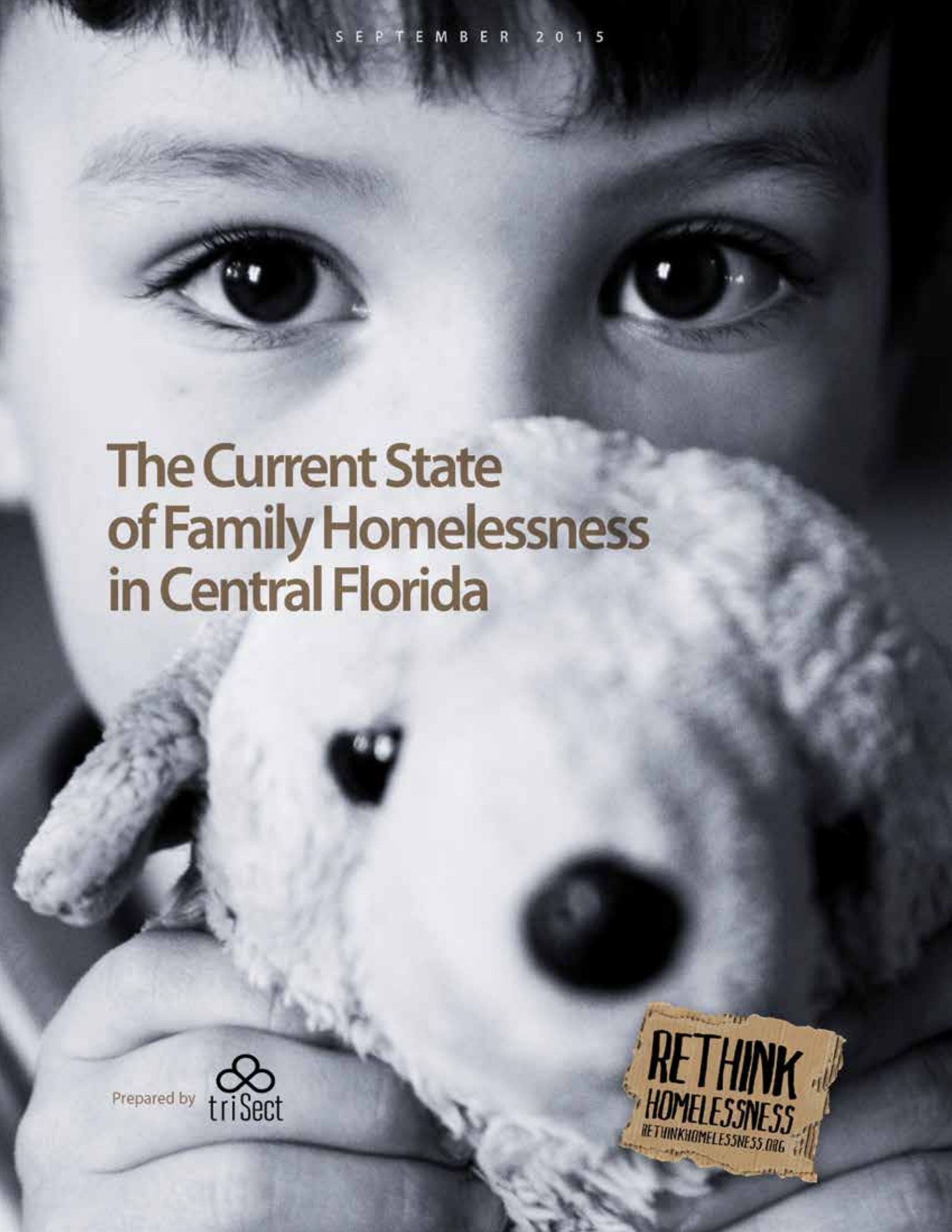
SEPTEMBER 2015

The Current State of Family Homelessness in Central Florida



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IMPACT HOMELESSNESS

An initiative of the Central Florida Commission on Homelessness

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Central Florida's Homeless Families

In 2013's U.S. Department of Housing and Urban Development's Annual Homeless Assessment Report, Central Florida was reported to have the most long-term homeless people in the nation for communities of like size. The Central Florida Commission on Homelessness decided to study the cost of homelessness on the community and take a closer look at funding options to create housing for both the long-term homeless and families who are homeless in Central Florida. The results of this study follow.

PROJECT EXPERT TEAM

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His research on leadership, motivation, job design and personality has been published in *Forbes* magazine, Monster.com, CIO.com, in numerous textbooks, and in top academic journals such as the *Academy of Management Journal* (AMJ), *Journal of Applied Psychology, Personnel Psychology, Human Resource Management, Journal of Management*, and the *Journal of Organizational Behavior.*

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A recognized visionary and entrepreneurial leader, Shelley is often called upon to serve as an advisor to organizations and communities wanting to create and implement shared visions and strategic directional plans. Current clients include the Florida Department of Transportation, the Central Florida Water Initiative and the Central Florida Commission on Homelessness.

Prior to founding the firm, Shelley served as President of myregion.org, a business unit of the Central Florida Partnership formed to serve as a catalyst for Central Florida's individuals, organizations, businesses and governments, acting together to make the region globally competitive.

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INTRODUCTION

"One in 50 families in Central Florida, and one in 17 children, will experience homelessness, during the course of a year."

In 2014, Florida ranked highest in the nation in the rate of families experiencing homelessness who remained unsheltered, according to *The 2014 Annual Homeless Assessment Report (AHAR) to Congress* by the U.S. Department of Housing and Urban Development (HUD). With 12,812 Florida family members who are literally homeless (staying in temporary shelter or unsheltered) and 5,847 of those living on the streets or in their cars, 45.6 percent of Florida's homeless people in families had no place to call home, even temporarily.

Families who exist at the poverty level are just one major life event away from losing the place they call home. When they're hit with a lost job, a major illness, a divorce, a house fire or a disabled car, they spiral downward into a new level of crisis.

But how many people does this phenomenon affect in Orange, Seminole and Osceola counties? How many children are going without permanent shelter? How deep does the problem go, and how can the region come together to address family homelessness?

In late 2014, Orange County Mayor Teresa Jacobs asked the Central Florida Commission on Homelessness to form a committee to answer these questions. The group was tasked with examining key drivers of family homelessness in Central Florida, identifying national best practices to address this issue, and developing a local plan of action to address it. Dick Batchelor of the Dick Batchelor Management Group Inc. was tapped to chair the Committee, which contracted with key national and local experts to take an in-depth look into the issue.

As will be shared in this report, researchers have confirmed what community leaders had suspected: the problem is more serious than previously reported, and there is no quick and easy solution.

The research estimates that, using the broadest definition of homelessness, as many as 44,000 family members experience some type of homelessness in Central Florida during a year. This includes families who are accessing hotels/motels, those staying with family members and friends, and those who are literally homeless. One in 50 families in Central Florida, and one in 17 children, will experience homelessness during the course of a year, according to this definition.

The community's current response appears to be fragmented and not achieving optimal results, the research shows. Central Florida lacks a systematic, integrated regional approach to provide services, shelter and housing to families who find themselves with nowhere to live.

To make a difference in protecting as many children as possible, stakeholders in the tri-county area need to work together across all sectors to retool and strengthen programs that can weave together a local crisis response system to make family homelessness rare, brief and one-time.

THE COMMITTEE'S APPROACH

The newly formed Central Florida task force, the Committee on Family Homelessness (The Committee), began looking into what is happening locally. Committee members represented business, government and independent-sector organizations across the tri-county region.

Dick Batchelor
Dick Batchelor
Management Group, Inc. (Chair)

Michael Griffin
Florida Hospital (Vice Chair)

Martha Are
Homeless Services Network
of Central Florida

Vivien Bryant
Orlando Housing Authority

Diana Bolivar
Hispanic Chamber of
Commerce of Metro Orlando

William "Bill" D'Aiuto
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University of Central Florida

Kathy Hazelwood
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Dr. Joy Taylor
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Andrew Thomas
City of Sanford

Valmarie Turner
Seminole County

Mark Waltrip
Westgate Resorts

Donna Wyche
Orange County
Health Services Department

The Committee solicited community perspectives about what's working and what's not working, gathering best practices from within the region and from other parts of the country. The recommendations emerging from that analysis are included in this report.

The Committee approached its mission in six steps:

1) Agree on common terminology.

To examine the effects of family homelessness, it's important to first understand how it is defined by various government institutions and legislation.

- **Family homelessness** describes parents and children who lack a fixed, regular and adequate nighttime residence, as defined by the McKinney-Vento Homeless Assistance Act. The U.S. law, passed in 1987 and amended several times since then, provides federal money for homeless programs and protects the rights of homeless children in the public schools system by granting them protected-class status. The statute provides the Department of Education (ED) with a broader definition while providing HUD with a more narrow definition. The difference in definitions results in differing counts as well as creates differences in eligibility for Federal programs at HUD, ED, and other departments (including Labor, Veterans Affairs, and Health and Human Services).

A complete **Glossary of Terms** can be found in Appendix I.

2) Determine a framework for helping the Committee and the community understand family homelessness.

The Committee began looking at national best practice models addressing family homelessness and identified *Family Connection: Building Systems to End Family Homelessness*, a report by the U.S. Interagency Council on Homelessness (USICH), as a framework for discussion and decision-making. USICH's vision for ending homelessness by 2020 outlines that no family will be without shelter and that homelessness will be a rare and brief occurrence.

Additionally, USICH's goals are:

- To ensure that no families are living unsheltered.
- To shorten episodes of family homelessness by providing resources that enable families to safely re-enter permanent housing as quickly as possible.
- To link families to the benefits, supports and community-based services they need to achieve and maintain housing stability.
- To identify and implement effective prevention methods to help families avoid homelessness.

The Committee agreed to use the *Family Connection* framework as an assessment tool for documenting Central Florida's current approach in addressing family homelessness.

For further explanation of the Family Connections framework elements, see Appendix III.

Defining Homelessness

The statute for the U.S. Department of Housing and Urban Development (HUD) defines homeless people as:

- Those living in a publicly or privately operated shelter providing temporary living arrangements.
- Those persons whose primary nighttime residence is a public or private place not intended to be used as an accommodation for human beings, such as a car, park, abandoned building, or campground.
- A person who is exiting from an institution where he or she lived for 90 days or less, and who was otherwise homeless immediately prior to entering that institution.
- A person who is fleeing from a domestic violence situation.
- A person who will lose his or her primary nighttime residence within 14 days where no subsequent dwelling has been found and the individual lacks the resources to obtain permanent housing.

The statute for HUD also defines those who are *not* counted as homeless:

- Persons residing in permanent supportive housing programs, such as those supported by rental assistance vouchers.
- Persons living in emergency shelters and temporary housing that is not dedicated to serving the homeless, such as alcohol detox centers.
- Individuals and families temporarily staying with family or friends because of the loss of their own housing or for economic reasons (doubled-up or sofa-surfing).
- People living in a temporary hotel or motel setting that is paid for without program support.
- Persons living in permanent housing with assistance from a government program.

The McKinney-Vento Homeless Education Assistance Improvements Act of 2001 defines homeless children and youths as those who lack a fixed, regular and adequate nighttime residence, including those who are:

- Sharing the housing of others due to loss of housing, economic hardship or similar reason.
- Living in motels, hotels, trailer parks and camping grounds due to lack of adequate alternative housing.
- Living in emergency or transitional shelters.
- Abandoned in hospitals or awaiting foster care placement.
- Living in a public or private place not designed for or used as a regular sleeping accommodation for human beings to live.
- Living in cars, parks, abandoned buildings, bus or train stations, substandard housing or similar settings.
- Migratory and living in any of the above circumstances.

The Committee outlined nine key areas impacting family homelessness and determined it would examine each of them in its subsequent meetings:

1) Continuum of Care, a community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care is often used to refer to they system of programs to address and prevent homelessness as well as the body that coordinates such efforts.

2) Coordinated entry, a community-wide process to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness.

3) Targeted homelessness prevention, intervention aimed at helping families stay safely in current housing or move to other housing without requiring a shelter stay first. Priority is given to families who are most likely to be admitted to a shelter if they don't receive this assistance.

4) Emergency shelter, any facility designed to provide temporary or transitional shelter for people who experience homelessness typically (but not exclusively) for a period of 90 days or less. Supportive services may or may not be provided in addition to the provision of shelter.

5) Transitional housing, designed to provide temporary housing and appropriate support services to persons who experience homelessness to facilitate movement to independent living within 24 months.

6) Rapid Re-Housing, an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing in the community. Its core components include providing help with housing search and identification, limited financial assistance to secure and retain housing, and connections to support services as needed. Assistance is tailored to provide only what is needed to ensure transition to housing with likelihood of remaining housed.

7) Permanent supportive housing, long-term, subsidized housing that also provides supportive services for homeless persons with disabilities.

8) Funding, the amount of community resources designated for helping the homeless population and especially families who are homeless.

9) Data collection and performance management, the community's ability to measure how its resources are working.

3) Select a research team to document current practices for addressing family homelessness in the region.

In order to fully understand the current conditions of family homelessness in Central Florida, the Committee contracted with key national and local experts to understand what the region is currently doing to address family homelessness and what dollars are being spent to support the efforts. Those key experts included Barbara Poppe and Associates, based in Columbus, Ohio, brought in for national expertise in family homelessness; Katharine Gale, based in California, and Dr. Ronald F. Piccolo of the Crummer Graduate School at Rollins College in Winter Park, tasked with examining the way local dollars are spent on helping homeless families; and Shelley Lauten with triSect, who organized the approach and plan of action for the research and this report.

4) Learn about best practices for combating family homelessness.

While the researchers were doing their work, the Committee took time to hear from a variety of community leaders to understand what is happening in relation to the framework in Central Florida. Many of the leaders came from within the region, while others were from other parts of the country. Among the presentations, which took place in March through July 2015, the Committee heard on the topics of:

SCHOOLS

Who: Homeless student coordinators - Beth Davalos, Seminole County Public Schools; Christina Savino, Orange County Public Schools; Gabriela Barros, Osceola County Public Schools

Expertise: How children are counted as homeless under the McKinney-Vento Act

Information presented: With nearly 12,000 students identified as homeless in Central Florida in 2015, the homeless student coordinators identified barriers to better serving the students and their families, including:

- Lack of Rapid Re-Housing options.
- Lack of a centralized intake and service tracking system.
- Lack of services and funding for homelessness prevention.
- Lack of services and funding for families sharing housing.

Recommendations: The coordinators identified some opportunities for Central Florida when serving their homeless students and their families:

- Assign a dedicated caseworker in each school who documents information in the HMIS system.
- Implement a regional service tracking system.

RAPID RE-HOUSING

Who: National experts Cynthia Nagendra, Director for the Center of Capacity Building, National Alliance to End Homelessness; and Kris Billhardt, Executive Director, Volunteers of America Oregon – Home Free; and regional experts Jennifer Taylor of the Christian Sharing Center; and Mary Downey of the Community Hope Center.

Expertise: The importance of Rapid Re-Housing in addressing a community's family homelessness.

Information presented: Nagendra said Rapid Re-Housing reduces the negative impacts of long-term homelessness by getting individuals or families back into housing within 30 days of them becoming homeless and it reduces program and system costs. She explained the core components of Rapid Re-Housing and shared with the Committee how other states have been able to implement the model with great success.

Recommendations: Consider shifting resources toward a Rapid Re-Housing approach for maximum ROI. Using Virginia as an example, Nagendra noted that the state shifted $4.5 million in state funding to Rapid Re-Housing and re-granted foundation funds to ease transition, build capacity and incentivize innovative Rapid Re-Housing practices. This change resulted in a 25 percent reduction in homelessness in Virginia between 2010 and 2014.

HOUSING FIRST

Who: National experts Liz Drapa, Managing Director, Consulting and Training for the Corporation for Supportive Housing in Chicago; and Shannon Nazworth, Executive Director of Ability Housing of Northeast Florida; and regional experts Martha Are, Executive Director of the Homeless Services Network; and Larry Olness, Vice President, Community Services for the Heart of Florida United Way.

Expertise: Implementation of the Housing First model, which focuses on getting homeless people established in stable housing and then helping them with other services, instead of the opposite approach of helping them regain control of their lives before they move.

Information presented: Drapa shared the importance of the Housing First model with the Committee and discussed federal programs that are addressing family homelessness. She emphasized that these programs are being evaluated by how many families exit homelessness. In addition, she discussed some evidence-based practices specific to family homelessness including Rapid Re-Housing and supportive housing for those families with high needs.

Additionally, Drapa discussed the Child Welfare and Supportive Housing Welfare Center, a federal demonstration testing an intensive approach to providing vulnerable families with safe, affordable housing as well as services and supports they need to stay together.

With an initial five grantee sites in Broward County, FL, Cedar Rapids, IA, Memphis, TN, San Francisco, CA, and the state of Connecticut, testing is being done over the next five years to bring supportive housing to more than 500 families with children at risk of, or already in, foster care placement.

Recommendations: Consider a Housing First approach to encourage local implementation of supportive housing services that integrate housing and case management for children and their parents, as well as trauma-informed interventions and evidence-based mental health services through partnerships. Drapa said the Urban Institute's uniquely qualified team will work collaboratively to conduct a national evaluation that recognizes the goals of grantees, local evaluators, funders and policymakers.

AFFORDABLE HOUSING

Who: Shannon Nazworth, Executive Director of Ability Housing of Northeast Florida

Expertise: Affordable housing

Information presented: Nazworth discussed with the Committee why homelessness is a housing issue. She noted that there are generally two ways to make housing more affordable: either increase citizens' income or decrease housing costs. She further discussed important best practices including prevention, diversion, and Rapid Re-Housing, and why these key components keep families from being homeless for longer than necessary.

Additionally, Nazworth shared the successes of some of Ability Housing of Northeast Florida's work, including Mayfair Village Apartments. Ability Housing created 83 units of affordable housing to serve homeless individuals and families and those at-risk of becoming homeless. The project actually increased surrounding property values, had positive impacts on local businesses, and decreased crime in the area.

Recommendations: Consider affordable housing projects and seek funding through Low Income Housing Tax Credits, through the Tax Credit Exchange Program, and with a HOME Investment Partnership & Homeless Housing Assistant Grant.

INTERVENTION SERVICES

Who: Joel Roberts, CEO of PATH – Making it Home, Southern California

Expertise: Creating partnerships with service providers to help homeless families

Information presented: People Assisting the Homeless (PATH) is a California-based family of agencies working together to end homelessness for individuals, families and communities. The organization provides housing and supportive

services in 22 locations throughout California and has quickly become the largest provider of Rapid Re-Housing services in the state, with more than 1,000 units of permanent supportive housing either currently available or in the development pipeline.

Recommendations: It is important to look at the big picture when housing or rapidly re-housing families, which can be accomplished by creating partnerships with a variety of service providers. This helps families succeed by ensuring they receive the intervention services they need for the long term as well as day-to-day services such as food assistance. Using this model, PATH has housed more than 4,800 people in two years and averages housing 20 people per day.

DOMESTIC VIOLENCE

Who: Kris Billhardt, Executive Director, Volunteers of America Oregon – Home Free; and Carol Wick, CEO of the Harbor House of Central Florida.

Expertise: Preventing those fleeing from domestic violence from becoming homeless

Information presented: Kris Billhardt spoke on the correlation between homelessness and domestic violence. She noted that domestic violence is the cause of 40 percent of homelessness.

Carol Wick shared with the Committee the staggering number of referrals received last year by Harbor House, which helps victims of domestic violence. That number reached 10,000, and without housing options, many of those referrals will either return to a situation that is unsafe for them or become homeless.

Recommendations: Rapid Re-Housing is a strong option for those fleeing domestic violence situations because it quickly stabilizes a family to get back on its feet, Billhardt said. Harbor House has seen success with this type of program, offering Rapid Re-Housing to 124 families in the past five years, and 98 percent of those families still remain housed today.

Wick recommended several programs that would assist domestic violence survivors facing homelessness in Central Florida, including a certified program for housing, a coordinated assessment ensuring safety as the top priority, flexible funding, and long-term support.

5) Gather information recorded by the researchers into a report that can be delivered to the community.

Each part of the research team contributed to this report, outlining how to approach the issue from a national perspective, what is being done on a local level, and what could be done in the future to prevent families from becoming homeless. These pieces are presented in the subsequent chapters of this report.

6) Create a set of recommendations based on input from the community and the findings of the research.

Family homelessness is a challenging issue and one that needs a range of coordinated strategies to best address. This report recaps the best practices gathered by the Committee on Family Homelessness and makes clear recommendations for a Plan of Action.

"Domestic violence is the cause of 40 percent of homelessness."

— Kris Billhardt, Executive Director, Volunteers of America Oregon - Home Free

Part II

A LOOK AT CENTRAL FLORIDA:

DATA

To establish a baseline for what is happening in the region today with family homelessness, the national researchers gathered data from multiple sources throughout the community. That data was compared with state and national figures and then examined next to federal definitions and guidelines on family homelessness.

The goal was to determine the extent of the problem in the tri-county region. How many families are experiencing homelessness, and where are most of them sleeping? What community resources are they using, and which ones remain virtually unknown to this group of people? How close are the figures reported for Central Florida to what the region is actually experiencing? A clear picture began to emerge.

Through a series of presentations in the spring of 2015, The Central Florida Committee on Family Homelessness, researchers and community leaders heard from stakeholders throughout Central Florida on their experiences with the issue.

This section of the report is based on the work of the Committee and the findings of Barbara Poppe and Associates.

What is the extent of homelessness among families with children in Central Florida?

One of the gauges of family homelessness nationwide is an annual count conducted by each school system in the United States under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001. The U.S. Department of Education compiles this information in an annual report that allows communities to compare their situations with those of other regions of similar size.

Data for the 2012-13 school year, the most recent available, shows 13,133 children within the three-county region of Orange, Osceola and Seminole counties were counted as homeless for the U.S. Department of Education's annual report.

Data for the 2013-14 school year (partial year) found 74 percent of these schoolchildren were living in shared housing, doubled up with friends and extended families. About 19 percent were residing in motels, and 5 percent were sleeping in temporary quarters such as emergency shelters or transitional housing. The count showed 159 children were sleeping unsheltered in public parks or vehicles. **(See Figure 1.)**

The local trend data suggests that homelessness among schoolchildren in Central Florida has increased since the 2011-12 school year, although it has dropped slightly since the high point in 2012-13. **(See Figure 2.)**

The school data is alarming, and it doesn't tell the whole story. The extent of child homelessness is even greater because the figures don't include children younger than age five or children six and up who aren't attending public school.

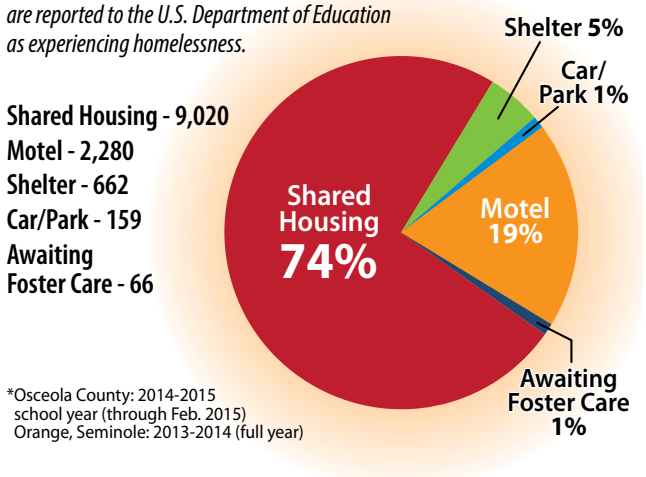
In another measure of family homelessness, the U.S. Department of Housing and Urban Development (HUD) requires communities to conduct an annual Point-in-Time (PIT) count that is limited to those experiencing homelessness who reside in an emergency shelter or transitional housing or are unsheltered. The Homeless Services Network of Central Florida (HSN) conducts the PIT count across the tri-county region.

In January 2015, 720 people in 224 families were counted as homeless during the PIT count. Six families were unsheltered, and 41 were led by parents age 24 or younger. **(See Figure 3)**

The PIT count has actually shown the number of homeless families in Central Florida decreasing since 2007. Some of that variation could be attributed to changes in the methodology used to conduct the count, according to the HSN. **(See Figure 4.)**

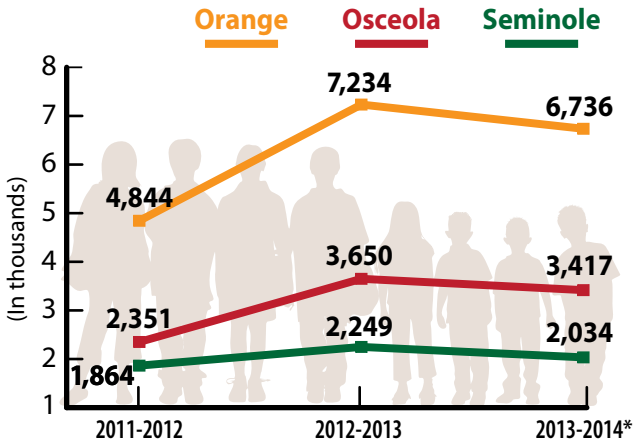
FIGURE 1- Living Situations of Students, Combined Counties, 2013-2014*

School year data of children and youth pre-K through 12th grade who are reported to the U.S. Department of Education as experiencing homelessness.



*Osceola County: 2014-2015 school year (through Feb. 2015) Orange, Seminole: 2013-2014 (full year)

FIGURE 2 - Homeless Students in Orange, Seminole and Osceola Counties



*Osceola County: 2014-2015 school year (through Feb. 2015); Orange, Seminole:

FIGURE 3 - Adults and Children in Family Households

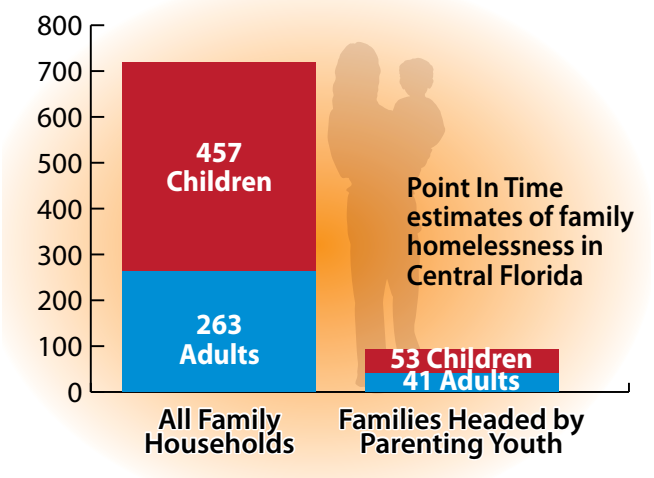
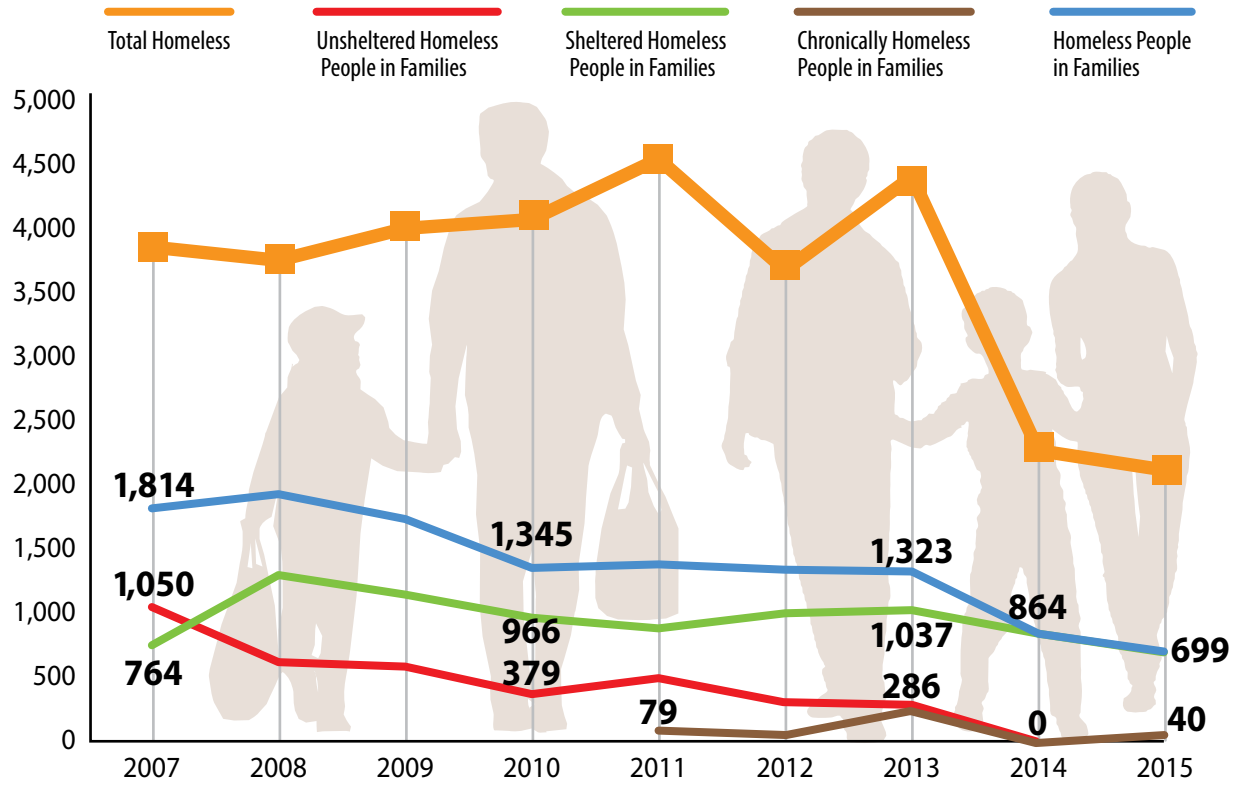


FIGURE 4

People in Families Experiencing Homelessness, 2007-2015

Point-in-Time estimates of homelessness comparing all people to family households and family member counts including status as sheltered and unsheltered



Sources: Homeless Services Network of Central Florida, May 2015. Point-in-Time Count for Orlando/Orange, Osceola, Seminole Counties Continuum of Care and 2007-2014 data from https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/

HUD also requires communities to collect year-round data and store it within the Homelessness Management Information System (HMIS). This local database provides a more in-depth look into the characteristics and prior living situations of those who experience homelessness as well as information about services they received and where they went after they exited the assistance programs. HSN administers the HMIS for the tri-county region.

To understand what is happening with the families participating in programs in Central Florida, researchers analyzed HMIS data for the region for 2014. **(See Appendix II for the methodology for this "exit study.")**

Results showed 782 unduplicated families in 2014 received homeless assistance services and exited from one or more programs documented in the HMIS. Most families (71 percent) were headed by single adults rather than two parents. The average household size was 3.3 members. More children were ages six to 17 (916 children) than under age six (629 children).

By using the 2014 HMIS exit data and the 2012-13 public school data, researchers prepared an estimate of the annual number of families and children who experience homelessness in Central Florida under the education definition. **(See Appendix I.)**

Based on this analysis, they concluded that homelessness when broadly defined affects more than 13,000 families with children in the tri-county area – about one in every 50 households. **(See Table 1.)**

Table 2. Annual Estimate of Family Homelessness in Central Florida

Children < 6	10,822
Children 6-17	15,760
Total children	26,582
Adults in families	17,618
Family households	13,394
Family members	44,200
Rate of Family Homelessness	1 in 50 households
Rate of Child Homelessness	1 in 17 children

While the number of families projected to experience some type of homelessness in Central Florida is high, nearly three-quarters will be in doubled-up situations, living with extended family such as grandparents. A smaller percentage of homeless families find refuge in hotels/motels using their own resources, and a small fraction are admitted to homeless shelters and transitional housing programs.

How should an Optimal Crisis Response System Work in Central Florida?

A well-functioning crisis response system should provide for homeless families who cannot be diverted through homelessness prevention assistance to be admitted to an emergency shelter, unless the family is residing in a hotel/motel setting. Families experiencing homelessness residing in motels should be quickly rehoused using Rapid Re-Housing assistance unless the family has more intensive needs that require permanent supportive housing.

Transitional and permanent supportive housing should receive 100 percent of admissions from emergency shelters, hotels/motels and unsheltered settings. Transitional housing should be a very minimal portion of the inventory per recent HUD guidance.

Emergency shelter stays should be brief (less than 30 days) and have high permanent housing placement rates, typically 70 percent or greater. Rapid Re-Housing programs should help families quickly exit homelessness into permanent housing and have high housing outcomes, typically 85 percent to 95 percent.

What do we know about how Central Florida is addressing homelessness among families with children?

To understand the current response to homelessness among families in Central Florida, the researchers took steps to examine the issue from all angles. The exit study and a review of the inventory of programs that serve families who experience homelessness showed the perspective of the clients themselves. Researchers also solicited community perspectives about how the network of services, shelter facilities and housing programs function in comparison to the USICH *Family Connection* framework.

Among those who provided community perspectives: homeless assistance providers, local government funders, private sector and philanthropic leaders, and staff leaders at the Central Florida Commission on Homelessness and the Homeless Services Network of Central Florida (HSN).

FIGURE 5- Bed Inventory for Families with Children, 2015

Number and percentage of beds by type of program available to families with children

Source: Homeless Services Network of Central Florida, May 2015. Housing Inventory Count for Orlando/Orange, Osceola, Seminole Counties Continuum of Care.

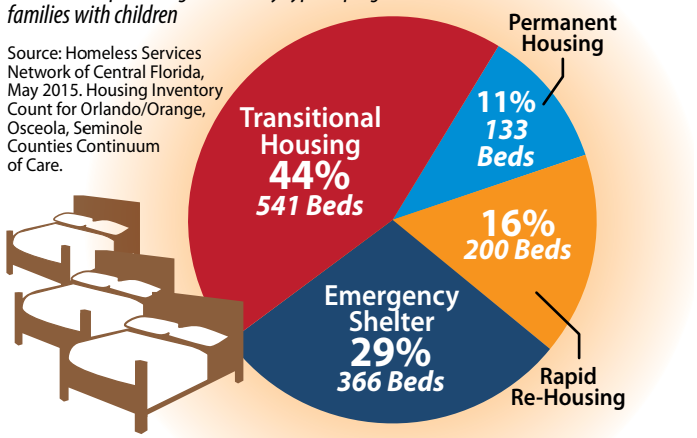
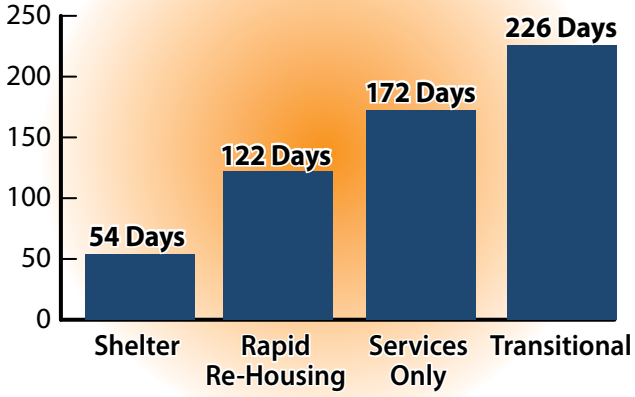


FIGURE 6 - Average Length of Stay, 2014

Exit study of 2014 programs in HMIS, n=782 households



Source: Homeless Services Network of Central Florida, June 2015. Analysis by Katharine Gale, July 2015

KEY FINDINGS FROM THE EXIT STUDY AND THE INVENTORY ANALYSIS

It was important to understand how the different types of programs function within the network. Researchers reviewed the prior living situation at admission and the destination at exit for all families who passed through the community homeless assistance programs during 2014. The research analyzed data for each type of homeless assistance program included in the inventory that is maintained and updated at least annually by HSN. **(See Figure 5.)**

The length of stay across the programs providing temporary assistance was quite variable. The longest length of stay was for transistional housing. **(See Figure 6.)**

The results from this analysis revealed that Central Florida does not appear to have a systematic approach to addressing family homelessness. For instance:

Daily capacity and utilization

The largest number of beds for homeless families are in transitional housing, where there are 541. Additionally, there are 366 emergency shelter beds for homeless families. The combined inventory of 907 beds exceeds the annual PIT count of 720 adults and children.

This translates into an occupancy rate of about 80 percent and indicates there may be more beds than needed. With available data, it was not possible to determine whether the excess capacity was in shelter or transitional housing or both.

Emergency shelters

The greatest share of families exited from an emergency shelter in 2014: 374, or 42 percent. Before entry into a shelter, nearly 12 percent of the homeless families were unsheltered. Most commonly, they were staying with family and friends (35 percent) or in another emergency shelter (22 percent).

Very few families exited from an emergency shelter into rental housing (18 percent), and these families had an average length of stay of 71 days. Consequently, most families were homeless at the time of exit from emergency shelters. This is significantly below what high-performing communities achieve, which is typically 60 percent to 80 percent successful housing outcomes. **(See Figure 7.)**

These findings suggest that emergency shelter programs need to be retooled to adopt Housing First practices with a goal of reducing the length of shelter stays, increasing exits to permanent housing, and reducing repeated shelter stays.

Transitional housing

The largest share of the inventory is transitional housing at 44 percent of all beds. Though it has the most beds, transitional housing serves only 18 percent of the families.

Most families enter transitional housing from other housed situations and not from homelessness. Of the 156 families that exited a transitional housing program in 2014, just over half exited to permanent housing. For these families, the average length of stay in transitional housing was nearly 10 months (277 days). The successful housing placement rate is significantly below what high-performing communities achieve, which is typically 70 percent to 90 percent successful housing outcomes. **(See Figure 8.)**

These findings suggest that the inventory of transitional housing could be decreased and funding reallocated to help families exit homelessness via a quality Rapid Re-Housing program. With this shift, more families could exit homelessness more quickly to stable housing.

FIGURE 7- Destination at Exit from Emergency Shelter

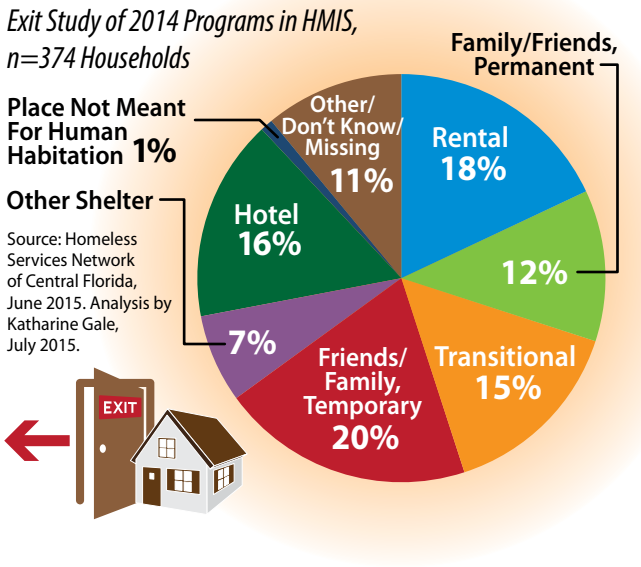
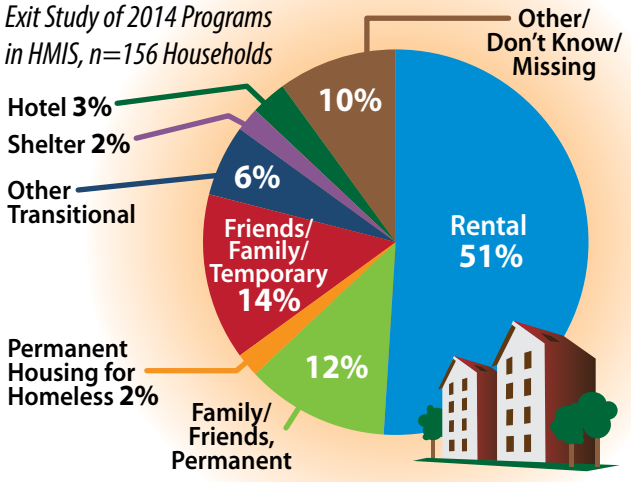


FIGURE 8 - Destination at Exit from Transitional Housing



Source: Homeless Services Network of Central Florida, June 2015. Analysis by Katharine Gale, July 2015.

Rapid Re-Housing

Rapid Re-Housing is intended to be an intervention for families who are being served by shelters or are unsheltered. Of the 106 families that exited a Rapid Re-Housing program in 2014, only eight entered the program from an emergency shelter, 11 from unsheltered settings and 25 from hotel/motel situations.

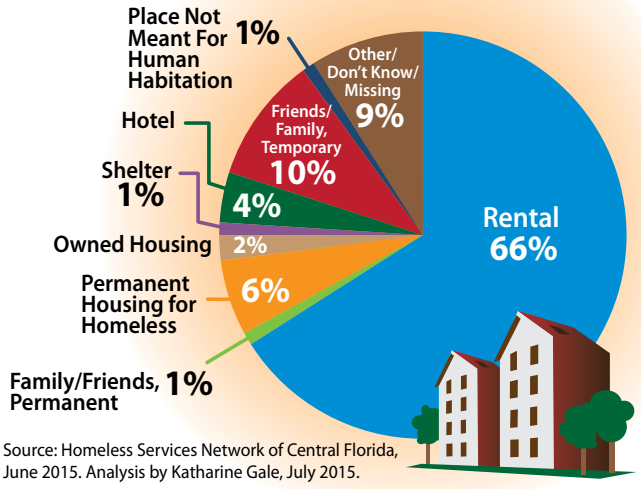
The other prior living arrangements suggest that Rapid Re-Housing may be providing homelessness prevention services rather than being used as a tool for exiting homelessness.

With only 66 percent exiting Rapid Re-Housing to permanent housing, these programs are also performing below other communities' rates of successful housing outcomes, which is typically 85 percent to 95 percent. This indicates a need to retool existing Rapid Re-Housing to be focused on helping the families served by emergency shelters more quickly and successfully exit homelessness to stable housing. **(See Figure 9.)**

There is likely a need to provide training and technical assistance to build support across all components of the crisis response system to adopt Housing First practices and develop additional Rapid Re-Housing capacity.

FIGURE 9- Destination at Exit from Rapid Re-Housing

Exit Study of 2014 Programs in HMIS, n=106 Households



Source: Homeless Services Network of Central Florida, June 2015. Analysis by Katharine Gale, July 2015.

Supportive-services-only programs

Programs that provide only supportive services had the widest range of lengths of stay and also the least change in housing situation from program entry to exit. These programs appear to primarily provide services to families that are not homeless as evidenced by low rates of admission from emergency shelters (4 percent), unsheltered (1 percent), and hotel/motel situations (4.8 percent).

Of the families with an exit from a support services program in 2014 who were homeless at the time of admission, just 51 percent exited to a permanent housing destination. Further analysis is needed to better understand the types of programs included in this category. It might make sense to consider to what extent these programs are critical to efforts to end homelessness.

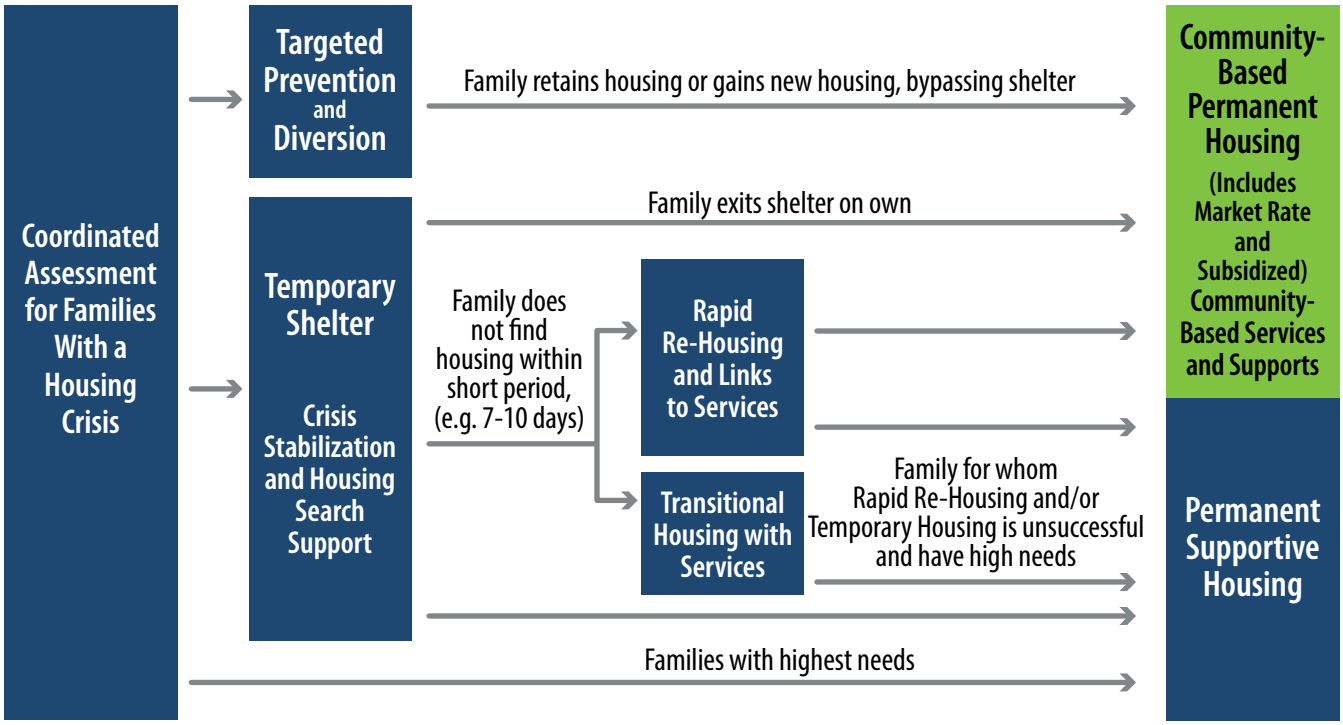
KEY FINDINGS FROM COMMUNITY STAKEHOLDERS

The research assessed community perspectives using a "current state vs. desired state" gauge that described each element of the USICH *Family Connection* framework which was enhanced with recent guidance from HUD. The complete results of the "current state vs. desired state" exercise are included in Appendix III.

Generally, across all elements, reviewers indicated limited coordination and shared approaches, but their feedback shows that overall the community is not fully implementing any of the components well.

Reviewers were also asked to identify key steps to transition from the current state to the desired state. The assessment and recommendations were generally consistent across all respondents. Among the observations cited by the reviewers:

Family Connection Framework



COLLABORATIVE SYSTEM APPROACH

- The region is at the very beginning of developing a **high-functioning, collaborative system** that provides the right amount of assistance to help homeless families obtain or regain housing as quickly as possible and remain stably housed. The system should also help families avoid homelessness whenever possible.
- The community does not direct more service-intensive housing interventions to the **families with the highest needs**. Too often, these families receive little or no assistance because of admission and program requirements that screen out families with greater challenges.
- The homeless assistance system and programs within this system have not yet widely adopted evidence-based and promising practices. There is tremendous opportunity to improve outcomes for parents and their children and **make scarce resources go further** by investing in only those programs and best practice methods that get results.
- Central Florida needs a community-wide response to ensure the **safety of domestic violence survivors**. While the quality of services provided by the domestic violence shelters is sufficient, reviewers said, other homeless assistance providers assisting domestic violence survivors are not trained or effective in serving this population.
- Despite knowledge that histories of trauma are widespread among families experiencing homelessness, **trauma-informed services** are not provided consistently by all homeless assistance providers except domestic violence programs.

- There is tremendous opportunity to improve how **mainstream resources** – such as general services for low-income families regardless of housing status – support homeless families with children. These community-based resources and benefits can become a primary foundation for the new crisis response system. They can help parents and children move out of crisis, achieve stability and improve income, education and well-being. Given the limited resources for homeless-specific assistance programs, it is essential that there is effective coordination, community partnership and engagement involving these mainstream resources.

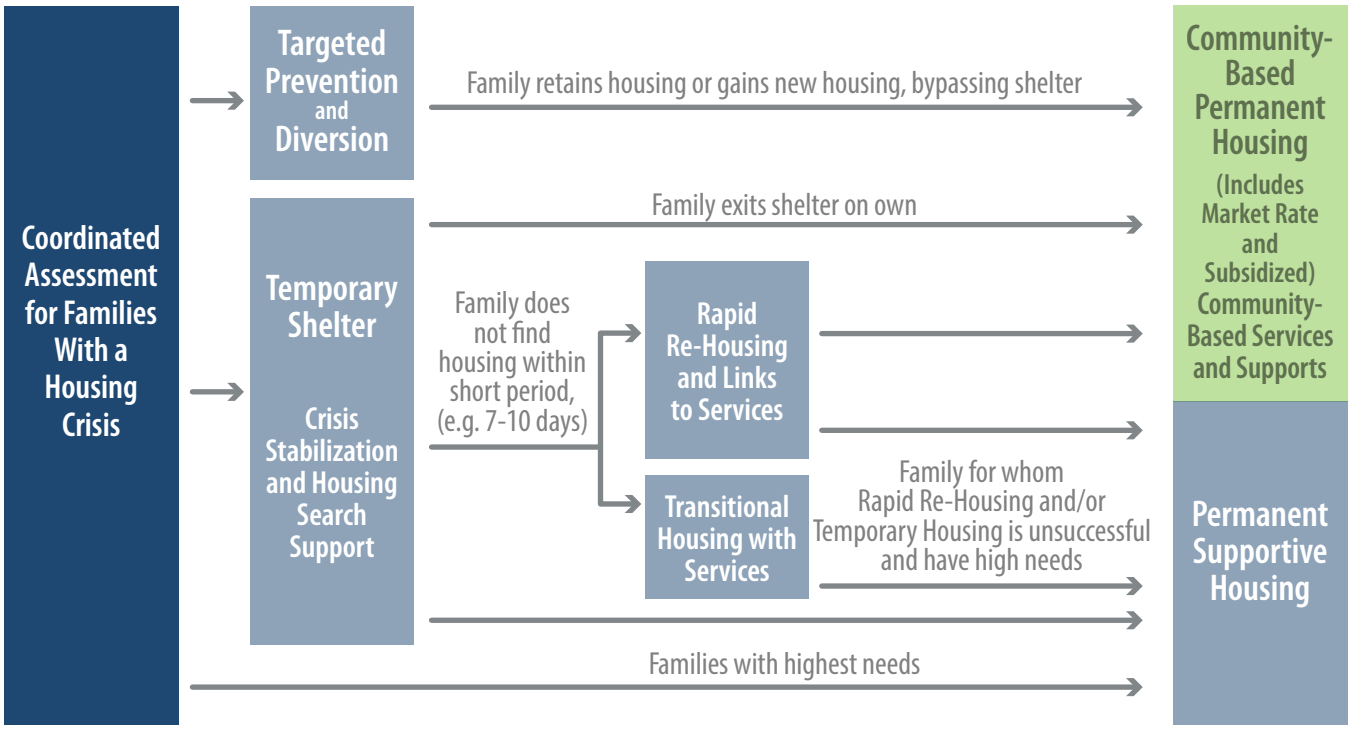
Administrative functions

- The region should develop and implement a "Plan to Achieve an End to Family Homelessness in Central Florida." This **action plan** should draw on best practices in planning, be administered efficiently and effectively, have sufficient public and private investment to scale up the homeless assistance system to achieve the goals and objectives of the Plan, and have high-quality data systems that can be used for planning and investment decisions.

- The current **ability to use data** to inform the development of the Plan and assess attainment of HUD system performance measures is limited. Reviewers cited the need for more investment and resources to support the HMIS. This includes building provider staff capacity through training and additional licenses, increasing HSN capacity as the HMIS system administrator, and improving capacity for program and system analysis to use data for decision-making.

- There is a need for **significantly improved cooperation** among the six primary jurisdictions and HSN to better coordinate on planning, including cooperation on Continuum of Care (CoC) and emergency shelter grant (ESG) funding.

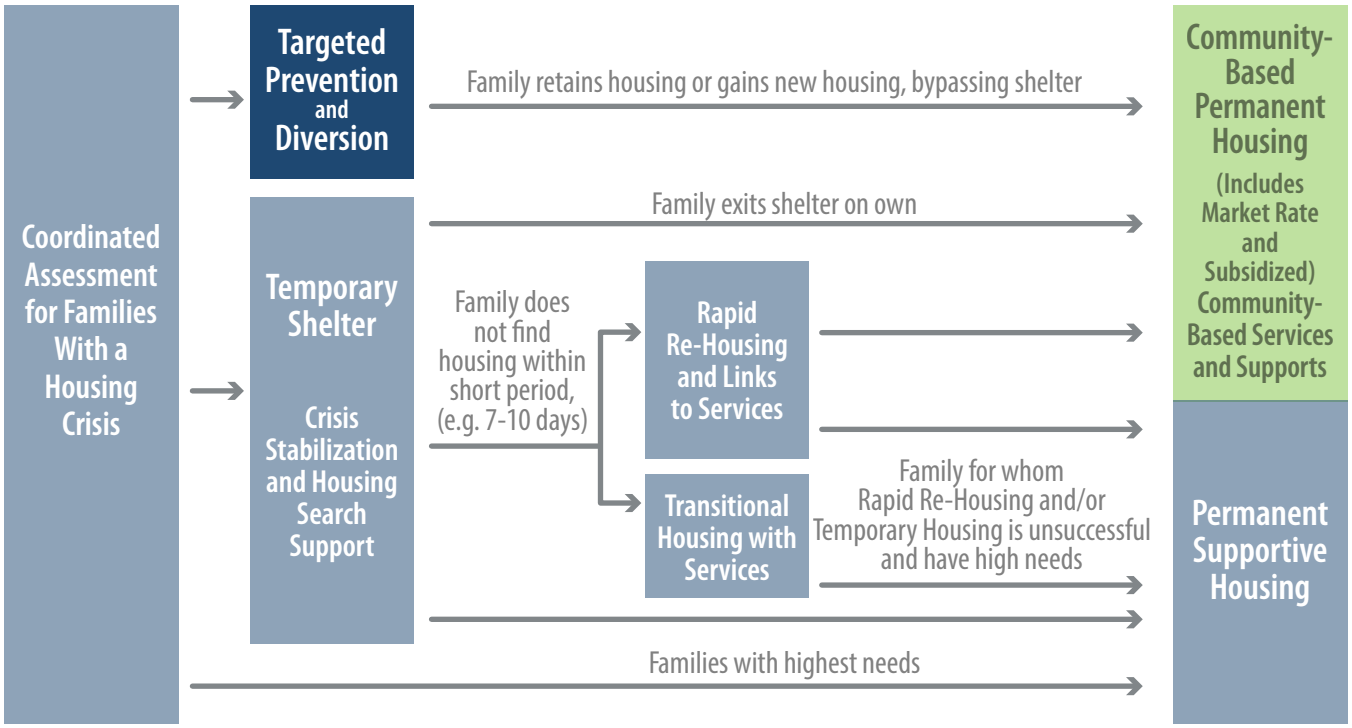
Family Connection Framework



Coordinated Assessment for Families with a Housing Crisis

- A **coordinated entry system** to assess households in need of assistance and target program resources by level of need is not in place for families with children.

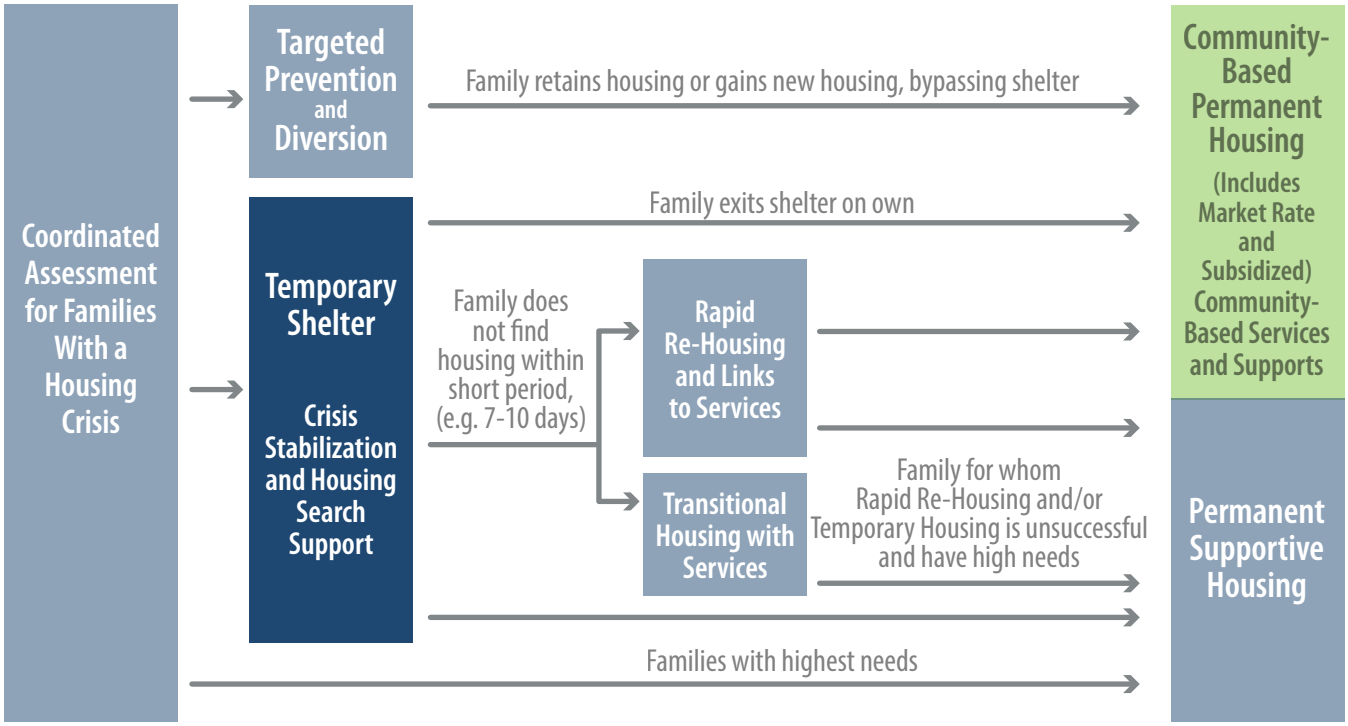
Family Connection Framework



Targeted Prevention and Diversion

- **Targeted homelessness prevention assistance** is not in place to help families stay in current housing or, if that is not possible, move to other housing. Note: This perception is supported by the findings from the inventory and exit analysis that existing homelessness prevention programs are not effective at consistently preventing homelessness and often provide assistance to families that are not at imminent risk of homelessness.

Family Connection Framework

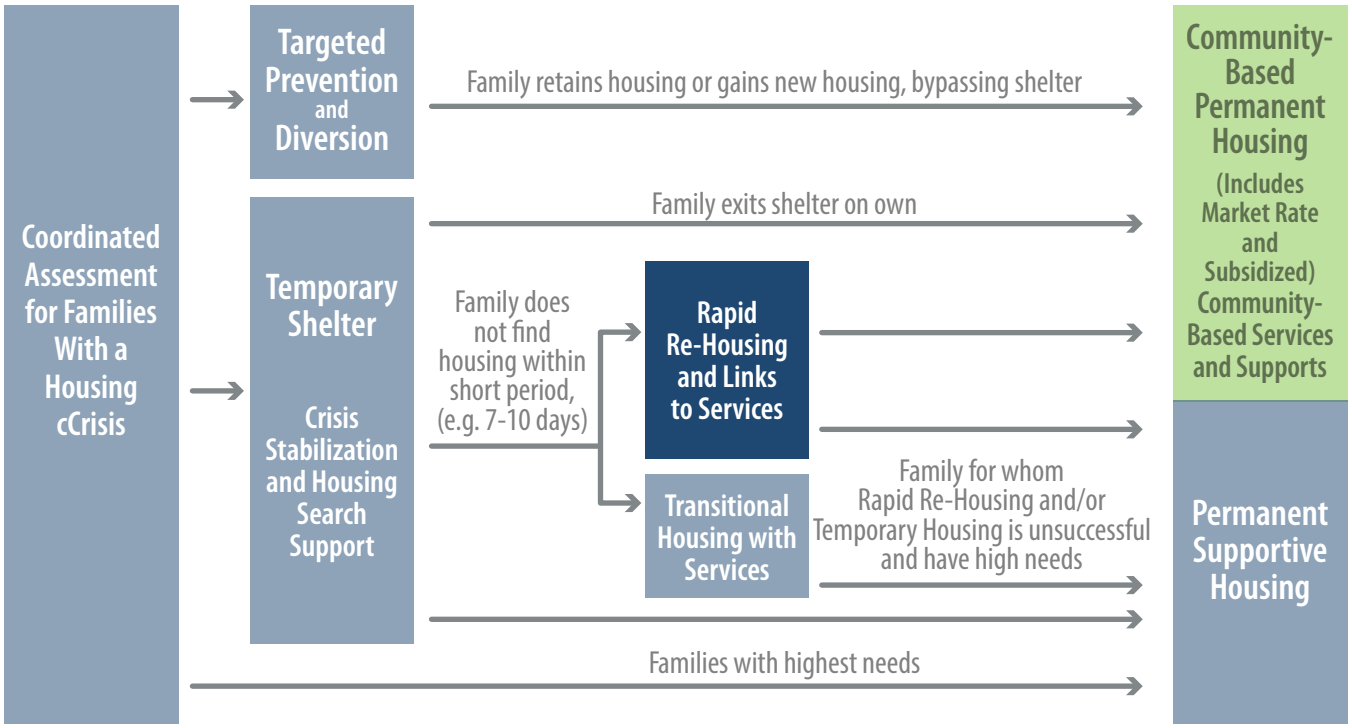


Temporary Shelter, Crisis Stabilization and Housing Search Support

- There were contrasting views on **access to temporary or emergency shelters**. Some believed shelters to be limited in availability, with long waiting lists, while others perceived there were plenty of beds available but that shelter requirements were too restrictive and split families up. Note: The inventory and exit analysis about emergency shelters suggests that the existing shelters are not effective at consistently ending homelessness.

- Housing First is rarely practiced. Training and education of all homeless assistance programs is needed to develop **Housing First practices** so families are not screened out of housing assistance and so achieving appropriate housing quickly is the top priority.

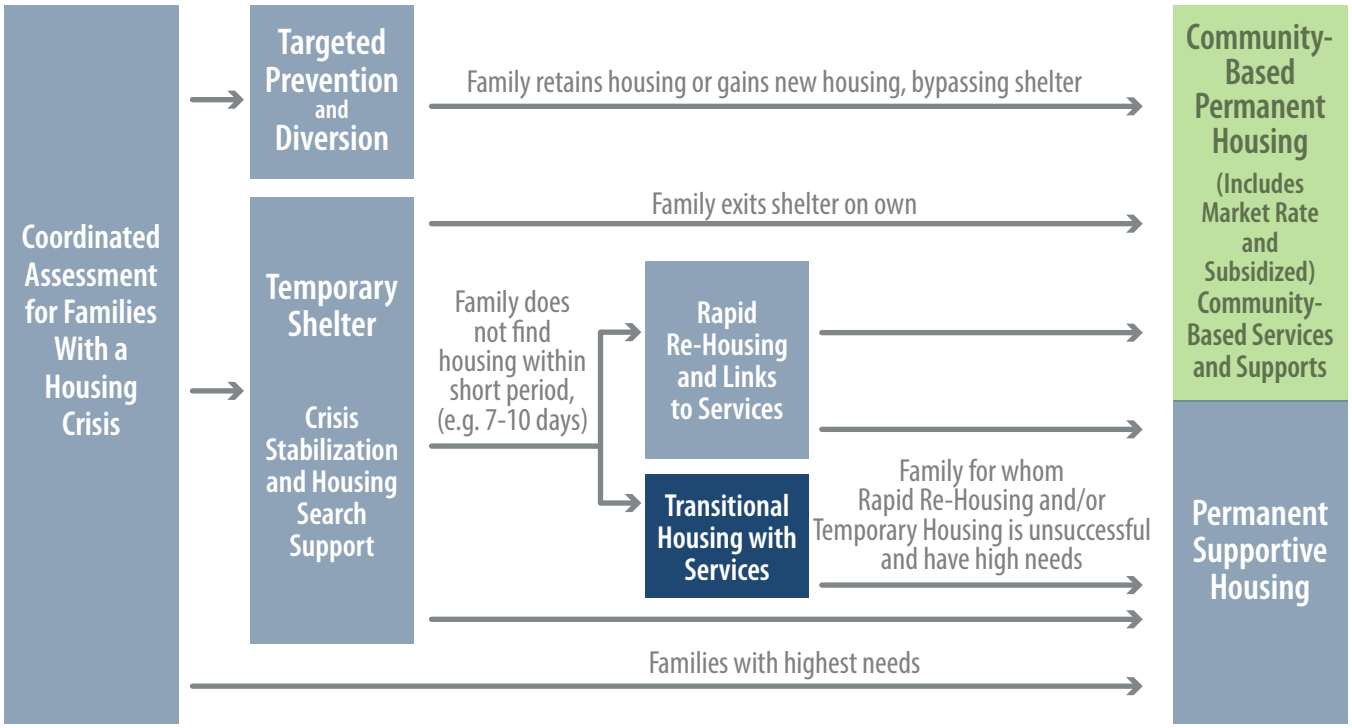
Family Connection Framework



Rapid Re-Housing and Links to Services

- **Rapid Re-Housing programs** are of limited availability and quality, with concerns about effectiveness because of the lack of affordablerental housing. Note: This perception is supported by the inventory and exit analysis that found that existing Rapid Re-Housing programs are not targeting assistance to families who experience homelessness and have generally sub-par performance with regard to successful housing outcomes.

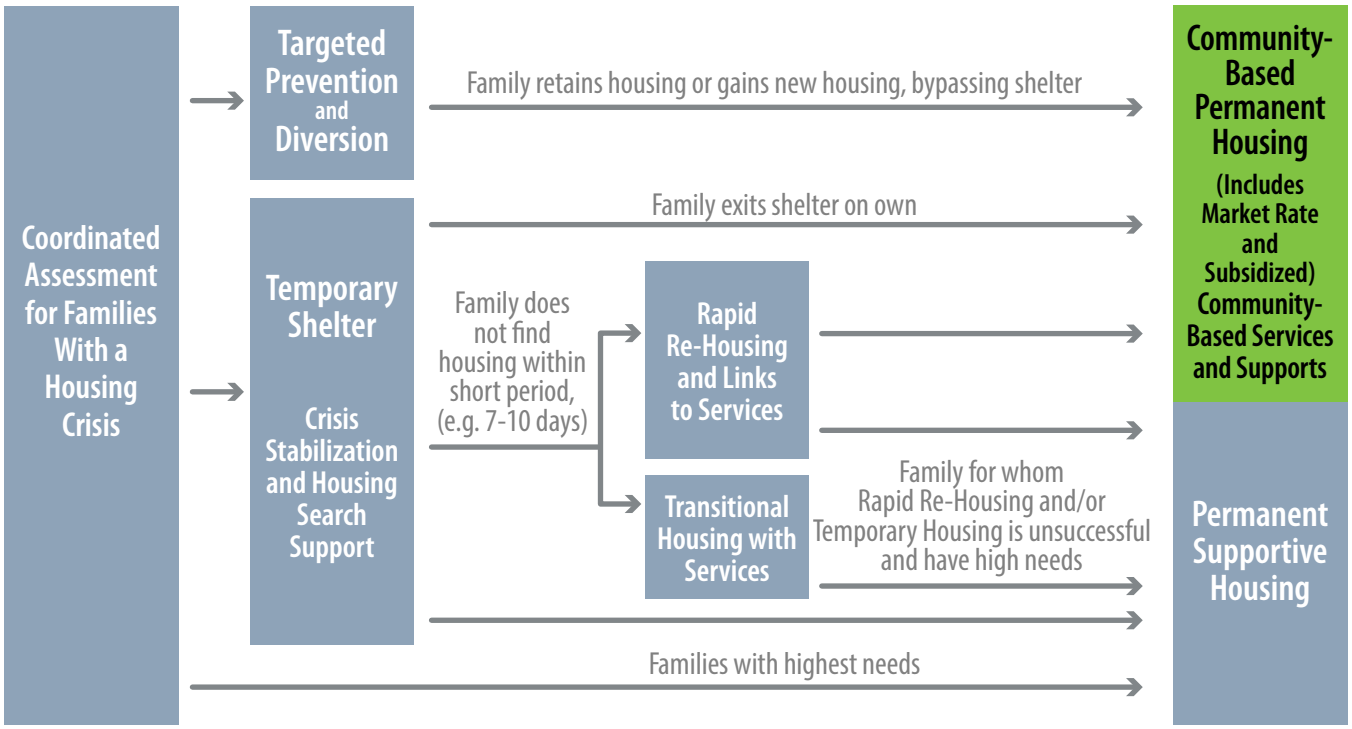
Family Connection Framework



Transitional Housing with Services

- There were contrasting views on access to **transitional housing**. Some reported there was an excess supply; others described not enough beds. Note: The inventory and exit analysis suggests there is an excess of transitional housing available and that the existing programs are not effective at consistently ending homelessness.

Family Connection Framework



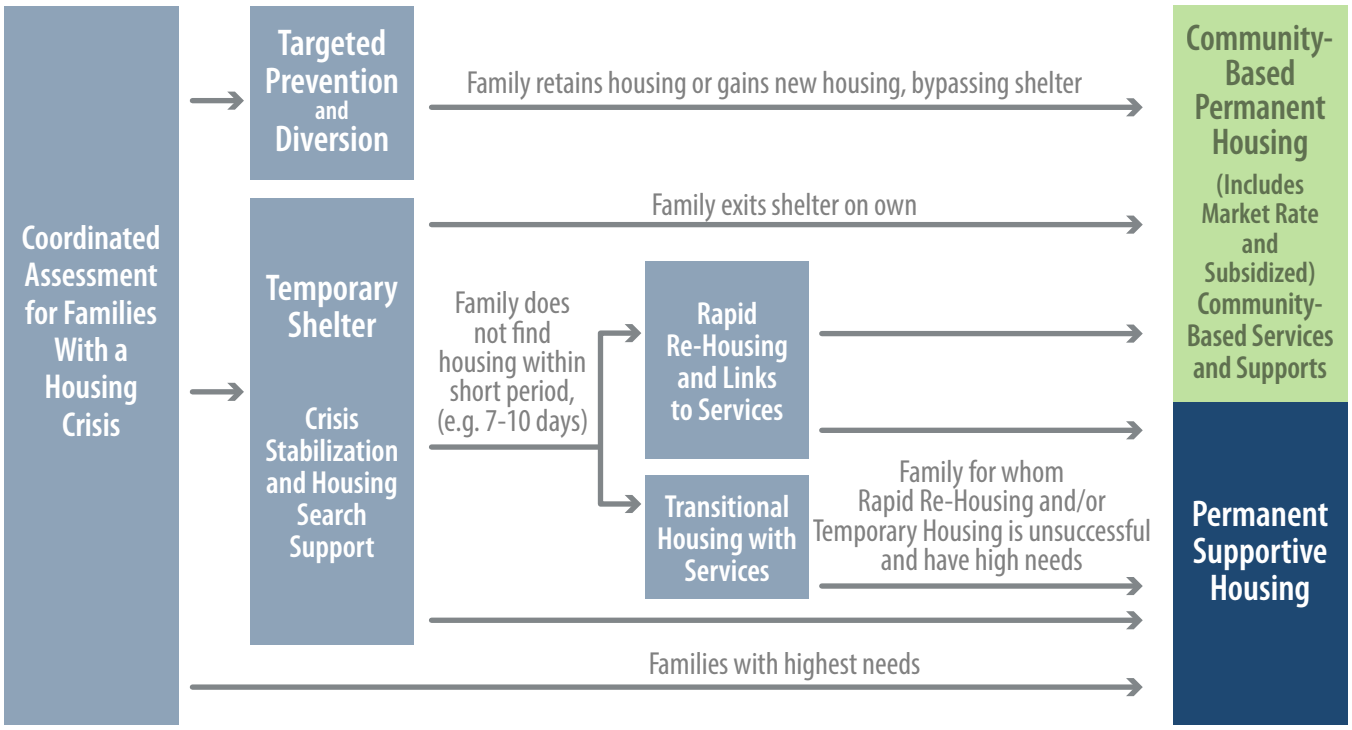
Community-Based Permanent Housing

- There are limited partnerships with landlords, which indicates there is a need for outreach, education and engagement with public, private and nonprofit housing owners to dedicate **access to apartments** for families who experience homelessness. This could help create a community-wide system.

Community-Based Services and Support

- Goodwill is the primary employment service provider in shelters. Reviewers cited a need for an improved partnership with CareerSource, as well as improved public transportation to facilitate **access to employment and training**.
- There is a need for **better coordination** between the public schools, HSN and its providers.
- **Childcare** is rarely available, and the community needs better coordination and new partners to provide this critical resource.
- The community needs **access to benefits** beyond the SOAR project (SSI/SDDI Ourreach, Access and Recovery), which accelerates access to Supplemental Security Income (SSI) disability benefits.
- Lack of **other supportive services** and limited coordination are barriers to reconnecting families to their community when they exit homelessness.
- Limited **early childhood home visiting and education** is being provided to families with young children who experience homelessness.

Family Connection Framework



Permanent Supportive Housing

- **Permanent supportive housing** (PSH) is rarely available for the families with the highest needs. Note: The inventory analysis found that there are more than 100 beds; however all but four units are designated for homeless Veteran families through the VASH (VA Supported Housing) program, and the exit analysis showed few families getting access to PSH from other targeted programs.

- Very few housing providers are trained to use **Critical Time Intervention** (CTI) when serving parents who have mental health and/or substance use problems. CTI is a specific method for delivering transitional support services and connecting clients to ongoing support in their community.

What do local government leaders want to see as the "path forward" to create an effective and efficient crisis response system for families?

A successful community initiative to end family homelessness requires strong cross-sectional leadership. Engagement, support and action by local government leaders, including elected officials and administrative staff, is especially critical.

To understand these perspectives, researchers interviewed leaders from Orlando and the counties of Orange, Osceola and Seminole. Their perspectives were generally consistent and indicated a good understanding of the current crisis response system, with a shared desire to retool and adjust investments to achieve better results. Among the findings:

- All leaders expressed that the counties and the City of Orlando are **collaborating better** than they have in the past.

- There was uniform agreement that local data about the extent of family homelessness and how well programs address homelessness was sorely lacking. The **need for more data** about where homeless families come from was repeatedly mentioned (such as which local jurisdictions, other Florida counties, and out of state). All leaders expressed a desire to have reliable data that could be used for planning and funding decisions.

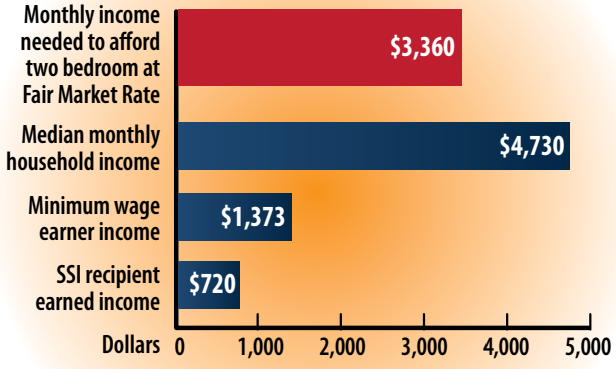
- The **ability to predict** the number and type of housing options that are necessary to end family homelessness was expressed as critical to determining the level of local funding to be invested. The leaders suggested having a comprehensive regional plan for addressing homelessness that could be cascaded down to jurisdictions for implementation. They said they need information about the return on investment and results for different programs and program types in order to make the case for increased investment and reallocation of existing resources.

- There was agreement that the **severe shortage of affordable rental housing** is contributing to homelessness and makes it more difficult to implement solutions to homelessness such as Rapid Re-Housing and permanent supportive housing. The community needs better engagement of landlords and the development of more affordable rental housing. Note: This perception is consistent with data on local rental housing costs compared to wages earned by minimum-wage workers and monthly benefits received by disabled individuals. **(See chart below.)**

- There was strong agreement that **priority sub-populations** should be those families who are unsheltered, staying in motels, and seeking refuge at emergency shelters.

Central Florida Monthly Rent Affordability vs. Monthly Income

A full-time worker needs to earn $18.90 an hour to afford a 2-bedroom apartment in Orange/Osceola/Seminole Counties.



Compares the monthly rent of selected income demographic groups with the Fair Market Rate (FMR) for a two-bedroom apartment in Orange, Osceola, and Seminole Counties.

Source: National Low Income Housing Coalition. "Out of Reach 2014. Twenty-Five Years Later the Affordable Housing Crisis Continues." http://nlihc.org/sites/default/files/oor/2014/OOR.pdf

- There was agreement that currently neither funders nor providers reserve the **most intensive services** for the families with the greatest needs and that many providers have admissions and program requirements that are barriers to serving those families.

- While there was interest and support for shifting to more use of Rapid Re-Housing, there was concern that providers need **additional training and capacity** to be effective at implementing programs of this type.

- There was a desire to better understand how effective **targeted homelessness prevention programs** could be developed and implemented.

- It was noted that **mainstream resources and businesses** need to be more engaged.

- **Educating or briefing all elected officials** about homelessness among families and the proposed solutions was emphasized as critical to the success of this effort.

What do stakeholders suggest as the "path forward" to create an effective and efficient crisis response system for families?

In order to identify possible approaches to move from the current state, which is fragmented and ineffective, two "innovation labs" were hosted with representatives from providers and private sector/philanthropy, respectively. After completing the current state/desired state exercise described previously, participants discussed other community initiatives that have created community-wide success through a change initiative.

Examples of coordinated, high impact community initiatives identified were: SunRail, the Amway Center arena, the Citrus Bowl, the Dr. Phillips Performing Arts Center, HIV outreach, and higher education campuses. The lessons learned from these efforts suggested that a community-wide change effort to improve the local response to family homelessness would require several elements to be successful:

- Putting a real face on the issue
- Diversified funding
- Community education
- Sharing what works
- Cross-sector collaboration
- Marketing
- A unified vision for change
- Collective cohesiveness

Teams within each innovation lab created "path forward" models to transition from the current state to the desired state. See **Appendix III** for the team products. The models were:

- None of us is OK unless we are all OK
- Collaborative results
- Self-sufficiency
- Housing for all
- Finding solutions

The "path forward" models emphasized these requirements for success:

- Creation of a centralized and coordinated approach with an "all-in" community commitment to house and serve families who experience homelessness

- A significant political shift across the tri-county region

- Unified and sustainable approaches for both public and private funding to create a crisis response system

- Incentives to create more affordable housing

- Providers to stop operating in silos and participate in a collaborative coordinated entry system.

- Increased landlord and employer outreach and engagement as well as eliminating barriers to housing and employment such as legal and criminal histories

- Adoption of HUD and evidence-based best practices by funders, providers and systems leaders

There were various opinions about who should lead the change effort. Suggestions included HSN, CFCH, and local government leaders. There was strong consensus that all sectors needed to be involved in order for this change effort to be successful. The timeframe for implementation ranged from one year to five years. Several teams suggested that there be measurable benchmarks that would ensure greater accountability.

The teams suggested some priorities for Year 1 to create a new community action plan. Among them:

- Identify a galvanizing leader.
- Identify all entities to be involved.
- Build the team.
- Create the structure.
- Agree to uniform definitions.
- Obtain funding.

Other Year 1 priorities were focused on implementation. These included:

- Educate the community.
- Develop coordinated entry.
- Inventory available affordable housing
- Educate providers about system performance measures.

What are areas for additional study?

Several areas were identified as needing additional information or data to inform the planning and implementation process. These included:

1. Current program practices for homelessness prevention, emergency shelter, Rapid Re-Housing, transitional housing, supportive services and permanent housing. What are the admission requirements and practices? What are the program requirements? What best practices are being used/not being used within these programs? What are the sources of funding, and how do these funding sources determine admission and program requirements? What are the performance outcomes for each program? What is the cost efficiency and effectiveness of each program (per household served, per housing outcome, etc.)? What is each program's willingness to participate in a coordinated entry and housing prioritization system? What training and technical assistance will be needed to retool programs to be part of an effective crisis response system? What financial assistance might be needed to assist or incentivize agencies to transition programs to be more effective and participate in a new crisis response system?

2. Families who reside in hotel/motel settings. How do the school systems currently identify these families? What information can be gleaned from school system data about these families? Where do these families reside? What are their household characteristics, especially income amounts and sources? What are their housing needs? Which vulnerability factors could be used to prioritize assistance? Which agencies currently provide services to these families? What does the DCF know about these families? Can that information be shared to help with targeting of resources?

3. Families who live in shared housing. How do the school systems currently identify these families? What information can be gleaned from school system data about these families? Where do these families reside? What are their household characteristics, especially income amounts and sources? What are their housing needs? Which vulnerability factors could be used to prioritize assistance? Which agencies currently provide

services to these families? What does DCF know about these families? Can that information be shared to help with targeting of resources?

Findings

The research discovered some characteristics that are unique to the region. Of the estimated 13,400 families experiencing homelessness in the course of a year, about three-quarters are living tenuously in housing they share with extended family, friends, or other people they know. Nearly one in five homeless families reside in a hotels/motel situation for some part of the year.

The current response to this crisis appears to be fragmented and not achieving the optimal results that could come from a systematic approach to providing services, shelter and housing to families who experience homelessness.

Contrary to best practices, transitional housing represents the largest category of response, with 44 percent of all beds, yet serves a relatively small segment of the population: 18 percent of homeless families. Emergency shelters have limited success in ending homelessness and have lengths of stay that are more than double the national standard.

Rapid Re-Housing appears to be poorly implemented in Central Florida, where the results are below national averages. Likewise, programs that offer only supportive services are generally not serving homeless families. Additionally, current programs to prevent family homelessness and find permanent housing for this population are not effective.

Across all sectors of those who participated in the research, there was strong desire to achieve better results for families and create a community-wide approach based on best practices.

Stakeholders repeatedly cited the need for more and better data collection, analysis and reporting, as well as the use of that data in decisions about planning and resource allocation.

Central Florida clearly needs a cohesive plan to develop and implement an end to family homelessness. This is the only way to help parents and children move out of crisis, achieve stability, and improve income, education and well-being.

The plan must involve engaging mainstream and community-based resources and benefits. It must involve outreach to public, private and nonprofit housing owners, who need to be educated and engaged in the effort so they can dedicate access to apartments for families who experience homelessness and create a community-wide system.

The plan should address ways to ensure the safety of survivors of domestic violence and incorporate best practices of Housing First and trauma-informed services.

It is essential that resources are prioritized to meet the needs of the most vulnerable families –specifically, those that are unsheltered, showing up at emergency shelters with no other housing options, or living in hotels and motels. There is also a need to provide homelessness prevention assistance to families who are living in shared housing that is unsafe because of domestic violence, severe overcrowding, and/or extremely poor-quality housing.

By creating a collaborative and seamless system that is based on proven best practices, Central Florida can achieve optimal results for families while ensuring greater cost-efficiency for the community.

"It is essential that resources are prioritized to meet the needs of the most vulnerable families – specifically, those that are unsheltered, showing up at emergency shelters with no other housing options, or living in hotels and motels."

Part III

A LOOK AT CENTRAL FLORIDA:

CURRENT FUNDING TO PREVENT AND RESPOND TO FAMILY HOMELESSNESS

How is the region spending its resources on helping homeless families, or on preventing families from sliding downward into homeless situations? Where are those resources placed, and how are they being used? Answering these questions was a critical part of the research that would give the Committee on Family Homelessness a complete picture of the region's current activities and ongoing needs.

Through a series of interviews and an examination of secondary data, Dr. Ron Piccolo, with technical assistance and guidance from Barbara Poppe and Katharine Gale, attempted to characterize the nature and sources of funding in Central Florida that support families who experience homelessness or are in danger of becoming homeless. The research also sought to estimate how the funding is being applied.

Their conclusion: All of the resources combined in Central Florida offer more than $11 million in funding annually toward addressing family homelessness.

By using the research that went into compiling this figure as a baseline, the Committee on Family Homelessness can help Central Florida create more coordinated methods of assessing its resources, using available money effectively, and seeking new funding sources to end homelessness among families in this community.

Method of Analysis

Between June and August of 2015, Dr. Piccolo directly interviewed 18 local entities, which shared details on 114 funding allocations for 28 different service providers. Contributors to this research included homeless service providers, local government funders, private sector and philanthropic leaders, and staff and board leaders at the Homeless Services Network of Central Florida (HSN). A complete list of those interviewed is included in **Appendix IV.**

Prior to the start of formal data collection, the research team, with support of the Committee on Family Homelessness, identified the information that would be most useful in characterizing the nature of funding dedicated to family homelessness, and consequently informing local priorities.

During interviews and electronic correspondence, each funder provided a summary of the sources of money designated for homeless services, some of which was dedicated to families. Researchers then attempted to discern the application of that funding among several distinct yet related activities. A summary of that analysis compares the region's current application of funding to the USICH Family Connection framework.

Additionally, researchers reviewed the 2014 and 2015 Continuum of Care Housing Inventory Count Reports, HUD's 2014 Continuum of Care Funding Awards Report, and the 2015 Point-in-Time estimate. In this effort, funders and service providers described the sources and origins of funds dedicated to homelessness, as well as the application of that funding in the areas previously defined in this report: coordinated entry, outreach, prevention, diversion, emergency shelter, transitional housing, Rapid Re-Housing, permanent supportive housing, support services only, and other services.

Source and Origin of Funding

During data collection, funders described the origin of their funding sources for services to homeless families. The primary categories are as listed:

FEDERAL

Continuum of Care (CoC): The Continuum of Care program is a competitive federal funding stream that provides financial support for projects that supply transitional housing, Rapid Re-Housing, permanent supportive housing, and/or supportive services to homeless individuals and families. The annual application process is managed by the local Continuum of Care body, which in Central Florida is the Homeless Services Network.

Community Development Block Grant (CDBG): This flexible program provides communities with resources to address a wide range of unique community development needs. Though not specifically targeted to addressing homelessness, CDBG funding can be used for prevention activities and certain emergency services and supports.

Emergency Shelter Grant (ESG): Federal grants to state and local governments can be used to support homelessness prevention, emergency shelter, Rapid Re-Housing and street outreach.

HOME Investment Partnerships Program: This initiative provides formula grants to state and local governments that communities use – often in partnership with local nonprofit groups – to fund a wide range of activities. These activities can include building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. Though not specifically targeted to addressing homelessness, HOME can be used for rental assistance for transitional housing.

Community Services Block Grant (CSBG): The Community Services Block Grant (CDBG) program is a flexible federal program that can be used for a wide variety of services programs including homelessness prevention activities and certain emergency services and support efforts.

Veterans Affairs Supportive Housing (VASH): VASH provides funding to public housing authorities for permanent housing subsidies for veterans and their families, as well clinical services provided by the Department of Veterans Affairs (VA). The services are available to participating veterans at VA medical centers and community-based outreach clinics.

Support Services for Veteran Families (SSVF): This program provides competitive grants for prevention and Rapid Re-Housing funding for veterans and their families.

Temporary Assistance to Needy Families (TANF): This program provides financial entitlement support, employment assistance and other services to extremely low-income families with children. The funds can be used to provide temporary housing support to eligible families experiencing or at risk of homelessness.

STATE

State Housing Initiatives Partnership Program (SHIP): This provides funds to local governments as an incentive to create partnerships that produce and preserve affordable homeownership and multifamily housing. The program was designed to provide families with very low, low and moderate income with assistance to purchase a home, money to repair or replace a home, and many other types of housing assistance.

LOCAL

Operating funds: Funding allocated from a local jurisdiction's general operating budget, such as general assignments from a county commission, can be used for projects that address family homelessness.

PRIVATE

Grants and donations: These can be from individuals, foundations, corporations and other sources, such as grants from the Heart of Florida United Way's annual campaign.

Approach to Funding Analysis

The research attempted to systematically characterize the nature and source of funding in support of family homelessness. Although thorough and comprised of the region's primary funding sources, this investigation does not likely include all possible sources of funding. While researchers captured the essential federal, state and local sources, the estimate of private funding is likely understated because the number of private contributors to the cause is vast. Nevertheless, the data represents a meaningful sample of funding sources in Central Florida, which allows researchers to draw conclusions about the nature and application of funding in the tri-county region.

Through personal interviews and response to a standardized survey, funders and service providers described the nature, source and value of their funding. In the sample, interviewees reported 114 allocations of funding.

Not all reported allocations were unique, nor were they all dedicated to families. Thus, a critical challenge for the research team was to determine what share of that funding was dedicated to families experiencing homelessness versus other homeless populations or low-income households regardless of housing status. Another challenge was to accurately characterize the application of funding for homeless families.

For further details about the research approach, see **Appendix V.**

KEY STATISTICS

In providing estimates, researchers created a breakdown of how each segment of funding is categorized. This section summarizes how they arrived at those conclusions. Estimates for each category are most certainly conservative because the current analysis does not capture all the possible sources of private money raised, nor does it fully capture all sources of federal funding that could help families experiencing homelessness. Nevertheless, given the comprehensive and systematic nature of the research effort, the estimates offer a meaningful snapshot of funding in Central Florida dedicated to addressing family homelessness.

ESTIMATE OF TOTAL FUNDING

According to this analysis, $11,419,261 was spent in 2014 on programs, facilities and services dedicated to homeless families.

ESTIMATE OF FUNDING BY SOURCE

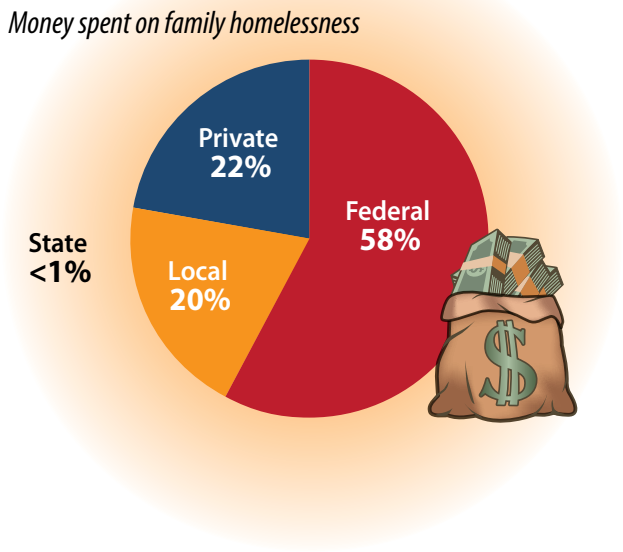
Where did the money come from? Here is a breakdown, according to the primary funders included in this research:

- Federal sources (including CoC and ESG): $6,634,134 (58 percent)
- State of Florida: $40,303 (less than one percent)
- Local governments: $2,243,458 (20 percent)
- Private and corporate donations: $2,501,365 (22 percent)

These estimates reflect 45 unique program allocations derived from federal sources, four from state sources, six from local sources, and 26 from private sources. The chart on page 36 depicts the percentage split by funding source.

Estimate of Funding by Source

Money spent on family homelessness



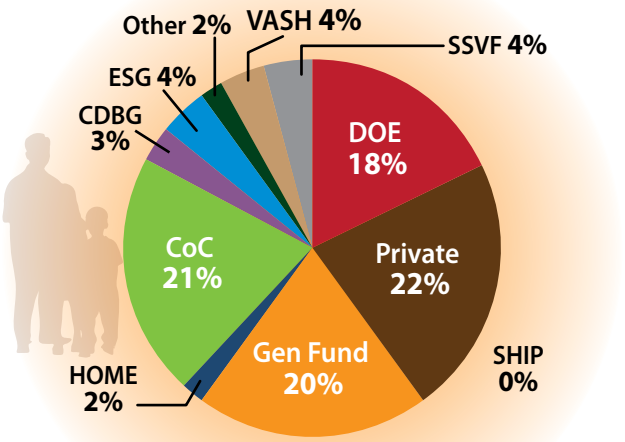
ESTIMATE OF FUNDING BY ORIGIN

Several specific programs provided significant funding toward helping homeless families in Central Florida. Among those:

- Emergency Service Grants (ESG): $407,526 (4 percent)
- Community Development Block Grants (CDBG): $287,707 (3 percent)
- HUD's Continuum of Care (CoC): $2,466,076 (21 percent)
- HOME Investment Partnership Program: $275,500 (2 percent)
- State Housing Initiative Program (SHIP): $13,875 (less than 1 percent)
- General funds from County Commissions: $2,243,458 (20 percent)
- Private and corporate donations: $2,501,365 (22 percent)
- Department of Education (DOE): $2,107,246 (18 percent)
- Veterans Affairs Supportive Services for Veteran Families (SSVF): $440,000 (4 percent)
- HUD-Veterans Affairs Supportive Housing (HUD-VASH): $407,579 (4 percent)
- Other, including federal stimulus, Families-in-Transition grant, and the Department of Children and Families: $284,928 (2 percent) The chart below depicts the percentage share for each originating source of funding.

Estimate of Funding by Origin

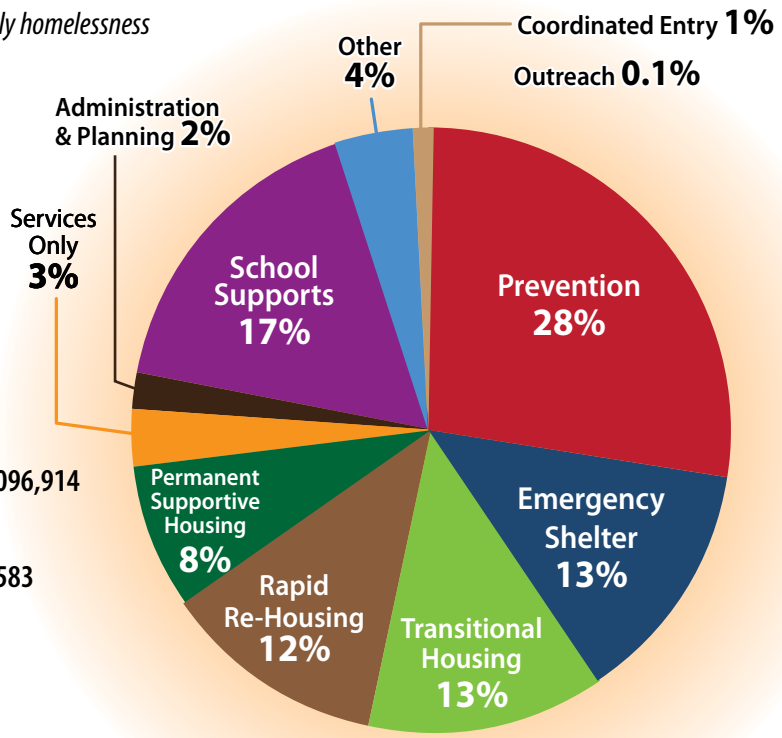
Programs that provided significant funding toward helping homeless families in Central Florida.



Estimate of Funding By Activity

Estimated spending in Central Florida on family homelessness based on the primary activities of the ***Family Connection*** *model.*

- Coordinated Entry - $124,538
- Outreach - $7,296
- Prevention - $3,753,119
- Emergency Shelter - $1,757,836
- Transitional Housing - $1,704,345
- Rapid Re-Housing - $1,601,160
- Permanent Supportive Housing - $1,096,914
- Services Only - $474,000
- Administration and Planning - $211,583
- School Supports - $2,307,246
- Other Services - $544,069



ESTIMATE OF FUNDING BY ACTIVITY

One of the primary interests in this research is the utility of current funding. Researchers summarized spending on family homelessness according to the primary activities of the Family Connections model.

In addition to the activity descriptions on **Pages 6-7** of this report, as well as in Appendix I, the researchers note that "Administration and Planning" activities include direct allocations to the Central Florida Commission on Homelessness for staff and administrative support, funding for the region's HMIS system, and support for HSN.

"School Supports" represent Title X and Title I dollars from the U.S. Department of Education for support activities at local schools to support children who are part of homeless families, including needs assessment, child advocacy, and transportation of children to their school of origin.

"Other" activities are those directed to homeless families but not clearly represented in the other categories, such as training for self-sufficiency and utility assistance.

Findings

Based on the data gathered for this project, researchers drew several conclusions about the current system and offered suggestions for ways to fine-tune these results and extend the conclusions.

The researchers estimate Central Florida spends approximately $11.4 million annually on programs and services dedicated to families experiencing homelessness. The most significant share of this funding (58 percent) comes from federal sources. The analysis indicates a strong investment from local governments (20 percent) and the private sector (22 percent), two sources of funding that are the most flexible and could be redeployed as needed to achieve results. The current system for family homelessness does not draw a significant share of funding from the State of Florida (less than 1 percent). This is likely an underestimate because some state funding may be provided directly to nonprofit sponsors rather than through the organizations included in this study.

The researchers concluded that financial resources for the care of families experiencing homelessness may not be perfectly invested to achieve the greatest impact. For example:

- Significant resources (28 percent) are directed to prevention activities that do not appear to be well-targeted to families most at-risk of becoming homeless. Of those prevention dollars, 85 percent are generated from local and private sources, which could be redeployed to services that more directly reduce homelessness.

- A significant portion of funding (26 percent) is dedicated to temporary housing in the form of transitional housing (13 percent) and emergency shelter (13 percent), programs which tend to yield unreliable outcomes. Transitional housing tends to be high cost and serve fewer families.

- Local schools invest heavily in providing transportation and other support to children who experience homelessness. This investment accounts for 17 percent of overall investment in family homelessness. These costs could be reduced if the tri-county region reduced homelessness among families.

Part IV

RECOMMENDATIONS

So what can Central Florida do as a community to help families that are homeless or are in danger of slipping into this frightening and unsettled state of existence? The Committee on Family Homelessness asked the researchers to recommend some next steps, based on their extensive knowledge of how other communities are handling the issue.

The following section of this report outlines the synthesized findings and several recommendations.

Key Findings

The current response to this crisis appears to be fragmented and not achieving the optimal results that could come from a systematic approach to providing services, shelter and housing to families who experience homelessness. Deploying resources in a coordinated system of care that uses evidence-based practices will better address family homelessness.

The region needs to conduct additional research and analysis to determine whether additional investment is needed or whether reallocation of existing resources will be sufficient. However, to achieve the best results, all resources must be invested in effective, coordinated and focused interventions that pursue a common goal: to make homelessness among families rare, brief and one-time.

AMONG THE FINDINGS:

- Of the estimated 13,400 families experiencing homelessness in the course of a year, about three-quarters are living tenuously in housing they share with extended family, friends, or other people they know. Nearly one in five homeless families reside in a hotel/motel situation for some part of the year.

- Significant resources (28 percent) are directed to prevention activities that do not appear to be well-targeted to families most at-risk of becoming homeless. Of those prevention dollars, 85 percent are generated from local and private sources, which could be redeployed to services that more directly reduce homelessness. Homelessness prevention assistance should be provided to families who are living in shared housing that is unsafe because of domestic violence, severe overcrowding, and/or extremely poor-quality housing.

- Contrary to best practices, transitional housing represents the largest category of response, with 44 percent of all beds available, yet serves a relatively small segment of the population: 18 percent of homeless families. Transitional housing receives 12 percent of investments.

- Emergency shelters are one of the most critical components of a high-functioning crisis response system. However in Central Florida, emergency shelters have limited success in ending homelessness and have lengths of stay that are more than double the national standard.

- Rapid Re-Housing appears to be poorly implemented in Central Florida, where the results are below national averages. Receiving 12 percent of all investment, additional investment will be needed to increase successful outcomes and reduce the length of time that families are homeless. However, retooling the approach will be critical to ensure consistent results.

- Programs that offer only supportive services are generally not serving homeless families. This investment should be reviewed closely for the potential to reallocate it to other uses that might achieve greater impact.

- Permanent supportive housing is generally available only to veteran families. It is virtually non-existent for the most vulnerable families who experience homelessness and are at risk of chronic homelessness or repeated episodes of homelessness. This presents a serious gap within the homeless assistance that needs to be addressed.

- Local schools invest heavily in providing transportation and other support to children who experience homelessness. This investment accounts for 17 percent of overall investment in family homelessness. These costs could be reduced if the tri-county region reduced homelessness among families.

- Resources need to be prioritized to meet the needs of the most vulnerable families – specifically, those that are unsheltered, showing up at emergency shelters with no other housing options, or living in hotels and motels.

Across all sectors of those who participated in the research, there was strong desire to achieve better results for families and create a community-wide approach based on best practices. Stakeholders repeatedly cited the need for more and better data collection, analysis and reporting, as well as the use of that data in decisions about planning and resource allocation.

These findings indicate that Central Florida needs a cohesive plan to develop and implement an end to family homelessness. This is the only way to help parents and children move out of crisis, achieve stability, and improve income, education and well-being. By creating a collaborative and seamless system that is based on proven best practices, Central Florida can achieve optimal results for families while ensuring greater cost-efficiency for the community.

RECOMMENDED NEXT STEPS

1. Commit to aggressive actions and goals that build on current momentum.

The region has a strong desire and intent to change the way it addresses family homelessness. Key players at all levels understand the need to collaborate and work together on this effort and have demonstrated a willingness to change the status quo. An inclusive and transparent process will be essential to capitalizing on this momentum and building the trust necessary to undertake a community change initiative. Some steps have already been taken, such as the addition of new Rapid Re-Housing resources, commitment to improving the use of data, and exploration of reallocation from transitional housing programs to permanent housing (supportive and Rapid Re-Housing.) Leaders should move the process forward quickly and set both short-term and longer-term goals. The Committee on Family Homelessness should recommend an inclusive and transparent path forward to make family homelessness brief, rare and one-time.

2. Rapidly increase community understanding of the challenge and knowledge of solutions.

To make the transition to an effective family system, all of the stakeholders – providers, funders, and political and civic leaders – should have a shared understanding of the extent of the problem and what has been found to be effective. Among the initiatives Central Florida could undertake:

- **Put a face on family homelessness.** Help the public understand the magnitude, dimensions and impact of the problem on families and on children.

- **Ensure elected officials are engaged and informed.** Bring elected officials from the counties and cities into the discussion so they understand family homelessness in the region and the benefits of cross-jurisdictional collaboration and joint investment.

- **Engage with private and faith-based funders.** Encourage them to provide visible leadership to call for necessary changes and invest in this effort by shifting their resources to make the transition possible.

The Central Florida Commission on Homelessness (CFCH) is well-positioned to lead this effort based on its successful track record in creating greater understanding about the needs and solutions to veteran homelessness and chronic homelessness.

3. Build the foundation for a more effective systems approach to ending family homelessness.

A systems approach is necessary to provide the right amount of assistance to help families obtain or regain permanent housing as quickly as possible and ensure access to services that help them remain stably housed. There are several key areas that need to be addressed in order to lay the foundation for implementing the Family Connection model in Central Florida:

- **Explain the Family Connection model.** In developing this framework, the U.S. Interagency Council on Homelessness has indicated the types of programs and strategies that should be employed to address the needs of homeless and high-risk families, and the connections needed between the components. Central Florida stakeholders need to understand the different roles and participants that will be required, and to assess the strengths and challenges of the current system in order to define the areas that need to be preserved and strengthened and those that need to be transformed. This report provides a preliminary assessment of some of

the system outcomes now being achieved and challenges faced, but further investigation of the current system design and actions needed to move to the desired state will be required for creation of a detailed implementation plan. The CFCH and Homeless Services Network of Central Florida (HSN) should work together to engage and ensure that all key stakeholders understand the Family Connection model.

- **Initiate planning for coordinated entry and prioritization process for families.** Coordinated entry is an essential element to a functioning system. Coordinated entry must be easy to navigate and have protocols in place to ensure immediate access to assessment and assistance and a method for prioritizing limited housing and shelter resources. It is also essential to this function that programs reduce entry barriers. Coordinated entry will not function well if high-need families are rejected from the programs that could serve them. HSN should lead this effort and ensure that it is integrated with improvements in the data collection system to make appropriate matches between families and programs.

- **Reallocate funding from transitional housing to Rapid Re-Housing.** Currently, the Continuum of Care (CoC) area has at least $1.7 million invested in transitional housing programs that serve a relatively small number of families over longer periods of time. Generally, one in three families served in transitional housing leave those programs still homeless. Using typical costs, Rapid Re-Housing can serve approximately five times the number of families that transitional housing serves. In the tri-county region these programs also have better housing outcomes (75 percent versus 66 percent). The Central Florida CoC, led by HSN, should move immediately to reallocate funding from the lowest-performing transitional housing to Rapid Re-Housing as part of the 2015 CoC application, and should work to create a transition plan for other programs over time, retaining a smaller portion of transitional housing that is targeted for specific, well-defined subpopulations of families identified through the coordinated entry process.

- **Explore reallocation of funds from prevention programs.** Central Florida currently spends a significant amount of its funding to address family homelessness on prevention activities that do not appear to be well-coordinated with the family system and targeted to ensure that the families receiving assistance are those most likely to fall into homelessness. These funds should be closely inventoried, including their current targeting and flexibility, to

determine the potential to reallocate them to Rapid Re-Housing, including for the creation of programs specifically for families in motels, and/or to created targeted diversion activities that provide shelter-entry prevention connected to the coordinated entry system.

4. Improve and harness data capacity to describe need and inform priorities.

To make the best decisions regarding program and system design, targeting and reallocation, the system must be able to describe the population in need and the resources available, and to measure the outcomes being achieved. **The next phase of planning should include further research and analysis to model a new and comprehensive resource investment strategy for the tri-county region in order to achieve more optimal results for all populations that experience homelessness.** This modeling research can recommend options for how current and new funding could be invested to achieve better results for all populations. Simultaneous with taking the initial steps outlined below and at the end of this section, the CoC and HSN should continue to prioritize and advance data improvement and utilization.

- **Understand more about system and program performance.** Ideally, a robust evaluation system would identify variations in outcomes across programs of the same type, implementation costs by programs and program types, returns to the system of care to determine the percentage of families remaining homeless, the varying rates of return for different programs and program types, and whether there are subpopulations of homeless families that have higher rates of return. This is critical information that is needed to inform near-term planning and investment decisions as well as an ongoing practice that will build community confidence in programs and the new system.

- **Improve data quality.** Homeless Management Information Systems (HMIS) contain a lot of data about homelessness, but they are often plagued by poor data quality because providers do not rely on the data for their own needs, and these systems rarely publish the results. Data quality can be improved through concerted efforts to train and support staff at agencies to input timely and high quality data. The best method for improving the data quality is to begin to use it for reporting purposes locally.

- **Publish reports on outcomes.** The U.S. Department of Housing & Urban Development (HUD) has established a set of performance indicators including rates of exit to permanent housing, time spent homeless, returns to homelessness and increases in income, among others, that it will be using in the future to evaluate the performance of systems at the Continuum level. Producing these reports at the program and program type level can give CoCs a clearer picture of their performance and provide direction in terms of which programs might be recognized for high performance, considered for additional support, or encouraged to develop improvement plans. Over time, funders should commit to using these reports as the primary basis for awarding grants, allocating resources and establishing performance targets.

- **Develop a program cost analysis.** HMIS data can be used to evaluate performance on a number of metrics described above. However, it does not contain information about budgets or costs. This report provides initial information about system-level investments but provides no information on the costs per household served or costs per outcome, which can be useful to evaluate performance, and to make decisions about reallocation and investments. For instance, The National Alliance to End

Homelessness and Focus Strategies have developed tools to help communities do these kinds of assessments, including the Performance Improvement Calculator and the SWAP (System-wide Analytics and Projection) tools which incorporate program-level data on cost with other HMIS and Point-in-Time data to develop a picture of the return on investments currently achieved and allow communities to model changes in investments. HSN should explore ways to bring cost information into the analysis.

- **Combine data with that of other mainstream systems.** Families that experience homelessness often overlap with one or a number of other systems, including Temporary Aid to Needy Families (TANF), child welfare, the school system, and the public healthcare and mental health systems. The fullest picture of the population and its needs is often gained by combining data sets from multiple systems. This information can be used to determine the extent of the overlap across systems of care, identifying opportunities to efficiently coordinate and allocate resources for families with multiple system connections. Additionally, such information would identify subsets of families that use high levels of services in more than one service domain (high users or frequent users), and for those people, the targeting of deeper housing interventions is not only indicated but can result in cost savings to the community.

5. Grow and target affordable rental housing.

Affordable rental housing is the best overall solution to family homelessness but is in very short supply and not specifically targeted to assist families experiencing homelessness. To accelerate progress for families at risk of and experiencing homelessness, Central Florida needs to develop a larger stock of affordable apartments available to these families. This includes:

- Engage providers of existing subsidized housing, both public and private, to prioritize openings for families experiencing homelessness and ensure access for families who are often screened out of affordable housing.

- Engage with local public housing authorities to set aside housing vouchers for homeless families with the highest needs.

- Develop landlord engagement strategies connected with Rapid Re-Housing and other rental assistance programs to increase the supply of privately owned housing available to families experiencing homelessness. This should include exploration of landlord mitigation funds and other incentives to encourage landlords to participate in programs for families.

- Commit to growing the stock of deeply affordable housing available and targeted to families that have experienced homelessness through a wide range of investment strategies. These should include targeting housing tax credits and State Housing Initiatives Partnership Program (SHIP) funding, as well as private grants and financing incentives, to develop affordable rental housing for households with poverty-level incomes.

6. Develop an action plan with short-term measurable targets.

The goals of the plan should be to develop and operationalize the Family Connection model. The plan should include specific action steps to be taken, the key parties to lead, the stakeholders who need to be involved in each step, the timeframes for action, and the anticipated outcomes. This planning effort should be jointly led by CFCH and HSN working together and should be inclusive, involving a range of stakeholders across the region.

"One in 50 families in Central Florida, and one in 17 children, will experience homelessness during the course of a year."

The action plan should flow from the additional investment analysis and modeling described above. In addition to building on the above and further developing actions to create the new desired state and system, the plan should include steps to:

- **Prioritize investment to the most vulnerable families.** Resources must be directed to meet the needs of these families – specifically, those who are unsheltered, showing up at emergency shelters with no other housing options, or living in hotels and motels. Homelessness prevention assistance should be prioritized to families who are living in shared housing that is unsafe because of domestic violence, severe overcrowding, and/or extremely poor-quality housing.

- **Address the need for capacity building.** Both funders and providers will need assistance to make the transition. Resources to support the transition need to be identified, and capacity-building goals with clear timeframes need to be established. Key areas that need attention are strengthening Rapid Re-Housing, incorporating Housing First into program and funder decisions, instituting trauma-informed care, ensuring the safety of survivors of domestic violence, improving data quality and use, and targeting affordable housing resources.

- **Create mechanisms for collaborative funding.** System change and coordination are often improved through joint or aligned funding from public and private funders. Funder collaboratives that bring together public and private funding are increasingly impacting the development and delivery of systems and program. Collaborative funding aligns funders around specific system goals and

reduces the burden on providers to apply separately for resources with different criteria, timeframes, and oftentimes conflicting requirements.

- **Mobilize mainstream resources to support the effort.** Families that experience homelessness and those at risk of losing housing are part of a larger group of extremely low-income families that may have many services needs, face many challenges and also often qualify for other types of support from "mainstream" (i.e. not homeless-specific) services. Other supports provided by mainstream providers and systems – such as job training, child care, health care, transportation, food security support, and others – are vital if families are to achieve housing stability. These supports can presumably free resources within the homeless crisis response system to be used for housing-related needs.

- **Clarify how community resources will be shared among the sub-populations who experience homelessness.** The region is implementing plans to end chronic and veteran homelessness. These plans use some population-specific resources. However, some of the resources are more flexible. Many agencies have resources that could be used for more than one of these initiatives. It will be helpful to clarify how the more flexible resources should be shared so that each plan is successful at achieving its goals. Comprehensive modeling of resources for all populations is highly recommended in order to create an inventory of resources that working together can make homelessness rare, brief and one-time.

A TEAM APPROACH

It's clear that any solutions must be multi-faceted. No one person, nonprofit, fund, government entity or committee will be able to tackle this community crisis alone. Using a team approach, with strong multi-sector leadership, the region can envelop the region's troubled families in a blanket of safety, leading them to a path of self-sufficiency that can be sustained.

APPENDIX I

Glossary of Terms

Continuum of Care: A community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care is often used to refer to the system of programs to address and prevent homelessness as well as the body the coordinates such efforts.

Coordinated entry system: A community-wide process to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.

Chronic homelessness: Experienced by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Emergency shelter: Any facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Supportive services may or may not be provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.

Family homelessness: Families who lack a fixed, regular and adequate nighttime residence and are living in temporary accommodations such as shelter or in places not meant for human habitation; or families who will imminently lose their primary nighttime residence; or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Homeless (for purpose of this report): An individual or family who lacks a fixed, regular, and adequate nighttime residence. An individual or family who will imminently lose their primary nighttime residence. Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. Any individual or family defined as homeless by any Federal statute.

Homeless veteran: An individual who was served any branch of the U.S. military, including those who are ineligible for Veteran Health Administration benefits.

Homeless youth: Typically defined as unaccompanied youth ages 12 and older (up to age 24) who are without family support and who are living in shelters, on the streets, in cars or vacant buildings, or who are "couch surfing" or living in other unstable circumstances.

Homelessness Management Information System (HMIS): A computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

Housing First: An approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

McKinney-Vento Homeless Assistance Act: The U.S. law passed in 1987 and amended several times since that provides federal money for homeless programs, including Emergency Solutions Grant and Continuum of Care. It also protects the rights of homeless children in the public schools system by granting them protected-class status. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes to the HUD programs, including a consolidation of HUD's competitive grant programs.

Point-in-Time (PIT): A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Permanent supportive housing (PSH): Decent, safe, affordable, community-based housing that provides disabled tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

Rapid Re-Housing: Places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management.

Targeted homelessness prevention: Aimed at helping families stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to families who are most likely to be admitted to shelters or be unsheltered if not for this assistance.

Transitional housing: A type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.

APPENDIX II

Methodology

HMIS Exit Analysis

Data for the analysis was drawn from the Central Florida Homelessness Management Information System (HMIS). An "Exit Destinations Outcomes Report"(Service Point 550) for all exits from any program in calendar year 2014 was requested. The Homeless Services Network of Central Florida (HSN) also provided additional demographic and program fields the researchers requested, and a household code to allow researchers to link adults and children of the same household to one another.

The report contained no personally identifying data (i.e., no names, birthdates or Social Security numbers.) For the analysis, researchers used the detail tab, which included more than 12,000 rows of data for all persons entered into HMIS with a program exit in 2014.

The data was exported, and all analysis was done in Excel. After selecting only those persons in a household of both adults and children (both those with one adult and those with two or more adults), 3,542 rows of data remained, each representing one program exit for an individual adult or child.

These individuals were collapsed into households of persons that were in the program together, using the household code. Researchers deleted entries with program names that reflected that no service was received and that had zero days of a program stay. Then they manually collapsed all program entries of the same type in the same period (either where there were overlapping time frames for the same program or continuous time frames) to make each line a separate household episode.

The final data set contains 782 unduplicated family households, which had 883 program exits in 2014.

APPENDIX III

Current State - Desired State Assessment

The key ingredients to success in achieving an end to family homelessness.

1) A high functioning, collaborative **Homeless Assistance System** provides the right amount of assistance to help families obtain or regain housing as quickly as possible and ensuring access to services to remain stably housed. The System should also help families avoid homelessness whenever possible.

2) **A Plan to Achieve an End to Family Homelessness in Central Florida** (the Plan) is actively implemented. The Plan uses the best practices in planning, is administered efficient and effectively, has sufficient public and private investment to scale up the homeless assistance system to achieve the goals and objectives of the Plan, and has high quality data systems that can be used for planning and investment decisions.

3) **Mainstream Resources** support homeless families with children and is a primary foundation for the Homeless Assistance System. These community based resources and benefits help parents and children move out of crisis, achieve stability, and improve income, education and well-being. Given the limited resources for homeless specific assistance programs, it is essential that there is effective coordination, community partnership, and engagement.

4) The Homeless Assistance System adopts and uses **Evidence Based Practices** to improve outcomes for parents and their children and make scarce resources go further by only investing in programs that get results. The impact is greater efficiency and effectiveness.

Homeless Assistance System

June 1, 2015

Element	Current State	Desired State	Key to Transition
Ability/willingness to direct more service-intensive housing needs households	**FUNDERS** • Limited • Mixed, some funders are ready, others are not **PROVIDERS** • Willingness to have a system but currently not consistent evaluations • Need to get all agencies/resources on board • Not everyone currently working with HSN • Lack of education with regard to definitions **OTHER** • Funders are being educated; system needs to be created • Mixed; some acceptance but also hesitancy • Willingness system-wide; lacking housing identification; landlord engagement	1) All providers and funders support this principle. 2) CES is functional. 3) All providers are willing to accept referrals without pre-conditions from the CES.	**FUNDERS** • More funding; case management; moving from transitional model to RRH **PROVIDERS** • Funding and willingness to agree on qualifications • Focus on local relative data/models • HSN is key; educate on HUD definitions and guidelines **OTHER** • Build consensus with providers and funders; build capacity • Right people involved; training/ skill development; conversation with those who have experience • Building relationships with landlords; determining how coordinated assessment can begin identifying high need households; develop vulnerability lists

Element	Current State	Desired State	Key to Transition
Coordinated Entry System (CES)	**FUNDERS** • Silo'd systems; HSN, 211, service providers • 211 does some but system needs to be stronger; database not linked **PROVIDERS** • HMIS, not everyone is using it • Still working on CES through HSN; still need more education to community • Need tool everyone understands • Not a current coordinated system **OTHER** • Early stages • Permanent Supportive Housing only; one person doing matching • Some activity with HSN but still fragmented in community; access to HMIS limited	1) The CoC in partnership with providers and funders has developed criteria and tools for CES assessment. 2) All providers participate in CES. 3) CES assesses needs and connects families to targeted prevention assistance where possible and temporary shelter as needed. 4) CES collects only information to make referral decisions and does not unnecessarily burden clients 5) Providers accept information from CES as basis for intake and minimize clients repeating story at each program	**FUNDERS** • Coordinated platform and training; universal point of entry and referral; public sector support for statewide system; true collective impact • More services needed; staff training **PROVIDERS** • Educate; decide on one intake and everyone use it • Needs to be more widely known **OTHER** • Widespread understanding and adoption of system when built • HMIS build-out; training and buy-in; identify incentives • Main key is resources, expanded staff and HMIS • Buy-in and strategies to training community and roll out; agree to one assessment/no wrong door approach

Element	Current State	Desired State	Key to Transition
Targeted homelessness prevention	**FUNDERS** • Analyzing service providers resources; moving from discussion to strategic plan and implementation • Limited; responsive, not preventive **PROVIDERS** • Catholic Charities does prevention • Doing well with prevention but restricted funding is an issue (ex. focus on outcomes) • Using private funding; Orange has placed 15 families; extremely limited in all counties **OTHER** • Barely existent • Very little; what is the difference between risk for homelessness and risk for losing housing • Some prevention efforts exist; prevention is loosely definied; FRP/ Crisis-Orange County; 211; other charities	1) Includes combination of financial assistance, mediation, housing location, and other supports. 2) Intervention is aimed at helping families stay in current housing (safety is primary consideration) or move to other housing if not possible without requiring a shelter stay first 3) Priority is given to families who are most likely to be admitted to shelter but for this assistance	**FUNDERS** • Regional approach given transient nature of issue **PROVIDERS** • Get more private money; develop government flexibility **OTHER** • More education, expanded resources, better use of 211 • Align community resources to best practices; train on building relationships and brokering for keeping families in housing; assess and place based on need, one common agreed uponassessment/ navigation

Element	Current State	Desired State	Key to Transition
Temporary or emergency shelter	**FUNDERS** • Splits up family; fix first, housing later; limited shelter space; none in Osceola • Exists but at capacity; no stabilization services **PROVIDERS** • Not enough beds; families do not typically go into shelters • No facilities in Semiole and Osceola; transportation and age restriction issues • Women and children turned away **OTHER** • Not enough shelters in the region; long waiting lists for admittance to existing facilities • Plenty of space; a lot of rules • Current shelters: Resuce Mission, Anthony House, Family Promise, Salvation Army, Harbor House	1) Provides 24/7 safe shelter with stabilization services. 2) Housing placement as quickly as possible is primary objective. 3) Minimum entry and compliance requirements in order to avoid families being rejected or asked to leave. 4) No family with children is unsheltered due to lace of shelter capacity.	**FUNDERS** • Keep family intact; RRH priority; strong case management; safety net approach only for shelter; community buy-in **PROVIDERS** • Need more buildings/resources **OTHER** • Systemic change, including culture of nonprofits • Best use of current capacity • Shelter to be on board with RRH best practices; training and incentivize; housing locations/ navigation system-inventory; make families with children priority; invest in housing
Rapid Re-Housing	**FUNDERS** • Significant lack of affordable housing **PROVIDERS** • Small number of programs; no widespread adoption • Understanding concepts; lack of affordable housing; too many restrictions to qualify; residency issues **OTHER** • We are under-resourced and have not adopted the model • Very litte	1) Families in shelter that are not able to rehouse themselves (self-resolve) quickly are offered Rapid Re-Housing assistance 2) Assistance is tailored to meet needs and intended to provide only what is needed to ensure transition to housing with likelihood of remaining housed	**FUNDERS** • More units/inventory availablie; community education; legislative support **PROVIDERS** • Develop more resources; use existing more effectively • Policy changes; lack of affordable housing; change structure of tax credit; work with landlords. **OTHER** • More education; increase funding; systemic change • Infrastructure, capacity developemnt; skill development • Set policy for agencies around these priorities; housing, job training, eduational plans necessary in sustaining over time

Element	Current State	Desired State	Key to Transition
Transitional Housing	**FUNDERS** • Many options in region **PROVIDERS** • Not enough beds; future role diminsihed by HUD changes • Harbor House; all three counties provide case management **OTHER** • Currently more transitional housing programs than Rapid Re-Housing • Space currently available • Orange County, Anchor, Coalition for the Homeless	1) Transitional Housing is offered to specific target populations and programs are designed to meet specific needs 2) Transitional housing is an offer, not a requirement (families may opt for Rapid Re-Housing) 3) Housing placement is primary objective of the program	**FUNDERS** **PROVIDERS** • Need more resources; educate community • Case management **OTHER** • Move to a system of Rapid Re-Housing • Create incentive; current space not with agencies most willing to target hard to serve • Overabundance of programs, will need to realign for special populations; currently without access to RRH; housing placement in new system is the priority
Permanent Supportive Housing	**FUNDERS** • Rare to non-existent; Focus has been on chronic; clarify criteria **PROVIDERS** • Not enough beds; sustaining the model **OTHER** • Effectively non-existent • Need for more inventory	1) Permanent Supportive Housing is reserved for highest needs families 2) Services are voluntary and designed to support successful tenancy and life goals of household members (parents and children.) 3) Move-on opportunities for stable families are offered	**FUNDERS** • Leverage chronic model and modify for family support **PROVIDERS** • Need more resources **OTHER** • Ensure coordinated assessment is being utilized • More PSH facilities for families with disabilities; seek TANF spending; add vocational/ educational services leading to sustainment of housing; individualized programs

Element	Current State	Desired State	Key to Transition
Partnership with landlords to provide access to affordable rental housing	**FUNDERS** • Emerging; providers don't share information **PROVIDERS** • A lot of work to do; educate them to the need/benefits **OTHER** • Needs to happen; fragmented, with not enough collaboration between public and private sector • Some agencies have relationships	1) The system has relationships with public, private and nonprofit housing owners to dedicate access for formerly homeless families 2) Nonprofit housing seek to screen in rather than screen out families that have experienced homelessness 3) Resources are available to support cultivation of landlords.	**FUNDERS** **PROVIDERS** • Everyone must have the same definition of homelessness • Landlord education; advocacy from case managers **OTHER** • Housing locators that work together in a system; a Landlord Summit needs to take place • Outreach and engagement • Should utilize all resources to develop master list and relationships, build in incentives; education/training to accept and screen in; develop resource books of landlords with criteria
Safety for survivors of Domestic Violence	**FUNDERS** • Limited capacity **PROVIDERS** • Once in the system, support and safety provided; getting them there is the issue • Underfunded **OTHER** • Three Shelters	1) Families fleeing domestic violence have immediate access to appropriate crisis assistance 2) Client confidentially is maintained throughout the system 3) Sensitivity to trauma and family violence is embedded in all family services, whether DV-targeted or not	**FUNDERS** **PROVIDERS** • Flexibility with Rapid Re-Housing; safety measures; confidentiality; landlord education **OTHER** • More cooperation between shelters and Rapid Re-Housing • Better training • Develop policies in conjunction with Harbor House for immediate response; develop policies that protect women/survivors in all housing and supportive services; develop policy with DV incorporated with women/ families

Plan to Achieve an end to Family Homelessness in Central Florida

June 1, 2015

Element	Current State	Desired State	Key to Transition
There is broad support, collaboration, and investment in the plan to end family homelessness in Central Florida (the Plan)	**FUNDERS** **PROVIDERS** • Regional collaboration has been established • Very beginning stage **OTHER** • We have an idea that we need a plan, but not a structured approach • Counties don't trust Orlando; similarly, Osceola and Seminole claim they have no chronically homeless; lots of consultants and plans • CFCH, HSN; beginning to plan and work collaboratively, especially counties	1) All jurisdictions, the Central Florida Commission, the CoC, in partnership with the business, philanthropic and faith community actively participate in planning, invest resources, and contribute leadership to the Plan. 2) All of the above actively promote and engage the broader community to participate in the Plan	**FUNDERS** **PROVIDERS** • A more definitive plan must be established; define better outcomes of measurements • Educating on effects; set timelines and hold accountable **OTHER** • Current study and plan that is widely adopted • Keep the interest and support • HSN should be the lead • CFCH should advocate support and raise funds with their powerful community board • More education and dispersing of community-wide information and opportunities to engage
Data driven decision making is embedded in the Plan	**FUNDERS** **PROVIDERS** • Not engaging all partners; is the data accurate **OTHER** • In progress of being studied • Mixed • HMIS-HSN limited access/support • Need to increase resources	1) Data to measure outcomes of all programs and the system as a whole is of high-quality and confidence 2) Performance data at program and system level is used to make investment decisions 3) All public and private investors and funders use data on needs and performance to make funding decisions	**FUNDERS** **PROVIDERS** • Need more accurate data **OTHER** • Release data and plan; system needs to be structured • More capacity at HSN • Need more resources to add licenses/encourage use, have clean data; HMIS training for users; all decisions must be data driven, but data needs to be current and useful

Element	Current State	Desired State	Key to Transition
Attainment of system performance measures (HUD requirements) and HMIS Quality Requirements	**FUNDERS** **PROVIDERS** **OTHER** • HSN is working to clean up data, with assistant from HUD; need additional licenses • No written policies • Currently working on compliance via HSN	1) HMIS system is functional and conforms to HUD requirements. 2) All outreach and residential homeless assistance providers participate in HMIS. 3) Data is substantially complete and of high quality. 4) The CoC calculates and uses HUD system-level performance measures as the established selection criteria for awarding CoC Program projects and to evaluate system performance	**FUNDERS** **PROVIDERS** • More training lead by HSN; must have consistency in reporting; is HMIS fully operational **OTHER** • Training of staff and providers; additional licenses • Engaged advisory committee; intentional communication with Executive Directors • Need resources to use and expand HMIS to everyone; need to incentivize use of HMIS across the community; the data can be better, need more training to use if for holding providers accountable and use data to drive decision making
The CoC cooperates with jurisdictions on planning for homeless services delivery and funding	**FUNDERS** **PROVIDERS** **OTHER** • Not for ESG yet • Six jurisdictions working together to align	1) The CoC cooperates with jurisdictions on ESG and ConPlan 2) The CoC and ESG recipients have adopted written standards for all eligible activities 3) The CoC follows standards for conflict of interest 4) The CoC benefits from active participation of a wide range of stakeholders	**FUNDERS** **PROVIDERS** **OTHER** • Merge policies and procedures • We need to have more coordination with ESG recipients/ counties in planning • CoC does have but will upgrade due to conflict of interest issues; all should be involved and encouraged to participate

Engagement of Mainstream Resources to Provide Support to Homeless Families with Children

June 1, 2015

Mainstream Resources	Current State	Desired State	Key to Transition
Employment	**FUNDERS** **PROVIDERS** **OTHER** • Most of the shelters work with Goodwill • Great resources • Goodwill Center, CareerSource	1) Effective partnership between shelter and housing providers with CareerSource Central Florida and their contractors. 2) Meet HUD performance criteria around gaining employment income	**FUNDERS** **PROVIDERS** • Career services needs expansion • Need better public transportation • More case management **OTHER** • Continued education; Employment Summit in September with Goodwill and CareerSource • Expanded bandwidth • We still have progress to make but these are necessary for sustainment in housing; have to show increases and performance in these areas, with partners it can be done
Education	**FUNDERS** **PROVIDERS** • Limited contact between HSN and schools **OTHER** • Exists in Orange County • Not sure yet • OCPS identifying possible focus group candidates and UCF	1) Homeless programs work to ensure that all children have access to school, afterschool assistance and transportation 2) The CoC has strong relationships with the McKinney coordinators in each school district 3) Avenues for adult education, such as community colleges, are open to heads of family households	**FUNDERS** **PROVIDERS** • HSN needs better connection to McKinney coordinators **OTHER** • If it exists in Seminole and Osceola, let providers know • OCPS, Verizon and McKinney-Vicente do a good job for the most part; CoC has some relationships but could be improved and schools be more involved; opportunity for more involvement with community schools, college and vo-techs

Mainstream Resources	Current State	Desired State	Key to Transition
Childcare	**FUNDERS** **PROVIDERS** **OTHER** • Waiting list for services; no resources for children over the age of 9 • Community Coordinated Care for Children, not enough resources	1) Families touching the homeless system are assisted to access subsidized childcare 2) The childcare system prioritizes children experiencing homelessness	**FUNDERS** **PROVIDERS** • Community Coordinated Care for Children needs expansion • Get churches involved **OTHER** • Private funding and flexibility in funding • Not currently coordinated, need to increase access and criteria on assistance should be developed; there is no priority, policy must be addressed
Benefits (TANF, SSI, VA)	**FUNDERS** **PROVIDERS** • Online system is good **OTHER** • Most nonprofits do help with some benefits • Recent SOAR efforts, access is limited or missing; should be more coordinated	1) Families touching the homeless system are assisted to gain benefits for which they are eligible 2) Meet HUD performance criteria around gaining non-employment income	**FUNDERS** **PROVIDERS** **OTHER** • Better coordination with VA • More community education and training on eligibility needed; more SOAR training and access to assistance in obtaining benefits
Community and supportive services	**FUNDERS** **PROVIDERS** **OTHER** • There are services, but not enough for the need • Uncoordinated community case management motivated strictly by medical eligibility	1) Links between homeless and mainstream services (public and nonprofit) for low-income households are strong 2) Where possible, families are connected to services in the community where they will be living	**FUNDERS** **PROVIDERS** • More support to wrap around agencies **OTHER** • Stabilizing families quickly; more data sharing between providers • Links are not strong but policy and community buy-in will produce better results; has to be a priority

Using Evidence-based Practices

June 1, 2015

Evidence-Based Practices	Current State	Desired State	Key to Transition
Housing First	**FUNDERS** **PROVIDERS** **OTHER** • Mostly nonexistant • Limited options for families • Slow roll out but some using priority list/vulnerability	1) All front line staff, supervisors and program managers have been trained. 2) All programs operate using these practices.	**FUNDERS** **PROVIDERS** • Educate training on common services **OTHER** • More funding; increased training; build capacity • All these areas need to have: training, education, policy development
Trauma-informed services	**FUNDERS** **PROVIDERS** **OTHER** • Not much beyond domestic violence programs • Not all trained	1) All front line staff, supervisors and program managers have been trained. 2) All programs operate using these practices.	**FUNDERS** **PROVIDERS** • Training **OTHER** • All these areas need to have: training, education, policy development

Evidence-Based Practices	Current State	Desired State	Key to Transition
Critical Time Intervention for parents who have mental health and/or substance use problems	**FUNDERS** **PROVIDERS** **OTHER** • Some, but not widespread • No Medicaid funding • Very little	1) Providers understand role of CTI 2) RRH and PSH programs use CTI when serving parents who mental health and/or substance abuse problems	**FUNDERS** **PROVIDERS** • Need resources **OTHER** • More education; increased funding; systemic change • Build into Permanent Supportive Services • All these areas need to have: training, education, policy development
Early childhood home visiting and education	**FUNDERS** **PROVIDERS** **OTHER** • Some via Early Learning Community Coordinated Care for Children, Early Head Start	1) All case managers have been trained in how to access these community-based services. 2) There are sufficient community-based programs to serve families	**FUNDERS** **PROVIDERS** **OTHER** • All these areas need to have: training, education, policy development

APPENDIX IV

Sources of Financial and Program Information

Funder	Contact
1. Orange County Government	Donna Wyche
2. City of Orlando	Rebecca Sutton
3. Orange County Public Schools	Christina Savino
4. Seminole County Schools	Davia Moss
5. School District of Osceola County	Gabriella Barros
6. Seminole County Community Services Division	Valmarie Turner, Steve Fussell
7. Heart of Florida United Way	Bob Brown, Joan Nelson, JahKiya Bell, Sarai Cabrera
8. Homeless Services Network	Martha Are
9. JP Morgan Chase	Ann Reinert
10. Wells Fargo Bank	Kate Wilson, Joyce Odongo
11. BB&T Bank	Wendy Wingrove
12. TD Bank	Rebecca Reynolds, Janet Hamer
13. Fifth Third Bank	Barb Scherer, Keith Bell
14. Coalition for the Homeless	Brent Trotter
15. Harbor House	Carol Wick
16. Central Florida CARES	Maria Bledsoe
17. Department of Children & Families	Bill D'Aiuto
18. Central Florida Foundation	Mark Brewer

APPENDIX V

Methodology for Financial Analysis

Estimating Individual vs. Family Homelessness

For several of the funding sources included in this data set, funding for individuals and for families experiencing homelessness is clearly distinct based on the program being funded. Researchers made reference to the 2014 Housing Inventory Count and other source materials to determine, where possible, the target populations of specific grants, and allocated the funds based on the percentage of beds in the program targeted for families.

In the final analysis, 26 reported allocations were removed from consideration because the programs focused 100 percent of their resources on individuals, or unaccompanied youth.

In some cases, the funded recipient was able to describe the split of funds between families and other homeless populations. In these cases, the split used in the analysis reflects the reported percentage from the funder.

When no specific split was reported, researchers used 37 percent as a proxy to calculate the share of program expenses dedicated to families, based on two separate benchmarks:

1. In HUD's 2014 CoC Housing Inventory Count Report, the share of emergency shelter, transitional housing, permanent supportive housing, and Rapid Re-Housing beds dedicated to families is 37 percent of all available beds.

2. The 2014 Annual Homeless Assessment Report to Congress by the U.S. Department of Housing and Urban Development (Page 6) noted that on any given night, 37 percent of the homeless in the United States are people in families. The Central Florida Point-In-Time count was 38 percent, consistent with the national average.

Exclusions from the Final Analysis

While important for the Central Florida community at large, several support activities were excluded from the final assessment. In general, services such as mental health or substance abuse counseling do not directly support homeless families or families at immediate risk of becoming homeless.

Similarly, programs that support home rehabilitation or emergency repair are critical but were beyond the scope of this particular research effort and excluded from the final summary.

Duplicate Reports

Because many of the agencies in the community collaborate on programming and share funding, researchers attempted to identify particular sources of funding that were reported by more than one entity. For example, Seminole County's Division of Community Services reported the use of Shelter Plus Care grants in support of chronically homeless families. However, the Homeless Services Network administers those grants through the Continuum of Care, and also reported that funding in its summary. The data reflects only one count of those types of examples.

Accounting for Various Fiscal Reports

All funders included in the final data analysis were not able to report expenditures for the same timeframe or fiscal year. While some contributors reported results on the most recent calendar year, others relied on reports from a fiscal year, which may or may have not perfectly aligned. Consequently, researchers made minor adjustments to the reported data to use 2014 as the base year of analysis because it was the most recent reporting year for completed Point-In-Time count, housing inventory count, and HMIS reports.

Notes

Notes

www.ReThinkHomelessness.org

IMPACT HOMELESSNESS

An initiative of the Central Florida Commission on Homelessness

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