are influenced in part by McKinney's role as the Collin County seat (i.e., the jail and courts are located within the city), combined with limited public transit.

- Stakeholder input: Stakeholders varied on their opinions about desired city responses to homelessness, ranging from greater enforcement and public education, to more coordinated, systems-level responses. Some feedback suggested a need for more shelter/housing capacity within Collin County.

Homelessness in McKinney

The City of McKinney is comprised of sheltered and unsheltered residents. As psychologist Abraham Maslow identified in Motivation and Personality[1], a human being's basic physiological needs must be met before they can focus on reaching their full potential. Put more simply, a person cannot focus on anything else until their basic human needs of food and shelter have been fulfilled.

Homeless individuals include those that are visually unhoused to those whose situations are less apparent, such as individuals facing housing instability and living on someone's couch. To help better recognize the different types of circumstances the U.S. Department of Housing and Urban Development has identified three categories of homelessness:

- Situational – occurs when someone becomes unhoused because of a sudden life event or crisis.
- Episodic – involves reoccurring, short term episodes of homelessness associated with economic or life challenges.
- Chronic – includes individuals experiencing homelessness for an extended period due to complex challenges and barriers that restrict their ability to reconnect to their community.

Better Together Initiative

The issues associated with homelessness are multifaceted and extremely complicated. As a result, the City of McKinney decided to embark on a comprehensive and collaborative process to help identify the key local challenges associated with homelessness and establish community-backed strategies and solutions that respond to those impacted by homelessness (the Better Together Initiative).

As part of the Initiative, McKinney City Council adopted Guiding Principles to guide the process and help inform the critical pathways for responding to homelessness in McKinney. The Better Together Initiative recognizes that no single group or organization can address complex social challenges alone. In fostering collaboration across public, private, and nonprofit partners, this city-led initiative hopes to build coordinated, long-term strategies that enhance community well-being and resilience.

The goal of the Better Together Initiative is to focus on addressing three different areas of homelessness:

- Symptoms of Homelessness – impacts of homelessness, real or perceived, on the surrounding community, public infrastructure, and stakeholders (including businesses, residents, and visitors).
- Homeless Experience – impacts of homelessness on individuals currently experiencing episodes of homelessness or at risk of homelessness.
- Root Causes of Homelessness – factors that have contributed to the causes of homelessness (i.e., housing costs, economic challenges, system failures, etc.).

Guiding Principles

[1] Maslow, Abraham (1954). Motivation and Personality. Harper & Row.

- Addressing homelessness requires a united community effort. We are committed to coordinating efforts across all sectors and borders in a way that breaks down silos and fosters shared responsibility.
    - We recognize that all stakeholders have a voice and role to play in addressing homelessness.
- A healthy community requires a shared sense of safety and well-being for all residents. We will pursue comprehensive solutions that enhance public safety, health, and welfare for both housed and unhoused community members.
- Every individual impacted by homelessness has a unique story and set of circumstances. We will ensure solutions focus on providing tailored services and resources that respond to everyone's unique needs with compassion and dignity.
    - Every person deserves respect, compassion, and the opportunity to thrive— regardless of housing status.
- To ensure effectiveness and efficiency, any implemented strategy must be guided by empirical data, not assumptions. We will utilize data to drive decision making, understand resources, refine strategies, monitor progress, and provide transparency.
- Preventing homelessness is as important as responding to it. We are committed to creating systems and strategies aimed at reducing the frequency and duration of homeless episodes.

Initiative Overview

The Better Together Initiative includes the following four components:

- Community Engagement/Public Outreach Plan – outlines the strategies and process to engage all stakeholders in an effort to understand all of the differing perspectives and issues surrounding homelessness.
- Needs Assessment – includes a quantitative and qualitative evaluation of the current conditions; including real and perceived impacts on the community. The Needs Assessment provides an understanding of the current homeless population, evaluation of the experiences and perceptions of differing stakeholder groups, and assessment of the existing programs/services/resources to identify potential gaps.
- Strategic Plan – shall serve as a guiding document by providing long- and short-term goals and strategies to address different areas of homelessness. In addition, the strategic plan will provide a community vision, mission, and goals.
- Implementation Plan – will identify the specific action steps, necessary funding/resources/partnerships to implement the goals identified in the Strategic Plan. The Implementation Plan will also include data driven performance metrics to measure success/progress.

Funding and Resource Allocation

The City of McKinney belongs to the Dallas and Collin County Continuum of Care (CoC), known as Housing Forward. Housing Forward serves as the lead agency for the All Neighbors Coalition (collaborative network of organizations working to end homelessness) and is the recipient of funding from the U.S. Department of Housing and Urban Development (HUD). Housing Forward uses the funding to provide training, lead initiatives such as Street to Home, and conduct the annual Point in Time Count.

Housing Forward also periodically posts calls for qualifications and funding opportunities to invite qualified service providers to apply for funding, using these calls as a mechanism to identify eligible funding recipients and disburse funds accordingly. In addition, Housing Forward also manages the Coordinated Access System (CAS) to connect individuals to housing resources and the Homeless Management Information System (HMIS) to collect data from service providers serving individuals that are experiencing or at risk of homelessness.

The City of McKinney also receives Community Development Block Grants (CDBG) and HOME Investment Partnership Program funds through HUD to support programs and activities serving low-to-moderate income individuals and households. The City's Housing and Community Development Department receives and manages these funds by granting them out to qualified service providers within the City that meet award requirements related to serving this population. The City designated "homelessness prevention and services" as a high-priority need and a focus for these funds, signaling the City's commitment to allocating these funds toward homelessness-related services.[2]

Data Landscape[3]

Each year the United State Housing and Urban Development Department oversees the Point-In-Time (PIT) Count. The purpose of the PIT Count is to capture a snapshot of the homeless population in each jurisdiction throughout the nation on one day. The PIT Count includes those that are located within emergency shelters, temporary shelters, supportive housing, and those that are unhoused. However, it fails to collect data from individuals experiencing housing insecurity, living in temporary housing with friends or family, or residing in a vehicle. As a result, the PIT Report likely understates the true scale of homelessness or housing instability.

Population and Economic Growth

There are also key economic indicators in McKinney that provide context for understanding homelessness. McKinney's population has grown at an annual compound growth rate of 4%[4]. However, Mckinney's population is also aging, with the proportion of those aged 65 and older increasing from 6% to 10% between 2010 and 2023. The following indicators for McKinney are derived from the most recent estimates available from the U.S. Census Bureau[5], which draw from both the 2020 Decennial Census and the 2024 American Community Survey 1-year estimates:

- Median household income: $124,177
- Median individual income: $59,900
- Poverty rate: 5.7%
- Median property value: $471,800
- Employment rate: 68.9%

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[2] City of McKinney (2025), *2025-2029 Consolidated Plan and 2025 Annual Action Plan: Community Development Block Grant and HOME Investment Partnerships Programs*.

[3] Acknowledgements to Benton Austin, Jaeyoung Choi, Emma Dhanani, Omar Garcia, Julia Juarez, Preston Kolb, Dani Lamb, Idella Radcliff, Carlos Romero Niembro, Shelby Simmel, Victoria Speer Williams, and David Willoughby

[4] City of McKinney 2026 Affordable Housing Needs Assessment, Root Policy Research

[5] U.S. Census Bureau, *Place: McKinney city, Texas*. Accessed on June 28, 2026. Retrieved from https://data.census.gov/profile/McKinney_city,_Texas?g=160XX00US4845744#populations-and-people

According to the 2026 Affordable Housing Needs Assessment conducted by Root Policy Research, rents have risen sharply, home prices have nearly tripled since 2011, and both renters and homeowners are increasingly cost-burdened.

The latest data from April 2026 from the Bureau of Labor Statistics Local Area Unemployment Statistics (LAUS) show an unemployment rate of 3.8% for the City of McKinney, which is equivalent to the unemployment rate for the DFW metropolitan area for the same time period.

Although there are indications of a strong economy in McKinney, an increase in property values which increases the overall cost of living is likely to contribute to housing instability, particularly for families or individuals who live near the financial margins of poverty. From 2018 to 2021, McKinney also had an increase in residents moving from outside of Collin County within age groups 25-44 and 45-64. (City of McKinney Census, 2023). With an increase in cost of living, even affluent or financially stable cities risk displacement of vulnerable populations. (U.S. Census Bureau, n.d.); (KERA News, 2024).

Homeless Demographics

Examining local homeless population trends (PIT Count) data is critical. From 2021 to 2026, the amount of homelessness in McKinney remained relatively stable, despite overall population growth. Of the individuals counted in the 2026 PIT, 6 identified as being Veterans (4 residing in transitional housing, 2 unhoused), 20 were identified as chronic, and 8 were identified as youth. It is important to note that the presence of The Samaritan Inn impacts the PIT Count, as the annual counts also include those that are located withing temporary shelters and do not distinguish where individuals originated from.

Table 1: McKinney Point-in-Time Count 2021–2026

Year	PIT Count	Total Population	% of Population
2021	215	198,507	0.11%
2022	229	206,654	0.11%
2023	233	211,397	0.11%
2024	239	214,810	0.11%
2025	213	224,043	0.10%
2026	240	237,130	0.10%

Source: Housing Forward, 2026; McKinney PIT data

While the total number of homeless individuals fluctuates slightly year-to-year, the percentage of the population remains consistent and stable despite the total population increasing rapidly. The stability suggests that homelessness in McKinney is not shrinking or being treated, but rather maintaining a steady share of the population and resources as the city continues to grow.

The table below illustrates the trends in PIT count data for the Continuum of Care encompassing all of Dallas and Collin Counties (Housing Forward, 2026). The latest estimates for the State of Texas, available from HUD, indicates that there are approximately 28,031 individuals experiencing homelessness across the state, while the total number of individuals experiencing homelessness nationwide is approximately 745,652 (HUD, 2026). The overall proportion of the population in the City of McKinney experiencing homelessness, based on 2026 PIT counts, is about 0.10% as presented in the table above, while the proportion of the overall population experiencing homelessness in both the entire CoC and the state is 0.09%. While the proportion is slightly higher in the City of McKinney, it is roughly on par with the CoC and the state.

Table 2: McKinney PIT Count Trend Summary

Year	PIT Count
2021	4,570
2022	4,410
2023	4,244
2024	3,718
2025	3,541
2026	3,513

Source: 2026 State of Homelessness, Housing Forward

Household Type

The homeless population in McKinney is not limited to single individuals but includes a significant number of family units and households. In fact, in 2026 the composition is 57.5% adults without children, and 42.5% adult individuals with children. There is a greater proportion of homeless households with children in McKinney when compared with the CoC, which identified 80% of all homeless households without children and only 20% with children[6].

Age

With regard to age, the data highlights significant differences between the general population and the homeless population. The median age of McKinney residents is 36.9, the average age of unsheltered individuals 46.3 years old, and the average age of sheltered individuals is 27.6 years old. This suggests important trends; unsheltered individuals tend to be older, indicating longer-term or chronic homelessness in McKinney. In addition, sheltered populations are significantly younger, indicating families or individuals experiencing housing disruptions at an alarming rate. The average age of homeless individuals in Dallas County is 55-64 years, and in Texas, the biggest homeless population is adults over 55. Finally, over half the homeless population in McKinney is under 45 years old. This suggests implications tying directly to workforce participation, caregiving responsibilities, economic vulnerability, educational opportunities, and cost of living (U.S. Census Bureau, n.d.), (Dallas County Health and Human Services, n.d.).

Geography

McKinney is the county seat of Collin County. As such, the jail, detention facility, and county courthouse are all located within the City. This geographic and contextual reality, in combination with a lack of public transportation, contributes to situations in which individuals who are released from jail may find themselves stranded in McKinney without adequate shelter, rendering them unhoused for a period of time.

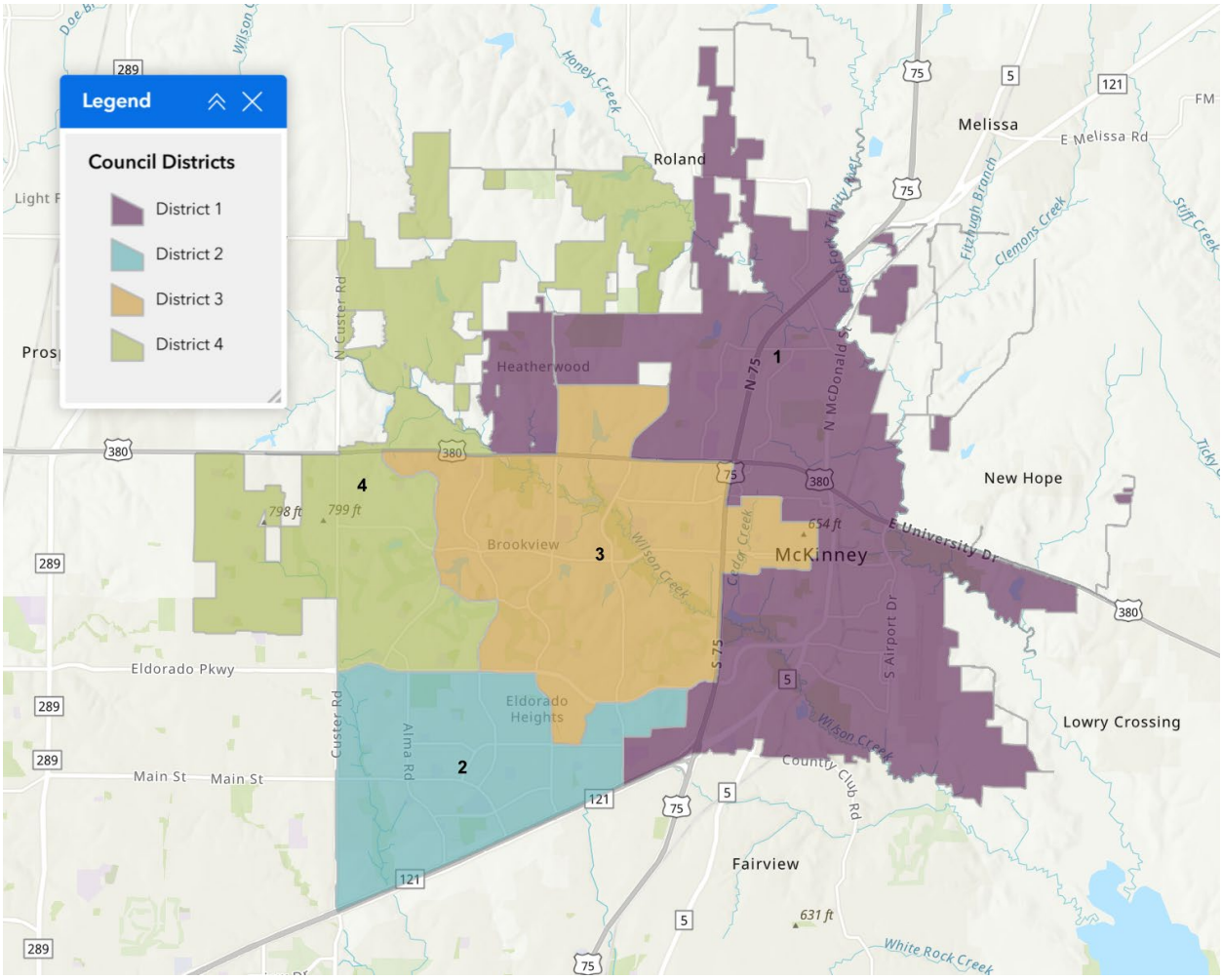
Data on code cases indicate that homelessness is concentrated in East McKinney, with 58% of encampments identified in this single district. Additional concentrations include, but are not limited to, Downtown areas and areas surrounding service providers like The Samaritan Inn. These trends suggest that homelessness is influenced by proximity to services, lack of public transportation, and dense populations. Concentration in specific districts may also suggest underlying socioeconomic and

[6] 2026 State of Homelessness in Dallas and Collin Counties, https://housingforwardntx.org/wp-content/uploads/2026/05/2026-SOHA-Data.pdf

demographic characteristics, as well as a lack of sufficient resources. Understanding the clustering of homelessness is essential to target outreach, identify gaps in services, and allocate resources efficiently.

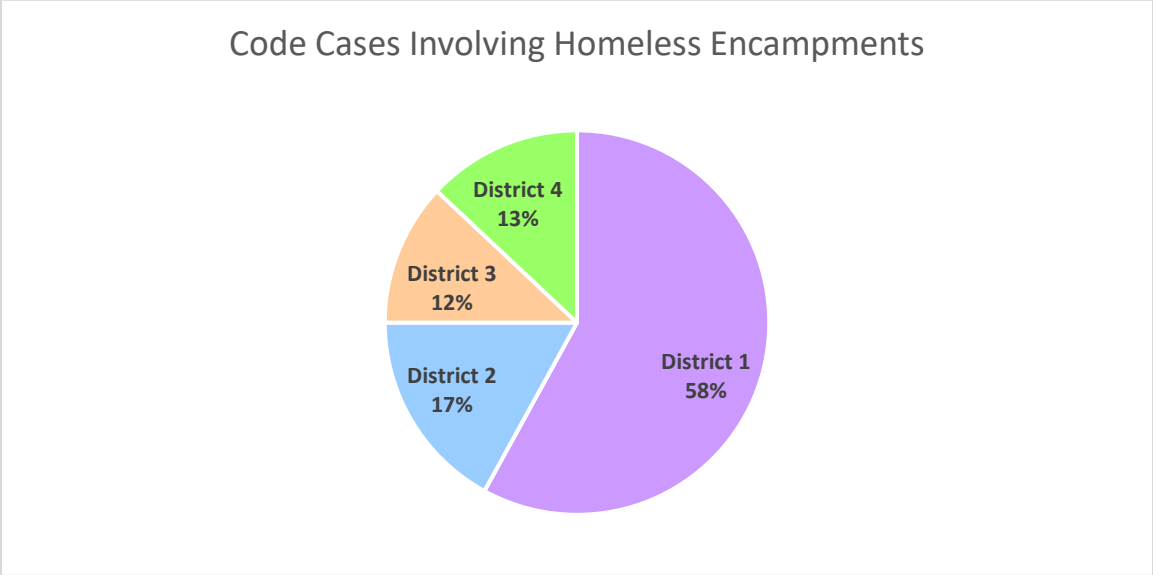
Overall, broad patterns suggest that homelessness in McKinney is largely situational or transitional, rather than predominantly chronic. Based on the 2026 PIT count data, approximately 76% (182/240) individuals counted were housed in transitional housing, compared with approximately 24% (58/240) who were unhoused. In addition, 20 of the individuals counted were identified as chronically homeless (approximately 8% of the population). Data show high proportions of younger sheltered families or individuals, stable and persistent PIT count percentages, and an ongoing inflow and outflow rather than static homeless population, maintaining system demand. This issue is tied strongly to economic vulnerability. Family and transitional homelessness are also significant factors. Finally, geographic concentration creates targeted system strain, and current data likely underestimates true scope of homelessness

Figure 1: City of McKinney Council Districts (Source: City of McKinney GIS, 2024)



Source: City of McKinney GIS, 10/14/2024

Figure 2: Code Cases Involving Homeless Encampments by Council District



Source: City of McKinney, 2025

Existing Systems

City Departments

The City of McKinney is not a direct service provider. However, the city has made great strides to address the issues of homelessness and provides a variety of services, programs, and resources. Numerous city departments touch upon homelessness, including the following:

Table 3: Homelessness Needs and Gaps Assessment Framework — Root Causes, Lived Experiences, and Symptoms

Department	Root Causes	Lived Experiences	Symptoms
Code Services			X
Housing and Community Development (Community Services, Housing Services, Neighborhood Services, and Transit Services)	X	X	
Library			X
Main Street/McKinney Performing Arts Center			X
Parks and Recreation			X
Public Safety (Fire, Police – Community Services Unit, and Office of Emergency Management)		X	X
Public Works			X

Service Providers and Nonprofit Organizations

Numerous services providers and nonprofit organizations seek to serve the homeless in a variety of ways. Using the city's unofficial resource directory, as well as the Collin County Homeless Coalition (CCHC) resource guide, the following table illustrates the number of services that exist across the CoC and also breaks down the number of these services that reported a physical address within the City of McKinney:

Table 4: Service Provider Count by Category — McKinney vs. Collin County CoC

Category	CoC	McKinney
Counseling/Advocacy/Legal	122	20
Employment/Education	31	13
Financial Assistance	7	2
Food/Clothing/Supplies	98	28
Healthcare	62	13
Housing/Shelter Services/Fostering Services	100	11
Transportation	3	1
Misc. Government Services	16	4
Total	**439**	**92**

Source: McKinney resource directory; CCHC resource guide

McKinney Homeless Coalition

The McKinney Homeless Coalition (MHC, previously known as the Mayor's Task Force on Homelessness), conducts monthly meetings with service providers and city staff to address the multifaceted needs of our homeless population. Over the past year the MHC has been formalizing its structure to become an independent nonprofit organization. The MHC's primary focus areas include street outreach, public education, weather response, data, PIT count, and capacity building. The MHC has also taken the lead on coordinating street outreach efforts through the Street Outreach Ambassador Resource (SOAR) Program. The SOAR Program provides the community with a designated hotline to report non-emergency incidents or seek assistance associated with homelessness.

System Utilization

Homelessness places significant demands on services ranging from support services to prevent individuals from becoming unhoused, to emergency shelter for individuals experiencing homelessness, to police enforcement associated with illegal behaviors.

Support Services

The services, resources, and programs necessary to support individuals faced with homelessness or the risk of homelessness varies significantly based on their unique circumstances. While the city is not a direct service provider, the Housing and Community Development Department provides service providers with grant funding opportunities utilizing the city's limited Community Development Block Grant (CDBG) and General Fund dollars.

For Fiscal Year 2025-2026 the city allocated $330,000 of General Fund dollars for the Community Support Grants (CSG). In addition, the city received $907,326 from HUD in CDBG allocations to fund the city's Housing Rehabilitation, Public Services and Community Development programs, and grant administration. The city also received $345,211 from HUD in HOME allocations to fund the Tenant Based Rental Assistance program.

In addition, the city does provide some additional support through the following programs:

- Rental Assistance – to lower the cost of housing
    - Tenant Based Rental Assistance (TBRA) Program – non-emergency rental assistance
    - LIFT Program – one-time security deposit assistance
- Downpayment Assistance – to lower the cost of homeownership
    - Downpayment Assistance Program – utilizing funds generated by the McKinney Housing Finance Corporation to provide financial assistance for downpayment and closing costs for first-time homebuyers
- Financial Assistance – to help individuals stay housed
    - FlexFund – homeless prevention funds available through designated service provider to prevent individuals from becoming homeless
    - Utility Assistance – available through specific service providers to one-time utility assistance
    - Property Maintenance/Repair Assistance – external and home repairs for qualified low-income residents to address code violations and health/safety concerns
- Transportation Assistance
    - Collin County Transit Program – provides subsidized transportation for senior, low-income, and disabled individuals

Housing

There are three general types of shelter associated with homelessness:

- Inclement Weather – warming or cooling stations available during sever weather events
- Emergency – low-barrier shelters that provide immediate access and have minimal requirements
- Transitional – housing that include structured programs to help individuals move into permanent housing

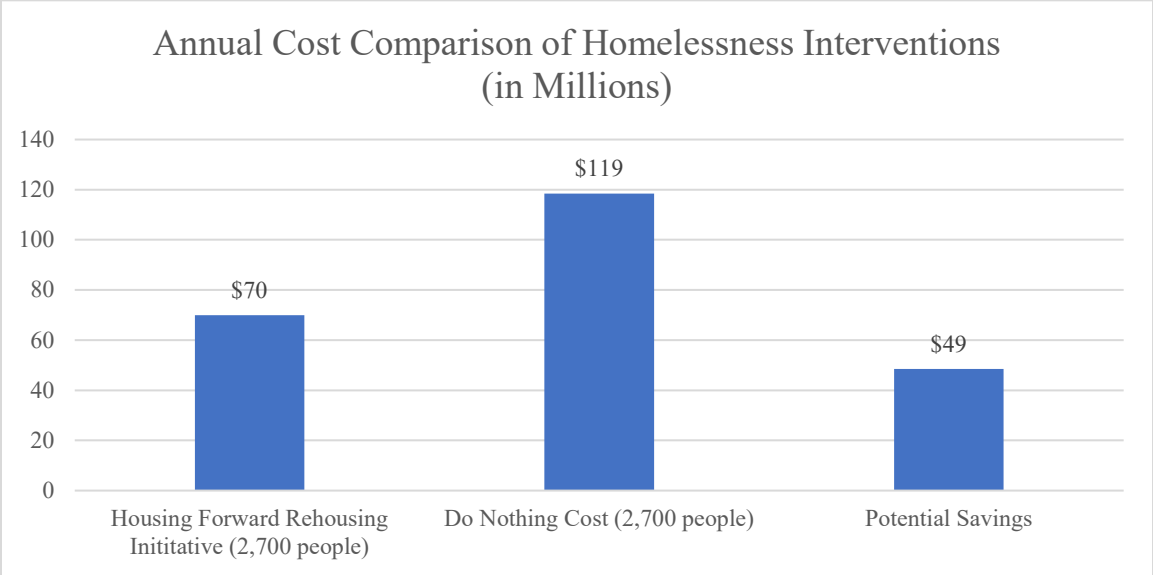
Individual service providers, in collaboration with the MHC and city, host overnight warming stations and cooling stations during inclement weather events. Warming stations are organized and hosted by different nonprofit groups including The Salvation Army and Emmanuel Labor; which rely heavily on volunteers to service the warming stations. Organizations such as The Salvation Army or faith institutions such as First McKinney Baptist Church or First United Methodist Church, have also participated as host facilities for the warming stations. Host facility capacities vary depending on the available space and are required to obtain a Temporary Use Permit to operate a warming station.

There are no emergency shelters located within the City of McKinney or Collin County. The Samaritan Inn/Gateway Apartments is a transitional housing complex, that has a capacity for 226 individuals and

serves individuals throughout Collin County. According to HUD, transitional housing is defined as a facility that "providers temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing" (HUD Exchange, 2026). As a transitional shelter, The Samaritan Inn also provides case managers to assist individuals with gaining access to mental/medical health services, education/employment opportunities, and other services. The average cost to successfully serve one individual through The Samaritan Inn's program is $7,673 per person. This is calculated by using total program budget divided by expected number of individuals served, accounting for average length of stay and service intensity. To operate the shelter, it costs $8,183 per night; about $3,000,000 per year. This cost includes facility and operational costs that are not always reflected in program-based grant calculations.

Figure 3 below shows a regional cost comparison focusing on the Housing Forward (Continuum of Care). Annual systemwide cost of homelessness is $193.6M for 4,410 people, totaling $43,901 per person per year. The cost for the Housing Forward rehousing initiative is $70M to house 2,700 individuals and totals $25,925 per person per year. If the rehousing initiative is not implemented, Housing Forward estimates that those 2,700 individuals would cost $118.5M annually due to unmanaged homelessness-related costs (such as EMS, hospitalization, incarceration, and shelter services), indicating a potential cost savings of $48.5M by implementing the rehousing initiative.

Figure 3: Annual Cost Comparison of Homelessness Interventions — Regional Data



Source: Dallas County Health and Human Services; Dadpay & Huang, 2024

Understanding shelter and housing programs and services is vital, but not the only category and cost communities see associated with homelessness. Law enforcement information and interactions can also provide key data.

Enforcement and Public Safety

The McKinney Police Department (MPD) reports approximately 1,000 homelessness-related annually. Officers engage with approximately 100 individuals experiencing homelessness each month, demonstrating frequent contact with the same individuals. Some contact hotspots align closely with known cleanup and encampment areas, including but not limited to US-75/Central Expressway, University Drive (HWY 380), and bridge/underpass locations.

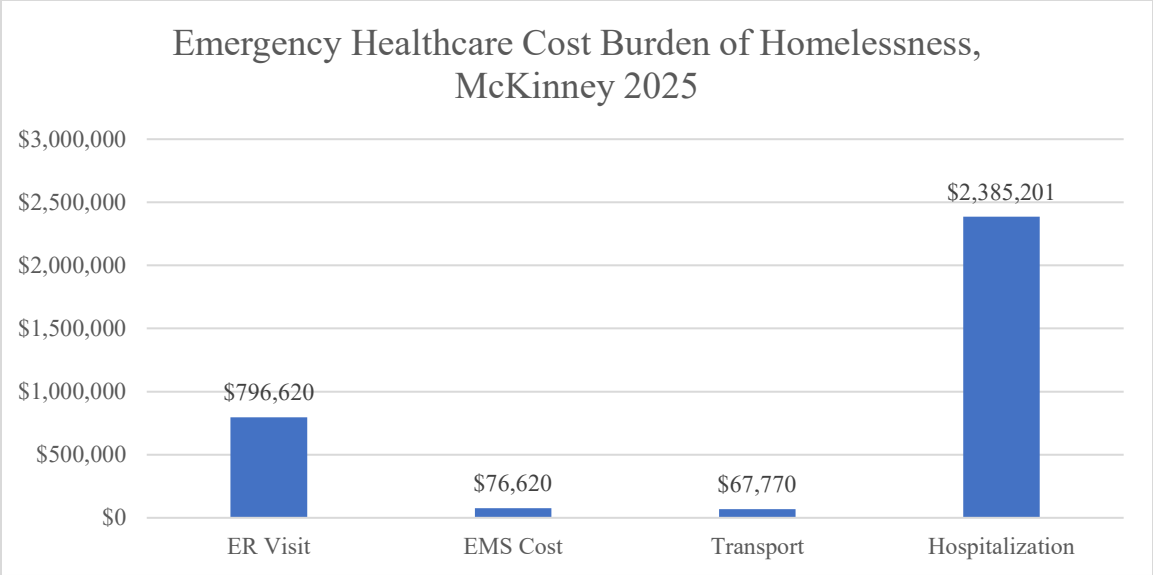
These incident types include:

- Trespassing complaints from businesses, public facilities, and underpasses.
- Welfare checks, often triggered by severe weather, medical concerns, or bystander reports.
- Public intoxication and related behavioral health incidents.
- Mental-health–related disturbances, including crisis calls requiring specialized response.
- Encampment-related complaints are often linked to recurring cleanup locations.

McKinney does not publish homelessness-specific arrest/citation totals; however, related data from MPD and city sources provide clear patterns. Officers report approaching situations involving trespass, for example, by attempting to gain compliance by asking individuals to leave and then following through with an enforcement measure (such as making an arrest) when compliance is not obtained. Officers also provide diversion services when appropriate, including mental-health referrals and transport to service providers. MPD relies on diversion tools to reduce unnecessary jail bookings, including mental-health referrals and crisis routing to clinical care and coordination with SOAR and partner agencies to support non-arrest resolutions. In McKinney, co-responder and outreach programs such as SOAR and collaborations with Metro Relief have shown effectiveness in reducing unnecessary arrests, connecting individuals with immediate service and mitigating repeated police response cycles (McKinney Police Department, 2025).

Law enforcement is not the only additional cost to communities. Emergency Medical Services (EMS) and other healthcare needs can provide a bigger picture. The financial and operational burden that homelessness places on the EMS and healthcare system in McKinney is substantial. In the figure below, we see costs are disproportionately allocated to hospitalization, while lower costs for EMS and Transport still breach $50,000 annually. This distribution suggests that while emergency response services initiate care, the primary fiscal strain occurs downstream in actual hospital settings where homeless individuals typically require longer or more intensive treatment.

Figure 4: Emergency Healthcare Cost Burden of Homelessness, McKinney 2025

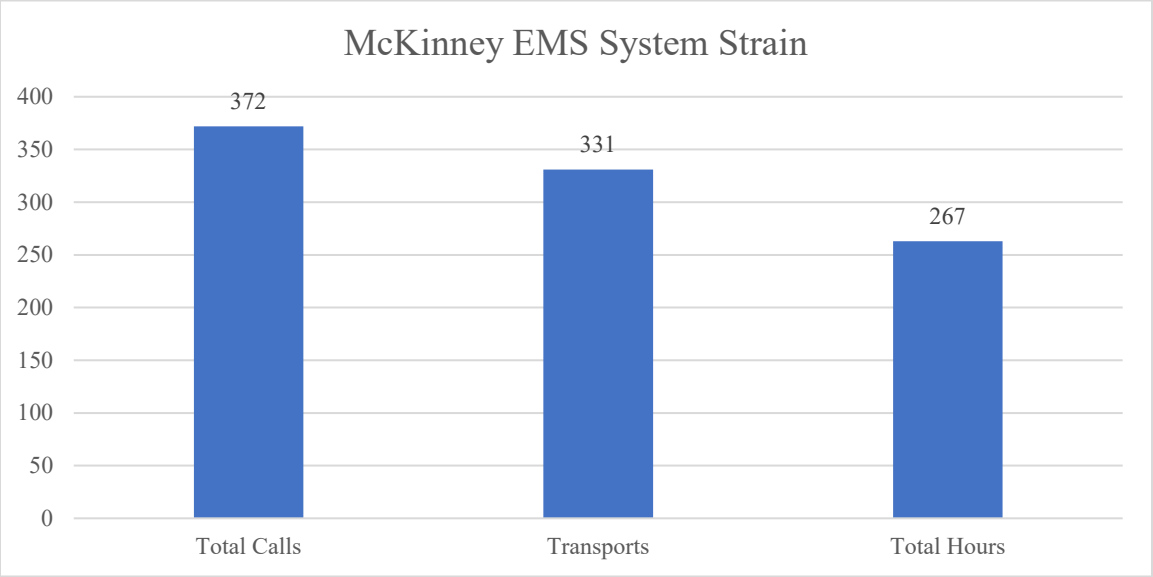


Source: Dallas County HHS; McKinney EMS data, 2025

This may be due to these individuals lacking preventative or routine healthcare, resulting in a heavy reliance on emergency services that may be otherwise managed in less costly systems or through the utilization of health insurance or primary care doctors. In addition, individuals may rely more on EMS for transport to medical services because of the lack of public transit options. As a result, emergency departments become default primary providers of care which significantly increases per capita costs and strains overall healthcare infrastructure.

Figure 5 further reinforces this dynamic. McKinney recorded 372 EMS calls involving homeless individuals in 2025, of which 331 (89%) resulted in transport to an Emergency Room. According to Texas Health and Human Services, there were 170 ER visits per 100 homeless individuals from 2015 to 2018 at the state level. The Texas Department of Health and Human Services (2021) also reported that the average total pre-hospital time spent per call by EMS in the trauma service area that encompasses McKinney was 38 minutes.

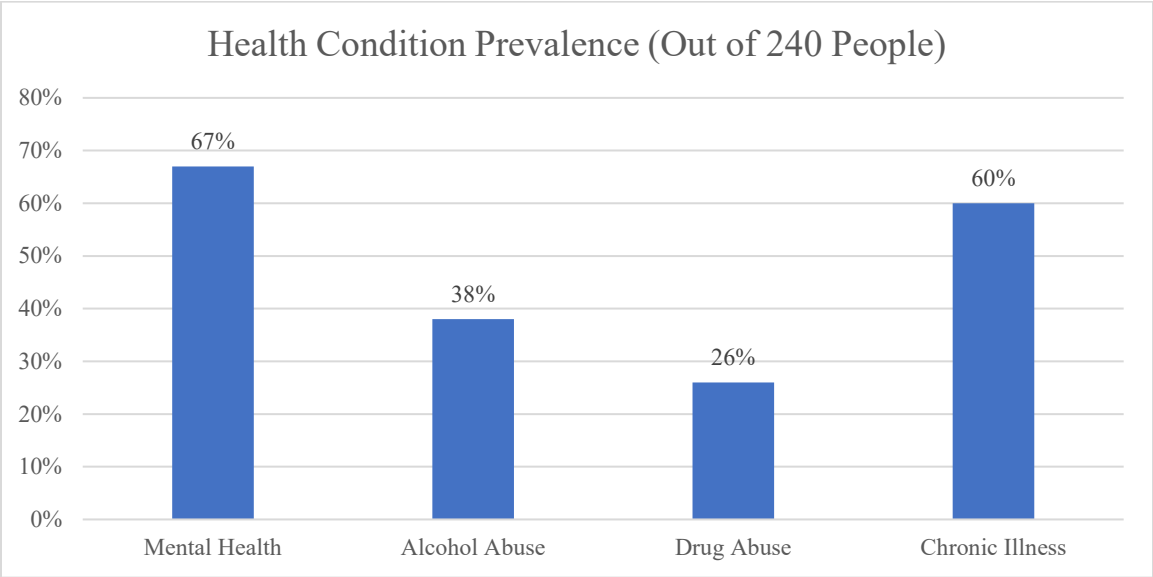
Figure 5: McKinney EMS System Strain — Calls Involving Homeless Individuals, 2025



Source: McKinney Fire/EMS, 2025

The EMS and transport related costs totaling $144,390, represents a significant fiscal burden and provides additional insight into the financial danger of reliance on emergency services as a module of primary care for a significant population. Many individuals experiencing homelessness face significant medical or behavioral health challenges, as evident by Figure 6. emergency medical system reliance.

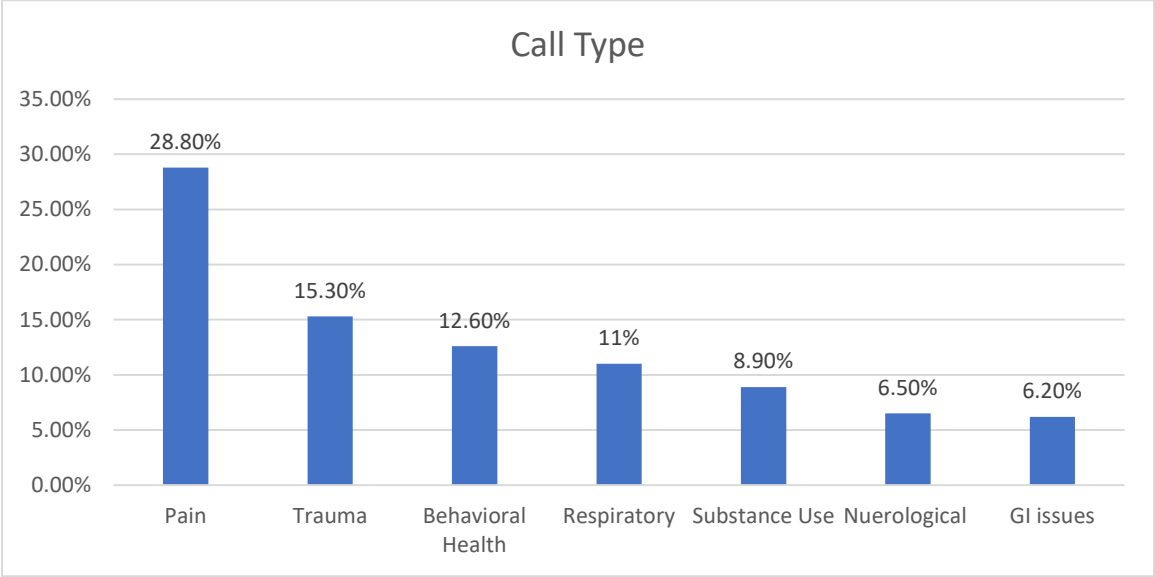
Figure 6: Health Condition Prevalence Among Individuals Experiencing Homelessness —Health Condition Prevalence chart:



Data reflects national research estimates (Barry et al., 2024; American Addiction Centers, 2025; University of California San Francisco, n.d.); McKinney-specific health condition prevalence data is not separately available. This figure is provided for contextual comparison only.

An analysis of call types in Figure 7 illustrates that many of the following call types are not inherently emergency situations — suggesting delayed or inaccessible routine care is driving acute-episode demand but have become such due to delayed or wholly inaccessible care.

Figure 7: EMS Call Types for Homelessness-Related Calls — National Estimates



Source Barry et al., 2024; American Addiction Centers, 2025; University of California, San Francisco, n.d. — Note: figures above are national research estimates; McKinney-specific call type data by housing status is not separately tracked.

While the homeless population suffers from a larger instance of mental and medical issues than the general population, their ability to seek proper treatment is much more difficult. The Collin County Homeless Coalition lists few resources where those experiencing homelessness can receive treatment. Healthcare Services of Collin County provide immunizations, vaccinations, and help citizens gain access to needed medical records (Collin County, n.d.). LifePath Systems assists residents with behavioral health and intellectual disabilities. Cost of services received through LifePath are based on financial assessment of each individual. Homeless individuals and low-income individuals may receive treatment at no cost (LifePath Systems, n.d.). Common Good Medical offers holistic care to those in the community that may not be able to receive care because of financial reasons (CommonGood Medical, n.d.). The Community Health Clinic offers treatment for homeless and low-income individuals and families that would not be able to receive treatment at other facilities (Community Health Clinic of McKinney, n.d.). System utilization data for housing and city programs, law enforcement, emergency medical services, and healthcare providers give insight into the impact homelessness has across the community.

System Analysis

Cost of Homelessness

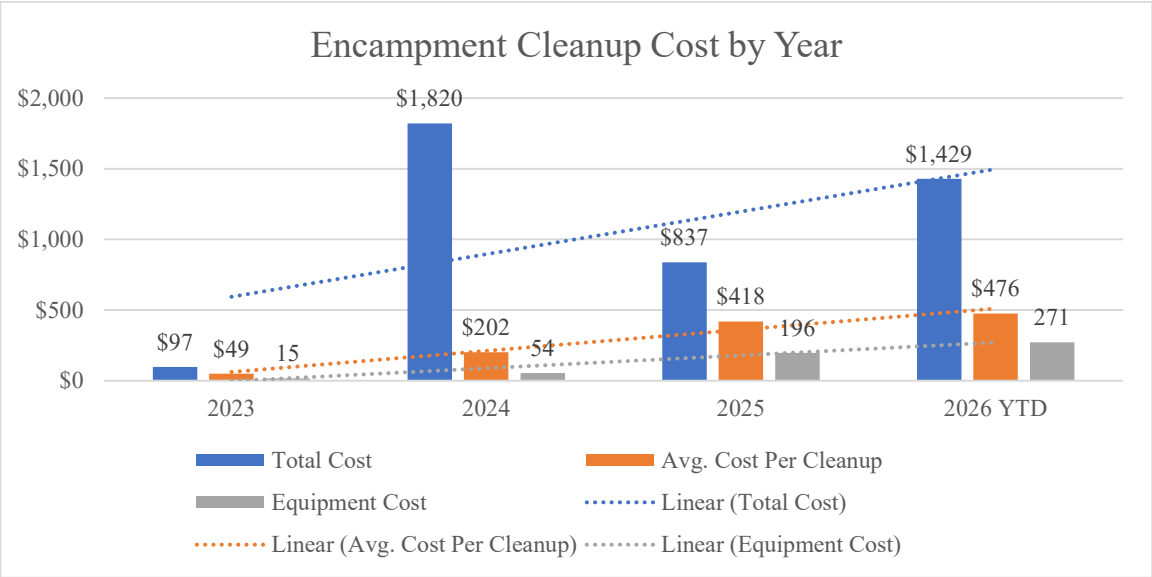
As seen above, there are many data points and impacts associated with homelessness in McKinney. This cost analysis identifies overlapping service utilization, financial strain, and system gaps that contribute to the cost burden. Through interaction across systems simultaneously rather than one single domain, individuals experiencing homelessness frequently cycle between emergency healthcare systems (ER, hospitals), EMS response and transport services, law enforcement (calls, citations, diversions), shelter and transitional housing services, and municipal operations (encampment cleanups). This creates compounding costs, where lack of inefficient resources in one system increases demand in another.

The data reveals the presence of repeat or high-frequency users who may disproportionately drive system costs. The McKinney Police Department reports approximately 1,000 homelessness-related calls annually, with officers engaging with 100 individuals monthly. With the reported 213 individuals who make up the homeless population, many are repeat contacts. EMS has recorded 372 calls involving or related to homeless individuals, with 331 transports to the ER (a ~98% transport rate). These trends indicate a subset of individuals cycling through the system due to untreated medical or behavioral health conditions, lack of stable housing, and limited access or resources to preventative care services. This drives high per-capita costs and depletes financial stability.

Each area has specific cost burden to the community. Healthcare represents the largest financial burden as these services are substituting primary care, leading to high-cost interventions and minimal cost recovery. Law enforcement serves as a system gap filler, handling trespassing, welfare checks, and mental health crisis. This, along with being active first responders, indicates that root causes of homelessness remain unaddressed. Shelter systems provide lower-cost and higher-impact interventions, as well as the reduction on other services, but remain constrained by limited funding and capacity.

Encampment cleanup operations represent a recurring cost tied to homelessness as well, indicating ongoing displacement rather than sustainable resolution which further reinforces current system inefficiencies. Repeat Cleanup Locations include Harry McKillop Blvd (3 cleanups), Highway 75 / Central Expressway (4 cleanups), University Dr at Hwy 380 (3 cleanups. Underpasses and bridges contribute to 4 of 16 cleanups. The below graphic shows the encampment cost cleanup by year for the City of McKinney.

Figure 8: Encampment Cleanup Cost by Year, McKinney 2023–2026



Source: City of McKinney Code Compliance Data, 2025

Based on the cost information and data shown throughout the City of McKinney, Table 5 below shows the estimated costs and impact to taxpayers.

Table 5: Estimated Annual Cost of Homelessness to McKinney by System

System	Service Type	Estimated Cost per Event	Estimated Frequency per Year	Estimated Annual Impact
Emergency Medical Service	Emergency response & Transportation	$1,700	372 calls	$632,400
Emergency Room	ER visit	$2,500	331 visits	$827,500
Hospitalization	Inpatient stay	$10,000–$15,000	N/A	Highest cost driver
Law Enforcement	Police response, interaction, diversion	$300–$1,000	1,000 calls	$300,000-$1,000,000
Jail Booking	Arrest/detention	$200-$400 (per day)	N/A	Low-Moderate cost driver
Shelter	Per person	$7,673	200+ capacity	$3,000,000
Cleanup	Encampment removal	$200–$476	2–9 cleanups	$1,000-$2,000

Table 6 below shows a per-person cost analysis to guide further key information and recommendations. Unmanaged homelessness includes costs associated with hospitalization and medical treatment, mental

health, emergency room visits, emergency/temporary shelter, and incarceration, as defined by Dallas County Health and Human Services (2024).[7]

Table 6: Cost Comparison — Unmanaged vs. Coordinated Homelessness Interventions (Source: Dallas County HHS, 2024)

Scenario	Annual Cost per Individual
Unmanaged homelessness	$43,901
Housing Services	$25,925
Potential Savings	$18,000/person

Based on the data sources provided and key information above, we can estimate the cost of unmanaged homelessness in McKinney based on 240 individuals is about $10,536,000 annually. To house 240 individuals would cost approximately $6,222,000 based on estimates from Dallas County Health and Human Services (2024).

As the City of McKinney drives to find solutions and create impact, based on the findings above, there are a few recommendations for the city. McKinney could strengthen coordination between the city, shelters, nonprofits, healthcare providers, and law enforcement by formalizing real-time data sharing through a common platform. This would help reduce duplication and gaps in counts and would allow the city track patterns over time. In addition, Current data focuses largely on how many people are served but would improve when it also shows how long people remain homeless, what specific services cost, and what works. Suggested data additions include the average length of stay in shelter and transitional housing, cost per person by intervention type (prevention, diversion, shelter, rehousing), and housing stability outcomes (housed at 6 and 12 months).

The City of McKinney serves its homeless population through municipal services and nonprofit organizations and are looking to better organize and impact the community and better use monetary and program resources. Based on the above data and program analysis, McKinney may seek to examine case studies of other cities who have had an organized and positive impact on homelessness in their communities.

System Gaps

Support services, programs and resources are primarily provided by a wide variety of service providers and nonprofit organizations. Therefore, it is extremely difficult to analyze the impacts of each program or service. While Housing Forward manages the use of the CAS and HMIS, not all service providers have case managers or have the capacity to enter information into these systems.

Addressing homelessness often requires the following types of resources, as outlined in the section above on Service Providers: counseling, advocacy, and legal; employment and education; financial assistance, including emergency utilities and rental assistance; food, clothing, and supplies; healthcare; housing, shelter, and fostering services; and transportation. Based on the current scope of service offerings available within the City of McKinney, financial assistance and transportation emerge as the two categories most lacking in coverage. The lack of a temporary shelter or day center for unhoused individuals within city limits may point to opportunities to grow coverage in the housing/shelter services

[7] Dallas County Health & Human Services (2024), *The Cost of Homelessness in Dallas & Collin Counties*.

category; however, the complexity of this particular issue will be addressed further in the qualitative portion of the analysis involving stakeholder feedback.

Stakeholder Input

In addition to the quantitative analysis provided above, we sought public input to provide us with a comprehensive understanding of the existing conditions associated with homelessness.

The listening sessions were designed to capture the perspectives of a wide range of stakeholder groups, with each session focused on a specific major stakeholder group. Seven Listening Sessions were held, including two resident-focused sessions (east-side and west-side); two business-focused sessions (downtown and HWY 380); one first responders and city employees session; one nonprofit/civil society organizations session; and one session in which team members partnered with McKinney Police Department's Community Services Unit to ride along and meet with individuals currently experiencing homelessness in the City. The purpose was to introduce the Better Together Initiative, gather input on concerns and priorities, and assess needs. Sessions were promoted through city channels, media, community organizations, and public posting.

To capture a broader audience who may not be able or interested in attending meetings, we also deployed a survey that is accessible via web link and QRCode. This code was made available in presentations, in social media postings, and on posted flyers. We also created business cards for distribution at places where we could reach difficult-to-reach audiences, such as food pantries. As of July 10, 2026, 270 completed responses have been collected. Survey collection has concluded.

Listening Sessions

Between May 12 and June 16, 2026, the project team conducted seven listening sessions to gather firsthand perspectives on homelessness in McKinney from city staff, downtown and Highway 380 business owners, residents, faith leaders, nonprofit and service providers, and individuals with lived experience of homelessness, including a full-day field ride-along with the McKinney Police Department's Community Services Unit. The table below summarizes each session's stakeholder composition and predominant stance; a synthesis of the themes that emerged across all seven sessions follows.

Table 7: Listening Session Summary — Date, Stakeholder Group, and Predominant Stance

Listening Session	Date	Stakeholder Group(s)	Predominant Stance
First Responders & City Employees	May 12, 2026	Police (patrol, outreach, and homeless-services coordination), Fire/EMS, Code Compliance, Public Works, and Library staff	Raised concerns with respect to the scope of city involvement in direct service provision and what level is feasible or desirable; favored better coordination and public education over new resources
Downtown Businesses	May 21, 2026	Restaurant, brewery, entertainment-venue, and other downtown business owners	Favored enforcement, cleanup, and coordinated outreach; described compassion fatigue

Listening Session	Date	Stakeholder Group(s)	Predominant Stance
Trinity (West-Side Residents & Faith Community)	June 10, 2026	Neighborhood residents and faith-based volunteers	Favored a centralized resource hub and relationally grounded, compassion-oriented support
Nonprofits & Service Providers	June 11, 2026	Local nonprofit and service-provider staff	Focused on structural and funding barriers rather than individual behavior or enforcement
Millhouse (East-Side Residents)	June 13, 2026	Mixed community members, including a former The Samaritan Inn client	Favored prevention and a stronger City convening role amid divided community sentiment
Highway 380 Businesses	June 15, 2026	Business owners and residents along the Highway 380 corridor	Favored relocation and citywide enforcement over local service expansion
Unhoused Field Outreach	June 16, 2026	McKinney Police Department Community Services Unit (sergeant, officers, an LPC, and an LCSW) and individuals experiencing homelessness encountered in the field	Named concrete practical needs; challenged the adequacy of current Housing First strategy due to inadequate follow-up

Across all seven sessions, participants converged on two needs regardless of viewpoint: more shelter and housing capacity, and better coordination among the agencies and organizations already serving people experiencing homelessness in McKinney.

Sessions diverged sharply, however, on how the city should respond in the meantime. Downtown Businesses, Highway 380 Businesses, and First Responders and City Employees, uniformly raised concerns with the concept of a city-run shelter, tended to favor enforcement, relocation, and visible cleanup as the most immediate tools available to the city. Trinity (West-side Residents), Nonprofits and Service Providers, Millhouse (East-side Residents), and Unhoused Field Outreach tended instead to favor compassion-oriented and systems-level responses, emphasizing the structural barriers that keep people unsheltered rather than individual behavior.

The most concrete, individual-level needs surfaced in the Millhouse and Unhoused Field Outreach sessions, where participants and individuals with lived experience repeatedly named identification and document replacement, secure storage, laundry access, and transportation as immediate practical gaps, alongside a direct critique that Housing First placements are not consistently followed by case management and necessary support services. The Nonprofits and Service Providers session, meanwhile, identified the structural conditions behind many of these gaps: a federal eligibility rule that can cycle someone between sheltered and unsheltered status, the absence of an emergency shelter for single adults in Collin County, zoning restrictions that limit where a day center or shelter could be sited within city limits, and funding silos that leave the city's discretionary funds that could be used for rental assistance or alleviation of the discomforts of homelessness undersized relative to need.

Two claims recurred across multiple sessions but should be treated as perceived rather than confirmed. First, there is the theory that McKinney's services, generosity, or reputation draw people experiencing homelessness from Dallas and Collin County (raised in the Downtown Business, Trinity, and Highway 380 sessions, but not supported by data collected for this report). Second, there were secondhand allegations of mistreatment from specified agencies/service providers, which warrant direct follow-up for verification. The survey findings below corroborate much of this same divide in stakeholder perspective at a larger scale.

Survey

The survey was open to the public and made available from May 20, 2026. The survey included nine questions to obtain resident input on homelessness. This report presents survey results through July 10, 2026. Survey collection has concluded; all responses are included in this analysis.

Assessment of Needs and Gaps

Drawing on the cost and data landscape, the listening session themes summarized above, and the community survey results that followed, this section organizes McKinney's homelessness-related needs and gaps into four categories: Root Cause, Homeless Experience, Symptoms of Homelessness, and Systemic. Root Cause items are upstream causes and risk factors that increase the likelihood that a McKinney resident will become homeless. Homeless Experience items describe the lived experience of homelessness in McKinney, as documented through this assessment. Symptoms of Homelessness items are the downstream effects of unaddressed homelessness on individuals and on the public systems, such as EMS, police, and hospitals, that absorb much of the resulting cost. Systemic items, an addition to the standard cause/condition/symptom model, capture cross-cutting structural and administrative barriers, such as zoning, funding silos, and eligibility rules, that constrain the city's ability to act on the other three categories.

Each item below is tagged in three ways: the type or types of homelessness it most directly affects (chronic, situational/transitional, family, or hidden); whether it functions as a cause, lived experience, symptom, or structural barrier; and whether the underlying claim is well-supported by the data and testimony gathered for this report (real) or recurred as a belief or impression this assessment could not independently verify (perceived). This distinction matters because perceived issues, even when sincerely and widely held, should not be allowed to drive policy and resource decisions with the same weight as documented ones until they are tested directly.

Root Causes of Homelessness

Root Cause items are the upstream conditions that put McKinney residents at risk of losing housing before they ever interact with the homelessness response system.

Table 8: Needs and Gaps — Root Causes

Need / Gap	Type of Homelessness	Classification	Real or Perceived
Housing costs rising faster than wages (median property value of $471,800 and climbing against median household income of $124,215, pricing out low-wage workers)	Situational/Transitional; Family	Cause	Real: documented in citywide economic indicators. Indicates potential need for rental or utility assistance, or other diversion tactic.

Need / Gap	Type of Homelessness	Classification	Real or Perceived
McKinney's role as the Collin County seat, concentrating jail releases and two inpatient behavioral-health facilities alongside The Samaritan Inn	Chronic	Cause	Real: corroborated by First Responders and Unhoused Field Outreach sessions.
Domestic violence and a 72-cent gender pay gap that leave women and single mothers financially unable to leave unsafe housing	Family; Hidden	Cause	Real: reflected in city wage data and Shiloh Place's client population. Plus, more than half of the Unhoused interviews mentioned divorce or a relationship ending as causal.
Adverse childhood experiences and intergenerational housing instability	Chronic	Cause	Real: raised consistently across listening sessions, though not independently quantified for this report
Re-entry barriers after incarceration or eviction (background checks, lost identification, no address history)	Chronic; Situational/Transitional	Cause	Real: corroborated by First Responders, Nonprofits, and Unhoused Field Outreach sessions
Availability of security-deposit assistance	Situational/Transitional; Family	Cause	Real: confirmed program status
Belief that McKinney's generosity, services, or reputation draw people experiencing homelessness from neighboring jurisdictions	All types (as claimed)	Cause, if substantiated	Perceived: raised in three listening sessions and the survey, but not supported by data collected for this report
Legal assistance regarding marital conflicts, survivorship, identification, etc.	All types	Cause	Real: more than half of the individuals met in the Unhoused Field Outreach meeting began their voyage to the street following a romantic entanglement.

Most Root Cause items identified through this assessment are well-documented economic and structural pressures: housing costs that have outpaced wages, a labor market that disadvantages women, and re-entry barriers that follow people out of jail or eviction court. The minimal amount of funding available for financial assistance such as security deposits or rental assistance also exacerbates the situation. The recurring claim that McKinney's character or services attract homelessness from neighboring jurisdictions is the only Root Cause item this assessment classified as perceived; it surfaced repeatedly in public conversation but lacked supporting migration or intake data, and should be tested directly before it informs prevention strategy.

Homeless Experience

Homeless Experience items describe what experiencing homelessness (both sheltered and unsheltered) in McKinney is actually like, based on direct testimony from service providers and individuals with lived experience.

Table 9: Needs and Gaps — Conditions Experienced

Need / Gap	Type of Homelessness	Classification	Real or Perceived
Chronic, situational/transitional, family, and hidden homelessness coexist within the same small population, as individuals may experience different types of homelessness in varying patterns or stages over time	Chronic; Situational/Transitional; Family; Hidden	Condition	Real: documented in Point-in-Time count composition and listening sessions
Loss of identification and other documents, which can trigger a spiral that blocks access to services, housing, and employment	Chronic; Situational/Transitional	Condition	Real: raised repeatedly in the Unhoused Field Outreach session. This has become increasingly important in new federal admin grants and services.
No secure storage, bike repair, dumpster, power, or laundry access	Chronic; Hidden	Condition	Real: confirmed by First Responders and Unhoused Field Outreach sessions
Reluctance to enter shelter (including warming stations) due to rules, loss of autonomy, separation from pets, or past negative experience	Chronic	Condition	Real: consistent across multiple sessions

Need / Gap	Type of Homelessness	Classification	Real or Perceived
No emergency shelter bed exists for a single adult in Collin County	Chronic; Situational/Transitional	Condition	Real: confirmed in the Nonprofits & Service Providers session (though, interestingly, not desired in the Unhoused session)
Untreated or under-treated behavioral health and substance-use needs, compounded by short treatment windows and legal limits on involuntary commitment	Chronic	Condition	Real: confirmed in the Unhoused Field Outreach session and EMS utilization data. Current options are inadequate to affect real behavioral change.
Property (including pets) do not receive uniform treatment when the client is arrested or detained.	Chronic; Situational/Transitional	Condition	Real: several Unhoused had dogs, and the lack of security was frequently mentioned in the group.

Taken together, these Homeless Experience items show that homelessness in McKinney is rarely a single, static state. The same individual may move between chronic, situational, and hidden homelessness depending on shelter availability, documentation status, and family circumstances, which makes a one-size-fits-all response unlikely to succeed. The absence of a single-adult emergency shelter in the county, combined with practical barriers such as lost identification and a lack of daytime space, helps explain why a small chronic population continues to cycle through the same costly touchpoints described in the Symptom of Homelessness items below.

Symptoms of Homelessness

Symptoms of Homelessness items are the downstream effects of unmet Root Causes and Homeless Experience needs, felt primarily by the public systems and businesses that absorb the resulting cost.

Table 10: Needs and Gaps — Symptoms and System Impacts

Need / Gap	Type of Homelessness	Classification	Real or Perceived
Disproportionate reliance on EMS and emergency rooms (372 EMS calls in 2025; 331 transports, about 98% of calls; only 6.7% of $646,246 in EMS costs reimbursed)	Chronic	Symptom	Real: drawn directly from EMS cost data

Need / Gap	Type of Homelessness	Classification	Real or Perceived
Hospitalization as the single highest-cost driver in the cross-system cost comparison (an estimated $10,000–$15,000 per event)	Chronic	Symptom	Real: confirmed in the cross-system cost analysis
Concentrated police contact, with roughly 1,000 homelessness-related calls and about 100 individuals contacted per month at recurring hotspots (US-75, Highway 380, underpasses)	Chronic	Symptom	Real: confirmed in MPD data
Recurring encampments, with 58% concentrated in East McKinney	Chronic	Symptom	Real: confirmed in geographic encampment data
Visible disorder downtown and along Highway 380 (panhandling, public intoxication, sanitation concerns) and resulting compassion fatigue among business owners	Chronic	Symptom	Real as to the underlying behaviors; however, the potential economic impact has not been empirically tested/validated, since no sales or foot-traffic data was collected for this report

These Symptoms of Homeless items are where the cost figures cited in the System Utilization section become tangible: a small, largely chronic population accounts for outsized EMS, hospitalization, and police contact because the Root Causes of Homelessness and Homeless Experience needs upstream remain unmet. Business owners' descriptions of visible disorder are consistent with police and EMS hotspot data and are treated here as real; their broader claims about lost revenue or customers, while sincerely held, could not be verified with the data available for this assessment and are flagged here as perceived pending further study.

Systemic

Systemic items are structural and administrative barriers that cut across Root Causes, Homeless Experience, and Symptom of Homelessness, and constrain McKinney's ability to act on any of them.

Table 11: Needs and Gaps — Systemic Barriers

Need / Gap	Type of Homelessness	Classification	Real or Perceived
Lack of knowledge of the Police Department's Community Services Unit	N/A	Systemic	Perceived: resource exists and is well-received by the Unhoused and Nonprofit community based on conversations, but is unknown to Residents.
Lack of coordination amongst the many resources available in McKinney and Collin County	All types	Systemic	Both: the perception is one of confusion and duplication, which may not be the case. Coordination and even consolidation might be beneficial.
Confusion for both residents and the unhoused regarding how to react in certain circumstances.	All types	Systemic	Both: the resources needed exist, but the person is overwhelmed and opts not to engage.
A federal eligibility rule that requires someone to be "literally unsheltered" to qualify for housing assistance, which can cycle a person between housed and unhoused status	Chronic; Situational/Transitional	Systemic	Real: confirmed in the Nonprofits & Service Providers session

Need / Gap	Type of Homelessness	Classification	Real or Perceived
Zoning restrictions that block siting a day center, warming or cooling station, or overnight shelter within city limits	All types	Systemic	Perceived: shared in the Nonprofits & Service Providers and Millhouse sessions; City Unified Development Code required obtaining a Special Use Permit or Temporary Use Permit for these facilities, along with criteria for operation.[8]
Funding silos and an undersized, understaffed City discretionary "flex fund" relative to need	All types	Systemic	Real: confirmed in the Nonprofits & Service Providers session
Incomplete agency participation in the regional Homeless Management Information System (HMIS) and limited cross-system data sharing among EMS, police, code compliance, and direct service providers	All types	Systemic	Real: confirmed in research-design limitations and the Nonprofits & Service Providers session
Incomplete understanding of enforcement of the City's anti-camping ordinance, which some officers, residents, and business owners had read as applying only downtown	Chronic	Systemic	Real: confirmed in the Highway 380 Businesses session

Several Systemic items, such as the absence of a single-adult shelter, restrictive zoning, and fragmented funding, were named independently by stakeholder groups that otherwise disagreed sharply on enforcement versus compassion-based approaches. That convergence suggests these structural barriers, rather than disagreements about values, may be the most actionable starting point for the strategic plan that follows this assessment.

Additionally, the fragmentation between city-specific and countywide services exacerbates systemic issues by creating both real and perceived barriers to collaboration and coordination. This concern also intersects with issues related to data sharing and participation (or lack thereof) with the HMIS, as well as

[8] City of McKinney, Unified Development Code document, accessed on June 29, 2026. Retrieved from https://www.mckinneytexas.org/285/Unified-Development-Code#docaccess-27809577c19c3ed8b1a496b858ab10df759b92225cb0dda8d3f6013b69e4710a

a recurring concern (both at the county and city levels, which we observed through Listening Sessions and attendance at the Collin County Homelessness Coalition meeting on June 4, 2026) that Housing Forward's dual focus on Dallas and Collin Counties often leads to resource allocation and prioritization issues that favor Dallas, which has a larger population of individuals experiencing homelessness. This latter point likely reflects both real and perceived needs, as service providers seek to elevate their concerns on behalf of McKinney and Collin County within the regional landscape of homelessness. These issues related to regional priorities and coordination of services should be a focus in the strategic planning process.

Appendix A: Research Design

Document Review

Addressing homelessness, particularly for the individuals in McKinney, Texas, facing transitional, situational, or chronic housing displacement, requires analysis that extends further than isolated datasets or a single analysis of one agency. This report will function under the assumption that these individuals interact with multiple systems, often simultaneously, creating a complex web of service utilization and driving cumulative public costs (U.S. Department of Housing and Urban Development, 2023). This report establishes a consolidated analytical framework that utilizes data across healthcare, emergency response, law enforcement, and shelter or housing services, to provide a comprehensive lens of trends, or a lack there-of, demand patterns, multi-system strain, and overall financial impact for the City of McKinney.

Because policy involving homelessness may be influenced or affected by institutional silos where public agencies primarily operate with limited cross-sector coordination, the typical approach may result in higher total costs, duplicated efforts or resources, and shifted burdens. Consolidating data across systems allows policy makers or stakeholders to perceive a unified and comprehensive report of how homelessness impacts McKinney's public infrastructures and overall economy. Benefits of this approach will allow identification of overlapping system users, improvement of resource allocation, a reduction of system inefficiencies, and intentional policy development focused on identified root causes through answering the following questions:

- What is the total cost of homelessness to McKinney?
- Which individual systems experience the most operational strain?
- Where, if at all, are resources most effectively used or allocated?
- Where do service/operational gaps create unnecessary costs elsewhere?

Rather than approaching homelessness as an issue across different sectors or navigating the analysis based on the symptoms separately, this series recognizes homelessness as a cross-system challenge. By organizing and aligning datasets across different agencies or sectors, this series aims to reveal how fragmented service delivery results in cost obscurity, ultimately limiting the effectiveness of policy response (Spellman et al., 2010; U.S. Department of Housing and Urban Development, 2012). Through employing a structured methodology to compare, contrast, and integrate datasets across systems, the report align data from the following primary sources to ensure consistency and cross-reference service utilization data to effectively identify overlapping service outputs and patterns. The document and archival data analysis will use known service costs and average cost estimates from surrounding areas or regional benchmarks when direct data may be unavailable. The following analytical tools including demographic graphs, service utilization charts, cost comparison tables, and geographic concentration maps will be incorporated to support data interpretation and quantitative analysis.

System Examination: The series emphasizes primary systems such as healthcare, law enforcement, EMS, and shelter or housing services as these systems represent significant interactions between homeless individuals and public resources. These systems, therefore, reflect the use of financial means and system strain due to the shifting of burden between systems, resulting in ineffective treatment of the core issue and possibly leading to the deterioration of the public safety systems and financial instability overtime for McKinney. This rationale includes:

- Significant Cost Drivers: Emergency healthcare, law enforcement, and shelter services serve as a resource-intensive component for individuals experiencing homelessness.

- High Frequency of Interaction: Data from McKinney, indicates frequent engagement across these systems annually.
- Crisis-Oriented Service Delivery: These systems primarily respond to emergency or immediate needs, making them a critical point for spending and likely for reoccurrence of usage where other systems fail to be available.
- Data Availability and Reliability: Datasets from the public agencies ideally maintain structure and accessibility, per the municipalities legally binding reporting standards.

Primary Data Sources: This series draws from multiple datasets in attempt to capture the depth of homelessness-related system interactions in McKinney, while also looking at macro data trends from both Collin County and the Dallas-Fort Worth metroplex. These sources include, but are not limited to:

- City of McKinney Administrative Data: Municipal records that provide data for local program utilization, public safety and health calls, and operational costs associated with homelessness related services.
- Shelter Operations and Nonprofits: Data from The Samaritan Inn to understand system capacity and service usage.
- Healthcare Providers and Hospital Systems: Hospital, clinic, and emergency services data that captures emergency room visits, inpatient stays, and behavioral health services to estimate medical cost burden associated with homelessness.
- Emergency Medical Services (EMS) Records: EMS datasets that provide information on call volume, incident types, transport rates and frequency, and time that medical professionals have spent per patient.
- Law Enforcement Data: McKinney Police Department records that include call frequency, incident types or codes per district, and overall engagement frequency associated with homeless individuals to highlight possible patterns of repeated contact.
- Regional Cost Estimates: Where direct data from McKinney, agencies may fail to be available, benchmarks or estimates from Collin County and the greater DFW Metroplex may be used to replicate similar cost estimates.

Time Period Analysis: This series will incorporate a temporal analysis of service utilization to understand how homelessness incorporates public systems over time, if applicable.

- Trend Identification: Determination of whether demand for services is increasing, decreasing, or remaining stable over time as the overall population increases.
- Seasonal Variation: Determination of whether certain services fluctuate with seasonal conditions. Is there a higher frequency of emergency related calls with extreme weather because of inadequate Emergency Shelters for unsheltered individuals?

Limitations of Data: As this series aims to emphasize comprehensive data consolidation and integration, several limitations may affect the accuracy of the overall analysis.

- Undercounting of Homeless Populations: The 2024 Point-In-Time (PIT) Count, which will be widely used for the analysis, likely underestimates the number of individuals experiencing homeless or housing insecurity due to the exclusion of those ‘couch-surfing’ or sleeping in a motor vehicle. Continuation of this process will lead to underrepresentation of this population.

- Incomplete Cross-System Tracking: Individuals may be failed to be consistently tracked across healthcare, EMS, law enforcement, and shelter systems making it difficult to quantify repeat system users at the micro or individual level.
- Limited Disaggregated Cost Data: Many agencies do not provide detailed, per-service cost breakdowns, requiring a significant use of cost estimates throughout the report.
- Reporting Bias resulting in Inconsistencies: Vast variations in data collection methods and reporting standards can introduce inconsistencies in analysis. If a hospital fails to have mandated reporting standards and the McKinney Police Department follows a strict reporting protocol, the data will fail to successfully identify cross-system service usage.

Listening Sessions

The listening sessions were designed to capture the perspectives of a wide range of stakeholder groups, with each session focused on a specific major stakeholder group. Seven Listening Sessions were held, including two resident-focused sessions (east-side and west-side); two business-focused sessions (downtown and HWY 380); one first responders and city employees session; one nonprofit/civil society organizations session; and one session in which team members partnered with McKinney Police Department's Community Services Unit to ride along and meet with individuals currently experiencing homelessness in the City. The purpose was to introduce the project, gather input on concerns and priorities, and assess needs. Sessions were promoted through City channels, media, community organizations, and public posting.

Survey

To capture a broader audience who may not be able or interested in attending meetings, we also deployed a survey that is accessible via web link and QRCode. This code was made available in presentations, in social media postings, and on posted flyers. We also created business cards for distribution at places where we could reach difficult-to-reach audiences, such as food pantries. As of June 29, 223 responses had been collected; we will collect responses for at least another two weeks. We also plan to intensify the survey effort via placement of yard signs with the QRCode on them and placing them throughout the community.

Appendix B: Listening Session Protocol

Purpose

The purpose of these listening sessions is to create spaces where community members, business owners, first responders, city employees, nonprofit and civic organization employees, individuals experiencing or who have experienced homelessness, and other key stakeholders can share their perspectives on homelessness in the City of McKinney as part of the Better Together Initiative. Their perspectives will help to illuminate needs, concerns, and priorities that will inform the Needs Assessment, Strategic Plan, and Implementation Plan. Additionally, these sessions will help to inform the public about the Better Together Initiative (BTI) and the role of the facilitation team from the Public and Nonprofit Management Program (PNM) and the University of Texas at Dallas, building trust and transparency in this process.

Guiding Principles

The listening sessions will be guided by the following principles:

- Respect
- Inclusivity
- Dialogue, which encompasses not only sharing ideas but also listening actively to the perspectives of others
- Transparency about the purpose of the sessions and how participants' input will be used in the Better Together Initiative

Target Participants

We will facilitate 8 listening sessions, focusing on the following stakeholder groups:

- Individuals experiencing homelessness or housing instability
- Residents: East McKinney
- Residents: West McKinney
- Businesses: Hwy 380
- Businesses: Downtown
- First responders and city employees
- Nonprofits and civic organizations
- Other potential partners[9]

We will work with the City of McKinney to publicize the dates and locations for each listening session. Participation will be open to anyone in the relevant group who shows up on the day and agrees to participate.

[9] Feedback from this ad hoc group will be obtained using one-on-one interviews rather than group listening sessions.

Session Structure and Outline

The listening sessions will follow a loosely structured format, in which facilitators will guide conversations to obtain feedback on homelessness in McKinney. Unlike a traditional interview, listening sessions will not follow a structured question list but will instead endeavor to create a space where participants feel comfortable sharing their ideas, concerns, and experiences related to homelessness in McKinney.

Facilitators will begin with a brief introduction of themselves and their role, the Better Together Initiative and its broader objectives, and the purpose of the listening session, including how participants' perspectives will be documented and used to inform future phases of the Better Together Initiative (e.g., Needs Assessment, Strategic Plan, and Implementation Plan). They will then start with an open-ended question to get the conversation started.

Because the goal of the sessions is to obtain broad perspectives of participants, the conversations will be largely participant led. The facilitation team seeks to generate authentic input from participants and will therefore limit interruptions unless participants go off-topic or to maintain civility.

Depending on the size of the group and the preferences of participants, listening sessions may follow a group facilitation or a one-on-one facilitation approach. Generally, the sessions will be group facilitation with the exception of the Resident and Unhoused sessions.

- In the group facilitation, the facilitator will lead a conversation/discussion with the full group, assisted by a notetaker and co-facilitator. Depending on the group size, facilitators may split the group into two groups. We anticipate using this format for stakeholder groups with well-established identities and rapport, such as city employees and first responders.
- The one-on-one facilitation approach involves the facilitator engaging directly with each participant in a one-on-one conversation to obtain their perspectives. A notetaker may assist with notes, if needed, or the facilitator may take their own notes. We may use this format for residents or business owners, who may come in and out of the listening session during the time scheduled rather than joining and staying for the full session. In situations where participants come and go frequently, or where participants prefer to share feedback individually, this format will be used.

The general protocol and expected timeframe for each portion is outlined below:

- Introduction (5-10 minutes)
    - Topics: Facilitators introduce themselves and their role, the BTI and its objectives, the purpose of the listening session, and how participants' perspectives will be documented. Participants will be given the chance to ask any clarifying questions.
- Open Discussion/Conversation (45 minutes – follows either a group or one-on-one format)
    - Topics: Participants share perspectives on homelessness in McKinney. Facilitators will draw on prepared open-ended questions to start the conversation and will also ask follow-up questions that arise organically from participants' comments.
    - Possible Questions:
        - How long have you been a resident (or business owner or employee, etc.) in McKinney?

        - What is your experience with homelessness in McKinney? How has it affected you or people you know?
        - What do you see as the biggest contributing factors to homelessness in general? In McKinney specifically?
        - Are you concerned about homelessness in McKinney? What aspects concern you the most?

- Closing/Additional Questions from Participants (5 minutes)
    - Topics: Close out the conversation, thank participants for their time, let them know how they can follow up if they have additional comments or questions, and give them to chance to ask any final questions they may have. Facilitators may also share links to additional resources related to homelessness (e.g., the community resource list on the Better Together Initiative website). Facilitators will remind participants of the optional sign-in sheet if they would like to share their name and contact information for follow-up.

Informed Consent, Documentation, and Storage of Participants' Contributions

Facilitators will inform participants about the purpose of the listening sessions as outlined above. Participants will be informed that their participation is completely voluntary and that they may decide to leave and end their participation at any time. They will also be informed that they do not need to share their name with other participants or the facilitation team, and that if they voluntarily choose to share their name, it will not be recorded by the facilitation team. Participants may optionally share their name and contact information on the sign-in sheet, should they wish to opt into future communications by the facilitation team and/or other events or updates related to the Better Together Initiative.

Participants' comments will not be recorded using audio or video recording in order to encourage participants to be comfortable sharing their authentic feedback. Student notetakers (master's and doctoral students from the PNM program) will assist facilitators with notetaking using handwritten and/or typed notes. Participants' names will not be recorded in the notes, so comments will be attributed generically to Participant 1, 2, 3, etc., rather than to a named individual.[10] This approach will allow us to record de-identified notes that can inform future work while protecting participants' identities, helping to create a space where participants will feel comfortable being candid in their responses.

Handwritten notes will be typed after the listening session and stored electronically in a secure password-protected folder in UTD Box, accessible only to the facilitation team. Student notetakers will be asked to share their typed notes with the facilitation team, who will then upload them to the Box folder. Student notetakers will then delete the local notes file from their personal devices.

Augmented Questions for the Unhoused Session

This session will not be in a formal meeting setting, but instead took place as a "ride-along" with the Community Outreach team from McKinney PD. Two faculty members of the UTD team accompanied two officers for a full day of interacting with local McKinney unhoused individuals. Since the purpose of

[10] Participants who wish to have their names recorded for follow-up opportunities or information may do so voluntarily using the optional sign-in sheet provided; however, this sign-in sheet will not be linked to discussion notes.

this session was to ascertain the origins, lived experiences, and preferences of the unhoused community, the questions from the previous protocol needed to be changed.

- How long have you been in McKinney?
- How long have you been unhoused? Were you housed in McKinney before you were unhoused, and if not, where did you come from?
- What services do you use in McKinney (nonprofit and government)?
- What services are available that you don't use and why?
- What services do you wish were available but aren't currently available?
- What do you want more than anything else?
- Anything else you want to tell us?

Appendix C: Listening Session Summaries

First Responders and City Employees Listening Session — Summary and Policy Brief

Meeting date: May 12, 2026, 3:00–4:00 p.m.

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 4
Number of Community Stakeholders: 10

Meeting Summary

Background and Context

The session was facilitated by a project team affiliated with the University of Texas at Dallas, which around the same time began coordinating with the McKinney Homeless Coalition's broader nonprofit network, including small-group meetings and a larger joint gathering planned for early June (personal communication, May 14, 2026). Except where cited, the summary below reflects notes recorded during the session itself (personal communication, May 12, 2026); identifying details about individual participants have been removed.

Participants

Ten city staff members took part; most reported living outside McKinney. Among those who reported tenure, three had been in their role zero to five years, one for six to ten years, and two for twenty or more years (tenure was not recorded for the remainder, and the notes do not specify whether this reflects years living in or working for the city). Participants represented five city functions, with two different McKinney Police Department units represented, as outlined below. It should be noted that while MPD was well represented in the Listening Session, the department was unable to secure a regular patrol officer to join us for the session, so observations about patrol interactions with homeless individuals are based on officers' own expert knowledge and past experiences rather than the accounts of current patrol officers directly.

Department / Role	Notes
Police: Neighborhood Police Officer (NPO)	Follows the philosophy of Community Oriented Policing and Problem Oriented Policing to address the documented needs of specific neighborhoods/geographic areas in the community. More proactive approach than regular patrol officers, which respond reactively to calls as they arise.[11]
Police: Community Services Unit ("green shirts")	Outreach and proactive relationship-building with businesses and homeless individuals; connects individuals to rehab and treatment resources and tracks chronic cases. Helps to coordinate and respond to cases related to mental health, substance abuse, and homelessness.
Fire / EMS (MFD)	Community healthcare paramedics; frequent-caller follow-up

[11] Additional context verified through the following source: McKinney Police Department. (n.d.) *MPD: Neighborhood Police.* https://www.mckinneytexas.org/1572/Neighborhood-Police

Department / Role	Notes
Code Compliance	Handles private-property complaints; coordinates with outreach officers
Public Works	Removes abandoned belongings/encampment debris from public property
Library System	Historic daytime touchpoint; currently closed for renovation

What Participants Reported

Across the discussion, participants returned to eight recurring themes.

Policing approach and measuring success. Officers distinguished between chronic, hidden, and temporary or situational homelessness, and said police primarily encounter the chronic population. Police officers present explained that regular patrol offers (and, to some extent, NPOs) experience more shorter, reactive, enforcement-oriented contacts, often responding to calls placed by others, while a specialized outreach ("green shirt") unit described longer, proactive, relationship-based engagement aimed at building rapport with both business owners and homeless individuals; most people experiencing homelessness are said to be familiar with city procedures and to adjust their behavior depending on which personnel they encounter. One officer focused on homeless services estimated that it can take hundreds of interactions before an individual accepts help, comparing a single acceptance after fifty offers to a meaningful win, and noted that people who succeed in rehab typically need five or six attempts. Several participants raised, without resolving, the broader question of how success should be measured for outreach efforts, and officers acknowledged they do not currently use a clear or standardized performance measure.

Fire and EMS frequent callers. Fire and EMS personnel described regular contact with repeat ("frequent flyer") callers who request transport for non-emergency needs such as meals, warmth, or a medical visit, and noted that some callers have learned that citing symptoms like chest pain reliably triggers a response. Most leave against medical advice once they receive what they came for, and violent or negative encounters are described as rare. About two years ago the department added a way to flag a patient's housing status in records, but data entry is reportedly inconsistent. Calls are heaviest on the east-side and in the central part of the city.

Code compliance and public works. Code compliance engages mainly when homeless individuals are on private property and the owner requests intervention, coordinating with outreach officers before requiring owners to bring the property into compliance (for example, by clearing trash). Public works has no direct contact with homeless individuals; it removes abandoned belongings and encampment debris from public right-of-way once items are confirmed abandoned, and handles encampment cleanups a few times a year. Both departments, with police, identified a need to extend coordination to dispatch, parks and recreation, the solid-waste vendor, stormwater management, and council support staff.

The library as an unplanned hub. The library system reported averaging roughly two criminal trespass incidents a month over five to seven years, with regulars staff had known for years. Participants linked this to a cluster of nearby resources — two methadone clinics, a plasma center, food pantries, and proximity to the jail — and to the library's role as a warm public space when shelters and churches reached capacity or closed for the day. Staff also described safety incidents, including reported suicide attempts. The library is now closed for renovation, partly to prevent a recurrence of these dynamics.

Geography and neighborhood tension. Encampments were described as concentrated in wooded or secluded areas, with some spillover into high-traffic locations such as the downtown square and areas along the railroad, and into specific commercial and residential pockets. Participants noted tension in some residential areas, including predominantly Hispanic neighborhoods, where residents have reportedly been less willing to call police about these issues. The listening session also identified a concern regarding trash and debris located at properties in close proximity to service providers or programs providing services to the homeless.

Cross-jurisdictional dynamics. Because the Continuum of Care operates regionally and encompasses both Dallas and Collin Counties, participants noted that responsibility for addressing homelessness "officially" rests with the county. Because people move freely across city lines, the issue is multijurisdictional; several contrasted McKinney with neighboring cities they described as having little visible homelessness. Some attributed part of the difference to McKinney's role as the county seat: when neighboring cities arrest homeless individuals, those individuals can be released from the McKinney jail with nowhere else to go, effectively concentrating the population in the city that holds the jail.

Enforcement limits and equal treatment. Officers described being able to arrest for specific offenses, but said courts often dismiss citations because the person cannot pay the associated fees, which complicates explaining enforcement decisions to a public that sometimes wants officers to simply make an arrest. An ordinance restricting public camping and related conduct exists, but participants said not every situation meets its conditions, requiring ongoing public education; panhandling itself is generally not enforced unless it disrupts traffic. Participants said business owners can ask someone to leave a private business but not a public area, and that police response is constrained by whether a business is ultimately willing to press charges. Library and police participants both emphasized that rules and laws are applied the same regardless of housing status, and that staff frequently have to explain to residents that a person is not violating any law even when their presence is unwelcome.

Resources, the shelter question, and charitable giving. Participants said warming stations and shelter referrals are often declined because of rules around personal belongings, reluctance to be separated from pets, or simply not wanting to go, even when transport to a shelter in a nearby city was offered. The idea of a city-operated shelter was mixed among participants, with several doubting a shelter would resolve chronic homelessness on its own; one department also described skepticism toward outside nonprofits that have proposed building new facilities in McKinney. Several participants framed unconditional cash or food giving as enabling rather than helping, suggesting that meeting someone's basic needs without any further step removes the incentive to seek services, and pointed to volunteering or donating to established providers as more constructive alternatives. This view, and the broader claim that people come to McKinney specifically because of available aid, is addressed below.

What Participants Wanted Decision-Makers to Know

- Better public and elected-official understanding of the police department's role and legal limits in addressing homelessness.
- Broader interdepartmental coordination, extending outreach to dispatch, parks and recreation, the solid-waste vendor, stormwater management, and council support staff.
- The idea of a city-operated shelter raises concerns for staff, and there were no specific new resources that were identified.
- A belief that McKinney, as the county seat, may absorb a disproportionate share of regional homelessness relative to neighboring cities.

- Growing interest from City Hall in better tracking contacts between city staff and the homeless population.

Bottom Line

Compared with the downtown-business session, city staff described a more procedural, resource-constrained view of homelessness: less about visible nuisance, more about the practical limits of enforcement, the difficulty of measuring whether outreach works, and a belief that McKinney absorbs a disproportionate share of regional homelessness as county seat. Staff raised concerns regarding building a city shelter; no new resources were suggested but requested better coordination, data, and public understanding of what departments can and cannot legally do.

Downtown Business Listening Session — Summary

Meeting date: May 21, 2026 | Location: Fitzhugh Event Hall

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 5
Number of Community Stakeholders: 13

Meeting Summary

Background and Context

This meeting was intended to attract the perspectives of downtown business and property owners, including residents, and was held at a location in Downtown McKinney to reach the desired group of participants. Except where a published source is cited, the summary below reflects notes recorded across these conversations (personal communication, May 21, 2026). Individuals have been de-identified.

Participants

Thirteen community stakeholders attended the meeting. Among those who shared information about their background, tenure in McKinney ranged from seven to thirty-seven years, indicating the input came largely from long-established members of the downtown community. Some participants attended but did not share information about their tenure in McKinney or their background.

Role / Identity	Years in McKinney	Notes
Restaurant owner / resident	16	Downtown perspective
Downtown resident	37	Long-term observations
Business owner (square)	25–27	Owns multiple businesses
Business owner / resident	Not specified	Downtown business view
Business owner / resident	7	Entertainment venue
Business owner / resident	29	Operations perspective
Other participants	Not specified	Attended but did not share details about tenure or background.

What Stakeholders Reported

Across the discussion, participants returned to seven recurring themes.

Public safety and order. Participants described a broad range of recurring issues downtown, including aggressive panhandling, loitering, people sleeping in doorways and public areas, public intoxication, visible drug use and paraphernalia, mental health crises, solicitation, theft, trespassing, and public urination or defecation. Specific incidents cited included individuals remaining inside businesses after closing, paper products being stolen, needles found near storefronts, and people bathing or undressing in public.

Business and economic impact. Merchants reported that customers are sometimes uncomfortable near individuals sleeping by storefronts, and several believe this has reduced foot traffic, though no sales data was cited. Venue owners worried downtown's reputation could affect event bookings. Staff

described added operational burden, such as checking bathrooms before closing, cleaning up trash and waste, and calling police more often, which was concentrated around the parking garage, the downtown square, nearby parks and the library, parking lots, greenbelt areas, picnic tables, and a riser area.

Compassion and frustration, side by side. Most participants expressed real sympathy for people experiencing homelessness, and some said they regularly offer assistance, such as food or water. However, they also expressed frustration with repeated behavioral issues and what several described as "compassion fatigue." A recurring worry was that direct cash giving worsens the problem, and many participants distinguished between long-recognized "known locals" and a newer, more transient population. Several said they feel pressure not to appear uncompassionate even while raising safety concerns.

Perceived contributing factors. Stakeholders pointed to a nearby methadone clinic, the presence of food pantries and other social services, downtown's walkability, a belief that McKinney has a reputation (by word of mouth) as a supportive place to be unhoused, Greyhound bus access, and what several described as inconsistent enforcement. It is worth flagging that the idea of local services acting as a "draw" for homelessness is a contested claim in the research literature and was not independently verified in this meeting.

Law enforcement and enforcement actions. Concerns centered on slow or inconsistent police response times, a perceived shortage of officers, gaps in incident documentation, and the practical difficulty of enforcing trespassing rules on public property. Participants cited four to six criminal trespass filings, warnings, and warrants issued for repeat offenders, and several saw value in 911 calls simply for the data record they create, even when no immediate action follows.

Sanitation and infrastructure. Trash, human waste, improvised bathing, and misuse of electrical outlets and outdoor spigots were recurring complaints. Abandoned shopping carts were a specific flashpoint: participants said carts accumulate in police storage in part because retailers are reluctant to reclaim them.

Community tension. Several participants described feeling caught between compassion and accountability, with some saying they feel "villainized" for raising concerns publicly. Parents reportedly limit children's outdoor activity downtown, and there is concern that visible homelessness could reshape downtown's identity over time.

What Stakeholders Asked the City to Do

- Enforcement and safety: increased police presence, a non-emergency reporting system, better hotspot tracking, and looking to other cities (Richardson was named specifically) for models.
- Sanitation and operations: a dedicated cleanup crew, the city assuming more of the cleanup burden, and better management of public spaces.
- Outreach and social services: job-placement programs, direct outreach sessions with unhoused individuals, partnership with organizations like CitySquare, and a more coordinated social-service response.
- Policy and structure: restricting direct cash giving, tighter regulation of public-property use, public-private downtown management partnerships, and a standing community coalition or task force.

Bottom Line

Taken together, the notes describe a downtown community that perceives a real and growing presence of unsheltered individuals, alongside rising operational and sanitation costs for businesses and declining feelings of safety among residents. Almost every participant held both compassion and frustration at once, and most felt current enforcement and service coordination fall short. The clearest area of consensus was a preference for combining stronger accountability measures with more coordinated outreach, paired with genuine concern about downtown McKinney's long-term economic and reputational standing.

Trinity Listening Session — Summary and Policy Brief

Meeting date: June 10, 2026 | Location: Trinity Presbyterian Church

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 6
Number of Community Stakeholders: 9

Meeting Summary

Background and Context

This meeting was held at Trinity Presbyterian Church with residents and faith-community members rather than business owners or city staff. Several shorter side conversations with additional community members were also recorded separately at the same event. Except where a published source is cited, the summary below reflects notes recorded across these conversations (personal communication, June 10, 2026). Individuals have been de-identified.

Participants

Nine residents and faith-community members took part in the main session, with tenure in McKinney ranging from several months to a lifetime. Three additional residents, including two longtime volunteers with extensive, direct contact with unhoused individuals, and one who raised property and code-related concerns, contributed through shorter side conversations.

Stakeholder	Role / Identity	Years in McKinney	Notes
1	Resident, business-owning family	25	Family business
2	Resident, retired pastor/educator	25	Advocates city-wide church coordination
3	Associate pastor	8 months	Direct walk-in support
4	Church hospitality/missions director	42	Extensive outreach experience
6	Resident	11	Supports mobile-shower outreach
6	Nonprofit founder	Not specified	Meal-delivery ministry
7	Volunteer	Not specified	Labor/services nonprofit, mobile showers
8	Resident	~17 (since 2009)	Witnessed severe-weather assistance
9	Long-time resident/property owner	Lifelong	Raised economic/structural concerns

What Participants Reported

Across the discussion, participants returned to eight recurring themes.

Compassion, dignity, and relationship-based framing. Participants overwhelmingly framed homelessness as a humanitarian and moral concern rather than a nuisance, describing it as a community responsibility and an opportunity for churches and residents to work together. Several said direct relationships built through ministry, meal delivery, or volunteer outreach had moved them past stereotypes. Few reported personal safety concerns; the more common concern was unmet need rather than disruption.

Direct outreach experience and "regulars." Several participants described extensive, ongoing contact with unhoused individuals: one longtime volunteer estimated knowing most of the fifty to eighty-five regulars in the area by name, with occasional new arrivals, including people recently released from jail or who had crossed the border, often first noticed at a seasonal warming station. Both this volunteer and a second longtime volunteer agreed the population is mostly the same recognizable group over time.

Perceived causes: contested and multifaceted. Participants pointed to housing and grocery costs, job loss, divorce, neurological or psychiatric conditions (including one case linked to long COVID), substance use, and difficulty holding a job with a disability or record. One long-time resident offered a more structural framing: a local economy with many high-paying jobs but few middle-income ones, alongside rising housing costs and the city's sustained growth. Several participants, across more than one of this initiative's sessions now, raised some version of the idea that McKinney's reputation for generosity may itself draw people to the city. Multiple participants also noted there is no single, agreed definition of who counts as "homeless" locally, which they said makes the conversation harder.

Health, medical neglect, and children. Participants raised concerns about limited dental and medical care, citing emergency-room visits for issues like a dislocated shoulder or overdose, and one secondhand, unverified account of a person released early from the county jail with an untreated case of gangrene. A regional hospital system was noted as providing some free care. Participants also expressed concern for children living in vehicles with their families, including school access, citing one middle-school program as a positive example.

Transportation as the dominant barrier. Transportation was the most frequently cited service gap across the session, described as limiting access to shelters, medical care, and other support, with East McKinney identified as needing stronger outreach specifically because of this gap.

Service fragmentation and the case for coordination. Participants described existing programs as operating largely independently of one another, and called for a centralized resource hub, better communication between providers, and stronger connections through hospitals to reach vulnerable populations.

Faith-based service models, their limits, and return to homelessness. Churches described providing meals, mobile showers, transportation (bus tickets or a hotel room, but not cash), legal-system navigation, spiritual care, family-conflict mediation, and mental-health support, generally guided by internal protocols. One church had partnered with a national family-shelter network before COVID-19, hosting families on a rotating basis, but the partnership lapsed during the pandemic and has not resumed. Even with this support, one participant noted that some individuals return to homelessness roughly a year and a half after receiving help.

Public-space rules, property risk, and enforcement. Participants raised concerns about anti-camping and anti-panhandling rules, including possible citation for sleeping in a vehicle, and described encampment sweeps that can result in someone losing all of their possessions, including an impounded vehicle they cannot afford to reclaim, a cycle that can itself prolong homelessness. One participant pointed to defensive ("hostile") design changes to downtown furnishings meant to discourage lingering,

and to fire and safety hazards on vacant or torn-down properties where people are living without an owner's knowledge.

What Participants Wanted Decision-Makers to Know

- A centralized resource hub and stronger coordination among existing providers, including hospitals.
- Expanded public transportation access, with specific attention to East McKinney.
- Renewed or expanded church-based housing partnerships, including East-side congregations, with host congregations directly included in the City's process.
- A clearer, shared local framework for who counts as "experiencing homelessness."
- Protection of personal belongings and vehicles during enforcement actions.
- Attention to safety hazards on vacant properties where people are living unofficially.

Bottom Line

Of the three sessions held so far, this one was the most relationally grounded: participants spoke from direct, sustained contact with unhoused individuals rather than secondhand observation, framing the issue primarily in moral and structural terms rather than safety or nuisance. Transportation and service fragmentation were the most concrete, frequently repeated practical gaps, while disagreement remained even within this sympathetic group over how much the city's own services and reputation might be contributing to who ends up homeless here.

Nonprofits and Service Providers Listening Session — Summary and Policy Brief

Meeting date: June 11, 2026, 11:30 a.m.–1:00 p.m.

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 4
Number of Community Stakeholders: 37

Meeting Summary

Background and Context

This session brought together nonprofit and service-provider staff under the Better Together Initiative (Farr, 2025), the most systems-level and operationally detailed session in this series so far. Unlike prior sessions, participants were professionals already embedded in the local service system rather than residents, city staff, or first responders, and the conversation centered on funding structures, eligibility rules, and interagency coordination rather than direct encounters or public-space concerns. Except where a published source is cited, the summary below reflects notes recorded during the session itself (personal communication, June 11, 2026); identifying details about individual participants have been removed.

Participants

Attendees were split roughly 60/40 in favor of living in McKinney; of those who live locally, about seventy percent had been there more than ten years, and roughly half of those who live elsewhere work in McKinney. Nearly everyone present worked for a nonprofit, paid or unpaid, and a small minority of those organizations are church-affiliated. Service delivery was split roughly two-thirds fixed-location and one-third mobile or virtual.

Organization Type / Role	Notes
Networking/referral coordinator	Virtual; tracks referrals across partner organizations
Case management, 55+ population	Partners with another org for the under-55 population
Case management / crisis services	Catholic Charities; cross-cutting prevention/diversion view
Root-cause/relationship theorist	Also proposed repurposing a city recreation center
Employability and childcare services	Transportation and childcare named as top barriers
Meal distribution / community kitchen	Daily feeding program
Direct outreach to chronically unhoused	Connects researchers to people in cars/motels
Mobile shower/hygiene services	Saturday outreach
Crisis shelter / case-management network	~3,500 services/week; part of the regional CoC
Shelter and shower-program staff	Joined a sidebar on zoning/occupancy rules

What Participants Reported

Across the discussion, participants returned to eight recurring themes.

A system serving a visibly growing population. Every participant who addressed the question agreed McKinney's homeless population is growing, with growth concentrated less among long-term regulars and more among new arrivals and people passing through, including individuals released from the county jail who are reportedly given an informal map of where to find food and which areas police are less likely to enforce against them. Participants described this as a cascading effect shifting people into McKinney rather than reflecting growth in the city's own chronic population.

A fragmented network of overlapping services. Participants described a wide and genuinely active service landscape, including medical and mental-health referrals, drug-treatment connections, street ministries providing food and hygiene supplies, mobile showers, case management, and Medicaid or SSI enrollment help, but said these services operate as a patchwork rather than a system, each organization serving a niche population with no reliable way to confirm whether a referral was actually followed.

The eligibility gap between "housed" and "helped." Participants returned repeatedly to a structural bind: federal homelessness funding generally requires someone to be literally unsheltered, so a person couch surfing or staying with a neighbor does not qualify for housing assistance, but if that neighbor shelters them for several consecutive nights, they are then considered "housed" and lose eligibility. In one telling, a person can be sheltered four nights, forced back to the street for a few more, and cycle indefinitely. Participants said this creates a perverse incentive against doing things "the right way."

No emergency shelter for single adults. Participants said the county has no emergency shelter for single adults of either sex; existing shelter capacity (such as a 90-day average-stay family shelter) serves families specifically, so single adults must be referred to Dallas, Denton, or Grayson County, often without reliable transportation to get there, leaving them exposed to arrest or harassment while "floating" in the meantime.

Zoning and red tape block local solutions. Several participants described wanting to operate a day center or overnight shelter but being blocked by zoning: one church can operate daytime services because it is zoned as a church rather than commercial property but cannot offer overnight shelter without a separate cooling- or warming-station designation. Participants said city limits carry far more restrictive rules than the unincorporated county, but locations outside city limits are typically far from transit and the East-side services that would be needed alongside them.

HMIS participation is real but incomplete. Participants confirmed that a regional Homeless Management Information System, run by Housing Forward as part of the Dallas/Collin County Continuum of Care, already exists and lets participating agencies track a client's history and needs, but said onboarding is slow and not every Collin County agency participates; one participant noted Collin County has historically seen its homelessness profile as distinct from Dallas County's, though several agreed that gap is narrowing as the county's population and wealth grow.

Funding silos and a discretionary "flex fund." Participants described federal and city funding as artificially siloed. They remarked that homelessness, anti-poverty work, and crisis diversion are funded and reported separately even though, as one participant put it, the same population often needs all three at once. The City's own small discretionary "flex fund" (in the low five figures) was described as helpful but too small and understaffed to administer; participants suggested it would need to reach six figures, with added staff, to meaningfully expand who it can keep housed.

Competing theories of root cause, and East-West disparity. Participants offered different explanations for the underlying problem, including the breakdown of family and relationship support networks, a shortage of financial literacy, and a regional economy where housing, transportation, and childcare costs compound, alongside broad agreement that needed services and population concentration are

heaviest in East McKinney, an area participants also described as a food desert, while the west-side is generally perceived locally as having no such issues.

What Participants Wanted Decision-Makers to Know

- A centralized referral and case-tracking system, or stronger participation in the existing HMIS, so providers can confirm whether referrals are followed up.
- A workable path to siting a day center or emergency shelter within city limits, addressing zoning and warming/cooling-designation barriers.
- Expansion of the City's flex fund into six figures, with dedicated staff to administer it.
- Funding structures that let homelessness, anti-poverty, and crisis/diversion work overlap rather than being treated as separate buckets.
- Expanded public transportation, named as a top barrier to both service access and employment.
- Reframing the public conversation around crisis and proximity to crisis rather than the word "homelessness" alone.

Bottom Line

Of the four sessions held so far, this one offered the most systems-level view: less about individual encounters and more about funding rules, eligibility categories, and interagency plumbing that participants said keep otherwise-solvable cases stuck. The lack of an emergency shelter for single adults, the eligibility gap between sheltered and unsheltered, and zoning barriers to siting any new facility emerged as the most concrete structural obstacles, while participants were candid that funding, not goodwill or expertise, was the binding constraint nearly everywhere else.

Millhouse Listening Session — Summary and Policy Brief

Meeting date: June 13, 2026 | Location: The Millhouse, McKinney

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 7
Number of Community Stakeholders: 10

Meeting Summary

Background and Context

This session, held June 13, 2026, at The Millhouse in McKinney, drew a notably broader mix of participants than prior sessions in this series: residents, nonprofit representatives, community advocates, and a person with direct lived experience of homelessness. Alongside the structured session, the project team also conducted brief individual interviews with several additional residents, and a faith-community volunteer's account was recorded separately. Except where a published source is cited, the summary below reflects notes recorded across these conversations (personal communication, June 13, 2026); identifying details about individual participants have been removed.

Participants

Participant	Notes
Service provider / resident	The Samaritan Inn representative; service-provider and resident perspective
Former The Samaritan Inn client	McKinney resident, UT Dallas graduate; lived-experience perspective
Community member	Frisco resident; systems and healthcare perspective
Resident	Family ties to McKinney; justice system concerns
Facilitator	Project team; community-systems perspective
Faith-community volunteer	Church-based outreach; advocates a triage-first approach
Couple, retired	McKinney residents since 2012; recently moved to downtown six months ago
Resident, business owner	In McKinney 3 years; previously lived in Richardson
Resident, nonprofit employee and motivational speaker	In McKinney for about 20 years

What Participants Reported

Across the discussion, participants returned to eight recurring themes.

A first-person account broadens the picture. For the first time in this series, someone who personally experienced homelessness took part directly: a former The Samaritan Inn client, now a McKinney resident and UT Dallas graduate pursuing a second master's degree, who described couch surfing despite holding a college degree, managing bipolar disorder and chronic migraines throughout, and crediting Samaritan Inn staff with helping find employment. Participants said this account underscored that homelessness can affect highly educated people, not only those associated with chronic instability.

A growing, visible presence with a shifting profile. Residents described a growing population concentrated around the downtown square, intersections, parks, creek areas, bridges, motels, gas stations, and even residential green spaces, often moving by bike or with shopping carts. One resident said conditions looked worse than they had a few months earlier; another, drawing on years of local observation, said the population has shifted from mostly older or injured laborers toward more younger people.

Wide service gaps, especially shelter and transportation. Participants repeatedly named the same missing pieces: no emergency shelter in McKinney (people are typically referred to Dallas), no public transportation, no cooling or warming stations, inconsistent continuity of care, and no easy way to replace lost documentation. Suggested fixes included rideshare vouchers; participants also noted that the city's existing transitional-housing capacity, such as The Samaritan Inn's twelve-month program, requires sobriety and background screening that the most acute cases cannot yet meet.

Mental health, substance use, and a documentation spiral. Participants cited methamphetamine use, bipolar disorder, depression, psychosis, and trauma (including women escaping trafficking) as major drivers, compounded by frequent loss of Medicaid and interrupted treatment. Several connected this to a self-reinforcing cycle: without a home address, people lose access to identification, benefits, and proof of employment, which makes it harder to qualify for the services that could help them get housed in the first place.

Criminalization and inconsistent enforcement. Participants raised concern that repeated criminal-trespass citations follow people into future housing applications, that officer response varies by individual, and that punitive approaches can entrench rather than resolve the underlying problem; suggested alternatives included standardized warning procedures and more consistent empathy in enforcement. At the same time, one resident specifically asked that the city enforce rules against standing in street medians and intersections, emphasizing that this was a safety concern rather than a desire to criminalize homelessness broadly.

Divided community sentiment, and skepticism that government alone can fix it. Participants described local opinion as genuinely split: some business owners are said to prefer that homelessness stay out of sight, residents are divided between support and resistance, and nonprofit staff tend to prioritize compassion and service expansion. Several participants said directly that they see this as a human and community-level problem more than a government one, pointing to the importance of involving churches, volunteers, and local businesses in addressing the issue rather than expecting government to address it on its own.

Economic pressure reaching further up the income ladder. Participants linked rising cost of living, inflation, and limited housing supply to growing instability even among people with steady incomes; one service provider suggested households earning around $50,000 a year can still face real housing burden in McKinney, and several described retirees and people on fixed incomes as increasingly vulnerable.

A push toward prevention, coordination, and earlier intervention. Participants consistently said the City's most useful role is to coordinate and convene rather than build or run new services directly, including ideas like centralizing volunteer coordination and dedicating city-employee or student volunteer hours. Several emphasized prevention specifically: rent assistance, family support, and budgeting education (including at the secondary-school level) delivered before someone becomes homeless, rather than crisis response after the fact.

What Participants Wanted Decision-Makers to Know

- Assess emergency shelter capacity and cooling/warming stations within city limits.

- Expanded transportation options for reaching services, including rideshare vouchers.
- Standardized, more consistently empathetic enforcement procedures and alternatives to citation.
- Stronger documentation and benefits-continuity support to break the address-to-services cycle.
- Earlier, prevention-focused investment, such as rent assistance, family support, budgeting education, rather than crisis-stage response only.
- A City role focused on coordinating and convening existing nonprofits and volunteers rather than creating parallel programs.

Bottom Line

Participants themselves drew the comparison: this session, like the Trinity session, framed homelessness primarily as a structural and systems problem rather than a matter of individual choice or enforcement, in contrast to the downtown-business session's focus on visible nuisance. Its most distinctive contribution was direct lived-experience testimony, which several participants said reframed who the City should picture when it talks about "homelessness" at all.

Highway 380 Businesses Listening Session — Summary and Policy Brief

Meeting date: June 15, 2026 | Location: United Bank, McKinney

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 4
Number of Community Stakeholders: 2

Meeting Summary

Background and Context

This session, held June 15, 2026 at United Bank, brought together business owners and residents along the Highway 380 corridor. Unlike the original downtown-business session that opened this series, conversation here centered specifically on the corridor's east-west divide and on relocating unhoused individuals away from the area rather than on service coordination. Except where a published source is cited, the summary below reflects notes recorded during the session itself (personal communication, June 15, 2026); identifying details about individual participants have been removed.

Participants

Participant	Notes
Business owner / resident (male)	Cost-of-living, safety, and personal-choice-focused perspective
Business owner / resident (female)	Compared local conditions to prior experience living in California

What Participants Reported

Across the discussion, participants returned to eight recurring themes.

Safety is the perceived draw, despite a high cost of living. Participants struggled to explain why anyone would become homeless in McKinney specifically, since cost of living is high; their best guess was that the area feels safe by comparison. Several acknowledged that even with a job, cost of living can remain out of reach, and that an arrest record or a mental-health condition can make holding a job harder still.

Locally available services carry real barriers of their own. Participants named The Samaritan Inn, Lifepath, Community Lifeline, a local food pantry, and Community Garden Kitchen as known resources, but noted that The Samaritan Inn requires sobriety, a defined process, and a curfew. Several doubted that a new shelter alone would solve the problem, questioning whether everyone who needs one would actually use it.

A clear preference for relocation over local service expansion. Participants spoke directly about wanting unhoused individuals to leave the area rather than be served within it: one described being willing to make the area uncomfortable enough that people would move elsewhere, and several raised concern about taxes rising to fund a shelter they did not want nearby. The recurring framing was that local business and residents do not want it in their backyard, regardless of where people went instead.

Safety concerns, grounded in a specific incident. One resident described police removing an unhoused woman found sleeping on a neighbor's porch two years earlier, and said the experience shaped his sense of what kind of neighborhood he wants for his family. Participants described a parking garage and similar spaces as places they would feel unsafe if unhoused individuals began using them.

A regional comparison frames local conditions as manageable, but increasingly visible. One participant who had lived in California for years said conditions there were considerably worse and that she has so far been able to avoid the issue locally. At the same time, participants described being struck, or hearing that visitors from elsewhere in North Texas were struck, by how visible homelessness has become in specific shopping-center parking lots along the corridor.

Deliberately low visibility, concentrated in commercial parking lots and easements. Participants agreed that most unhoused individuals along this corridor live out of parked cars at specific big-box and grocery-store lots, and gather in fenced easement areas under power lines after dark, specifically to keep a low profile rather than camp in the open.

A sharp divide along the highway itself. Participants said homelessness is essentially unseen west of Highway 380, in the newer, wealthier part of the city that includes the new city hall and a planned stadium and entertainment venue, while it concentrates on the older, poorer east-side. This led to a direct request that the City's anti-camping ordinance be enforced corridor-wide and citywide, not just downtown, after participants learned police had initially read it as a downtown-only rule.

Real coordination work is already underway. Participants described Catholic Charities as building a "Hub" intended as a one-stop referral point for services (though without shelter, food, or showers on-site itself). Participants framed the core problem as a shortage of coordination among willing helpers, not a shortage of willingness itself.

What Participants Wanted Decision-Makers to Know

- Citywide enforcement of the anti-camping ordinance, not limited to downtown.
- Relocation of unhoused individuals away from business corridors and shopping centers, rather than new shelter or service capacity nearby.
- Direct outreach asking unhoused individuals themselves what they need and whether they would use a shelter if offered.
- Clarity on how Housing Forward's Point-in-Time survey and narrative data is being used.
- Stronger coordination and trust-building between newer organizations.

Bottom Line

Of the sessions held so far, this one most closely echoes the original downtown-business session, but states its preference more plainly: participants were direct about wanting unhoused individuals to leave the area rather than be served within it, grounding that preference in safety, property values, and tax concerns rather than service gaps. At the same time, participants pointed to the same coordination problem nonprofit providers themselves have named in this series, namely, too many disconnected helpers rather than too few, suggesting some common ground exists even where the preferred remedy differs sharply.

Homeless Listening Session — Summary

Date: June 16, 2026, 9:00 a.m. – 3:00 p.m. | Format: Field outreach (ride-along with MPD Community Services Unit)

Report prepared: June 17, 2026

Number of Facilitators + Notetakers: 2
Number of Community Stakeholders: 12 community members experiencing homelessness; 5 MPD employees who also shared feedback and perspectives

Meeting Summary

Background and Context

This session differed from every other session in this series: rather than a single meeting, it was a full day of field outreach (9:00 a.m. to 3:00 p.m.) riding alongside MPD's Community Services Unit. The unit consists of a sergeant and four officers who work with a licensed professional counselor (LPC) and a licensed clinical social worker (LCSW) dedicated to homelessness and mental-health outreach. The day combined extended conversation with the unit's own staff about the systems they navigate and direct, in-the-field conversations with twelve currently or chronically unhoused individuals across several areas of the city. Two members of the project team participated and each kept independent notes; this summary draws on both. Except where a published source is cited, the content below reflects those notes (personal communication, June 16, 2026). Given the vulnerability of the population involved, identifying details about every individual, including names, nicknames, and information that could identify them indirectly, have been removed or generalized; one specific, highly identifying detail relayed by one individual has been omitted entirely for the same reason.

The Outreach Team and Individuals Encountered

The team consists of a police sergeant, four patrol officers, an LPC, and an LCSW, all part of MPD's Community Services Unit — the City's primary liaison to the roughly 200 chronically homeless individuals living in McKinney, most of whom face some combination of mental illness and substance use.

Individual(s)	Time Locally	Notes
Adult man	Long-term local presence	Childhood abuse and foster care; sober at contact; looked to by others on the street
Adult woman and adult man near a retail store	Mixed	The woman is a known regular who declined to talk at length; the man is a recent arrival, estranged from family
Adult man, mid-30s	~2 years	Recent day-labor/landscaping work; period of sobriety; working toward housing and a car
Adult man, ~40	Long-term local presence	Known for keeping to himself and not carrying many possessions; let his friend do most of the talking and didn't answer many questions directly

Individual(s)	Time Locally	Notes
Mother and adult son	~15 months	From out of state; previously lived in a vehicle that was later repossessed
Adult man, mid-30s	Grew up locally	Needs ID, care for chronic pain; prefers private space over a shared shelter
Two adults, one assisting the other	Varies	One had a replacement birth certificate stolen days after receiving it; one awaited a relative for a ride
A couple	~2 years	Raised needs for power, water, daytime space, storage; described compounding barriers to work

The team also discussed several individuals more briefly: a man in active psychosis known to the team but not directly engaged that day; a man who declined contact from inside his parked car; an unidentified man with visible signs of illness being cared for by another unhoused community member; and a separate, recurring family (currently housed) whose repeated calls illustrate the legal limits on involuntary commitment described below.

What the Team and Participants Reported

A specialized unit exists, but its legal tools are limited. MPD's Community Services Unit is built specifically around this population, but officers can only take someone to a hospital involuntarily under narrow circumstances: an emergency detention order or apprehension by a peace officer without warrant, when someone is a danger to themselves or others. Staff described one recurring example of a parent who calls daily about an adult child in crisis but cannot get that child committed under current law. Both individuals are currently housed.

A "confluence" of services concentrates chronic homelessness in McKinney, and many don't want to leave. Staff described McKinney as sitting at the intersection of the county jail, two inpatient behavioral-health facilities, and The Samaritan Inn's transitional housing, which concentrates this population locally. Many chronically homeless individuals the unit serves are already from Collin County, and staff said it's common for someone to decline a confirmed rapid-rehousing placement in a nearby city even when housing is what they say they want most.

Behavioral health and substance use are severe, and available treatment is often too short. Lifepath Systems, the county's mental health authority, has no on-site psychiatrist and conducts intake by video call; when a higher level of care is needed, Lifepath obtains a warrant so police can transfer someone to an emergency room. Staff said three-day inpatient holds and 28-day programs are both too short to get someone clean from methamphetamine or stabilized on medication, and adverse childhood experiences came up repeatedly as an underlying driver.

A direct, frontline critique of Housing First as practiced. More than one staff member pushed back on Housing First specifically for the chronically homeless, arguing that housing alone doesn't help without consistent follow-up, and that they have seen people placed into housing with no case manager checking back in afterward. The group seemed in agreement that homelessness is a societal issue, driven largely by mental health (including often by adverse childhood experiences) and substance abuse issues, and not simply a housing one.

Very different paths into homelessness, told firsthand. Individual stories spanned job loss, divorce, family estrangement, a repossessed vehicle, post-incarceration barriers to employment, and migration for work; one person had worked as a death investigator for a state medical examiner's office before losing housing, and said prospective employers are not interested in hiring him because of his current housing status. Another individual described the combination of race, a felony record, and being unhoused as three compounding strikes against him in finding steady work — a concern included here because it reflects a well-documented pattern, not a characterization by the project team.

Practical needs named repeatedly: documentation, storage, laundry, daytime space, and transportation. Several individuals separately raised the same specific needs: faster replacement of lost identification and birth certificates, secure lockable storage for belongings and medication, access to laundry rather than more donated clothing, a place to be during the day, and reliable transportation to work. One person noted that even a bicycle requires lights to be used legally and a lock for security, which themselves cost money.

Skepticism toward shelters and some referral organizations, alongside real informal support. Several individuals said they avoid warming stations and would not use a future emergency shelter, citing a preference for autonomy, discomfort with religious requirements attached to some help, or not wanting to be around drug use; one person described a local referral organization's slow pace on ID assistance as feeling like it benefits the organization's funding more than the client, a perception not verified for this report. One individual also raised an unverified, secondhand allegation of mistreatment from a program as his reason for avoiding it; this claim was not independently verified for this report and, given its seriousness, would warrant direct follow-up with the organization rather than being treated as fact here. Individuals also described real informal support, including a community member known for providing dogs to other unhoused people and another known for helping people find work.

Geographic and social subdivisions, and a violence pattern that runs mostly inward. Staff and several individuals described the same informal map: newer arrivals tend to be near the jail and Highway 380, people who know how to navigate local services concentrate along Highway 5, and a more isolated group stays around El Dorado. Staff were clear that most violence within this population is directed at other unhoused individuals rather than at the broader public.

MPD promotion procedures and influence on specialized service units. It was relayed to the team members present that within policing, anyone being promoted must return to patrol once the promotion is received. It was explained that this is a common practice across police departments and not specific to MPD. Because of this policy, unit-specific expertise related to mental health and homelessness would be lost/reallocated to the patrol unit if a person on the Community Services Unit were promoted. This approach may create a professional conflict for officers who wish to be promoted but feel they are in a position where they can best serve specific individuals and do not wish to be reallocated to a unit where this expertise will be less useful. It also seems to run counter to the goals of the Community Services Unit and the MPD more generally and may warrant further review.

What Participants and Team Wanted Decision-Makers to Know

- Consistent case-management follow-up for people placed into Housing First programs, not just a key and an address.
- Faster replacement of lost identification and birth certificates.
- Secure, lockable storage for belongings, medication, and documents.
- Access to laundry facilities rather than more donated clothing.

- More daytime space and restroom access, not just overnight shelter.
- A local second-chance employment program for people with criminal records.
- Direct follow-up on the unverified safety allegation raised about a local transitional-housing program.

Bottom Line

This was the most direct, individual-level session in the series, combining a specialized City unit's systemic view with firsthand accounts from a dozen-plus currently unhoused individuals. It reinforced recurring series themes, including transportation, documentation, and service fragmentation, while surfacing a genuine, evidence-relevant disagreement with this series' prior framing of Housing First, plus serious, sensitive points, including one unverified allegation and the legal limits on involuntary mental-health treatment, that call for follow-up beyond this report.

Appendix D: Public Outreach Survey Questions

You are invited to participate in a short survey about your perspectives on homelessness in McKinney. The survey includes five questions and should take no more than 5 minutes to complete. Your responses will be used to help inform the Better Together Initiative. Your participation is completely voluntary, and you may end your participation at any time.

This survey is being conducted by a team of facilitators from the Public and Nonprofit Management Program at the University of Texas at Dallas, which has partnered with the City of McKinney to facilitate community engagement and outreach related to the Better Together Initiative. The goal of the Better Together Initiative is to create a strategic plan to guide the City of McKinney's efforts to address immediate and long-term homelessness in the community.

By clicking "Next," you consent to participate in this survey.

- Question 1: Are you a resident (housed or unhoused) of the City of McKinney? (Yes/No)
- Question 2: How long have you been a resident (housed or unhoused) of the City of McKinney? (0-5 years, 6-10 years, 10+ years)
- Question 3: In your opinion, how important is the issue of homelessness in McKinney? (1=not at all important, 2=somewhat important, 3=very important, 4=extremely important)

Figure 10: Q3 — Importance of Homelessness Issue in McKinney (n=164; sorted 1=not at all important to 4=extremely important)

- Question 4: How satisfied are you with the City of McKinney's current efforts to address issues associated with homelessness (support resources, enforcement, etc.)? (1=very dissatisfied, 2=somewhat dissatisfied, 3=neither satisfied nor dissatisfied, 4=somewhat satisfied, 5=very satisfied)

Figure 11: Q4 — Satisfaction with City of McKinney's Efforts on Homelessness (n=164; sorted 1=very dissatisfied to 4=very satisfied)

- Question 5: How do you think our community could improve the situation regarding homelessness and the unhoused? [open-ended]
- Question 6: Please share more about your perspectives and/or personal experiences with homelessness in McKinney and how it has affected you. [open-ended]
- Question 7: Would you like us to follow up with you with more information about the Better Together Initiative? [Yes/No]
- Question 8: Are you interested in serving in a working group as part of the Better Together Initiative? (Yes/No/Maybe]
- Question 9: Please enter your preferred contact information (name and email address or phone number) below so that we can follow up with you. [open-ended]

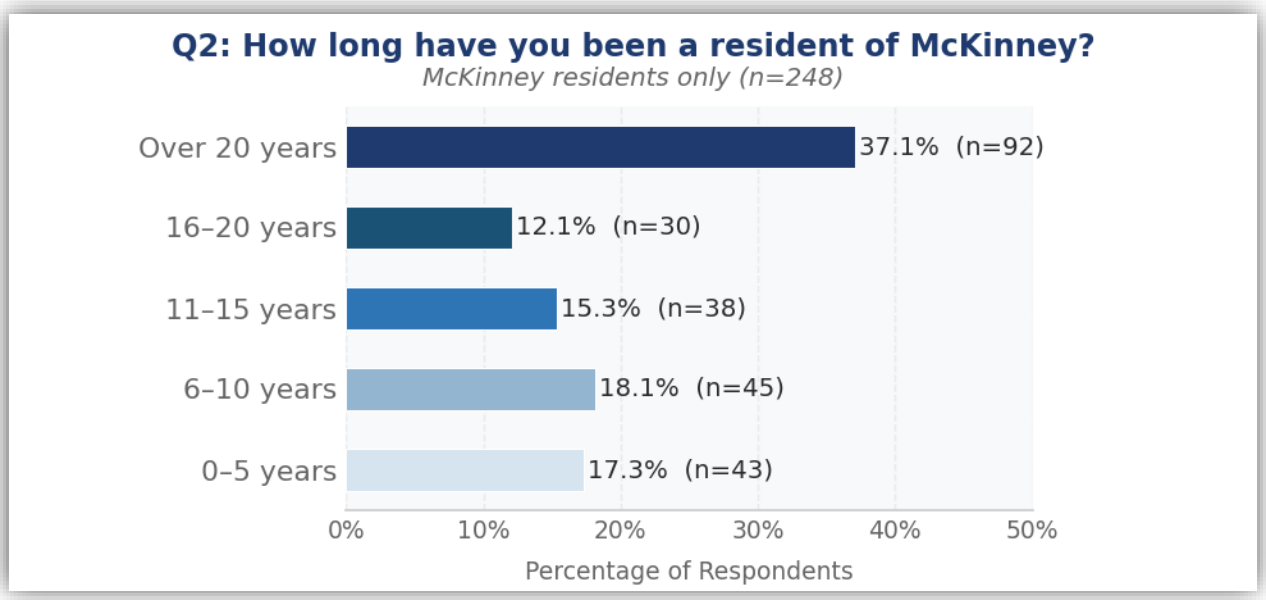
Thank you for your participation!

Appendix E: Survey Results

The survey had 372 total responses by July 10, 2026. Of these, 5 were preview responses, 97 were incomplete (did not answer substantive questions about homelessness), and 270 completed responses met criteria for inclusion. Of the 270 completed responses, 265 respondents answered the quantitative questions (Q3–Q5) and 214 answered Q6.

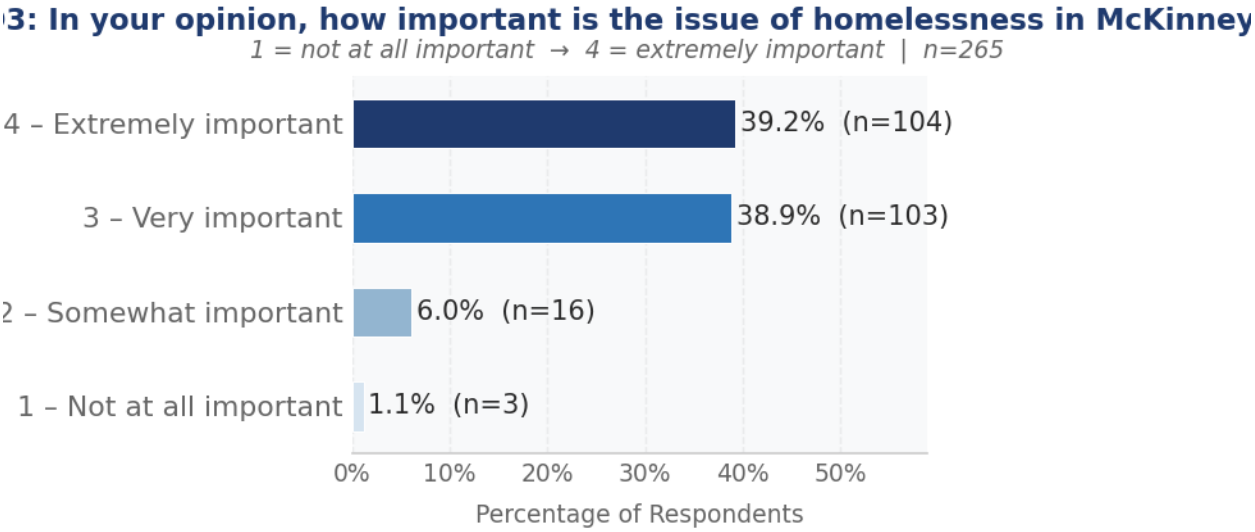
How long have you been a resident (housed or unhoused) of the City of McKinney?

Figure 9: Q2 — Length of McKinney Residency (n=248; excludes non-McKinney respondents)



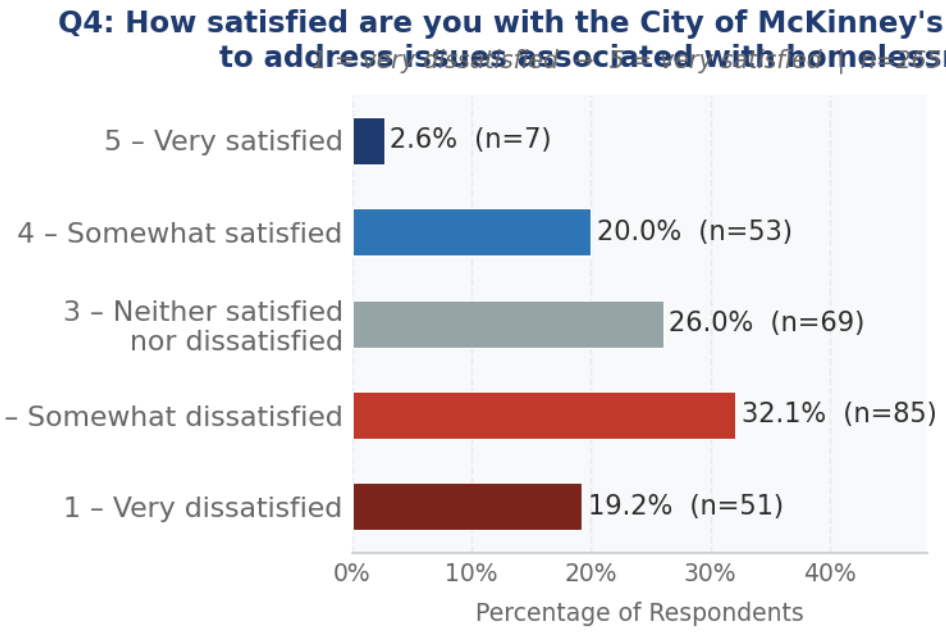
There were 248 total usable responses to this question (which did not include those who responded that they did not live in McKinney).

In your opinion, how important is the issue of homelessness in McKinney? (1=not at all important, 2=somewhat important, 3=very important, 4=extremely important)



There were 265 usable responses to this question.

How satisfied are you with the City of McKinney's current efforts to address issues associated with homelessness (support resources, enforcement, etc.)? (1=very dissatisfied, 2=somewhat dissatisfied, 3=neither satisfied nor dissatisfied, 4=somewhat satisfied, 5=very satisfied)



There were 265 usable responses to this question.

Q6: "How do you think our community could improve the situation regarding homelessness and the unhoused?"

The McKinney Better Together Initiative public outreach survey collected 265 valid responses to the quantitative questions (Q3–Q5). Of those, 214 respondents answered the open-ended Q6 question asking how the community could improve its response to homelessness. Their comments span a wide range of perspectives, from compassionate, service-based proposals to calls for stricter enforcement, but several themes recur often enough to stand out clearly. Because many comments touched more than one theme, the counts below do not add up to 214.

Respondents represented a broad range of perspectives — from downtown residents and local business owners to nonprofit advocates, faith community members, and people who self-identified as unhoused or housing-insecure. While views on government's proper role diverged considerably, several clear priorities emerged across the responses. The suggested needs are presented in order of frequency.

Affordable Housing and Transitional Housing (61 responses)

Respondents consistently identified a lack of affordable housing as both a root cause of homelessness and a primary barrier to exiting it. Respondents called for an expanded supply of subsidized and low-income units, as well as transitional and supportive housing designed to bridge the gap between emergency shelter and permanent independent living. Creative proposals included tiny home communities, conversion of underutilized commercial and office spaces, and dedicated housing options for seniors aging in place. Several respondents noted that even newly constructed smaller homes in McKinney are priced beyond the reach of working-class and low-income families, reflecting broader affordability pressures in the region.

Particular concern was expressed for specific vulnerable populations, including seniors and women on fixed incomes, young adults aging out of the foster care system, and working individuals who spend the majority of their earnings on rent. Respondents tied these pressures to the rising costs of property taxes, food, and transportation, painting a picture of housing insecurity as a condition that extends well beyond the visibly homeless population and affects a significant portion of McKinney residents.

The Need for Emergency Shelter (39 responses)

The absence of a dedicated emergency shelter in McKinney was repeatedly noted. Respondents representing a wide range of viewpoints agreed that a safe, accessible facility for overnight stays and extreme-weather emergencies is the most foundational step the community can take. Many specifically noted that existing warming stations are insufficient as permanent substitutes and called for a year-round shelter capable of triaging the full range of individual needs. Several respondents pointed to resources available in Dallas and other nearby cities as models worth emulating, and a number emphasized that any shelter should accommodate pets, which are frequently a barrier to acceptance of services among the unhoused population.

A recurring concern in this area was the question of regional responsibility. Multiple respondents suggested that Collin County pursue a shared shelter arrangement so that no single municipality bears the full burden or feels that providing services will disproportionately attract individuals from outside its borders. The absence of such a facility was described not only as a service gap but as a signal of community priorities, with several respondents expressing frustration that they perceive McKinney has effectively left its most vulnerable residents without a basic safety net.

Coordinated, Holistic Services (64 responses)

Many respondents emphasized that homelessness is not a uniform condition and that effective solutions must be tailored to the diverse root causes that lead individuals into housing instability. Mental illness, substance abuse, domestic violence, job loss, disability, and financial crisis were all cited as distinct pathways requiring distinct interventions. In response, a strong consensus emerged around the need for a coordinated, holistic service model that brings together mental health counseling and inpatient treatment, substance abuse rehabilitation, job training and workforce readiness programming, medical and dental care, case management, and assistance with document recovery such as obtaining state-issued identification.

Several respondents expressed particular concern for individuals with severe and persistent mental illness, questioning whether the community is doing enough for those who are unable to advocate for themselves or make independent decisions about accepting services. Multiple respondents called for trauma-informed approaches and person-centered care models that treat each individual's situation with the specificity it requires, rather than applying a uniform programmatic response.

Enforcement and Public Safety Concerns (23 responses)

A smaller but clearly expressed segment of respondents prioritized enforcement and the maintenance of public order. These respondents expressed concern about encampments near parks and the downtown square, the accumulation of litter and biohazardous waste in public spaces, panhandling at major intersections, and the perceived impact of visible homelessness on local businesses and the city's reputation. They called for more consistent enforcement of existing ordinances, improved maintenance of areas where individuals camp, and in some cases, the creation of a single designated location where unhoused individuals could reside rather than dispersing across public spaces without oversight.

Some respondents also expressed concern about what they viewed as enabling behaviors and suggested that certain service delivery approaches, if not structured appropriately, may attract individuals from outside McKinney without providing a meaningful pathway to stability. A small number advocated for more aggressive legal responses. It should be noted that these perspectives, while sincerely held, were less frequently expressed than calls for expanded services and housing.

Strengthening Nonprofit, Faith, and City Collaboration (21 responses)

Respondents broadly called for stronger coordination among the City of McKinney, local nonprofits, faith communities, healthcare providers, and law enforcement. Several expressed concern that existing organizations — including The Samaritan Inn, Shiloh Place, and various local ministries — are underfunded and functioning in relative isolation from one another, resulting in duplication of some efforts and gaps in others. Recommendations in this area centered on dedicated city funding directed to frontline nonprofits, formal coordination mechanisms to align the work of different organizations, and broader engagement of the faith community beyond the small number of congregations currently bearing the majority of the load.

Several respondents also called for regional cooperation across McKinney, Frisco, and other Collin County cities, arguing that homelessness is not a problem any single municipality can solve in isolation. A number of responses stressed that organizations with direct, daily experience serving the unhoused population should be primary partners in shaping the city's strategy, rather than being consulted after decisions have been made.

Community Awareness, Dignity, and Reducing Stigma (15 responses)

A meaningful segment of respondents focused on the need for cultural and attitudinal change alongside policy and programmatic action. These respondents called for treating unhoused residents with dignity, actively countering public stigma, and educating the broader McKinney community about the realities

and structural causes of homelessness. Practical suggestions included informational signage directing people to available resources, public education campaigns delivered through city communications channels, and outreach materials made available at libraries and community centers.

Several respondents emphasized that people with lived experience of homelessness should be meaningfully involved in designing and evaluating community solutions, rather than being treated solely as recipients of services. Faith communities were also identified as an underutilized channel for public education, with respondents suggesting that congregations could do more to communicate accurate information about homelessness to their members and mobilize broader volunteer and financial support.

Concerns about the Current Approach (3 responses)

Several respondents offered pointed assessments of the city's track record on homelessness. Common critiques included the perception that the city has effectively criminalized homelessness without offering meaningful alternatives, that it has opposed the establishment of an emergency shelter without filling that gap through other means, and that restrictive conditions have been placed on service providers seeking to operate within city limits. A number of respondents expressed frustration that commitments made at prior community meetings have not resulted in action, and that ordinances passed by the city have not been consistently enforced. Additional concerns included the exclusion of people with lived experience from planning processes, and reliance on a Point-in-Time count that respondents believe significantly understates the true scale of housing insecurity in McKinney.

Public Transportation Access (34 responses)

A recurring practical concern across multiple responses was the lack of reliable public transportation in McKinney. Respondents noted that inadequate transit options significantly limit the ability of unhoused and low-income residents to reach employment, social services, and shelter facilities. Several called for restoration of a public transit service comparable to the former Collin County Area Transportation system, with expanded routes and subsidized fares designed to connect people in need to the resources and job opportunities that could help them achieve stability.

Differing Views on Government's Role (Varies)

A minority of respondents (4) expressed philosophical opposition to expanded government involvement in addressing homelessness, citing concerns about the appropriate use of tax revenue, the risk of incentivizing dependence, and a preference for faith-based and charitable organizations to take the lead. These respondents generally favored a more limited role for the city and emphasized personal accountability as a component of any effective solution.

The majority of respondents, however, called for greater city investment, stronger coordination, and clearer accountability — while also affirming the essential role of nonprofit and community partners. This majority view holds that effective action on homelessness requires the city to function as an active convener and funder, not simply as an enforcement authority.

Taken together, housing and shelter capacity were the most frequently cited needs, while opinions diverged most sharply on enforcement versus a more service-oriented approach.

Q7: "Please share more about your perspectives and/or personal experiences with homelessness in McKinney and how it has affected you."

Of the 265 valid survey responses, 196 respondents answered Q7. Where Q6 asked for solutions, Q7 invited personal perspective, and the responses read very differently: they are narratives rather than proposals, and they range from no personal contact with the issue at all to direct lived experience of homelessness. Several recurring vantage points emerged, and many respondents fit more than one.

Personal or Family Experience with Homelessness

Eleven respondents (or 9% of the survey) disclosed that they themselves or an immediate family member had experienced homelessness. This included parents describing a currently unhoused adult child, an unhoused veteran's relative, a family member who was unhoused for several years before stabilizing out of state, and respondents describing their own past homelessness, including a period spent living in a car. Several pointed to specific systemic barriers that kept them or a family member from moving into stable housing even after finding steady work, such as a past eviction on record disqualifying them from new affordable-housing developments that apply the same approval standards as market-rate complexes. One respondent felt that program rules seemed to favor those with a disability and no income over those holding a job and avoiding substance use, making it harder for people trying to do things the conventional way to get help. A long-term McKinney resident who is currently unhoused described knowing many of their fellow unhoused neighbors as people who are simply unable to afford life in the city. They called for a community of small homes with basic shared responsibilities as a practical and dignified solution. Many described additional family members who are employed but cannot afford McKinney's rental market and have been forced to leave the city entirely.

Other respondents described the challenge of individuals who are technically "sheltered" — sleeping on a friend's couch or staying with family — but who are functionally homeless and ineligible for most assistance programs because they are not living on the street. These hidden cases of housing insecurity fall outside traditional measures of homelessness and receive little to no institutional support, even as the individuals involved struggle to find a stable path forward. These accounts consistently described the system as slow, inconsistent from place to place, and emotionally difficult to navigate.

Volunteers, Service Providers, and Faith Communities

The largest identifiable group (about one quarter of respondents) described ongoing direct involvement with the unhoused community through volunteer work, congregational ministry, or paid nonprofit roles. This group tended to describe the system itself, not the unhoused individuals, as the core problem: several said resources are hard to access and slow to materialize, and that arrest is not an effective response. One nonprofit employee said years of direct work had changed her earlier assumption that homelessness was mostly a lifestyle choice, noting a marked rise since the pandemic in older adults on fixed incomes who can no longer keep up with rising rents. These respondents uniformly described a need that is larger than the broader public perceives. The unhoused population is concentrated in the downtown historic district and on the east-side of McKinney, and they remain largely invisible to residents in other parts of the city. Existing facilities are operating well beyond their comfortable capacity, and staff at organizations described the difficult reality of having to turn individuals away on a regular basis due to insufficient space. A particularly important observation made by multiple respondents is that current programs largely fail to serve entire categories of people in need — most notably single men, individuals with active substance use disorders, and the chronically homeless — leaving a critical and largely unaddressed gap in the service continuum.

Several voices in this category noted that the city has not to this point meaningfully involved people with lived experience of homelessness in the design or implementation of local programs. These respondents argued that this exclusion is not merely a procedural oversight but a substantive barrier to effective solutions, as those with firsthand knowledge of navigating the system are uniquely positioned to identify what works and what does not.

Residents and Business Owners: Safety, Sanitation, and Economic Impact

Residents of the downtown historic district and neighborhoods east of US-75 described a set of conditions that they believe have deteriorated over time and remain inadequately addressed. These conditions, detailed by 7 respondents, include the accumulation of trash and waste in public spaces, the presence of encampments in and near parks, and people living in abandoned or unregistered vehicles parked on residential streets for extended periods.

A larger number of respondents (21) described direct and at times distressing encounters: people sleeping on a porch or private property, drug paraphernalia left behind, public urination, prostitution, or aggressive behavior. Several said they had changed their own routines as a result — avoiding a particular store, no longer walking downtown at night, or carrying pepper spray for safety. More than one downtown business owner said the presence of unhoused individuals near their storefront was affecting customers and revenue and raised concern for employee safety.

A few respondents in this group were explicit about the tension they feel, saying they want resources delivered with compassion and respect while still believing boundaries and consistent enforcement are necessary. Several respondents in this category also raised concerns about the unintended consequences of certain charitable service models. Their view is that food and resource giveaways conducted without accompanying case management or pathways to stability may concentrate the unhoused population in residential areas without meaningfully improving individual outcomes.

Residents: Calls for Compassion

A significant number of residents (19) who encounter the unhoused population regularly expressed empathy, concern, and a desire to see meaningful help provided. These respondents described recognizing familiar faces over time, worrying about specific individuals during extreme weather events, and noting with sadness the growth of homelessness among older adults and women. Several respondents who walk downtown regularly noted that their actual interactions with unhoused individuals have been peaceful and non-threatening, and they expressed frustration that fear — rather than evidence — often drives public conversation about the issue. These respondents generally framed accountability, compassion, and collaboration as compatible rather than competing goals.

These respondents argued for a dignity-centered, housing-first approach rather than policing the visibility of homelessness, and specifically opposed relocating unhoused residents to another city or relying on incarceration as a response. A few suggested that vacant or underused buildings in the community could be repurposed for housing or services, and more than one urged that any solution serve everyone affected, not only taxpayers or the most vocal residents.

Limited or No Direct Experience with the Unhoused

A smaller (8) group of respondents, primarily those residing in newer developments or in the western portions of McKinney, reported having little to no direct personal exposure to homelessness. Several

expressed surprise at the scale of the issue, with one respondent noting that they had not encountered a single unhoused individual in six years of living in the city and had been unaware that homelessness was a meaningful local concern. Others in this group expressed general sympathy and a willingness to support solutions, while acknowledging that they lack the day-to-day context that informs the perspectives of those who live or work closer to the affected areas.

A subset of respondents in this category (5) expressed opposition to expanded government programs or affordable housing development in McKinney, citing concerns about the impact on neighborhood character, property values, and the local tax base.

Recognition of Systemic Problems and Solutions

Eleven respondents from across different categories situated McKinney's homelessness challenge within the context of broader economic forces. Several noted that the number of unhoused individuals in McKinney has more than tripled over the past five years, a growth rate they attributed to rising rents, stagnant wages, and the increasing cost of basic necessities. Working individuals who spend the majority of their income on rent, youths exiting foster care, seniors whose fixed incomes have not kept pace with property tax increases, and people who have lost housing following a single medical or financial crisis were all cited as part of a growing population of housing-insecure McKinney residents who are not always visible in official counts.

Respondents also noted the role of regional policy in shaping local conditions. Several observed that neighboring Collin County cities actively limit the development of affordable housing through restrictive zoning, effectively concentrating housing-insecure individuals in the communities that have been most willing to provide services. This dynamic, commonly referred to as a NIMBY (not in my backyard) effect, places a disproportionate burden on McKinney while allowing surrounding jurisdictions to benefit from its services without contributing resources.

A few respondents attributed part of the perceived increase to people relocating from Dallas or other parts of Collin County in search of services. A couple of comments pointed to restrictive housing policy in neighboring cities as pushing the issue toward McKinney, and one respondent argued that residents' fear of attracting unhoused individuals has caused some to oppose unrelated public amenities, such as transit service or park benches, even though the practical effect on homelessness would be minimal.

Taken as a whole, this question shows a community absorbing this issue from very different vantage points: hands-on volunteers and service providers who see systemic, resource-level gaps, and downtown residents and business owners who are managing real day-to-day safety and economic impacts.

Appendix F: The Cost of Homelessness

Acknowledgements to Grisenia Matos

Introduction

Research on homelessness consistently shows that policy approaches and the costs associated with addressing homelessness vary widely across jurisdictions, shaped by differences in local economies, housing markets, available resources, climate, funding mechanisms, and political ideology. This variation can be observed even between neighboring municipalities that share a regional government and a broadly similar political environment. In North Texas, for example, the cities of Plano and McKinney, both located within Collin County, have taken markedly different approaches to homelessness despite these shared circumstances. Plano operates no general-population homeless shelter, limiting shelter-based services to targeted populations such as survivors of domestic violence and at-risk youth, and the city recently added a social-services function within its police department, an initiative still too recent to evaluate. These local distinctions matter for any effort to estimate or compare the cost of homelessness, because the categories of expenditure that drive a city's costs depend heavily on which services that city chooses to fund and deliver directly, as opposed to through community partners.

Regional and Local Policy Context in North Texas

Local Funding and Administrative Structures

Plano's Neighborhood Services Department assigns two staff members to homelessness-related work, primarily handling referrals and monitoring the state-, federal-, and locally funded grants that flow to local nonprofit partners for three general purposes: temporary housing, rapid rehousing, and homelessness prevention. Of these, the homelessness-prevention funding the city receives from the State of Texas represents the largest single funding stream. Because McKinney's funding mix and program emphases differ from Plano's, the cost per person served in each city is unlikely to be directly comparable. Certain cost categories, however, are likely to remain more consistent across jurisdictions, including hospitalization, policing, and the administrative overhead of running homelessness programs, since these draw on regional systems, healthcare, criminal justice, and public administration, rather than purely municipal ones.

More broadly, budget pressures across North Texas municipalities have intensified in recent years, and the way counties and the cities within them allocate resources toward homelessness varies considerably, even among cities that share a county government, as illustrated by the divergence between McKinney and Plano within Collin County.

Available Data and Information Resources

Several organizations maintain data, dashboards, or coordination structures relevant to homelessness in North Texas that may be useful for further study or partnership. The Collin County Homeless Coalition publishes legislative updates online and through social media, though irregularly. Housing Forward operates a Coordinated Access System intended to streamline entry into homeless services across the Dallas-Fort Worth region. The United Way of Metropolitan Dallas supports broader social-service coordination across the area. The Texas Homeless Network maintains a state-level data dashboard reporting homelessness indicators by county. Finally, the Texas Department of Housing and Community Affairs administers several state homelessness grant programs, including the Homeless Housing and Services Program, the Ending Homelessness Fund, and the Emergency Solutions Grants program, and its website includes related programmatic and legislative information. Leadership at each of these organizations may be able to provide additional data or analysis beyond what is publicly available.

Legislative and Political Context

The political environment surrounding homelessness policy in North Texas, generally regarded as comparatively conservative, has shaped recent state-level legislative activity. Texas Senate Bill 241, for example, would have strengthened existing prohibitions on public camping, particularly homeless encampments, through provisions found in Sections 364.0021 through 365.0023 of the relevant code. The bill passed a Senate committee vote by a narrow five-to-one margin in March 2025 but was not advanced before the 89th Legislature concluded its session in June 2025. Although the bill did not become law, its substance offers insight into the prevailing political approach to homelessness within the state and the kinds of policy options municipalities may need to anticipate.

Literature Review: The Cost of Homelessness

Because political and philosophical approaches to homelessness differ not only between McKinney and Plano but across North Texas more broadly, a review of the wider research literature on the cost of homelessness helps situate any local cost analysis within the existing evidence base. The studies summarized below span national and international contexts and address direct costs, indirect costs, measurement challenges, population subgroups, and program effectiveness.

Forecasting National Costs and Emerging Solutions

Bhuiyan et al. (2025) develop an analytical framework and predictive model for forecasting the economic cost of homelessness nationally, distinguishing reactive measures, such as emergency shelter, healthcare, policing, and other social services, from active interventions intended to prevent or resolve homelessness, including supportive and affordable housing, healthcare access, and vocational training. The unhoused population, the authors note, spends three to four times more on healthcare than housed individuals because of repeated hospital and emergency-room admissions, and is overrepresented among those arrested and incarcerated, contributing to substantial indirect costs in lost productivity and a strained criminal-justice system. Absent sustained investment in long-term interventions, the authors project that costs will continue to climb, because most current responses address the symptoms of homelessness rather than its underlying causes. Looking ahead, the study highlights several emerging approaches: predictive models for reallocating resources as conditions change, partnerships among government, nonprofit organizations, and technology companies to build digital tracking tools, workforce training so existing staff can use these new systems, and artificial-intelligence-based identification of conditions that precede homelessness to allow for earlier intervention. The authors also flag the effects of climate change on homelessness as an area warranting further research.

The Cost of Encampment Sweeps

Bluthenthal et al. (2025) examine the financial and human costs associated with encampment sweeps. Sweeps tend to increase costs, the authors find, by causing the loss of personal belongings, including identification documents, clothing, and food, as well as medications used to manage chronic conditions or opioid use, while also contributing to demoralization among an already marginalized population. Sweeps are further associated with increased mortality, which carries its own downstream costs for municipal budgets. Critically, the authors find no evidence that sweeps reduce homelessness, even as they point to several evidence-based alternative approaches.

Disparities Across Subpopulations

Several studies point to disparities in the cost burden of homelessness across different subpopulations. Box et al. (2022) find that women who sleep rough or experience other forms of homelessness incur higher costs than men in comparable circumstances, though the specific drivers of this gap warrant

further study. Health-related disparities are similarly pronounced: Gaetz (2012) reports that people experiencing homelessness are far more likely than the general population to have hepatitis C (29 times more likely), epilepsy (20 times), heart disease (5 times), cancer (4 times), asthma (3.5 times), and arthritis or related conditions (3 times), and that they use emergency and inpatient care at higher rates despite facing significant barriers to accessing routine healthcare.

A New York City study by Salit et al. (1998) offers a direct empirical comparison of hospitalization patterns between homeless and low-income housed patients treated at public hospitals. As Table 1 shows, homeless patients were far more likely to be hospitalized primarily for a substance-use disorder or mental illness, had measurably longer average hospital stays, and were more likely to be covered by Medicaid than their low-income housed counterparts.

Table 1

Comparison of Hospitalization Patterns for Homeless and Low-Income Housed Patients in New York City

Table 12: Health Outcomes Comparison — Homeless vs. Low-Income Housed Patients (Source: Bluthenthal et al., 2025)

Measure	Homeless patients	Low-income housed patients (public hospital)
Hospitalized primarily for substance-use disorder or mental illness	80.6%	33.4%
Hospitalized for trauma, respiratory, or skin disorders (excluding AIDS)	38.5%	29.3%
Average length of hospital stay	36% longer than housed patients	—
Covered by Medicaid	80.4%	51.5%

Note: Data from Salit et al. (1998).

Concentration of Costs Among High-Need Individuals

Multiple studies find that homelessness-related costs concentrate heavily within a relatively small share of the population. Flaming et al. (2015), studying chronically homeless individuals in Santa Clara County's Silicon Valley region, find that healthcare accounts for 53 percent of public expenditures on this population, the justice system, primarily jail costs, for 34 percent, and social-welfare and county social-services agencies for the remaining 13 percent. Costs were highly skewed: the top 5 percent of the homeless population, roughly 2,800 persistently homeless individuals in the county at the time of the study, accounted for 47 percent of total costs. The authors conclude that prioritizing permanent housing for this relatively small group could generate savings sufficient to offset the cost of housing them.

A Philadelphia study by Poulin et al. (2010) reaches a similar conclusion using administrative records for psychiatric care, substance-use treatment, and incarceration among the chronically homeless. The top 20 percent of service users accounted for 60 percent of total costs, and 81 percent of this high-cost group had a diagnosed serious mental illness. By contrast, the lowest-cost 20 percent were far more likely to have a history of substance use without a corresponding mental-illness diagnosis (83 percent), suggesting that achieving cost-neutral outcomes for this latter group may call for less intensive, lower-

subsidy programs rather than the comprehensive supportive-housing model better suited to the highest-need group.

Defining and Measuring the Cost of Homelessness

Other contributions to the literature focus less on calculating specific cost figures than on the conceptual and methodological challenges of measuring homelessness costs in the first place. Bramley (2024) provides an extensive literature review distinguishing, for instance, between the higher transitional-housing costs associated with single individuals or families experiencing homelessness for the first time and the comparatively lower costs of addressing homelessness among those for whom either permanent housing or supportive services alone would suffice (p. 127). The review confirms that Housing First models generate significant municipal cost savings, while noting that such programs typically achieve only about 80 percent tenancy sustainment rather than universal success. A recurring difficulty across the studies Bramley reviews is correctly attributing observed cost reductions to homelessness interventions specifically, since outcomes are closely intertwined with broader public services, healthcare, the criminal-justice system, and welfare benefits, as well as longer-term effects such as school dropout and reduced lifetime employment, including among adults who experienced homelessness as children.

Bramley (2024) further reviews evidence on the efficacy of permanent supportive housing and income-assistance interventions, finding these approaches generally effective for individuals receiving housing subsidies paired with case management, particularly those with moderate to high support needs, though effects on severe mental illness, substance abuse, and employment outcomes are mixed. Much of this ambiguity, the review suggests, stems from a persistent shortage of reliable longitudinal cost-effectiveness data, reinforcing the broader conclusion that no single intervention works for every situation. Bramley argues that the field should move from narrow cost-effectiveness comparisons toward a broader cost-benefit framework, one that accounts for externalities such as effects on tourism, culture, and the use of public space; subjective wellbeing and neighborhood-level impacts; third-party willingness to pay, drawing on survey methods used in environmental and health economics; and appropriate weighting of who bears the costs of homelessness and who receives the benefits of addressing it (p. 133).

Two further contributions address research methodology directly. Flatau and Zaretzky (2008) compare experimental and non-experimental research designs for evaluating the effectiveness and cost of homelessness programs, examining the full range of service-delivery resources, capital costs, and cost offsets, and weighing the relative strengths and weaknesses of each design, a useful resource for researchers developing a study protocol. Pinkney and Ewing (2006), in an Australian government-funded report, similarly compare approaches to costing homelessness and homelessness prevention across the United States, Canada, the United Kingdom, and Australia; examine the data and resources available for costing work specifically within Australia; and offer guidance for building broader capacity for economic valuation in this field. The authors note that empirical cost research conducted in the United States has had a measurable influence on homelessness policy more broadly.

Data Limitations and Research Bias

Culhane (2008) offers one of the most detailed assessments of why the cost of homelessness has historically been difficult to measure with confidence. Much prior research, in Culhane's account, relied on self-reported service use rather than administrative records, introducing measurement error, and findings often cannot be generalized across regions because the availability and accessibility of homeless services vary substantially across the United States; areas with fewer public services tend, almost by definition, to have fewer costly service users within their homeless population. Existing research has

also focused disproportionately on individuals with severe psychiatric disabilities relative to those without, and on single adults relative to families, and has tended to oversample presumed high-cost or chronically homeless individuals through non-random or convenience sampling, which limits how well study findings generalize to the broader homeless population.

Culhane (2008) recommends that future research designs draw more representative samples linked to service records or interview data, and that they test a wider range of housing interventions, including lower-intensity, lower-cost programs that may help offset costs for individuals who do not require the heaviest level of support. Progress on data collection has been aided by systems such as the Homeless Management Information System, mandated by Congress beginning with the 2000 federal budget, though obtaining cooperation from mainstream agencies not specifically focused on homelessness remains difficult because of confidentiality requirements. Some jurisdictions have addressed this by obtaining client consent during registration for services and establishing data-sharing protocols among agencies and research sponsors.

Culhane (2008) also cautions against several recurring pitfalls in cost research: overstating cost savings or offsets, given that cost is only one dimension of the broader moral concerns homelessness raises, including dehumanization and heightened vulnerability to victimization; failing to pursue more comprehensive economic analyses that monetize the value of stable housing and improved health, employment, and family outcomes; assuming that reduced service utilization automatically frees up dollars for reinvestment in housing, when public funding is often not fungible across budget lines; assuming that reduced utilization necessarily lowers a facility's overall operating costs; and overlooking the multiple sectors, including education and services for disadvantaged youth and adults with behavioral health needs, that homelessness affects beyond its most visible cost centers. Some U.S. communities have responded by building integrated administrative-data infrastructures spanning these sectors, an approach that can reveal inefficient resource use and help build public and political support for further investment in housing solutions.

Gaetz (2012) reaches related conclusions in a Canadian context, arguing that homelessness costs are generally underestimated because access to homelessness-related data is restricted, shelter-stay reporting is inconsistent, and the methodological challenges of estimating chronic homelessness make it risky to generalize cost-benefit findings from the chronically homeless to the broader population of people who experience shorter-term homelessness, who are less likely to have a mental illness, and who consequently use fewer costly services. Gaetz further cautions that housing people who are homeless does not necessarily reduce healthcare costs outright; while health outcomes tend to improve once housed, healthcare costs can in some cases increase, partly because newly housed individuals gain easier access to health and social services they could not previously use as readily.

Risk Factors and Generational Homelessness

A UK-based report by Dellar (2022) catalogs the risk factors associated with becoming homeless, including demographic characteristics, poverty, limited education, poor health, alcohol or substance addiction, domestic abuse and relationship breakdown, prior experience in the foster-care system, and having a criminal record. The report identifies homelessness as a strong predictor of future homelessness among young people, particularly those between the ages of sixteen and thirty, finding that roughly 43 percent of children whose parents experienced homelessness become homeless themselves later in life, an effect that appears more pronounced among marginalized ethnic groups. The report also documents a measurable, lasting reduction, on the order of 13 percent, in life satisfaction among people who have ever experienced homelessness, a decline that persists well beyond the period of homelessness itself.

Dellar's report is notable for cataloging cost categories that are frequently omitted from homelessness cost estimates. These include legal advice and court-related support services; the administrative cost of processing a homelessness application, arranging temporary accommodation, and completing statutory duties; eviction-related costs, including the legal, administrative, and policing costs of forced evictions, unpaid rent that must be written off, and the cost of re-leasing a unit after eviction, including marketing and repairing property damage; processing of housing-benefit applications; health, mental-health, and substance-use support services; domestic-abuse services; reduced educational performance, measured in the report at roughly six percentage points below peers, along with school-attendance problems; foster-care costs; and the criminal-justice costs associated with repeat offending. The report notes that additional costs attributable to local policy choices fall outside the scope of its analysis, underscoring that even comprehensive cost studies are likely to understate the full economic footprint of homelessness.

Effectiveness of Prevention and Housing Programs

Evans et al. (2016) provide quasi-experimental evidence on a widely used but comparatively understudied prevention strategy: short-term rent and utility assistance intended to keep at-risk households housed. By comparing outcomes for individuals who sought this assistance when program funding happened to be available against those who sought it when funding had run out, the authors find that prevention assistance is most cost-effective when targeted to very low-income households, since moderate-income households facing a similar shock are more likely to have other resources or housing options available to them. The assistance studied reduced the likelihood that recipients subsequently entered a shelter. Although the cost of such prevention programs is not trivial, the authors argue it remains far lower than the broader societal cost of homelessness itself, including elevated mortality, family disruption, and learning setbacks such as early-childhood disability or grade repetition. The authors also note a potential moral-hazard concern: by signaling that emergency assistance is available, prevention programs could increase the number of households that apply for help or discourage some households from saving as a form of self-insurance against housing instability.

Ly and Latimer (2015) conduct a systematic review of cost outcomes associated with Housing First programs and find consistent evidence of cost savings in shelter use and emergency-department visits, but more ambiguous evidence regarding hospitalization and criminal-justice costs. Notably, the direction of reported findings appears related to study design: studies using pre-and-post comparisons tend to report net cost decreases under Housing First, while experimental studies more often report net cost increases, a pattern that complicates simple claims about the program model's overall cost-effectiveness.

Pleace (2023) draws an important distinction between people experiencing long-term homelessness with high and complex support needs and those, such as survivors of domestic abuse or families experiencing poverty-driven homelessness, who become homeless primarily because of economic hardship rather than addiction or severe mental illness. Pleace estimates that the high-needs group represents roughly 20 percent of the homeless population and is, by most accounts, the costliest, although precise percentage breakdowns are not provided. Citing research from England and Wales, Pleace notes that the broader economic effects of domestic abuse, including lost productivity and diminished life chances, exceed the public expenditures generated directly and indirectly by domestic abuse itself, suggesting that domestic-abuse-related homelessness costs deserve closer examination in their own right (p. 260). Pleace further cautions that Housing First, despite its demonstrated effectiveness for high-needs individuals, can be markedly inefficient when applied to families who do not require its level of intensive support, care, and treatment.

Macro-Level Drivers of Homelessness

Beyond program-level cost analysis, two studies examine the broader structural drivers of homelessness rates. Quigley and Raphael (2001) trace much of the variation in homelessness rates across U.S. metropolitan housing markets to how affordable housing is priced and how available it is, combined with rising demand for the cheapest, lowest-quality units in the local housing stock. Heston (2023), examining disparities in homelessness rates across U.S. states through regression analysis, identifies the cost-of-living index as the single strongest predictor of state-level homelessness, with unemployment, tax burden, binge-drinking rates, and opioid-prescription rates, which show an inverse relationship with homelessness, also emerging as significant contributors.

Appendix G: References

American Addiction Centers. (2025). Homelessness and addiction. https://americanaddictioncenters.org/rehab-guide/homeless-rehab

Barry, R., Anderson, J., Tran, L., Bahji, A., Dimitropoulos, G., Ghosh, S. M., Kirkham, J., Messier, G., Patten, S. B., Rittenbach, K., & Seitz, D. (2024). Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-Analysis. *JAMA Psychiatry, 81*(7), 691–699. https://doi.org/10.1001/jamapsychiatry.2024.0426

Bhuiyan, M. M. R., Chy, M. A. R., Hossin, M. E., Rozario, E., Sultana, S., Khair, F. B., & Ahmed, M. K. (2025). Economic Implications of Homelessness in the U.S. Applying Advanced Business Analytics to Forecast Costs and Develop Sustainable Solutions. *2025 5th International Conference on Electrical, Computer and Energy Technologies (ICECET), 1–5.* https://doi.org/10.1109/ICECET63943.2025.11472202

Bluthenthal, R. N., Ganesh, S. S., & Goldshear, J. L. (2025). Health and Economic Costs of Homelessness. *JAMA Network Open, 8*(6), e2517111. https://doi.org/10.1001/jamanetworkopen.2025.17111

Box, E., Flatau, P., & Lester, L. (2022). Women sleeping rough: The health, social and economic costs of homelessness. *Health & Social Care in the Community, 30*(6), e4175–e4190. https://doi.org/10.1111/hsc.13811

Bramley, G. (2024). The cost of homelessness. In G. Johnson, D. Culhane, S. Fitzpatrick, S. Metraux, & E. O'Sullivan (Eds.), *Research handbook on homelessness* (pp. 124–138). Edward Elgar Publishing.

City of McKinney. (2023). *Resident migration data, 2018–2021* [Data compiled from U.S. Census Bureau American Community Survey estimates; provided to the Public and Nonprofit Management Program research team].

City of McKinney. (2025). *Unhoused community resources*. https://www.mckinneytexas.org/825/Homeless-Resources

City of McKinney Code Compliance Data. (2025). Encampment cleanup records [Data provided to the Public and Nonprofit Management Program research team].

Collin County. (n.d.). *Health and human services*. https://www.collincountytx.gov/

CommonGood Medical. (n.d.). *Home.* https://commongoodmedical.org/

Community Health Clinic of McKinney. (n.d.). *Home*. https://chc-mckinney.org/

Culhane, D. P. (2008). The cost of homelessness: A perspective from the United States. *European Journal of Homelessness, 2*, 97–114.

Dadpay, A., & Huang, P. (2024). *The cost of homelessness in Dallas & Collin counties*. Dallas County Health and Human Services. https://www.dallascounty.org/Assets/uploads/docs/hhs/data-reports/The-Cost-of-Homelessness-in-Dallas-and-Collin-Cos.pdf

Dallas County Health and Human Services. (2024). *Health advisories, data, and reports*. https://www.dallascounty.org/departments/dchhs/data-reports/reports.php

Dellar, A. (2022). *The Risks and Costs of Homelessness.* Xantura. https://xantura.com/wp-content/uploads/2022/11/The-Risks-and-Costs-of-Homelessness.pdf

Evans, W. N., Sullivan, J. X., & Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. *Science, 353*(6300), 694–699. https://doi.org/10.1126/science.aag0833

Farr, C. (2025, October 22). McKinney council approves principles for Better Together homelessness initiative. Community Impact. https://communityimpact.com/dallas-fort-worth/mckinney/government/2025/10/22/mckinney-council-approves-principles-for-better-together-homelessness-initiative/

Flaming, D., Toros, H., & Burns, P. (2015). Home not found: The cost of homelessness in Silicon Valley. *Economic Roundtable*. https://ssrn.com/abstract=2772270

Flatau, P., & Zaretzky, K. (2008). The economic evaluation of homelessness programmes. *European Journal of Homelessness, 2*, 305–320.

Gaetz, S. (2012). The real cost of homelessness: Can we save money by doing the right thing? *Canadian Homelessness Research Network.* https://homelesshub.ca/sites/default/files/costofhomelessness_paper21092012.pdf

Heston, T. F. (2023). The cost of living index as a primary driver of homelessness in the United States: A cross-state analysis. *Cureus, 15*(10), e46975. https://doi.org/10.7759/cureus.46975

Housing Forward. (2026). *2026 State of Homelessness in Dallas and Collin counties.* https://housingforwardntx.org/wp-content/uploads/2026/05/2026-SOHA-Data.pdf

HUD Exchange. (2026). *Transitional Housing (TH).* https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/transitional-housing/

LifePath Systems. (n.d.). *Home.* https://www.lifepathsystems.org/

Love, C. (2024, July 10). Affluent North Texas school districts grapple with a growing problem: A rise in homeless students. *KERA News*. https://www.keranews.org/news/2024-07-10/plano-isd-homeless-student-population-goes-up-again

Ly, A., & Latimer, E. (2015). Housing First impact on costs and associated cost offsets: A review of the literature. *Canadian Journal of Psychiatry, 60*(11), 475–487. https://doi.org/10.1177/070674371506001103

Martin, A. (2024, May 12). Gender pay gaps wide in N. Texas. *Dallas News*.

McKinney Police Department. (2025). Community Services Unit homelessness engagement data [Data provided to the Public and Nonprofit Management Program research team].

National Low Income Housing Coalition. (2025). *Out of reach 2025: The high cost of housing*. https://nlihc.org/oor

Pinkney, S., & Ewing, S. (2006). *The costs and pathways of homelessness: Developing policy-relevant economic analyses for the Australian homelessness service system.* Australian Government Department of Families, Community Services and Indigenous Affairs.

Pleace, N. (2023). Costs. In J. Bretherton and N. Pleace (eds)., *The Routledge Handbook of Homelessness*. London: Routledge.

Poulin, S. R., Maguire, M., Metraux, S., & Culhane, D. P. (2010). Service use and costs for persons experiencing chronic homelessness in Philadelphia: A population-based study. *Psychiatric Services, 61*(11), 1093–1098. https://doi.org/10.1176/ps.2010.61.11.1093

Quigley, J. M., & Raphael, S. (2001). The economics of homelessness: The evidence from North America. *European Journal of Housing Policy, 1*(3), 323–336. https://doi.org/10.1080/14616710110091525

Salit, S. A., Kuhn, E. M., Hartz, A. J., Vu, J. M., & Mosso, A. L. (1998). Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine, 338*(24), 1734–1740. https://doi.org/10.1056/NEJM199806113382406

Spellman, B., Khadduri, J., Sokol, B., & Leopold, J. (2010). *Costs associated with first-time homelessness for families and individuals.* U.S. Department of Housing and Urban Development, Office of Policy Development and Research. https://www.huduser.gov/portal/publications/povsoc/cost_homelessness.html

Texas Department of Housing and Community Affairs. (n.d.). *Home.* https://www.tdhca.texas.gov/

Texas Health and Human Services. (n.d.). *Home.* https://www.hhs.texas.gov/

Texas Health and Human Services. (2021). *Emergency Medical Service (EMS) 911 Run Times.* https://healthdata.dshs.texas.gov/dashboard/injuries/ems-911-run-times

The Samaritan Inn. (n.d.). *Home.* https://samaritaninn.org/

U.S. Census Bureau. (n.d.). *QuickFacts: McKinney city, Texas*. https://www.census.gov/quickfacts/mckinneycitytexas

U.S. Department of Housing and Urban Development. (2012). Criteria and recordkeeping requirements for definition of homeless. *HUD Exchange*. https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless

U.S. Department of Housing and Urban Development. (2023). Point-in-Time count and Housing Inventory Count methodology guide. *HUD Exchange*. https://www.hudexchange.info/programs/hdx/pit-hic/

U.S. Department of Housing and Urban Development. (2026, May). *The 2025 Annual Homelessness Assessment Report (AHAR) to Congress. Part 1: Point-in-Time Estimates of Homelessness.* https://www.huduser.gov/portal/sites/default/files/pdf/2025-AHAR-Part-1.pdf

University of California, San Francisco. (n.d.). *Benioff Homelessness and Housing Initiative*. https://homelessness.ucsf.edu/