

The Path Forward:

Rethinking Solutions for Homelessness in Florida

Written by
Barbara Poppe and Associates
and The Central Florida
Commission on Homelessness

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JPMORGAN CHASE & CO.



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Senator Mel Martinez,
Chairman for JPMorgan Chase, Southeast U.S.

The Sunshine State has long been a destination for people seeking a life full of opportunity. But that promise has fallen short for a growing number of families that are experiencing homelessness.

In recent years, and following the economic downturn, our cities saw an alarming increase in people experiencing homelessness. Most worrisome of all, the rising numbers include families with children, Veterans, and persons with disabilities. This points out that the issue cuts across all of society.

Our local communities, the health of our state, and our future prosperity are on the line when Floridians lack access to affordable housing. It is our shared responsibility to work collectively to address these critical issues and provide a continuum of resources and services that can prevent at-risk populations from experiencing homelessness and end it for those who are currently homeless.

JPMorgan Chase is committed to helping communities around the world have greater economic growth. Removing barriers and creating pathways to opportunity is a large part of our goal. That is why we invested in the creation of this study: *The Path Forward: Rethinking Solutions for Homelessness in Florida*.

The more information we have about this issue, the better prepared we are to help more people find a place to live and a way back to leading lives of hope. The data contained in this study provides a new tool that was missing from the equation and will help inform strategies and policies that can be implemented to create lasting solutions.

Both in private and public life, I have seen the power generated by leaders coming together to tackle difficult issues. That is why with the help of the powerful coalition of our mayors, other local officials, nonprofit partners, the private sector, and experts in housing and community development, we will make Florida a destination where everyone has a place to call home.



Linda Landman Gonzalez,
Chair of Central Florida Commission on Homelessness

Every day across Central Florida, many residents are faced with a troubling reality. As the hours tick away, and light turns to dark, they will face another night without the safety of a home to call their own. Lost in the streets or trying to endure at a local motel, these men, women, and children face a reality no one should ever have to experience. Without support from our community it will be difficult for them to escape the grip of the unrelenting cycle of homelessness.

As the Central Florida Commission on Homelessness has embarked on finding solutions to end housing instability within our region, they have pursued partnerships to help buoy that effort. In my work as vice president of philanthropy & multicultural insights for the Orlando Magic, I know first-hand that establishing relationships is an integral part to creating change. And as a member of the Magic team, I understand sustained success can only be found if a strong team is in place. With an issue as important as homelessness we must see this through. We must be determined and committed to get this right. Since becoming managing chair of the Commission's Board of Directors, I have had the pleasure of working with amazing advocates for those in need from across the business community and beyond. JPMorgan Chase is one of those supporters who came to the table to lend their support and has remained loyal to this cause. With them, our team is strong.

The report before you is a crucial piece in our fight to end homelessness in Central Florida. It provides the community a clear understanding of this issue while developing a strategy to address the needs in an effectively defined manner. JPMorgan Chase has a long history and commitment to housing the homeless and clearly, they are not finished in their drive to do just that. With the experience and leadership of the Honorable Mel Martinez, JPMorgan brings unique insight to the process. It is an area of focus that leads their investment back into the Central Florida community.

The solutions to ending homelessness are ones not easily accomplished, but success is in sight. We have to take a holistic approach that addresses every area of concern. One such focus must be on changing policy statewide. Without significant legislative action in Tallahassee, we will never truly find the answers we need. Policy must be crafted that follows national best practices and is rooted in evidence-based results. Specifically, legislation must be written that supports the Housing First model. Across the country, this approach to ending homelessness has been proven to be successful, something that has eluded communities for too long. It builds the capacity of a community's ability to respond to those in need. This report will provide a powerful tool in our push to create lasting change.

Central Florida is experiencing an exciting time of growth, unseen in any generation before. From world-class sporting and arts venues to the new VA Medical Center, this region is becoming a model for the entire nation. But this impressive advancement cannot be singular in the population it affects. As residents and leaders of this community, it is our duty and responsibility to make sure everyone is enjoying a quality of life that exceeds all previous standards. Human decency and dignity is not and should not be exclusive. We can end homelessness in Central Florida and this report is a monumental step in that previously elusive pursuit.

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 that coordinates such efforts.

Coordinated Entry System is 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 is 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 is 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) includes 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 is an individual who served any branch of the U.S. military. All Veterans including those who are ineligible for Veteran Health Administration benefits.

Homeless Youth are 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) is 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 is 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) is 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 is 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 is 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.



A break from the stress of homelessness. Too often we forget that the children of parents who have been evicted or lost their jobs must also seek shelter.

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ABOUT THE WRITER



Barbara Poppe is the founder of Barbara Poppe and Associates and the former executive director of the United States Interagency Council on Homelessness. Ms. Poppe is a nationally recognized expert on homelessness and results-driven,

public-private partnerships. Barbara Poppe and Associates, established in 2014, is an independent consulting firm that develops the capacity of communities and organizations to tackle complex issues using a collaborative systems approach to achieve results and impact.

Ms. Poppe served as the Executive Director of the United States Interagency Council on Homelessness from November 2009 to March 2014. During her tenure, Ms. Poppe

oversaw the federal response to homelessness by working with 19 federal agencies to create partnerships at every level of government and with the private sector to reduce and end homelessness. In June 2010, Barbara Poppe and four Cabinet Secretaries announced *Opening Doors*, the nation's first-ever comprehensive federal plan to prevent and end homelessness.

Ms. Poppe served as the executive director of the nationally recognized Community Shelter Board (Columbus, Ohio) from October 1995 to November 2009. She holds a Masters of Science degree in Epidemiology from the University of Cincinnati. Ms. Poppe is a frequent national, state, and local speaker on homelessness and serves on the national boards of the Enterprise Community Partners and the Siemer Institute for Family Stability.

Executive Summary

THE PATH FORWARD: Rethinking Homelessness in Florida sets out to explore causes of homelessness in our state, our communities' responses, and identify opportunities for meaningful shifts in programs and policies that, when coupled with community engagement, can produce tangible and measurable solutions for people experiencing homelessness.

According to the 2014 Annual Homeless Assessment Report, a staggering 41,000 individuals suffer from homelessness in Florida each day. This troubling figure represents the third largest incidence of homelessness in the nation. Florida also holds 18 percent of the nation's children and youth who experience homelessness, and 15 percent of the nation's unsheltered Veterans. These numbers are showing a growing issue in Florida that needs to be addressed.

The 1980s signified the start to a national affordable rental housing shortage. In 1987, the McKinney-Vento Homeless Assistance Act was drafted to mitigate the growing problem of homelessness. Since then, the federal government has been taking strides to reduce and prevent homelessness nationwide.

Addressing homelessness has been a bipartisan goal. In recent years, President George W. Bush's administration promoted "Ten Year Plans to End Chronic Homelessness." Also, President Barack Obama included the Homelessness Prevention and Rapid Re-Housing Program (HPRP) in the Recovery Act. There was strong bipartisan support in Congress for the passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Most recently, the *Opening Doors* comprehensive strategic plan to prevent and end homelessness drafted by the U.S. Interagency Council on Homelessness has become a model for mayors, state legislatures, and governors of both parties nationwide.

The federal government cannot work alone to solve the problem; states must also engage on the issue by establishing meaningful policy reforms. One successful example is Utah. Following the Ten Year Plan road map of President Bush, in 2005 the state set out to end chronic homelessness and began implementing "Housing First" practices and developing permanent supportive housing. The plan was updated a few years ago to align with *Opening Doors* to address the needs of other subpopulations including Veterans, families with children, and youth. **In January 2014, Utah state officials reported a 78 percent reduction in chronic homelessness statewide, and they are on track to end chronic homelessness this year.**

Implementing Housing First approaches and creating a statewide strategic plan, like Utah, can help Florida end a growing and costly issue. According to a recent Central Florida study, the community is spending \$31,065 each year per chronically homeless person for emergency shelter, treatment, incarceration, inpatient hospitalizations, and emergency room visits. In contrast, the cost to provide permanent supportive housing is \$10,051 per person annually. The annual cost savings of \$21,014 per individual applied to the number of people who experience chronic homelessness in Central Florida would result in annual savings of \$30 million.

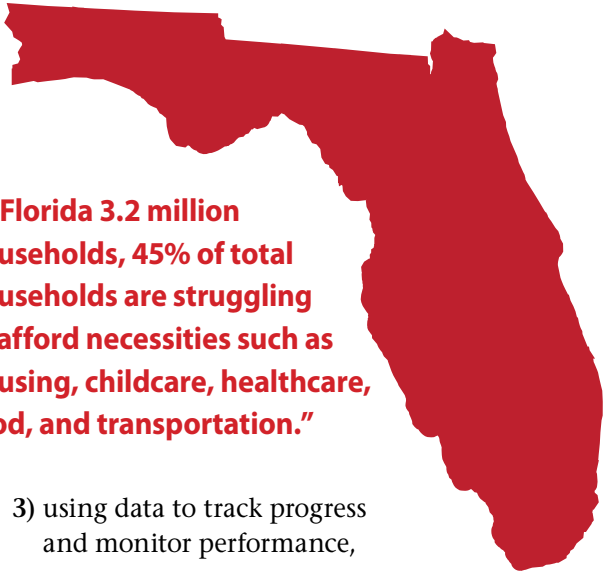
In Florida, 3.2 million, or 45 percent of all households are struggling to afford necessities such as housing, childcare, healthcare, food, and transportation. Florida, unlike Utah, has not taken real steps towards reducing and preventing homelessness. While there has been a 15 percent reduction of family homelessness between 2007 and 2014, a valiant stride in the right direction, there has been a seven percent increase in chronic homelessness over the same period, while it is down by 30 percent nationwide. People who experience chronic homelessness have physical and/or mental disabilities that prevent them from escaping homelessness without assistance. Without a new direction in Florida these numbers will only continue to increase.

FINDING SOLUTIONS

This report was prepared based on insights collected from community dialogues with homeless service providers as well as business and philanthropic leaders in four regions of the state to understand the local context of homelessness and to develop strategies for solving the issue of homelessness. The community dialogues were conducted in Central Florida, Jacksonville, Miami, and Tampa-St. Petersburg and were informed by a review of recent research and analysis on homelessness across Florida and interviews with statewide and national experts on homelessness.

Dialogues addressed specific topics:

- 1) creating a local system with the end goal to make homelessness rare, brief and one time,
- 2) focusing on housing solutions like Rapid Re-Housing, permanent supportive housing, and Housing First practices,



“In Florida 3.2 million households, 45% of total households are struggling to afford necessities such as housing, childcare, healthcare, food, and transportation.”

- 3) using data to track progress and monitor performance,
- 4) investing only in proven solutions to homelessness, and
- 5) directing sufficient resources from the public and private sector to right-size the system and programs to match the communities’ unique needs.

Key findings demonstrated a greater need for public education about homelessness, that the issues causing homelessness are similar across the state, that cohesion between the public, private, and philanthropic sectors is a necessity, that the cost of housing a person is cheaper than keeping them on the streets, and that different subgroups of homeless need different solutions; essentially, that a Housing First approach is ultimately necessary.

One of the obstacles to the discussion of real solutions to homelessness is the public stigma and misinformation about the people who experience homelessness. People who experience homelessness are often families with children who prioritized food over housing, or people with mental and physical disabilities who need assistance to support the cost of housing and services to maintain it. There is also a lack of understanding that homelessness is caused by the same conditions across the state and in every community: limited access to affordable rental housing, low wages and unstable employment, inadequate primary care and mental health services, and lack of a safety net when financial crises occur.

Once the problem is fully understood, state and local governments can work together to help solve the problem in Florida, working with businesses and philanthropic and nonprofit organizations that already have a key interest in solving the crisis of homelessness, and by encouraging coordination and cohesion, real progress is possible. With this collaborative approach, the cost to the tax payer is reduced as tens of thousands of dollars per person per year are saved by housing people who experience homelessness instead of locking them up, sending them to the emergency room, or admitting them to the hospital. However, the solution cannot be a one-size-fits-all. Families who become homeless benefit more from Rapid Re-Housing while those who experience chronic homelessness benefit more from permanent supportive housing. Both of these sub-populations need a Housing First approach. When affordable, low-cost housing is offered, it opens the door to solving other challenges experienced by people affected by homelessness – from mental health to child care. With this approach we can effectively ensure that homelessness will become rare, brief and one time.

SETTING THE ROADMAP

To create tangible benefits there must first be a series of policy shifts to support the end of homelessness in the state of Florida. These policy changes can significantly advance efforts to make homelessness rare, brief, and one time across the state and in every community.

A primary policy shift should be **creating greater access to affordable rental homes for extremely low income households**. The shortage of affordable rental housing is cited as one of the primary causes of homelessness in every state. Increased production of rental housing for extremely low income households is foundational to a Housing First approach.

With a concerted focus, Florida can **accelerate the ending of Veteran homelessness** which has already seen an impressive 36 percent drop over the past five years. We must not take these statistics for granted; if nothing is done, we cannot expect this drop to continue. With state support for local governments' efforts – such as the Mayors Challenge to End Veterans Homelessness and the 25 Cities Initiative that is being implemented in Miami, Tampa, and Orlando – and with the creation of low-cost housing and financial

support for tenants, Florida can take a large step toward ensuring that any man or woman who has served our country will not find themselves homeless on the streets of our state.

A fast track for adopting and implementing Rapid Re-Housing is a very cost-effective way to help families and individuals get back on their feet and off the streets. This is a key policy in making homelessness a brief, one time occurrence as it not only solves the current problem, but helps prevent future homelessness. By offering this type of assistance we can ensure the greatest number of people are being helped and that children and adults avoid the negative impacts that come from long term homelessness.

Scaling production of permanent supportive housing will help the individuals and families who experience chronic homelessness and live with disabilities to secure homes and acquire the assistance they need. The return on investment is well documented.

Finally, business and philanthropic leaders have critical roles to play in supporting state and local efforts to produce tangible and measurable results for people experiencing homelessness. As trusted thought leaders and advocates for strong and vibrant communities, the business and philanthropic sectors are uniquely positioned to promote needed systems change, including increased coordination across government departments and agencies, and efforts to transition providers from shelter-based to Housing First models. Equally important is helping communities take a “business-like” approach to addressing homelessness.

CONCLUSION

In short, statewide policy and investment shifts, in partnership with business and philanthropy, can catalyze a new paradigm that emphasizes a Housing First approach to make homelessness rare, brief and one time across the state and in every community. It is time for Florida's policymakers, homeless service providers, and the business and philanthropic communities to rethink solutions for solving homelessness in Florida, and this report provides a roadmap to do just that.



NATIONAL PERSPECTIVES ON HOMELESSNESS

Contemporary homelessness began in the 1980s when a shortage of affordable housing emerged. In the era between the Great Depression and the 1970s, homelessness was very limited. For instance, in 1970, the number of low-cost rental units *exceeded* the number of low-income renters by 300,000. By 1995, however, there were only 6.1 million low-rent units for the nation's 10.5 million low-income renter households, a shortage of 4.4 million units. This shift occurred because the number of low-income renter families climbed sharply over this 25-year period, while the number of low-rent units in the private market declined.¹ By 2011, there were 8.5 million renters with worst case housing needs²; representing an increase of 43 percent between 2007 and 2011.³

As the affordable rental housing shortage deepened in the 1980s, the initial response was the opening of congregate emergency shelter facilities then the subsequent development of transitional housing with an intent to help families and individuals address a range of personal issues prior to placing them in permanent housing. In 1987, Congress passed and President Reagan signed the McKinney-Vento Homeless Assistance Act – a “bill to provide urgently needed assistance to protect and improve the lives and safety of the homeless, with special emphasis on families and children.”⁴ In the late 1990s, some communities began using data to evaluate progress on addressing homelessness and tested new ways to address homelessness. In 2000, the National Alliance to End Homelessness released *A Plan, Not a Dream: How to End Homelessness in Ten Years* - a bold, innovative strategy to end homelessness in the United States and emphasizing the use of data to “close the front door and open the back door to homelessness.”⁵ With the re-institution of the U.S. Interagency Council on Homelessness under President George W. Bush, the Council promoted the development of “ten year plans to end chronic homelessness”⁶ and joined with the National Alliance to End Homelessness to promote a shift to develop permanent supportive housing using a “Housing First” focus.⁷ More than 230 communities had adopted ten-year plans by 2009.⁸

As part of the American Recovery Act, Congress provided \$1.5 billion for the Homelessness Prevention and Rapid Re-Housing Program (HPRP).⁹ This funding made it possible for communities across the country to implement targeted homelessness prevention and an emerging practice known as Rapid Re-Housing. According to the National Alliance to End Homelessness¹⁰:

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. While originally aimed primarily at people experiencing homelessness due to short-term financial crises, programs across the country have begun to assist individuals and families who are traditionally perceived as more difficult to serve. This includes people with limited or no income, survivors of domestic violence, and those

with substance abuse issues. Although the duration of financial assistance may vary, many programs find that, on average, four to six months of financial assistance is sufficient to stably re-house a household.



In May 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.¹¹ The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes that included a consolidation of HUD’s competitive grant programs, a change in HUD’s definition of homelessness and chronic homelessness, an increase in prevention resources, and a greater emphasis on performance.

In June 2010, the U.S. Interagency Council on Homelessness launched *Opening Doors*, the nation’s first comprehensive strategy to prevent and end homelessness. *Opening Doors* serves as a roadmap for joint action by the 19 USICH member agencies along with local and state partners in the public and private sectors.¹² The Plan addressed all sub-populations that experience homelessness and set measurable goals to end Veterans and chronic homelessness by 2015, and to end homelessness among children, families, and youth by 2020. The Plan’s strategies were built upon data-driven approaches and engagement with mainstream housing, health, education, and human service programs and coordinated to prevent and end homelessness. Key themes included leadership, access to affordable and permanent supportive housing, opportunities for meaningful employment, linkages to healthcare, and retooling the homeless response system by transforming homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

Since the launch of *Opening Doors*, nationally there has been a 10 percent reduction in overall homelessness and a 25 percent drop in the unsheltered population. Veteran homelessness has fallen 33 percent, including a 43 percent reduction in unsheltered homelessness among Veterans. In addition, family and child homelessness declined by 15 percent, including a 53 percent reduction among these families who were found to be unsheltered.¹³ Some cities that have adopted the approaches outlined in *Opening Doors* and have embedded Housing First¹⁴ as

community practice, have achieved extraordinary results. In 2014, Phoenix and Salt Lake City both announced they had ended chronic homelessness among Veterans. Both focused on a housing first approach and expanding access to permanent supportive housing. In January 2015, New Orleans announced that it had ended veteran homelessness before the federal deadline and is also on track to end chronic homelessness soon.¹⁵ In 2005, the state of Utah set out to end chronic homelessness; by January 2014, they had reduced chronic homelessness by 78 percent and are currently on track to end homelessness in 2015.¹⁶

To further progress toward the goals of *Opening Doors*, several national initiatives are operating to support and encourage local work. These plans include: the Mayors Challenge to End Veterans Homelessness, 100,000 Homes Campaign, 25 Cities, and Zero 2016 (see table indicates the regions organized by Continuum of Care where national initiatives are currently being undertaken in Florida).

To end homelessness, there is a growing consensus that local communities that achieve success:

- Create a local system that has a goal to make homelessness rare, brief and one time.
- Focus on housing solutions like Rapid Re-Housing, permanent supportive housing, and Housing First practices.
- Use data to track progress and monitor performance.
- Invest only in proven solutions to homelessness.
- Direct sufficient resources from the public and private sector to right-size the system programs to be sufficient to match the community's unique needs.

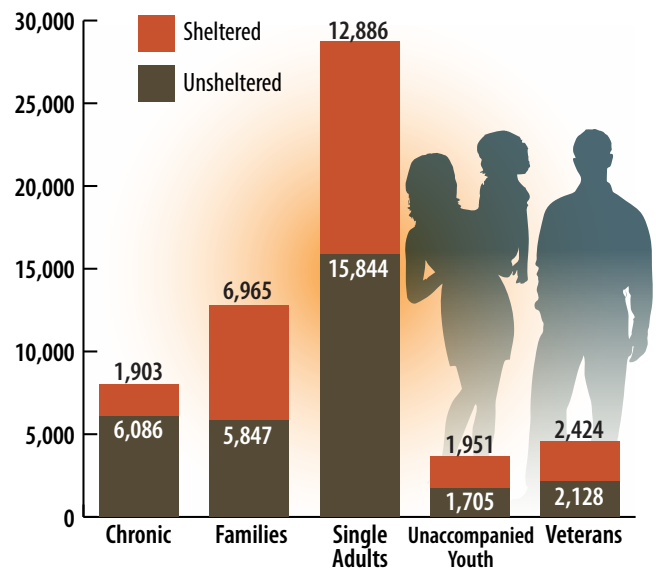


“Since the launch of *Opening Doors*, nationally there has been a 10 percent reduction in overall homelessness.”

STATUS OF HOMELESSNESS IN FLORIDA

Forty-five percent (45%) of all households in Florida find it difficult to afford necessities such as housing – including the 1.1 million households living below the poverty line and an additional 2.1 million struggling financially according to the United Way ALICE Threshold.¹⁷ ALICE, stands for Asset Limited, Income Constrained, Employed, and represents the growing number of individuals and families who are working; but, are unable to afford the basic necessities of housing, food, child care, health care, and transportation. Through a series of standardized measurements, United Way has quantified the size of the workforce in each state that is struggling financially and the reasons why. These measurements provide a broader picture of financial insecurity than traditional federal poverty guidelines. Many working families and individuals are priced out of the homeownership and rental markets; when coupled with low average wages for workers in the Sunshine State, many households are vulnerable to homelessness. Despite recent progress in reducing chronic and Veteran homelessness in Florida, (according to the HUD Point

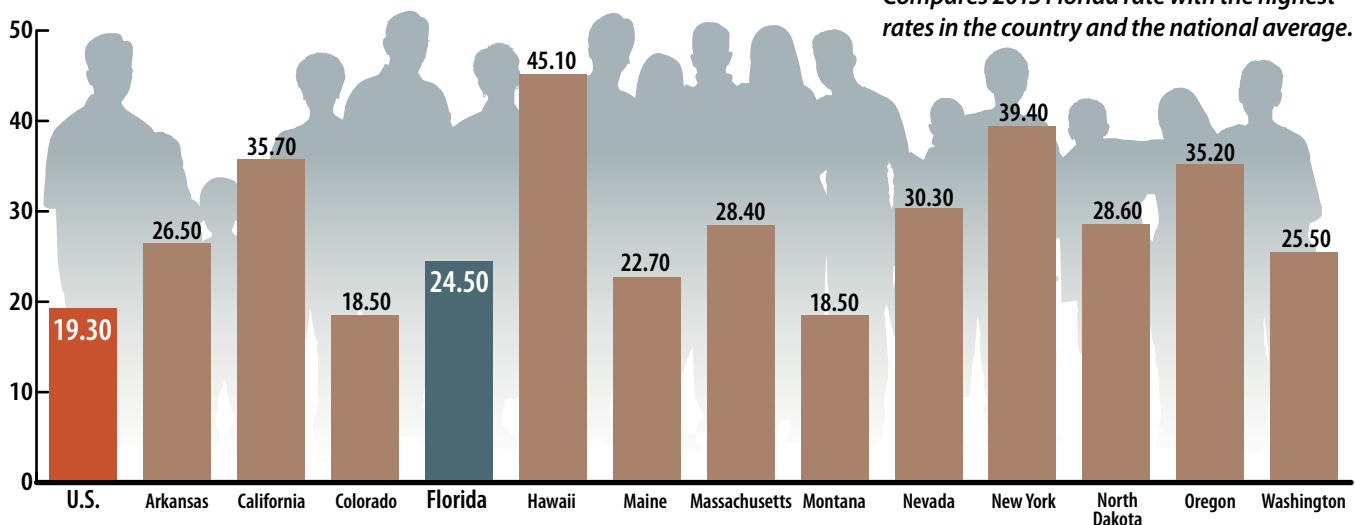
One-Day Count: Characteristics of People Experiencing Homelessness in Florida (2014)



Source: U.S. Department of Housing and Urban Development Exchange. "PIT and HIC Data since 2007."

in Time counts), the pace is slower than the national average and unaccompanied youth homelessness in the state has surged.

Rate of Homelessness per 10,000 People (2013)

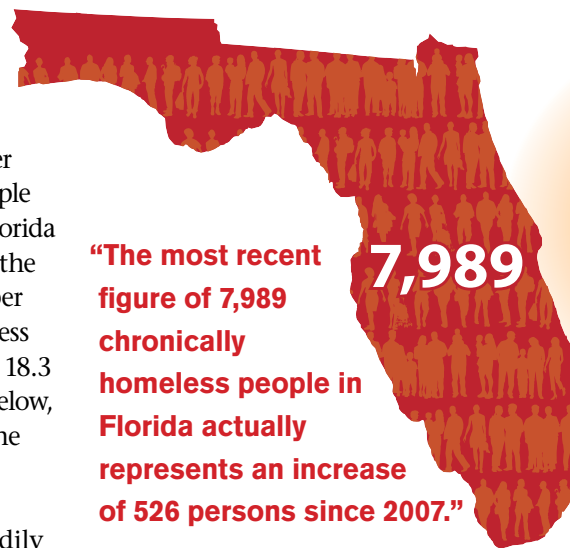


Source: National Alliance to End Homelessness. "The State of Homelessness in America 2014."

Today, the homeless population of the state of Florida ranks as third largest in the nation, behind California and New York.¹⁸ In per capita terms, the number of people experiencing homelessness in Florida is also significantly higher than the national average: Florida's 21.2 per 10,000 people rate of homelessness well exceeds the national rate of 18.3 per 10,000 people.¹⁹ As shown below, Florida places tenth highest in the nation on a per capita basis.²⁰

While homelessness is steadily declining on a national scale, trends show that since 2007 Florida has made less progress in reducing homelessness within particular subgroups.

- The most recent Point in Time (PIT) Count report shows a staggering 52 percent of people experiencing homelessness were unsheltered in Florida compared to just 31 percent unsheltered nationally in 2014.²¹ Although the number of people experiencing unsheltered homelessness in Florida decreased by 21 percent since 2007, this contrasts to the national average decrease of 32 percent for this subgroup.²²
- Although family homelessness in the state has seen a 15 percent decline since 2007, the number of chronically homeless people has increased by 7 percent over this same seven-year period.²³ The most recent figure of 7,989 chronically homeless people in Florida actually represents an increase of 526 persons since 2007.²⁴ This figure is especially alarming considering the national trend for this subcategory, whereby chronic homelessness has declined by 30 percent since 2007.
- Youth homelessness remains a significant challenge in Florida; 18 percent of the nation's homeless youth are located in the state.²⁵ While the number of homeless youth increased by 80 percent between 2006 and 2013 on a national scale, it spiked by 150 percent in the state of Florida.²⁶ According to the 2013 PIT Count, Florida's 3,461 unaccompanied



Of all homeless Veterans in the nation, **9.9% are in Florida.**
Of the nation's unsheltered homeless Veteran population, **15.3% live in Florida.**



homeless children and youth accounted for a 7.6 percent share of total people experiencing homelessness in the state. Only California and New York have a larger share of unaccompanied youth and children compared to total homeless.²⁷

- Of all homeless Veterans in the nation, 9.9 percent can be found in Florida, and of the nation's *unsheltered* homeless Veteran population, 15.3 percent live in Florida.²⁸

Florida's affordable housing crisis underpins the problem of homelessness in the state. With an inadequate supply of affordable housing, many hard-working people are struggling to pay for a place to live. While both subsidized and market-rate rental units exist in the state, the housing supply is alarmingly deficient in comparison with the need.²⁹ In fact, there are 623,306 people living doubled up in poor households.³⁰ **There is just one affordable rental unit available for every five extremely low-income (ELI) Florida households** whose incomes are at or below 30 percent of the Area Median Income (AMI).³¹ There is a statewide deficit of more than 315,000 affordable units for extremely low-income households.³² Moreover, for every five households earning incomes less than 50 percent of AMI, there were fewer than two available and affordable units in the state.³³ A recent study found that between 1993 and 2012, Florida's affordable housing stock declined by 51,000 units.³⁴

The high desirability to live in particular Florida cities drives up rent prices for many housing units, leaving them unattainable to low-income households.³⁵ In all regions of Florida, except the Northwest and Northeast non-metropolitan counties, the demand for housing that is affordable to ELI households is at least twice the amount of the available supply.³⁶ In Osceola County, there are only four available affordable units for every 100 ELI households.³⁷ According to a recent study, when the state invests in affordable housing, very few units serve ELI households.³⁸ Just 17 percent of Florida Low Income Housing Tax Credit (LIHTC) units are apportioned for ELI households whereas in Maine, Ohio, Oregon, and Virginia, 46 to 48 percent of LIHTC units are serving ELI households.³⁹

When examining housing affordability it is important to consider both the price of the unit and the renter's ability to pay rent for that unit based on his or her income. Florida's rental market is one of the most unaffordable in the nation relative to typical renter incomes in the state.⁴⁰ Moreover, **when considering transportation and housing costs together, Florida's largest metro areas are less affordable than the New York and San Francisco metro areas.**⁴¹ A resident of Florida who works 40 hours per week, 52 weeks per year, would need to earn \$19.39 per hour to afford a two-bedroom apartment at Fair Market Rent (FMR). Minimum wage earners find this situation even more difficult; they must work 56 hours per week year-round in order to pay for a two-bedroom at FMR.⁴² Non-elderly

adults with disabilities who rely on Supplemental Security Income would need to pay 111 percent of their monthly income in order to afford a modest one-bedroom apartment.⁴³ With a recent study confirming that there is a significant positive relationship between high rent prices in a community and homelessness, it is clear that unobtainable rent prices in Florida are linked to the problem of homelessness in the state.⁴⁴

Despite the fact that the median price of rent in Florida has dropped in the wake of the national economic downturn, median renter incomes in Florida have declined too, and at a sharper rate.⁴⁵ With the gap between wages and income slowly growing since 2009, many potential renters are priced out of the market. One study found that many of the major metro areas in Florida experienced significant rent increases between 2013 and 2014. Most notably, West Palm Beach saw a 9.1 percent increase while Miami and Orlando rent prices climbed 6.3 and 6.5 percent over this one-year span, respectively.⁴⁶ In comparison, the national average increase during this period was just 4.7 percent.

Across the state, many working Floridians' don't earn enough to

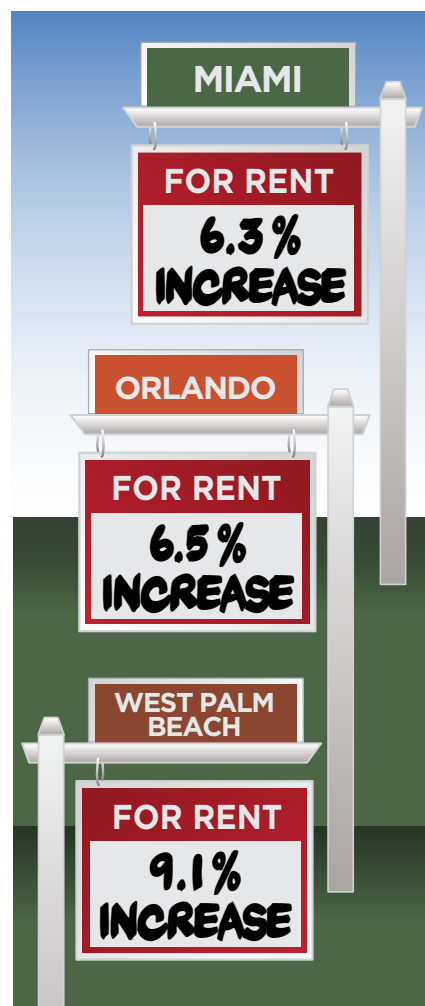
A Florida resident who works 40 hours per week, 52 weeks per year, would need to earn:

\$19.39 per hour
to afford a 2-bedroom apartment
at Fair Market Rent (FMR).



Minimum wage earners must work

56 hours per week
to pay for a
2-bedroom at FMR.



pay for daily necessities. Just one in five of Florida's most common occupations pays a median hourly wage above \$10.29. In addition, a new United Way study has found that **45 percent or 3.2 million** of all households in Florida are struggling to afford necessities such as housing, childcare, health care, food, and transportation.⁴⁷ 27 percent of all Florida households, or 1.93 million, are considered cost burdened, meaning that they pay more than 30 percent of their income on housing,⁴⁸ according to the HUD definition.⁴⁹ Even worse, 16 percent of all Florida households are considered severely cost burdened, since they pay more than half of their incomes on housing. In 2014, there were 1.16 million severely cost burdened households in Florida.⁵⁰

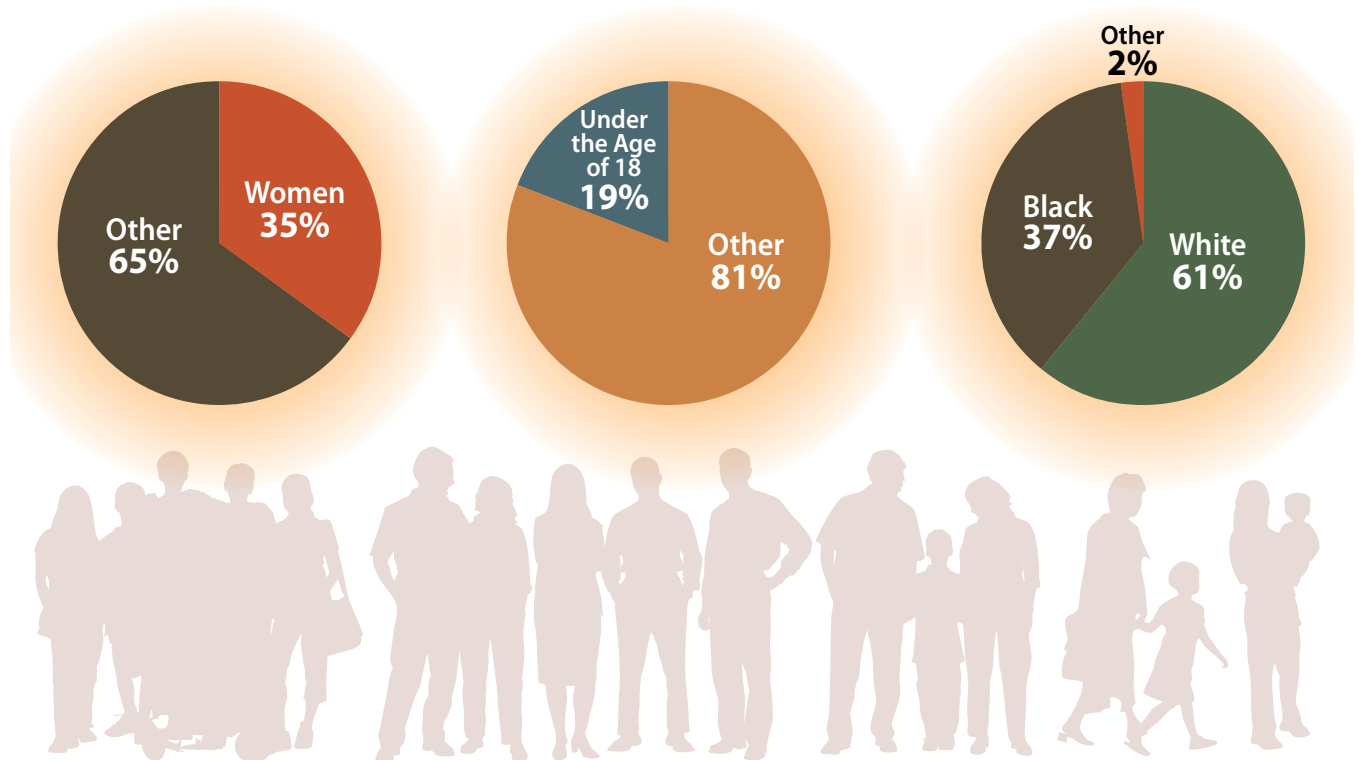
Many other factors such as medical problems, disabilities, job loss, domestic violence, foreclosure, and addictions contribute to homelessness.⁵¹ Local advocacy

groups believe that recent funding cuts by local and state human services and housing programs further aggravated the problem of homelessness.⁵²

The people experiencing homelessness in Florida represent a wide range of demographic groups and largely inhabit the major metropolitan areas. 2014 Point In Time estimates show that 10,564 persons, or 35 percent of homeless people in Florida are women while 5,694 persons, or 19 percent are under the age of 18.⁵³ See chart below. The majority of households that experience homelessness are white (61% white; 37% black). Family homelessness remains a difficulty as well; 12,812 families with children were counted as homeless during the 2014 Point In Time count.⁵⁴ In Central Florida, a total of 3,920 families were reported as living doubled-up with other families in hotels and motels in 2013.⁵⁵

“When considering transportation and housing costs together, Florida’s largest metro areas are less affordable than the New York and San Francisco metro areas.”

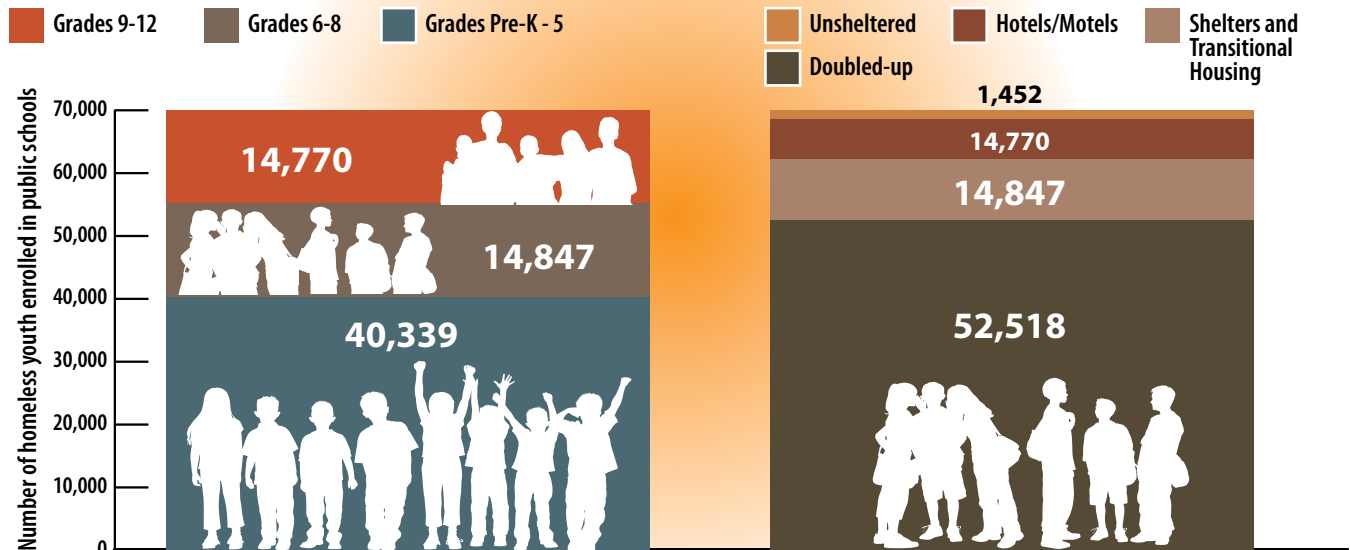
Demographic Groups Experiencing Homelessness in Florida (2014)



Source: U.S. Department of Housing and Urban Development Exchange. "PIT and HIC Data since 2007."

Florida Homeless School Children (2013)

69,956 homeless youth were enrolled in Florida public schools in 2013, which represents 18% of the nation's homeless school-age children.



Source: National Center for Homeless Education. "Education for Homeless Children and Youth."

In recent years, youth and child homelessness appears to be a growing problem in Florida as measured by the U.S. Department of Education. The education count is a school year estimate of public school children identified by local school districts that includes children who are living in shared housing (i.e., doubled up with friends/families), residing in motels, served in temporary shelters (Emergency shelter or transitional housing), and children who were unsheltered in a park or car. As conveyed in the chart above, of the 69,956 homeless students in Florida, 40,339 were between pre-Kindergarten and Grade 5 for the school year 2012-2013.⁵⁶ Importantly, it should be noted that Department of Education numbers do not capture children who are not enrolled in public school; therefore, this figure does not fully represent the extent of youth and child homelessness.⁵⁷ The National Center on Family Homelessness estimates that the actual figure was 139,667 homeless children during the 2012-2013 school year, an increase by about 27,000 kids from three years prior.⁵⁸

In 2014, over half of all people who experienced homelessness were counted at unsheltered locations during the Point In Time count.⁵⁹ Of those experiencing chronic homelessness in Florida, a staggering 76 percent

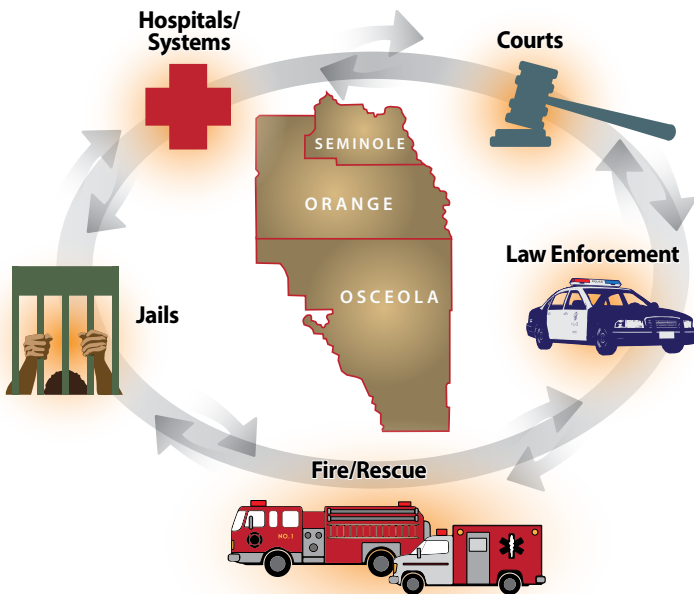
(6,086) were in unsheltered locations. In addition, 2,128 Veterans remain unsheltered, which represents just under half of the 4,552 total homeless Veterans in Florida.⁶⁰ More than one-third of homeless families were unsheltered.⁶¹ For those who found temporary shelter, 10,273 people accessed emergency shelter and 9,449 accessed transitional housing.⁶²

In addition to the human cost, chronic homelessness can be quite expensive for the community. One new Central Florida study concluded that the aggregate costs of emergency shelter, incarceration, emergency room visits, and inpatient hospitalizations for people experiencing chronic homelessness was \$31,065 per person, per year.⁶³ This stands in contrast to the cost of solving the problem by providing permanent supportive housing at an annual cost of \$10,051. The researchers concluded that an overall cost reduction of 68 percent per person, per year was possible by solving homelessness by providing permanent supportive housing.⁶⁴

With the predominance of Florida employment in retail, agriculture, tourism, and healthcare, there are too few jobs paying enough for people to afford to meet the basic needs for their family; many working people struggle and are at-risk of homelessness. For

Aggregate Costs: \$31,065 per Person Experiencing Chronic Homelessness per Year in Central Florida

Central Florida homelessness cycle involves the following services:



those who are disabled, the risk of homelessness is even greater. Even people who have admirably served their country through military service experience homelessness in Florida. Tragically, many youth, families with children, men, women, and Veterans are unsheltered and struggling to survive by living in cars, under bridges, in parks, and in the woods across Florida. Rural, suburban, and urban communities are all impacted by homelessness. The severe shortage of affordable housing results in many Floridians' ability to attain and maintain a decent place to call home. Consequently, homelessness is a severe problem across the state of Florida.

An annotated bibliography summarizes the state and national reports from 2010 to 2014 that provided information for this project. These reports were selected because they contain statewide data about homelessness. Each report was summarized and key policy opportunities and policy recommendations were identified.



Maybell and her boyfriend lost their home in Homestead, FL 10 months ago. She and her three boys have been living at The Salvation Army shelter in Miami for two months now, after staying in different places for one month. She is looking forward to the birth of her fourth boy, due in two weeks. Recently, and with the support of her case manager and peers, she found a job as an administrative assistant. She looks forward to being accepted for funding to make the down payment on a new place. Through her struggle, she has decided she is not going back to her boyfriend. Instead, Maybell plans to make a better life for her four boys and herself.



According to the National Center on Family Homelessness, one in 45 children experience homelessness in America each year. While homeless, they experience high rates of acute and chronic health problems. The constant barrage of stressful and traumatic experience also has profound effects on their development and ability to learn.

SUMMARY OF SYSTEMS AND CONTEXT

States can play critical roles to invest in building the capacity of local communities to achieve success. The State of Utah has demonstrated that by working effectively with local communities and scaling up proven solutions, it is possible to end chronic and Veteran homelessness.

Utah has a ten-year plan to end both chronic and Veteran homelessness by the end of 2015. Chronic homelessness has declined 72 percent since 2005 and chronic homelessness among Veterans has reached an effective zero. Declines are primarily due to the provision of permanent supportive housing for targeted individuals using a Housing First approach. Housing First means providing housing first rather than requiring sobriety or other steps to be taken prior to housing. This method has proven to be highly effective and cost-efficient.



Harbor House of
Central Florida CEO
Carol Wick notes,
"Domestic-violence
survivors are the
forgotten faces
of the homeless.
They're an afterthought."

The decline in numbers of families experiencing homelessness as well as the drop in the state's overall rate of homelessness underscore the success of permanent housing programs such as permanent supportive housing and Rapid Re-Housing. In addition, the number of persons living on the street in Utah is well under the national average and has declined due to availability of additional resources and effectiveness of outreach programs.⁶⁵

To end homelessness across the state of Florida, a cross-sector and collaborative approach is required that brings together state and local government working in partnership with business, philanthropy, civic and faith leaders, and nonprofit organizations. In order to understand the current approach and context, we conducted community dialogues in the four largest metropolitan cities and regions: Central Florida, Jacksonville, Miami-Dade, and Tampa Bay. Additionally, key statewide leaders and national experts who have been working in Florida were interviewed for their perspectives. The Appendix lists organizations that participated in key leader/expert interviews and lists participants in the community dialogues.

The community dialogues and key leader interviews explored the current and possible future extent of alignment between the following five dimensions, which are critical to reducing and ending homelessness:

- Creating a local system that has a goal to make homelessness rare, brief and one time.
- Focusing on housing solutions like Rapid Re-Housing, permanent supportive housing, and Housing First practices.
- Using data to track progress and monitor performance.
- Investing only in proven solutions to homelessness.
- Directing sufficient resources from the public and private sector to right-size the system programs to be sufficient to match the community's unique needs.

The community dialogues explored the systems and strategies that are being deployed to address homelessness and the gaps and barriers to ending homelessness that could be addressed by improvements to state policy

and increased resources for stakeholders. The results of the dialogues revealed tremendous opportunity for improvements across all five key factors.

OVERVIEW: STATE OF FLORIDA APPROACH TO HOMELESSNESS

The primary state agencies that are engaged in addressing homelessness include the Council on Homelessness, Department of Children and Families/ Office on Homelessness, and the Florida Housing Finance Corporation.

The **Council on Homelessness** was created in 2001 to develop policies and recommendations to reduce homelessness in Florida. The Council's mission is to develop and coordinate policy to reduce the prevalence and duration of homelessness, and work toward ending homelessness in Florida. The Council consists of 17 members, representing nine state agency heads or their designees, four members appointed by the Governor, and four members representing statewide organizations and homeless advocacy groups. The Office on Homelessness has recognized and designated 28 local entities (CoCs) to serve as lead agencies for local planning efforts to create homeless assistance continuum of care systems.

The Florida Department of Children Families (DCF) administers state and federal assistance in accordance with its mission of "protecting the vulnerable, promoting strong and economically self-sufficient families, and advancing personal and family recovery and resiliency." The Office on Homelessness within DCF was established in 2001 as a central point of contact within state government on homelessness. The Office coordinates the services of the various state agencies and programs to serve individuals or families who are homeless, or are facing homelessness. The Office also administers federal pass through funding (Emergency Solutions Grant) and state funding as appropriated by the legislature. The latter has included Homeless Housing Assistance Grants, Challenge Grants, Continuum of Care Staffing Grants and Homelessness Prevention Grants. Homeless Housing Assistance Grants assisted in the acquisition of housing and construction of new, or repair of existing rental housing for occupancy by homeless people. The housing assistance may be either permanent housing or transitional with supportive services linked to the residents. The Homelessness Prevention Grant program provides emergency financial assistance to families with children facing the loss of their housing

due to a financial or other crisis. Eligible applicants are the 28 lead agencies. The Challenge Grant program provides grant funding to 28 lead agencies for homeless assistance Continuums of Care (CoC). The Challenge Grants must be used to assist the lead agencies and local providers to implement a written plan for addressing the needs of the homeless populations. The lead agencies may allocate the grant funds to programs, services, or housing providers that support the implementation of the local CoC plan.

Florida Housing Finance Corporation (FHFC) administers state and Federal programs that provide a range of affordable housing opportunities in Florida. FHFC implements the Florida Housing Trust Fund, which provides funding for some housing programs that address homelessness. The Link to Permanent Housing Strategy (Link) was established in 2009 to provide persons with special needs the opportunity to live independently in affordable, permanent supportive housing. FHFC is designated as the “housing credit agency” responsible for the allocation and distribution of Low Income Housing Tax Credits (LIHTC) in Florida pursuant to a Qualified Allocation Plan (QAP) and has funded permanent supportive housing for persons experiencing homelessness. Recently, FHFC launched a state pilot to finance the development of three permanent supportive housing projects to serve chronically homeless persons with significant needs who are high utilizers of publicly funded emergency, crisis and institutional resources because they lack permanent housing that is linked to appropriate community-based services. A priority objective of this pilot is to study the benefits of permanent supportive housing in relation to cost-savings to the public across multiple provider systems, as well as quality-of-life benefits.

KEY FINDINGS FROM THE COMMUNITY DIALOGUES

Homelessness is a serious problem across the state of Florida and should be addressed as a statewide problem.

- State agencies should coordinate and align programs and resources to more effectively reduce homelessness with existing resources.
- Greater public education and awareness is needed since many people don’t “see” the problem and/

or don’t understand that many people are “a paycheck away” from being homeless.

- The causes of homelessness are the same across the state – lack of affordable rental housing, low wages and unstable employment, disability benefits that aren’t sufficient to pay for housing, and lack of a safety net to help families and individuals facing an economic or personal crisis.

The State of Florida should elevate ending homelessness to a top priority for the State and encourage local governments to join with them.

- Local and state governments should take responsibility for the problem and become a leader and voice for change (i.e., engaging in the conversation, sharing results with community).
- Commit to investing in proven solutions and scaling resources sufficient to reach “functional zero” (ending homelessness does not mean that no one will ever experience a housing crisis again; functional zero is the dynamic state when homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience).
- Educate business community about benefits of more affordable rental housing and the return on investment in solutions to end homelessness.
- Reach out to philanthropists and partners to increase public awareness and investments in proven solutions.

A critical shortage of affordable rental housing for extremely low-income households is the root cause of homelessness.

- The State should incentivize affordable rental housing for extremely low-income households. This could include increasing the percentage of rental housing that is dedicated for extremely low-income households.
- The State should use and fund best practices that have worked in other states.



- The State should require developers to reduce admission barriers and admit families and individuals who experience homelessness without consideration of credit history, income sources, and nonviolent legal histories.
- Consider how to use land banks and foreclosed properties, leverage tax incentives, and include affordable housing as part of economic development incentives.
- Integrate housing for low-income households into existing private markets.
- Increase public awareness about the need for affordable housing and make the case for more development.
- Local government should bolster the housing stock through increased local government funding, becoming more involved in land and property development and more engaged with landlords.
- Identify opportunities to repurpose vacant or under-used stock to be used for affordable rental housing for extremely low-income households.

The State of Florida and local communities are just beginning to focus on housing solutions like Rapid Re-Housing, permanent supportive housing, and Housing First practices.

- Fund Rapid Re-Housing to reward proven programs with multi-year contracts that specify outcomes and success measures.
- Require local communities to create plans prioritizing Rapid Re-Housing.
- Encourage developers and landlords to work with lead agencies and providers to provide housing units.
- Adopt best practices from other states that fund development, services and operations of permanent supportive housing through a unified funding system.

- Businesses and philanthropy need to be more actively engaged in the community in support of permanent supportive housing.

Housing First practices need to be promoted statewide.

- Embrace Housing First as a priority and consider media campaign.
- Incentivize development of Housing First-type programs.
- The Council on Homelessness should create and promote a clear definition of Housing First and provide capacity-building assistance to local communities and providers.

Homelessness is expensive, but solutions will cost less than the status quo.

- Cost of incarceration.
- Health care costs.
- Impact on tourism.
- Better collaboration is needed. State agencies should stop working in silos.
- Frustrated with the fragmentation – There is a desire for a cohesive, collaborative effort.
- Create partnerships with business and philanthropy.
- Improve efficiency through uniformity, collaborative planning, and establishing requirements.

There is a tremendous shortage of resources to provide critically needed services – case management, mental health services, substance use treatment, and healthcare. This contributes to homelessness and makes it harder for people to exit homelessness.

- Expand funding for wrap-around support services in permanent supportive housing, Rapid Re-Housing, shelters, and outreach.
- Reform the state's Medicaid program to be more effective as a tool to prevent and end homelessness.
- Link housing and service funding sources.

Businesses and employers need to be better engaged to create greater access to jobs and to advocate for housing that is affordable at the wages their business pays.

- Increase wages to levels that will make housing affordable and offer more job opportunities.
- Businesses should realize how they can directly benefit from involvement in promoting permanent supportive housing.
- Offer both jobs and support services that will improve all areas of a person's life.
- Spread knowledge and awareness about the causes and solutions to homelessness.

Communities are beginning to create a local system that has a goal to make homelessness rare, brief, and one time. A clear message about need for systems approach is needed to accelerate progress.

- The State of Florida needs to update programs and policies to support this approach.
- Make sure that CoCs create standards and common goals. Every CoC should adopt a goal to make homelessness rare, brief and one time and be able to provide the targets (metrics) and strategies that are being undertaken to achieve this goal.

- Strengthen ties between players in the system and support mechanisms. All state agencies on the Council on Homelessness should be contributing resources and reinforcing need for a systems approach. The Council should provide capacity-building assistance to help CoCs and providers access mainstream resources.

There is a tremendous need for improved and more comprehensive data collection and reporting that can then be used to track progress and monitor performance.

- Currently available data does not fully reflect problem across the state and locally.
- The different definitions of homelessness create confusion and lack of clarity.
- More data that demonstrates the vulnerability, types of disabilities, and interactions with the criminal justice system would be helpful.
- Communities do not conduct annual Point In Time counts according to the same methodology so local counts are not reliable to track progress.
- Youth data is incomplete due to difficulties of counting youth and varying definitions of youth homelessness.
- The State should take the lead to create a statewide data warehouse or statewide collaborative Homeless Management Information System (HMIS) in order to standardize data collection, measures, and reporting.
- The State should create a reliable funding stream to improve data.

The State of Florida needs to be an active partner with local communities.

- The State should provide capacity-building assistance to local government, providers, and lead agencies.
- The State should require programs to meet agreed-upon objectives and hold lead agencies accountable for implementing proven solutions and achieving results.

The State of Florida should increase its investment in proven solutions to homelessness.

- Mobilize state agencies to provide funding and mainstream resources (i.e., Medicaid, mental health services, TANF, etc.).
- Increase FHFC investment in affordable rental housing for extremely low-income households, permanent supportive housing, and Rapid Re-Housing.

Philanthropy is willing and available to be more engaged statewide and locally.

- Encourage and support partnerships with developers and landlords to provide housing.
- Work with local and state government to fund programs that are aligned with best practices and community plans to end homelessness.

Laws that criminalize do not address the underlying causes of homelessness and incarcerations create more homelessness.

- Develop policies that don't criminalize homelessness.
- Criminalization laws result in criminal records that might make people ineligible for housing and jobs.
- Dispel myths that criminalization works as a solution to homelessness.
- Help eliminate barriers to housing and jobs for those with legal histories as a result of community policies that have criminalized homelessness.
- Support mental health and Veterans courts.

Focus on homelessness prevention.

- Improve re-entry planning from jails and prisons and avoid discharge to homelessness.
- Provide supportive housing to prevent discharge from mental health and substance abuse treatment resulting in homelessness.
- End criminalization of homelessness because it perpetuates the cycle of homelessness and instead invest in solutions that are both less costly and more effective.
- Provide funding for targeted homelessness prevention assistance to divert households from entering emergency shelter or unsheltered homelessness.

POPULATIONS AND INTERVENTIONS

VETERANS

Preventing and ending Veteran homelessness has been a national priority since 2009. *Opening Doors*, calls for an end to Veteran homelessness by the end of 2015. Homelessness among our nation's Veterans has declined 33 percent between 2010 and 2015, and was as low as 49,933 Veterans on a single night in January 2014. Success can be attributed to new investments in Rapid Re-Housing, permanent supportive housing, and expanded discharge services and employment services to Veterans in the past five years.

The U.S. Interagency Council on Homelessness recently published *Criteria for Achieving the Goal of Ending Veteran Homelessness*. In early January 2014, New Orleans Mayor Mitch Landrieu announced the city had met these criteria and effectively ended Veteran homelessness, becoming the first major U.S. city to achieve the goal and doing it a full year ahead of schedule.

CHRONIC HOMELESSNESS

People who experience chronic homelessness often have a serious physical or behavioral health disorder like bipolar, schizophrenia, or substance use disorder, and experience long-term or repeated episodes of homelessness. Permanent supportive housing (an affordable, subsidized apartment linked to intensive services) is usually necessary to exit homelessness and achieve stability.



Veteran service organizations, community volunteers, nonprofits, and more partner with the VA to reach out and serve homeless Veterans.

Opening Doors calls for an end to chronic homelessness by 2017 and calls for increased investment and improved targeting of permanent supportive housing to individuals and families who experience chronic homelessness.

Research has shown that permanent supportive housing is an effective and cost-efficient solution to chronic homelessness. People experiencing chronic homelessness often incur significant public costs. According to a study by the Central Florida Commission on Homelessness, the yearly average cost including hospitalization and incarceration expenses is \$31,065 for chronically homeless people.⁶⁶

FAMILIES WITH CHILDREN

Most families experience homelessness due to some unforeseen housing or financial crisis. Very few are homeless for a long time. Most families can resolve their housing crisis fairly quickly with some focused assistance. The U.S. Interagency Council on Homelessness in 2014 published *Family Connection: Building Systems to End Family Homelessness*, and identified the key strategy areas for federal, state, and local action to end family homelessness. These include developing a centralized or coordinated entry system with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed; tailoring interventions and assistance appropriate to the needs of families; and connecting families to the mainstream resources (benefits, employment, and community-based services). The specific interventions should be to provide Rapid Re-Housing assistance to the majority of families experiencing homelessness and to increase access to affordable housing. They recommend reserving service-intensive housing interventions to the highest-need households. Finally, there is an emphasis upon *evidence-based practices* for serving families experiencing and at-risk of experiencing homelessness.

YOUTH

Preventing and ending youth homelessness by 2020 is a key goal of *Opening Doors*. USICH notes:

Youth experience homelessness for a variety of reasons. Home may not be safe: some youth leave home as a result of family conflict, which might include physical and/or sexual abuse. Home may not be supportive: a disproportionate number of youth identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) and may experience homelessness as a result of family rejection. Home may not exist: youth aging out of foster care are at high risk for becoming homeless during the transition to adulthood.

The National Alliance to End Homelessness recommends that communities adopt the following strategies:

- Early and intense intervention along with family reunification, if possible.

- An expansion of long-term housing options consistent with the developmental needs of young people.
- After-care support for youth aging out of foster care.

SINGLE ADULTS

Single adults who are not Veterans or chronically homeless are the largest sub-population of people who experience homelessness. Like families, most single adults experience homelessness due to some unforeseen housing or financial crisis and very few are homeless for a long time. Most adults can quickly resolve their housing crisis if they are able to access temporary shelter and Rapid Re-Housing services. For single adults with a serious physical or behavioral health disorder like bipolar, schizophrenia, or substance use disorder, access to subsidized housing with community supports or permanent supportive housing may be required.

INTERVENTIONS

All populations

Coordinated entry, intake and assessment: A recent HUD Policy Brief noted that: “Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.”

Targeted homelessness prevention: Investing in homelessness prevention can be an important component of the state and community response to homelessness when the programs is tightly targeted. Services may include landlord mediation, legal representation to prevent eviction, housing relocation, and linkage to other

While homeless families are more likely to be headed solely by women, many families are two-parent families and male-headed families.



community resources. Financial assistance may cover rent or utility arrearages, application fees, security or utility deposits, car repairs or transportation assistance and any other one time assistance that may stabilize the family's financial and housing situation. Targeting financial assistance and services to those that match the profile of other households that have already entered shelter will result in the greatest impact. If that data is not available, homelessness prevention should be targeted to the households with the most urgent and intense housing crises and barriers.

Street Outreach to people who are unsheltered:

According to the Substance Abuse and Mental Health Service Administration: "Meeting people where they are—geographically, philosophically, emotionally—is the essence of outreach to people experiencing homelessness. Rather than expecting people to access services on their own, outreach workers across the country take services to where people are. These outreach workers are often the first and only point of contact for people who might otherwise be disconnected." Street outreach is particularly important in places like Florida where there is a high number of people residing outdoors without access to emergency shelter.

Emergency shelter: Emergency shelters play a critical role in a crisis response system for all populations. These facilities provide temporary or transitional shelter generally for a period of 90 days or less. Facilities

may serve all populations or serve sub-populations like youth, families with children, single adults, or Veterans. The best emergency shelters operate 24/7 year round with few admission requirements beyond homelessness and provide services that are permanent housing-focused. The result is that families, adults, and youth have a safe place to stay, and their experience of homelessness is as brief as possible.

POPULATION-SPECIFIC INTERVENTIONS:

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.

Permanent supportive housing (PSH) is 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.

Targeted transitional housing offers residential living and services for up to two years which is reserved for those individuals with severe or specific needs who choose

transitional housing over other services that would help them more quickly reconnect to permanent housing. Programs serving these populations should have as few barriers as possible to program entry (e.g., sobriety requirements) and to continuation in the program. Transitional housing should be a very small proportion of the community's overall inventory of programs that address homelessness.

Family reunification. Often, youth simply need to be reconnected to their family and provided case management and counseling to resolve the family conflict that led to homelessness.

An expansion of long-term housing options consistent with the developmental needs of young people. Unfortunately, some youth cannot be safely connected to adults and families and require a safe, alternative form of permanent housing, which should include the services and case management necessary to attend to their needs.



SUMMARY OF POPULATION-SPECIFIC RESPONSES

INTERVENTION	ADULTS & FAMILIES EXPERIENCING CHRONIC HOMELESSNESS	VETERANS, SINGLE ADULTS, AND FAMILIES	FAMILIES WITH CHILDREN	YOUTH (AGES 12-24)	SINGLE ADULTS
Rapid Re-Housing		Primary	Primary	Limited	Primary
Permanent Supportive Housing	Primary	Primary (Chronic and Disabled)	Limited	Limited	Limited
Targeted Transitional Housing		Limited	Limited	Limited	Limited
Family Reunification				Primary	
Developmentally Appropriate Housing				Primary	

KEY SHIFTS AND ACTIONS

Florida is poised to align the public sector, private sector and the independent sector together to create real impact and produce tangible and measurable results for people experiencing homelessness. Collaboration, innovative policies, better alignment of current investment, and new investment in proven approaches to prevent and end homelessness will be required. This section describes opportunities for state, business and philanthropy to partner with local communities and nonprofit organizations.

The key state policy strategies should be to:

- Build the capacity for improved state and local response.
- Accelerate rental housing production and access to affordable rental homes for extremely low income households.
- Finish ending Veteran homelessness.
- Fast-track adoption and implementation of Rapid Re-Housing.
- Scale production of permanent supportive housing.

The key business and philanthropic opportunities to support state and local efforts should be to:

- Promote proven practices and solutions to homelessness.
- Provide funding to “fill in the gaps” to create seamless systems of care.
- Launch a statewide initiative to engage rental housing developers and property managers to set-aside units for Veterans, families, youth, and single adults to exit homelessness.

STATE STRATEGIES

BUILD THE CAPACITY FOR IMPROVED STATE AND LOCAL RESPONSE.

Improved capacity to plan and execute collaborative strategies that result in meaningful shifts in programs and policies to produce tangible and measurable solutions for people experiencing homelessness requires a paradigm shift, significantly improved cross-government and cross sector, and greater accountability by all sectors and organizations. The key leaders are the governor and the state agencies that participate on the Florida Council on Homelessness, the Florida Office on Homelessness (part of the Department of Children and Families), and the 28 local entities (CoCs)

“Criminalization laws do not address the underlying causes of homelessness, and instead worsen the problem. Indeed, by saddling homeless people with criminal records that might make them ineligible for housing and employment, criminalization laws directly undermine access to affordable housing. Criminalization policies waste taxpayers’ dollars on a strategy that doesn’t work. Criminalization policies have been condemned by the international community in recent human rights reviews, and the continued pursuit of these strategies might harm Florida’s international reputation as a desirable tourist destination.”



– Maria Foscarnis, Esq., Executive Director National Law Center on Homelessness & Poverty

that serve as lead agencies for homeless assistance continuum of care systems. Recent federal changes due to the HEARTH Act have enabled the state and local communities to act more strategically to achieve progress on ending homelessness.

In Florida, the current approaches to addressing homelessness appear to be fragmented silos, too often disconnected from the proven practices, and lacking an ability to track progress and hold each other accountable. These beliefs echoed across all community dialogues, key informant interviews, and review of recent reports about homelessness in Florida. **The theme “homelessness is a statewide problem that requires a statewide approach” suggests that it’s time to move away from the current practice of treating homelessness as a uniquely local problem that leaves all decision making to local jurisdictions and the 28 CoCs.** A new approach would shift to requiring greater accountability for results and increased collaboration. Communities need to tailor responses to meet local needs while also implementing only proven approaches.

Another theme that resounded across the community dialogues, key informant interviews, and review of recent reports about homelessness in Florida was a lack of confidence in the quality, comprehensiveness, and timeliness of data to measure the extent of homelessness, track progress, and monitor state, local, and program accountability. A review of recent trends in homelessness based on the annual

Point In Time count found wide variability from year to year that cannot be explained by actual changes in homelessness (see *Supplemental Charts* for graph of PIT count trends for 2007, 2010, and 2014 for all CoCs in Florida). For example, Tampa-Hillsborough CoC reported a drop in overall homelessness from 7,473 individuals to 1,914 between 2010 and 2014; Hendry, Hardy, and Highlands CoC reported homelessness increased 16-fold between 2007 and 2010 (from 250 individuals to 4,220 individuals) then decreased by 68% in 2014 from 2010. Follow up with CoC leaders revealed that methodologies are locally set and often changed from year to year which means that it’s not possible to compare between CoCs or to compare from year to year in many communities. Consistently across all community dialogues there was a call for a statewide HMIS data system or the creation of a data warehouse that could ensure that HMIS data was consistently collected, analyzed and reported. There was a call to ensure that data about populations who experience homelessness but are not included in the PIT and HMIS system are counted and included in planning for investment and policy responses. Finally, the use of data for community planning and performance monitoring (program and community) was consistently mentioned as rarely occurring at local and state levels.

Finally several reviewers noted concerns about two issues that merit special consideration: ensuring adoption of alternatives to the criminalization of people who experience homelessness and ensuring that victims of

domestic violence are identified and connected to Florida certified domestic violence centers rather than receiving services through the homeless assistance system.

The key actions that are recommended are summarized below.

- The Florida Council on Homelessness should be required to **develop and execute a state strategic plan** that is aligned with *Opening Doors* (the federal strategic plan) and has a goal to make homelessness rare, brief and one time. Each state agency (including AHCA, DCF, DOE, DOEA, DOH, DVA, FHFC, and DOC) should **identify policies that can be leveraged and resources that can be invested to prevent and end homelessness**. The plan should delineate what each state agency will contribute towards the implementation of the plan. The Council's annual report should include updates regarding the plan's implementation with information regarding each state agency's progress in reducing homelessness in Florida. Working with the Office of Homelessness and the Council, all state agencies should set priorities for statefunding to scale Rapid Re-Housing, permanent supportive housing, and Housing First practices as foundations in a state strategic plan.
- The Florida Council on Homelessness should play an active and continuing role in the State's *Olmstead* planning, implementation, and evaluation efforts to **ensure that the needs of the sizable population of homeless individuals who have serious mental illness are being addressed** in accordance with the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision. (See page 42).
- The Florida Council on Homelessness and the Office on Homelessness should **use data to inform decisions, ensure accountability, and to focus on outcomes**. In order to do this, the Office on Homelessness will need to significantly enhance its capacity to collect, analyze and report data about homelessness. The Office should **develop a statewide HMIS**. The Florida Council on Homelessness and the Office on Homelessness should issue state guidance for the 28 CoCs on implementing cross-sector data strategies, specific methodologies for conducting local PIT counts, and

by-name registries of people who experience unsheltered or chronic homelessness. The Council's annual report should report on outcomes achieved by the CoCs with regard to housing placement, length of homelessness, and progress in achieving reductions in homelessness across all populations.

- The Florida Council on Homelessness and the Office on Homelessness should **invest in and leverage HUD capacity building to support CoCs** to conform to HEARTH and ADA requirements, adopt best practices, use state and federal funding strategically and improve partnerships with local governments, businesses, and philanthropy. In particular there should be a focus on supporting CoCs to **develop coordinated entry and housing prioritization systems**. The Office on Homelessness should conduct an overall review and determine whether there are opportunities to streamline and merge smaller CoCs to increase efficiency and improve outcomes while preserving the ability to respond to differing regional needs.
- The State of Florida and the Office on Homelessness should update all funding programs that are intended for the benefit of families and individuals who experience homelessness to be **awarded based on CoCs and projects attainment of performance objectives and alignment with the state's strategic plan** (see above).

ACCELERATE RENTAL HOUSING PRODUCTION AND ACCESS TO AFFORDABLE RENTAL HOMES FOR ELI (EXTREMELY LOW INCOME) HOUSEHOLDS.

To truly address homelessness, it is essential that the state expand the supply of affordable rental housing that serves extremely low income (ELI) households.⁶⁷ The severe shortage of affordable rental housing is a primary cause of homelessness in Florida. Expanding access to ELI households through better targeting of existing rental housing and rental assistance as well as production of new apartments and new state rent subsidy sources are needed to address this crisis. CoCs and homeless assistance providers will need to be more effective at building partnerships with landlords (private, nonprofit, and public housing agencies) and linking households who are

KEY TO SUCCESS – ALIGNMENT AND ACCOUNTABILITY

State Interagency Councils can be critical planning and investment vehicles to establish state priorities, set measurable and meaningful goals, align resources, and disseminate best practices. Councils can serve as a pivotal partner to achieving the goals outlined in *Opening Doors*.

According to the USICH, successful State Interagency Councils:

- Serve as the unified statewide homelessness planning and policy body.
- Create a statewide partnership to prevent and end homelessness across the state and with every community.
- Provide for a coordinated state, federal, and local response.
- Develop a state plan to prevent and end homelessness that is aligned with *Opening Doors*: Federal Strategic Plan to Prevent and End Homelessness.
- Foster a research-driven, performance-based, results-oriented plan and implementation strategy.
- Implement and coordinate activities described in the state plan to prevent and end homelessness.
- Recommend policy, regulatory, and resource changes needed to accomplish the objectives outlined in the state plan.
- Ensure accountability and results in implementation strategies.

In Utah, the Homeless Coordinating Committee, chaired by the Lt. Governor, whose members are appointed by the governor, directs state and federal funds to homeless and housing service providers throughout the state. The Coordinating Committee led Utah's successful efforts to end chronic homelessness and is credited with mobilizing resources from multiple state agencies, training providers, and community leaders to implement Housing First practices, and establishing a measurable plan to end chronic homelessness. Most impressive is that the Coordinating Committee held state agencies, communities, and providers accountable to achieve results by publishing regular reports that measured progress against goals and objectives.

at imminent risk or experiencing homelessness to these units and rental assistance. Landlords will also need to be willing to lift screening for credit and non-violent legal history since people who experience homelessness will generally have poor credit histories. Across the country, a growing number of public housing authorities (PHAs) have become integral to their community's efforts to prevent and end homelessness. There are very few places in Florida where the PHA is an active partner with the CoC and homeless assistance providers.

Increased ELI rental housing availability is a critical cross-cutting strategy that will leverage greater success across the other key actions. To get across the finish line with ending Veteran homelessness, improved access to ELI rental housing for Veterans is essential. By increasing ELI rental housing availability, communities can do a better job at targeting permanent supportive housing to families and individuals experiencing chronic homelessness rather than using their permanent supportive housing stock as a substitute for the affordable apartments needed by families and individuals who don't require the services provided by supportive housing. Better relationships with ELI housing landlords is essential to Rapid Re-Housing approaches.

There appear to be significant opportunities to target state and federal resources to support production of more affordable rental housing to serve ELI households. A 2014 study found that just 17% of units funded by Florida's housing tax credit program served ELI households compared to 46% in Maine, 57% in Ohio, 49% in Oregon and 48% in Virginia. A 2014 review by the Florida



HUD's Family Options Study found that 18 months after enrolling in the study and being randomly assigned to one of four interventions, the families offered a housing voucher experienced significantly better outcomes than those families randomly assigned to any of the three other options.

Housing Finance Corporation studied the impact of “Link to Permanent Housing Strategy” – a set-aside program intended to serve extremely low income (ELI) populations with special needs. The review found that of the 580 units that were set aside for Link referrals, 514 (89%) were reported as being occupied, with just 178 of these occupied units (35%) housing Link referrals. Out of the 59 properties, 41% (24 properties) reported *none* of their Link Units were occupied by a referred special needs tenant.

There are many strategies that can accelerate progress in this area.

- Ensure that a greater percentage of new units that receive funding and tax credits through the Florida Housing Finance Corporation (FHFC) are targeted to ELI households.
- Require developers to be more effective partners with CoCs and homeless assistance providers and to reduce admission barriers for households with histories of homelessness. This should occur across all FHFC-administered programs.
- Encourage local governments to include CoCs and homeless assistance providers in planning for the State Housing Initiatives Partnership Program (SHIP) and provide funding from SHIP and the local government housing trust fund for rental housing targeted to ELI households who experience homelessness.
- Build the capacity of CoCs and homeless assistance providers to be effective partners with landlords and public housing authorities. Leverage new HUD requirements that each CoC develop a coordinated entry process. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.
- Convene public housing authorities (PHA), federally assisted housing developers, CoCs and homeless assistance providers, state agencies and local government leaders to discuss ways to bring federal housing subsidies into partnerships to better address homelessness. Bring in PHA leaders from communities outside of Florida to discuss the impact

they’ve had and the lessons learned that can be applied across Florida. Utilize technical assistance resources developed by the Corporation for Supportive Housing, the Council of Large Public Housing Authorities, the U.S. Department of Housing and Urban Development (HUD), and the U.S. Interagency Council on Homelessness (USICH).

- Ensure consistent and predictable state funding for affordable housing and homeless assistance programs. Predictable and consistent funding resources and cycles will help local governments, developers, and other stakeholders plan and prepare to apply for future funding opportunities. This allows emerging organizations and local governments to take advantage of Florida’s existing technical assistance and predevelopment funding, knowing that they will have opportunities to apply for funds in a future cycle. Predictability and consistency is key in helping to build housing development and operations capacity throughout the state and strengthen capacity where it currently exists.

FINISH ENDING VETERAN HOMELESSNESS.

By building on the momentum of a 36% reduction in homelessness among Veterans between 2009 and 2014, a functional end to Veteran homelessness is within reach. The significant federal investments by HUD and the VA are at a scale sufficient for Florida to reach an end to Veterans homelessness if the resources are deployed effectively and in partnership with local and state partners from the nonprofit, private, and philanthropic sectors. New Orleans, the first community in the country to achieve a functional end to homelessness among Veterans, built an “all hands on deck” approach that relies heavily on coordination between local, state, and federal agencies as well as the nonprofit sector and private landlords. Success in addressing homelessness among Veterans is also a “proof point” that solving homelessness is possible.

- Launch a statewide initiative to engage rental housing developers and property managers to set aside units for Veterans to exit homelessness. Build upon the promising practices that have been pioneered by other communities.



Official White House photo by Chuck Kennedy.

“Ending Veteran homelessness doesn’t mean we’ll never see a veteran on the street,” Mrs. Obama said. “That’s an unfortunate reality. It means when someone does experience a housing crisis, we will be prepared to get them back into a home right away and for good.”

Remarks by First Lady of the United States Michelle Obama in New Orleans to commend their efforts to eliminate Veteran homelessness, which officials say is the first in the country to do so. – April 20, 2015.

- Leverage, coordinate, and support activities across the national initiatives that are underway in Florida. These include the *Mayors Challenge to End Veterans Homelessness*, “surge” communities’ plans to reach functional zero and Zero 2016 community plans, and the 25 Cities Initiative that is being implemented in Miami, Tampa, and Orlando.

- Ensure every CoC is working with the VA medical center and contracted providers to achieve the goal of ending Veterans homelessness by 2015 and which have adopted specific criteria and measures for achieving that goal.⁶⁸ Every community should be:

- ❑ Implementing a Housing First system orientation and response that integrates outreach, prevention, housing, services, benefits and employment, and health and wellness.
- ❑ Identifying all homeless Veterans by name, moving unsheltered Veterans to safe shelter, and developing a plan to re-house each Veteran.
- ❑ Conducting coordinated outreach and engagement and implementing a coordinated entry system.
- ❑ Deploying the federal funding – Supportive Services for Veteran Families (SSVF), to Rapidly Re-House Veterans and for targeted prevention to

help Veterans who are imminently at risk of homelessness, retain or obtain stable housing. Deploying HUD-VASH (the HUD-VA supportive housing program) for vulnerable Veterans who are experiencing chronic homelessness.

- ❑ Developing metrics to monitor and report monthly progress on prevention, homeless Veteran program participants, and Point In Time homeless Veteran census data.

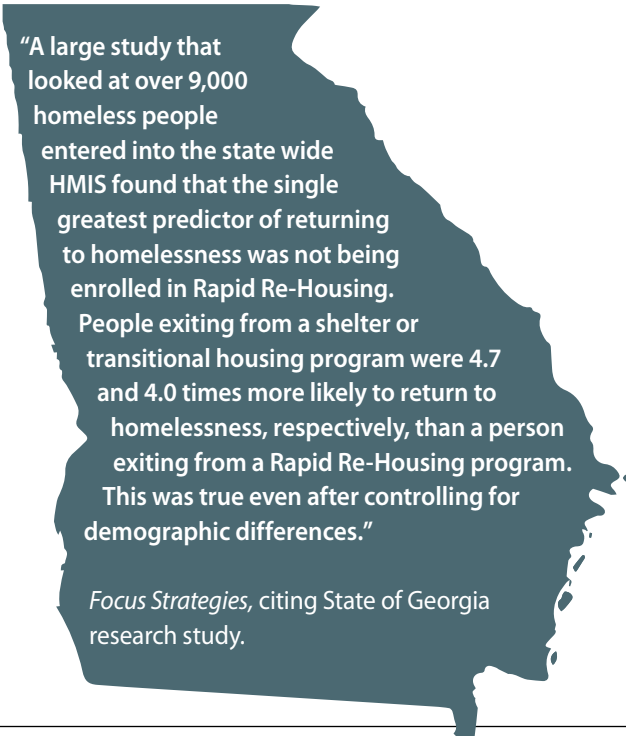
FAST-TRACK ADOPTION AND IMPLEMENTATION OF RAPID RE-HOUSING.

Create a Rapid Re-Housing (RRH) approach in every community to serve families, single adults, and youth experiencing homelessness. The National Alliance to End Homelessness (NAEH) describes Rapid Re-Housing as a system-wide strategy that is effective for most populations and should be a significant portion of any community’s response to homelessness rather than just one or two programs within a region. RRH is designed to help individuals and families to quickly exit homelessness and return to permanent housing. Rapid Re-Housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a Rapid Re-Housing program are housing identification, financial assistance for rent and move-in, and case

management/service coordination. Rapid Re-Housing has been shown to be more cost-efficient and effective than transitional housing and long stays in emergency shelter. The VA's Rapid Re-Housing program – SSVF – has been effectively scaled up to become a key reason cited for the progress on ending homelessness among Veterans.

Across Florida, most communities are just beginning to explore the benefits of RRH as a cost-efficient and effective strategy to address homelessness. There is a critical knowledge gap about how CoCs and homeless assistance providers should shift funding and re-tool programs to implement Rapid Re-Housing. There also appears to be significant opportunities to target state and federal resources to support implementation of Rapid Re-Housing statewide. Florida should consider how it might replicate and adapt the Commonwealth of Virginia's approach to family homelessness through Rapid Re-Housing (see description below). Some areas that Florida should aggressively pursue include:

- Provide capacity building support and technical assistance to increase the ability of CoCs, homeless assistance organizations, and local government to deliver Rapid Re-Housing, including providing RRH for vulnerable individuals and families and incorporating RRH into the CoCs' coordinated entry systems. This can build from recent investments by the State of



"A large study that looked at over 9,000 homeless people entered into the state wide HMIS found that the single greatest predictor of returning to homelessness was not being enrolled in Rapid Re-Housing. People exiting from a shelter or transitional housing program were 4.7 and 4.0 times more likely to return to homelessness, respectively, than a person exiting from a Rapid Re-Housing program. This was true even after controlling for demographic differences."

Focus Strategies, citing State of Georgia research study.

Florida through the Florida Housing Coalition that was provided in conjunction.

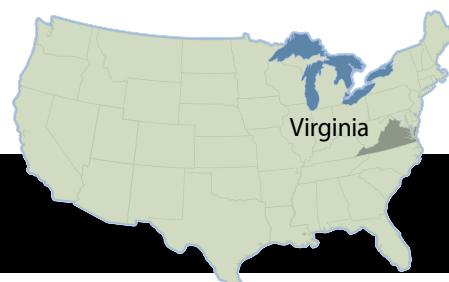
- Encourage and create funding incentives for transitional housing providers to convert transitional housing to Rapid Re-Housing. Provide technical assistance and training to support this shift.
- Explore replication of the Secure Jobs initiative⁶⁹ to integrate RRH with employment and training services by creating a partnership between philanthropy and appropriate state agencies. Consider new opportunities available under the *Workforce Innovation and Opportunity Act* (WIOA)⁷⁰ to establish partnerships with *Workforce Florida, Inc.* and its regional affiliates.
- Improve the operations and impact of the State's ESG (Emergency Solutions Grant) allocation from HUD as a resource for RRH funding. For example, revising the contracting process to be ongoing so that funding is available without disruption (currently due to the contracting process funds are only available six out of 12 months) would result in smoother implementation which would be less disruptive to families and improve planning and staffing by organizations that implement Rapid Re-Housing programs.
- Permit the use of TANF locally and set-aside some TANF funds for RRH. Using guidance provided by HHS through an informational memorandum: *TANF-ACF-IM-2013-01* (Use of TANF Funds to Serve Homeless Families and Families at Risk of Experiencing Homelessness), the DCF can build upon the lessons learned by other states that have adopted this federal flexibility (i.e., California, New Jersey, Michigan, Minnesota, Utah, and Washington).
- Appropriate new or re-directed state funding to pay for costs associated with three components of Rapid Re-Housing (housing identification, financial assistance for rent and move-in, and case management/service coordination). These funds could also be used to fill the gaps of an ESG and/or TANF funded program approach.

SCALE PRODUCTION OF PERMANENT SUPPORTIVE HOUSING.

Permanent supportive housing (PSH) is 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. Permanent supportive housing is a proven, effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with psychiatric disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing ongoing support that meets their healthcare and supportive services needs.

A 2014 analysis of the cost of long-term homelessness in Central Florida found “the average annual cost to be homeless and cycle in and out of incarceration, emergency rooms, and inpatient hospitalizations per person per year was \$31,065.” This contrasted with an annual cost of just \$10,051 per unit for permanent supportive housing. The report also documented that preservation and rehabilitation of affordable housing would have a positive economic impact by creating jobs. The analysis concluded that it was far more cost-effective to invest in solutions to long term homelessness by developing permanent supportive housing than it was to continue to allow the problem to exist.

HOW VIRGINIA REDUCED FAMILY HOMELESSNESS BY 25% IN 4 YEARS



A few years ago, the Commonwealth of Virginia decided to make a major change in the way their homelessness funding and strategies worked. In Virginia, like many communities, state funds were invested heavily in emergency shelter operations. Based on the success with Rapid Re-Housing that Virginia experienced when implementing the Homelessness Prevention and Rapid Re-Housing Program (HPRP), they decided to adopt Rapid Re-Housing as the commonwealth’s primary intervention for homeless families.

The results were striking. From 2010 to 2014, Virginia reduced the number of families experiencing homelessness by 25 percent. In 2014, Virginia had the highest proportion of homelessness beds for Rapid Re-Housing (17.3 percent) than any other state.

How did they do it?

1. They encouraged buy-in and commitment from influential leadership.
2. They created financial incentives for shifting to Rapid Re-Housing.
3. They defined and rewarded high performance.
4. They communicated early and often.
5. They built provider capacity to deliver Rapid Re-Housing.
6. They helped communities analyze their resource investments.

Source: Excerpted from *Virginia Reduced Family Homelessness by 25 Percent in Four Years. Here’s How They Did It*, National Alliance to End Homelessness, July 8, 2015.



Cindy White, Ability Housing of Northeast Florida/Jacksonville resident, celebrates having a safe and affordable home.

During 2013 and 2014, Florida Housing Finance Corporation (FHFC) approved financing resources for 573 PSH units set aside in 19 developments for households experiencing homelessness. The majority of the developments serving households who experienced chronic homelessness are in urban counties such as Pinellas, Duval, Hillsborough, Palm Beach, and Miami-Dade. Funding PSH housing stock for these households in rural and smaller communities has been a challenge. Some Local Government Housing Trust Fund dollars have been used for housing in these counties. FHFC provided funding for a total of 4 small developments in the following counties: Pasco (30 units), St. Johns (4 units), Leon (9 units), and DeSoto (18 units).

As of January 2014, there were 11,939 units of PSH (16,118 beds) available statewide as indicated by the Housing Inventory Count (a Point In Time inventory prepared by local Continuums of Care and submitted to HUD). About 20 percent of units are reserved for family households. Only 37 percent of beds are targeted to families and individuals who experienced chronic homelessness. This is troubling since PSH investment is intended to address chronic homelessness. It is likely that many households currently being served in PSH could be more cost-effectively served through ELI rental housing. By assisting these households to “move up” from PSH, it would free up PSH units for households who experience chronic homelessness and are unlikely to exit homelessness unless PSH is provided.

To understand the impact that better targeting of PSH units to households who experience chronic homelessness and the need for additional PSH units, an analysis using the USICH’s Supportive Housing Opportunities Planner (SHOP) tool was conducted. See page 40-41. If the status quo continues (no additional PSH units and poor targeting of PSH units), the extent of chronic homelessness is predicted to grow to 14,197 individuals by the end of 2017. It is possible to end chronic homelessness by the end of 2017 (the goal under *Opening Doors*) – if the targeting ratio of non-dedicated PSH to individual who experiences chronic homelessness increases from 30 percent to 80 percent and an additional 3,000 units of PSH are brought on-line during 2015, 2016, and 2017.

A significant tool that many other states have used to address chronic homelessness that is underutilized in Florida is the state’s Medicaid program. By using Medicaid more effectively, it may be possible to reduce chronic homelessness. See page 44.

In addition to the need for more capital funding for PSH unit production, the availability of rent or operating subsidies and funding for healthcare and supportive services are significant barriers to production of permanent supportive housing. The lack of capacity to develop, operate, manage, and provide services in PSH was frequently mentioned. Additionally, CoCs need technical assistance to create coordinated entry systems that can appropriately assess, prioritize; and link households who experience chronic homelessness to PSH units.

Key actions that can accelerate progress in ending chronic homelessness among families and individuals are summarized below.

- Build state and local capacity to develop, operate, manage, and provide services in PSH by investing in projects and providers. This includes providing capital financing; funding for rental, leasing and/or operating assistance in sponsor-, project- and tenant-based supportive housing; and providing funding for supportive services for outreach to identify and assist persons experiencing chronic homelessness move into PSH, to access appropriate healthcare services, and to maintain housing.
- ❑ This should include targeting existing production programs administered by the FHFC and identification of new or increased funding to scale the State’s investment in PSH to be commensurate with the needs.
- ❑ Encourage and support communities to use Local Government Housing Trust Fund dollars to develop PSH.
- ❑ Charge the Council on Homelessness to create cross-interagency partnerships to provide funding for rental assistance and supportive services in PSH.
- ❑ Set aside a portion of the soon-to-be-available National Housing Trust Fund (NHTF) for production and operations of PSH.
- ❑ Pursue development of a Social Impact Bond/ Pay for Success approach to PSH through cross-sector philanthropic, government, and nonprofit collaboration.

Continued on page 42.

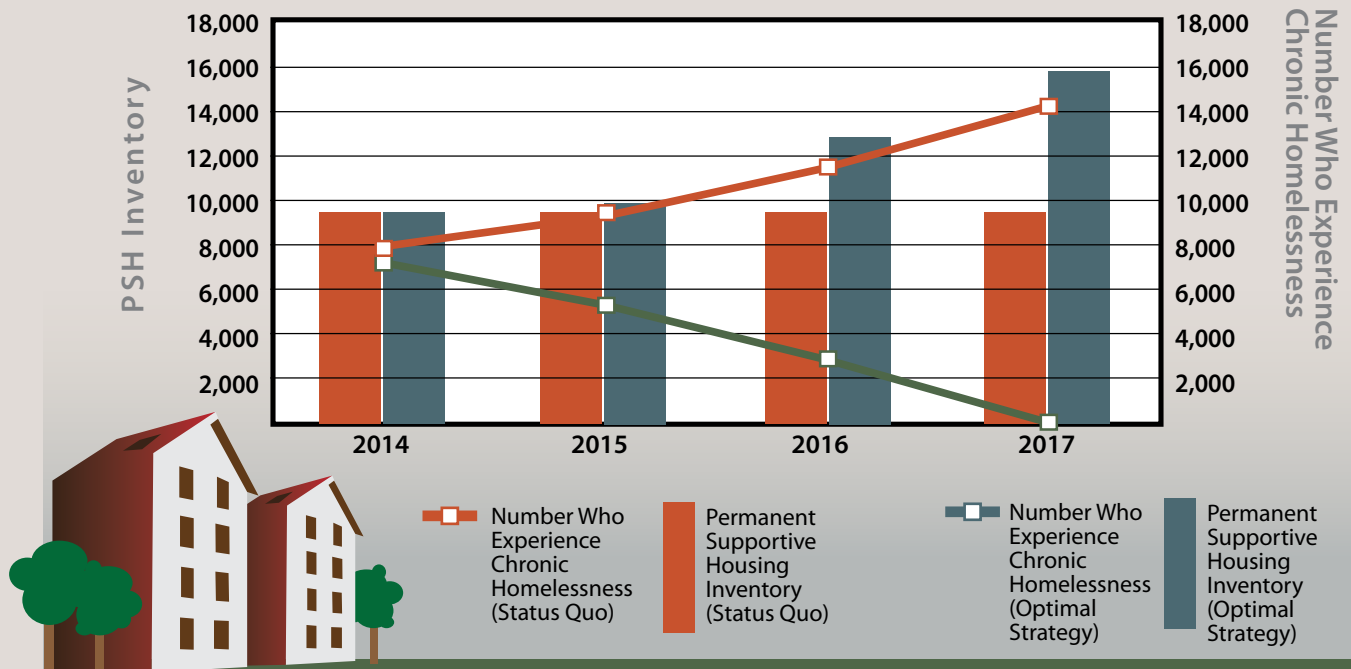
MODELING AN END TO CHRONIC HOMELESSNES BY 2017

The *Opening Doors* plan committed the federal government to achieving the goal of ending chronic homelessness nationally in 2017. Achieving this goal nationally is only possible if communities have enough available permanent supportive housing units to serve people currently experiencing chronic homelessness and to prevent people with disabling conditions from becoming chronically homeless in the future. To help communities to set a path to end chronic homelessness locally, the U.S. Interagency Council on Homelessness (USICH) released the Supportive Housing Opportunities Planner (SHOP) Tool during the spring of 2015. See graphic below. The SHOP Tool helps communities identify the specific set of

strategies (such as increasing the prioritization of existing turnover units and creating new supportive housing) needed to achieve the goal of ending chronic homelessness in 2017 or earlier. Specifically, the tool allows communities to set different targets for prioritization and creation of new permanent supportive housing units for people experiencing chronic homelessness, and assess the impact of those targets on the projected number of people experiencing chronic homelessness each year until 2017.

The SHOP tool is based on 2014 Point In Time and Housing Inventory Count data provided to HUD by Continuums of Care. See page 41. For Florida, SHOP predicts that through improved targeted and significantly increased investment and aggressive development of permanent supportive housing it is possible to achieve an end to chronic homelessness in Florida.

Investment in Permanent Supportive Housing to Reach Functional Zero: Optimal vs. Status Quo Approaches



Source: USICH

SHOP ANALYSIS FOR STATE OF FLORIDA - STATUS QUO	STATUS QUO	2014	2015	2016	2017
Number of individuals experiencing chronic homelessness at beginning of year.....	6,843.....	7,864	9,348	11,408	
Number newly entering or not counted in Point In Time	2,052.....	2,359	2,804	3,422	
ANNUAL NEED	8,895	10,223	12,152	14,830	
Total available Permanent Supportive Housing inventory for households without children	9,377	9,377	9,377	9,377	
Permanent Supportive Housing units dedicated to chronic homelessness.....	62%.....	5,801.....	5,801	5,801	5,801
Annual turnover of dedicated Permanent Supportive Housing	15%.....	870.....	739	628	534
New units created and available following year	0.....	0	0	0	0
Total non-dedicated Permanent Supportive Housing for households without children	3,576.....	3,576	3,576	3,576	3,576
Annual turnover on non-dedicated Permanent Supportive Housing units.....	15%.....	536.....	456	388	329
Non-dedicated Permanent Supportive Housing units prioritized for chronic homelessness	30%.....	161	137	116	99
Chronic Homeless individuals housed through dedicated turnover Permanent Supportive Housing	870.....	739	628	534	
Chronic Homeless individuals housed through prioritized turnover Permanent Supportive Housing	161	137	116	99	
Chronic Homeless individuals housed through newly created Permanent Supportive Housing	NA	NA	NA	NA	NA
TOTAL HOUSED	1,031	876	744	633	

SHOP ANALYSIS FOR STATE OF FLORIDA - IMPACT	2014	2015	2016	2017
Number of individuals experiencing Chronic Homelessness at year-end	7,864.....	9,348	11,408	14,197
(Percent change since 2014)		19%.....	45%.....	81%

SHOP ANALYSIS FOR STATE OF FLORIDA - OPTIMAL	2014	2015	2016	2017
Number of individuals experiencing Chronic Homelessness at beginning of year	6,843.....	7,196	5,251	2,888
Number newly entering or not counted in Point In Time.....	2,052.....	2,159	1,575	866
ANNUAL NEED	8,895	9,355	6,826	3,755
Total available Permanent Supportive Housing inventory for households without children	9,377	9,777	12,777	15,777
Permanent Supportive Housing units dedicated to Chronic Homelessness	62%.....	5,801.....	5,801	5,801
Annual turnover of dedicated Permanent Supportive Housing units	15%.....	870.....	739	628
New units created and available following year	400	3,000	3,000	3,000
Total non-dedicated Permanent Supportive Housing for households without children	3,576.....	3,976	6,976	9,976
Annual turnover of non-dedicated Permanent Supportive Housing units.....	15%.....	536.....	456	388
Non-dedicated Permanent Supportive Housing units prioritized for Chronic Homelessness	80%.....	429.....	365	31-.....
Chronic Homeless individuals housed through dedicated turnover Permanent Supportive Housing	870.....	739	628	534
Chronic Homeless individuals housed through prioritized turnover Permanent Supportive Housing	429.....	365	310	264
Chronic Homeless individuals housed through newly created Permanent Supportive Housing	400	4,104	3,938	3,798
TOTAL HOUSED	1,699.....	4,104	3,938	3,798

SHOP ANALYSIS FOR STATE OF FLORIDA - IMPACT	2014	2015	2016	2017
Number of individuals experiencing Chronic Homelessness at year-end	7,196.....	5,251	2,888	0
(Percent change since 2014)		-27%.....	-60%.....	-100%

- ❑ Pursue competitively awarded federal funding (i.e., HUD's Section 811 Project Rental Assistance demonstration) and other national initiatives that provide resources for PSH.
- ❑ Provide training and technical assistance to providers and housing developers to ensure they are prepared to develop, operate, and provide services consistent with best practices in Housing First and permanent supportive housing.
- Provide healthcare services targeted to individuals who experience chronic homelessness and can be served in permanent supportive housing or affordable housing. The greatest opportunities can be achieved by partnering with the state's Medicaid program and DCF behavioral healthcare providers.
 - ❑ The state Medicaid agency should explore opportunities to reform services and payment models so that Medicaid resources are targeted to Florida's highest cost Medicaid beneficiaries, including those experiencing chronic homelessness. By implementing best practices, such as supportive housing, other states have been shown to reduce health system costs for high need populations. These opportunities can include creating new managed care contract incentives, holding managed care organizations accountable for serving people who experience homelessness, analyzing current Medicaid resources used for this populations and identifying ways Medicaid can address the social determinants of health that drive health spending such as lack of housing.
 - ❑ The state Medicaid agency should review benefits provided to chronically homeless populations and explore ways to take lessons learned through the *Money Follows the Person* program regarding need for integrating health and housing support services. Supports that help people maintain housing and link with primary and behavioral health services, such as outreach and engagement, counseling, case management, independent living skills, landlord negotiation, crisis intervention, and other support services are essential for people with histories of homelessness and institutionalization to maintain housing which results in improved health and reduced health services utilization. In addition, the Medicaid agency should work with Medicaid Managed Care entities to contract with providers with experience delivering these services and experiment with payment models that reward improved outcomes.
- Mobilize and engage public housing agencies/ authorities (PHAs) to partner with community organizations to develop permanent supportive housing for individuals and families experiencing chronic homelessness. PHA's could also be encouraged to prioritize admission to public housing and voucher programs for formerly homeless individuals who reside in PSH, but are ready and interested to live in more independent housing. This would make PSH units available to individuals and families who are currently experiencing chronic homelessness.
- Explore lessons learned from Florida Housing Finance Corporation's (FHFC) state pilot to finance the development of three permanent supportive housing projects to serve chronically homeless persons with significant needs who are high utilizers of publicly-funded emergency, crisis, and institutional resources because they lack permanent housing that are linked to appropriate community-based services. A priority objective of this pilot is to study the benefits of permanent supportive housing in relation to cost-savings to the public across multiple provider systems, as well as quality-of-life benefits.
- Develop state standards of quality for supportive housing in Florida, based on national best practices, to ensure consistency in how the funding is used locality by locality.

USING FEDERAL DISABILITY RIGHTS PROTECTIONS AS TOOL TO PREVENT AND END HOMELESSNESS

Delaware is implementing a settlement agreement with the U.S. Department of Justice relating to individuals with serious and persistent mental illness and their rights under the ADA and Olmstead. Pursuant to this agreement, the State amended its Medicaid waiver and developed the PROMISE program, which covers an array of new services relevant to people with serious mental illness, including those who are homeless, such as: Care Management, Individual Employment Supports, Short-Term Small Group Supported Employment, Financial Coaching, Benefits Counseling, Peer support, Non-Medical Transportation, Psychosocial Rehabilitation, Respite, Independent Activities of Daily Living/Chore Services, Personal Care, and Community Transition Services. With Medicaid funding, the state has also developed Assertive Community Treatment (ACT) teams that serve individuals with serious mental illness living in scattered-site supported housing.

Florida's plan for compliance with the Americans with Disabilities Act and the Supreme Court's Olmstead decision should consider homelessness among people with serious mental illness to be an adverse outcome equivalent to hospitalization or incarceration, and it should be prioritized accordingly. Key strategies should include providing community services that allow this

population to move from institutions or homelessness into supported housing and development of new state-funded rental subsidies that expand the overall housing resources available to homeless individuals who have mental illness or those who are at-risk of homelessness.

The Florida Council on Homelessness could participate in Olmstead planning, implementation, and evaluation efforts to ensure that the needs of the sizable population of homeless individuals who have serious mental illness are being addressed in accordance with the goal of the collaboration. They could provide individuals with serious mental illness the supports they need to live outside of hospitals, jails, shelters, and other institutions, and instead, in settings that are a part of the community mainstream. This collaboration could also focus upon identifying and correcting the specific pathways that led these individuals into homelessness through case studies of such factors as the adequacy of discharge planning in hospitals and jails; timely access to the community-based mental health and substance abuse services; the availability of supported housing with services tailored to the needs of this population; and the mental health system's response when individuals whom they serve lose their housing.

The Florida Council on Homelessness could ensure that local CoCs and their provider networks are trained in the requirements of the ADA and the Olmstead decision, as well as the implications of these laws for local programs serving homeless individuals who have

disabilities such as serious mental illness. The training could provide a framework for service delivery by local mental health programs and clarify how the ADA and Olmstead can be used to leverage integrated housing and supportive services.



Julio, a father living at Metropolitan Ministries, celebrates Thanksgiving with his daughter in Tampa.

6 STATES USE MEDICAID TO END CHRONIC HOMELESSNESS

The **National Alliance to End Homelessness** recently published some examples of large-scale efforts to use Medicaid to support or expand supportive housing. In addition to these represented below, other places that have developed coverage for supportive services or are on their way include Washington state, Oregon, Connecticut, Colorado, and Washington, DC.

CHICAGO/COOK COUNTY, IL – In this community, a group of providers created an Accountable Care Organization, called “Together 4 Health,” which allowed them to serve as the healthcare payer for services under Medicaid. This arrangement means “Together 4 Health” takes on the risk of healthcare costs for their enrollees and the rewards of any savings they generate. Savings can then be reinvested in improving and expanding services.

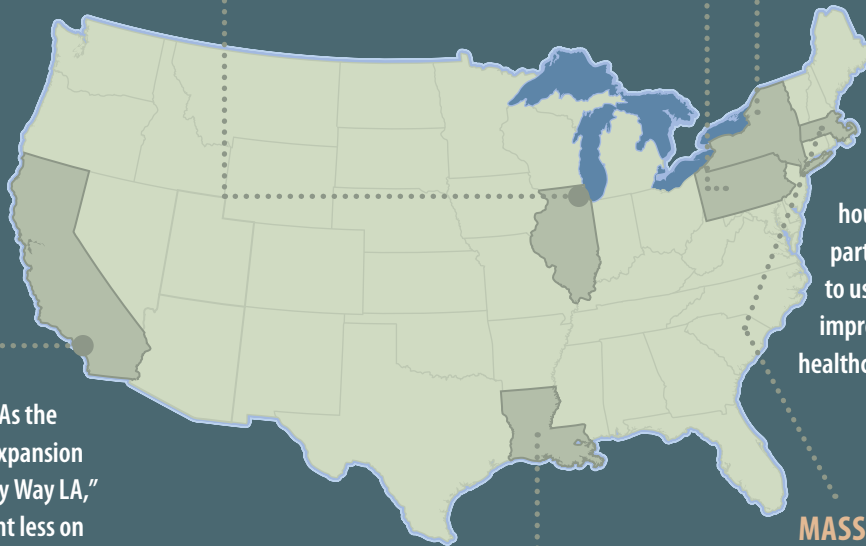
PENNSYLVANIA – Pennsylvania’s managed care organization is called “HealthChoices,” which has a behavioral health “carve-out” managed by counties across the state. Counties can then reinvest what they don’t spend from Medicaid monthly capitated payments to expand supportive housing programs.

NEW YORK – In order to save the State money from increasing Medicaid costs, New York capped state Medicaid spending and used what it would have spent on Medicaid to reinvest in redesigning State Medicaid and healthcare to be more effective and save money. Supportive housing was included in the recommendations for redesign. New York has issued an RFP for supportive housing providers to partner with health homes to use supportive housing to improve health and reduce healthcare costs.

LOS ANGELES, CA – As the result of the Medicaid expansion waiver, dubbed “Healthy Way LA,” Los Angeles County spent less on uncompensated care. The county then used the funds it saved to invest in more permanent supportive housing.

LOUISIANA – In order to sustain and increase the permanent supportive housing that Louisiana created while recovering from hurricanes Rita and Katrina, Louisiana sought multiple Medicaid Waivers and a State Plan Amendment (1915i) to allow Medicaid to cover services provided in permanent supportive housing for persons with severe mental illness who qualify. The Louisiana Behavioral Health Partnership (LBHP) manages these and other behavioral health programs for the State.

MASSACHUSETTS – Massachusetts created a benefit covered by Medicaid called the “Community Support Program for People Experiencing Chronic Homelessness” (CSPECH). This started in Boston as a pilot and is now expanding across the state under a Medicaid 1115 waiver. This benefit allows for Massachusetts to target chronically homeless persons and provide services to meet their needs.



KEY BUSINESS AND PHILANTHROPIC OPPORTUNITIES

Business and philanthropy leaders have critical roles to play in supporting state and local efforts to produce tangible and measurable results for people experiencing homelessness. As trusted thought leaders and advocates for strong and vibrant communities, the business and philanthropic sectors are uniquely positioned to promote needed systems change, including increased coordination across government departments and agencies and efforts to transition providers from shelter-based to Housing First models. Equally important is helping communities take a “businesslike” approach to addressing homelessness. See sidebar on page 46.

The findings from the Path Forward collaborative analysis suggest three immediate and essential roles for business and philanthropy:

- Promote proven practices and solutions to homelessness.
- Provide funding to “fill in the gaps” to create seamless systems of care.
- Launch a statewide initiative to engage rental housing developers and property managers to set-aside units for Veterans, families, youth, and single adults to exit homelessness.

Promote proven practices and solutions to homelessness. Several simultaneous actions are needed to achieve impact in this area. First, become active in the creation and implementation of local strategic plans to end homelessness. Second, stop providing funding to programs that are not implementing proven practices and that are not critical to the success of local strategic plans to end homelessness and shift this funding to programs that are. Third, partner with the local CoC, local government leaders, and others to promote the findings of the Path Forward and advocate with state leaders for full implementation of the state policy recommendations. Proven practices and solutions include: Housing First, Rapid Re-Housing, permanent supportive housing, and others described earlier in this report.

Provide funding to “fill in the gaps” to create seamless systems of care. Often there is a need for private funding that can be used more nimbly and flexibly than when provided by government sources. This may be one-time funding that is needed to jump-start a planning process or catalyze a new initiative. It may also be ongoing funding for programs to meet individual household needs that don’t easily fit within funding categories. Perhaps a homeless mother needs help paying for childcare until she becomes eligible for the state child subsidy program. It might be that there is no local funding for transportation so finding an apartment or a job becomes an insurmountable

A STRATEGIC, SYSTEMIC, LOCALLY-LED RESPONSE

When the Bush Administration revitalized the U.S. Interagency Council on Homelessness (ICH) in 2002, ICH reached out and found a strong desire at the community level to change the approach to homelessness and develop solutions. The response from business leaders, mayors, and others made it clear that while partnership from the federal government was essential, ending homelessness would work because it was a local priority.

But local leaders saw that solving the problem would require a more businesslike plan. The new approach involves a systemic strategy, with people working in a coordinated manner – a big step from the previous practice of serving people haphazardly through a collection of disconnected programs. A systemic approach includes:

COMMITMENT FROM EVERYONE. These efforts have captured the imagination of business leaders, faith communities, and opinion leaders of all kinds. Republicans and Democrats have taken leadership. A solution requires programs for homeless people, but it also requires cooperation from law enforcement, rental property owners, larger poverty programs, and employers.

SYSTEM-LEVEL PLANNING AND MANAGEMENT. Like any successful endeavor, an effective system needs planning. It requires individuals whose job it is to manage the overall system and resolve questions like who should deliver what services, how success will be measured, how resources can be utilized most effectively, who should receive what kinds of assistance, and more.

AGREEMENT ON GOALS, AND DATA-DRIVEN ACCOUNTABILITY FOR RESULTS. In an effective system, the parts of the system function together to achieve common goals. Everyone in the system is accountable for their part in meeting these goals. A common data-collection system measures progress and allows fine-tuning.

barrier to stable housing and employment. Business and philanthropy can provide these essential resources to “fill the gap.” It is critical that these investments only be provided if and when government funding is not available. The ideal is for these private resources to leverage greater public investment. Additionally, philanthropy could support advocacy organizations that are working toward improved public policy that supports the recommendations contained within this report. To learn more about how businesses and philanthropy can make smart investments in solutions to end homelessness, see the Grantmakers Toolkit published by Funders Together to End Homelessness.

LAUNCH A STATEWIDE INITIATIVE TO ENGAGE RENTAL HOUSING DEVELOPERS AND PROPERTY MANAGERS TO SET ASIDE UNITS FOR VETERANS, FAMILIES, YOUTH, AND SINGLE ADULTS TO EXIT HOMELESSNESS.

For people experiencing homelessness, getting landlords to rent to them can be very challenging, particularly for those with poor rental histories. Homeless assistance programs often struggle to develop a wide array of landlord relationships and too often find they are competing with other homeless assistance programs. Consequently, community-wide approaches to recruiting property owners and landlords to make apartments available to individuals and families who experience homelessness hold promise to be a more efficient and effective approach. Business and philanthropic leaders are uniquely positioned to organize a statewide initiative to achieve local collaborations to provide set-aside units.

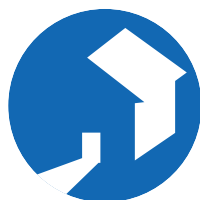
Recently, **Joining Forces** (First Lady Michelle Obama and Dr. Jill Biden’s nationwide initiative to rally around service members, Veterans, and their families) called upon private landlords to step up in the fight to end homelessness among Veterans noting that every Veteran deserves a safe and stable place to call home.

Florida has a near-term opportunity to reach the goal of ending Veteran homelessness by 2015. A statewide initiative that builds upon the urgency of this goal could be used to engage property owners and landlords to join in this effort. By creating an infrastructure and demonstrating success, it will be possible to extend this resource to other populations.

ENGAGING PROPERTY MANAGERS AND OWNERS

Seattle. Recently, King County Washington launched the One Home campaign to develop new partnerships between nonprofits and landlords to expand housing options for formerly homeless individuals and families, including Veterans, to further progress towards their community's strategic plan to end homelessness. Zillow was the leading business partner and the Bill and Melinda Gates Foundation provided critical funding support. The One Home initiative provides the following benefits to property owners and landlords:

- Assistance to help fill vacant units.
- Payment of rent deposits, utility deposits, and first month's rent.
- Access to loss mitigation funds if damage is done to the unit.
- Access to eviction prevention funds.
- Case management support for formerly homeless residents.
- 24-Hour assistance in dealing with issues that may arise with tenants.
- Tenants have access to classes about how to be a successful renter.



COMMITTEE TO
END HOMELESSNESS
KING COUNTY

New York City. Enterprise Community Partners is piloting Come Home NYC to enable high-quality owner-operators to help end family homelessness. “‘Come Home NYC’ is an exemplary partnership that leverages resources from the public, private, not-for-profit, and philanthropic sectors so that working together, we can have a greater impact than working alone,” said David Saltzman, Executive Director of Robin Hood (Robin Hood is a charitable foundation working to alleviate poverty in New York City).

Participating landlords each “allocate” a small number of very affordable units per year as they become available. Units will be located in many buildings and portfolios, so there is no concentration. Enterprise provides quality applications in a timely manner and ensure that the lease-up process runs smoothly by coordinating with the Department of Homeless Services and others. Landlords retain discretion in lease-up decisions. Participating housing providers receive:

Assistance with Lease-Ups: For every participating unit, Enterprise provides hands-on assistance to ensure a smooth referral and placement process, so that lease-ups happen quickly and easily.

Connection to Services: Through a carefully crafted collaboration, families are offered services to support their housing stability – before they even move in.

Financial Protection: For each unit rented to a formerly homeless family, \$3,000 in guarantee funds is available to the landlord to cover eligible losses, including rent arrears, physical damage, and legal costs.



COME HOME NYC
A Collaboration to Connect Families
to Affordable Housing

CONCLUSION: CALL TO ACTION



The solution to homelessness is not an easy one. The path forward is not a process that is going to happen overnight; however, that doesn't mean that Florida should not pursue it. By rethinking our approaches to homelessness, we can make policy changes here and now that will shape this state for years to come, and will turn Florida from an example of what not to do into a model for other states to emulate. With the changes outlined in this report, Florida can make homelessness "rare, brief, and one time" – what some might call functional zero. In order to do this there must be a focus on Housing First legislation – that is legislation which results in the creation of affordable rental homes, the implementation of Rapid Re-Housing, and the production of permanent supportive housing, while improving the capacity of state and local government to respond to homelessness, and the cohesion of public, private, and philanthropic groups to work towards a set of unified goals. When done successfully, Florida can reduce the cost of homelessness, stop wasting the tax payer's money on outdated approaches, and save the lives of children, youth, women, men, and Veterans who find themselves homeless in our great state.

With passage of Housing First legislation the state would be able to focus first on ending homelessness, and then allow room to work on preventing it. With this approach, which has been proven successful in

other states, homelessness rates drop. However, we must remember that subpopulations need a different type of approach to meet their unique needs.

However, Florida state government does not have to do this alone. By teaming up with local governments, business leaders, and philanthropic groups, Florida can better target and focus on the issues that cause systemic homelessness. With more partners, what was once a large overarching problem can be quickly turned into a series of goals that can be more easily met. The recommendations in this report call on business and philanthropic leaders to step up to aid in this endeavor in three key areas. These are to promote proven practices, provide funding to "fill in the gaps" to create seamless systems of care, and to convene rental housing owners and developers, working with them to help homeless individuals and families. By using these tactics, tangible benefits are within our state's reach.

From a political stand point our government will be helping those who cannot help themselves, and will show that we truly care about the well-being of each of our citizens. Economically this will save our government and our tax payers from wasted spending on ineffective approaches and morally, our government will be literally saving lives. As many have noted before, "ending homelessness not only is the right thing to do, it makes economic sense." Passage of Housing First legislation can set Florida on a path to do both.

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APPENDIX A

KEY STATEWIDE LEADERS & NATIONAL EXPERTS

The individuals from the following organizations participated in calls with Barbara Poppe:

Central Florida Commission on Homelessness

Community Solutions

Corporation for Supportive Housing

Emergency Services and Homeless Coalition of Jacksonville

Florida Housing Coalition

Florida Housing Finance Corporation

Florida Office on Homelessness

Florida Supportive Housing Coalition

Harbor House of Central Florida

Judge David L. Bazelon Center for Mental Health Law

Miami Coalition for the Homeless

Miami-Dade Homeless Trust

National Alliance to End Homelessness

National Law Center on Homelessness and Poverty

National League of Cities

Pinellas County Homeless Leadership Board

Rapid Results Institute

Stewards for Affordable Housing

Tampa Hillsborough Homeless Initiative

U.S. Interagency Council on Homelessness

U.S. Department of Veterans Affairs

APPENDIX B

LIST OF PARTICIPANTS IN COMMUNITY DIALOGUES

Rhonda Abbott
Pinellas County Homeless
Leadership Board

Joelle Allen
Peacock Foundation, Inc.

Sheryl Allen-Golden
Wellcare

Robyn Andrews
Coalition for the Homeless
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Alicia Apfel Hancock
Apple Tree Perspectives, Inc.

Harold Barley
Metroplan Orlando

Thomas Bilodeau
U.S. Department of Housing
and Urban Development

Jacob Board
Nonprofit Center of Northeast
Florida

Shannon Boozman
JPMorgan Chase & Co.

Sylvia Borden
Tampa Bay CDC

Shed Boren
Camillus Health Concern

John Bowls
Barnabas Health Services

Daniel Brady
Douglas Gardens Community
Mental Health Center

Melissa Brass
Catholic Charities Diocese of St.
Petersburg

Glenn Brown
Children's Board
of Hillsborough County

Robert Brown
Heart of Florida United Way

Thomas Chatmon
City of Orlando

Kevin Chinault
The Salvation Army-Clearwater

Kirsten Clanton
Southern Legal Counsel, Inc.

Pauline Clarke-Trotman
Better Way

Sherri Claudio
Orlando VA Medical Center

Peter Coburn
U.S. Department of Veterans Affairs

Officer Rey Coll
Homeless Outreach
and Support Team

Bob Cook
U.S. Department of Housing and
Urban Development

Duggan Cooley
United Way Pasco

Danielle Corbin
Catholic Charities, Pinellas Hope

Frank Cornier
CDC of Tampa

Jennifer Couch
Trinity Rescue Mission

Christina Crespi
Miami Downtown
Development Authority

Mike Daly
U.S. Department of Housing
and Urban Development

Rick Denny
Trinity Rescue Mission

Megan Dewton
Mental Health Resource Center

Mordecai Dixson
Crisis Center Tampa Bay

Brack Dodd
The Salvation Army
Area Command
St. Petersburg, Florida

Nicole Dorr
The Junior League of Tampa

Mary Downey
Community Hope Center

James Dunbar
Metropolitan Ministries

Frankie Elliot
Florida Real Estate Foundation

Terrell Ellis
Miami-Dade Homeless Trust

Will Evans
Community Connections
of Jacksonville

Christine Falkowski
The Transition House, Inc.

Geula Ferguson
Florida Philanthropic Network

Susan Finlaw-Dusseault
Pinellas County Homeless
Leadership Board

Thomas F. Fleischmann
Jewish Community Services

Kaia Forgé
Rollins College Philanthropy
& Nonprofit Leadership Center

Elizabeth Frazier
Tampa Bay Lightning Foundation

Mara Frazier
Westgate Resorts

Beatrice Froute de Domec
Catholic Charities Diocese of St.
Petersburg

Anna Frusciante
Sundari Foundation, Inc.

Cindy Funkhouser
Sulzbacher Center

Flora Maria Garcia
United Arts of Central Florida

Jack Garrett
Tampa Hillsborough Homeless
Initiative

Nancy Gidusko
Walt Disney World Resorts

Dawn Gilman
Emergency Services & Homeless
Coalition of Northeast Florida

Eduardo "Eddie" Gloria
Camillus House

Bree Goldstein
Publicly Related

Larry Gonzalez
Jacksonville Housing Authority

Alexandra Gorfinkel
City of Miami Beach

Ashley Grave de Peralta
Miami Bridge

Eric Gray
Community Food
& Outreach Center

Meredith Griffin
Orange County Public Schools -
Homeless Education Program

Nordeka Hall
River Region Human Services, Inc.

Sarah Hande
Florida Blue

Jodie Hardman
Bank of America

R. Patrick Hayle
Mercy Support Services

Lili High
Catholic Charities Jacksonville

Beth Houghton
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Leadership Board

Bonnie Hubbard
Elizabeth Morse Genius Foundation

Suzanne Hudson Smith
Community Connections

Steven Hurley
Committed Citizen

Barbara "Bobbie" A. Ibarra
Miami Coalition for the Homeless

Marti Johnson
Emergency Services & Homeless
Coalition of Northeast Florida

Juli Kempner
Pinellas County

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Matthew Kennedy
Walt Disney World

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