

Homelessness in Central Florida:

Central Florida Commission on Homelessness' Gaps & Priorities Report

November 2014



An initiative of the Central Florida Commission on Homelessness



Table of Contents

Letter from the Chairman.....	03
Background.....	04

Infrastructure Gaps & Priorities

Data Collection & Measurements.....	12
Continuum of Care.....	14
Funding Opportunities.....	18
Nonprofit Capacity.....	22
Private Sector Involvement.....	24
Faith Sector Involvement.....	26
Advocacy.....	28
Policy.....	30
Collaboration & Regional Alignment.....	32

Programmatic Gaps & Priorities

Chronic Homelessness.....	35
Family Homelessness.....	40
Veteran Homelessness.....	46
Youth Homelessness.....	48
Medical & Mental Health Care.....	52
Domestic Violence / Domestic Abuse.....	56
Employment.....	60
Prevention & Support Services.....	63
Affordable Housing.....	65

Appendix

Letter from the Chairman

Dear Community,

Over the last 18 months the Central Florida Commission on Homelessness has been on a journey to find real solutions for the homeless in our community. We have all observed our community struggle for years to find solutions for this complex problem. With over 30,000 Central Floridians experiencing homelessness each year, we see the faces of those in need each day. The veterans who have served our country faithfully, now on our streets with PTSD; children at bus stops living in motels along our major highways without a stable place to call home; the mentally ill and physically disabled who live on our streets, often for years. We see their faces and now we know their stories.

As someone who has lived in this community for 30 years, I see more momentum and tangible commitment to the most vulnerable who live on our streets now more than ever. Through the work of the Central Florida Commission on Homelessness, in collaboration with providers, business & faith leaders, funders and public jurisdictions, we have made progress that many of us have only dreamed about for years...progress that I believe will lead to historic change for those in need of a stable home of their own.

We didn't get to this point by doing what we had done in the past and expecting a different result. We knew we had to try something different. Sometimes unorthodox approaches bring an issue to the forefront of a community's priorities. The last year and half has seen the Commission bring together an unprecedented group of Central Florida leaders into a Collective Impact Model on homelessness and work to change stereotypes and misconceptions about the homeless through our Rethink Homelessness Campaign. It has been seen by tens of thousands of Central Floridians and millions across the world.

We have studied this issue of homelessness like we have never done before in this community. We have visited major communities throughout America that have made impressive progress on homelessness. We met with their leaders and consulted with the top experts in the country on homelessness to learn best demonstrated practices. We looked at our local programs and focused on data with a keen eye and open heart. We asked the tough questions about what will work and how we should best invest our precious resources to help the homeless. We realized that lives are at stake, children's futures hang in the balance, and that good intentions alone were never going to get the homeless off the streets.

I want to thank all of you have participated so far in our work at the Central Florida Commission on Homelessness. If you have not yet been a part of this great work, we encourage you to find your place inside this movement to change the lives of so many in need in our community. The last 18 months have seen a great up swell of momentum and resources; in the next 12 months you will begin to see the beginning of new transformation for those who are in need on our streets.

We cannot do this without you. Now is the time to address homelessness once and for all in Central Florida. I ask you to join us and help make history for our neighbors in need this region.

Sincerely,

John Hillenmeyer

Background



The Central Florida Commission on Homelessness started their new phase of work in May 2013 and utilized the Collective Impact Model out of Stanford University as a model for the work in Central Florida.

The Collective Impact Model relies on five conditions that, together, produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

A strong **Backbone Support Organization** is the first key component of a successful Collective Impact Model and the role that the Central Florida Commission on Homelessness (Commission) fulfills. A **Backbone Support Organization** requires a dedicated staff separate from participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling all logistical and administrative details for the initiative to continue to run smoothly. A **Backbone Support Organization** must embody the principles of adaptive leadership: the ability to focus the attention of people and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

The Central Florida Commission on Homelessness has facilitated hundreds of meetings since May 2013 with local government, business, faith, and nonprofit leaders in order to better understand their perspective on the state of homelessness in Central Florida and gain input on potential solutions Central Florida could employ to reduce the number of those that experience homelessness here.



Further, the Commission has personally visited seven cities and has interviewed leaders in more than 20 cities others to understand the best practices they have utilized in addressing and reducing homelessness in their communities. Experts in homelessness from around the nation are willing and able to lend their expertise to Central Florida as we move forward with our initiative to address homelessness. These experts include:

1. **Barbara Poppe**
Barbara Poppe & Associates
(Columbus, OH)
2. **Greg Shinn**
Creative Housing Solutions (Tulsa, OK)
3. **Ryan Moser**
CSH (New York, NY)
4. **Shannon Nazworth**
Ability Housing of Northeast Florida
(Jacksonville, FL)
5. **Dr. Sam Tsemberis**
Pathways to Housing (New York, NY)
6. **Liz Drapa**
CSH (Chicago, IL)
7. **David Wertheimer**
Bill & Melinda Gates Foundation
(Seattle, WA)
8. **Anne Miskey**
Funders Together to End Homelessness (Boston, MA)
9. **Barbara (Bobbie) Ibarra**
Miami Coalition for the Homeless
(Miami, FL)
10. **Mark Putnam**
Committee to End Homelessness in King County (Seattle, WA)
11. **Protip Biswas**
United Way of Greater Atlanta
(Atlanta, GA)
12. **Christine Marge**
Home for Good/United Way of Greater Los Angeles (Los Angeles, CA)
13. **Joel John Roberts**
PATH Partners (Los Angeles, CA)

14. **Mikkel Beckman**

Minneapolis/Hennepin Office to End Homeless (Minneapolis, MN)

15. **Antoinette Triplett**

formerly of the St. Louis Department of Human Services (St. Louis, MO)

16. **Joe Hegedus**

Marin Partnership to End Homelessness (Marin County, CA)

17. **Dean Klein**

Fairfax Office to End & Prevent Homelessness (Fairfax, VA)

18. **Stacy Horn Koch**

New Orleans Interagency Council on Homelessness (New Orleans, LA)

19. **Marilyn Brown**

Coalition for the Homeless (Harris County, Houston, TX)

20. **Bennie Milliner**

Denver's Road Home (Denver, CO)



A **Common Agenda** requires participants to have a shared vision for change. This shared vision begins with a common understanding of a problem and a joint approach to solving that problem through agreed-upon actions. Collective impact does not imply that every participant will always agree with every other participant on all dimensions of a problem, but for successful collective impact, participants must agree on primary goals for the collective impact initiative as a whole.

Funding can play an important role in aligning organizations' shared vision. By aligning funding around scorecards and measurements, organizations act in concert to work toward the shared vision the score card supports.

Toward the end of creating of **Common Agenda**, the Commission facilitated multiple meetings with leaders in Government, Business, the Faith Sector, Healthcare, the Education system, and Nonprofit organizations to gather data and understand what role each entity could and was willing to play in the solutions Central Florida could implement.

In an effort to provide additional data and information to the community, the Commission also hosted a series of Provider Forums with guest speakers including updates on the NOFA grant process, updates to the SSVF program, and introductions to national best practice models such as the First Step employment program out of Atlanta, GA. The Commission also hosted a number of community events featuring national guests Barbara Poppe, Executive Director of the United States Interagency Council on Homelessness, Dr. Sam Tsembeis, Founder & CEO of Pathways to Housing, and David Wertheimer, Deputy Director of the Bill & Melinda Gates Foundation.

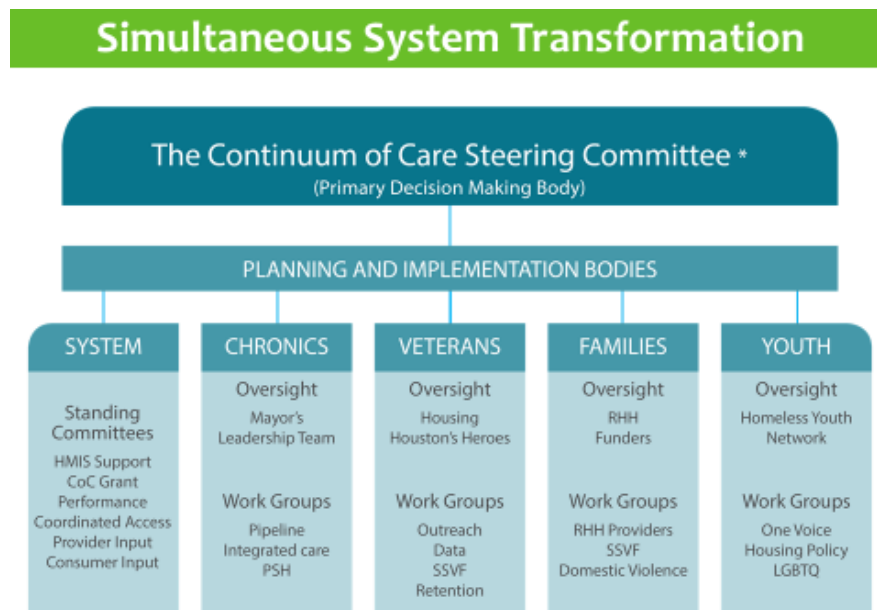
One of the first of these meetings happened in October of 2013 when the Commission hosted Barbara Poppe, who at that time was the Executive Director of the United States Interagency Council on Homelessness (USICH). USICH reported in the 2013 Annual Homelessness Assessment Report (AHAR) Central Florida had now ranked #1 in America for like-sized communities for chronic homelessness. In addition, Central Florida ranked in the top four in every category that HUD measures on homelessness. This served as a huge wake-up call on homelessness for community leaders.

The business community also came together for a regional forum on Chronic Homelessness in August 2014. This forum, hosted by the Central Florida Partnership, released results on the cost of long-term homelessness in Central Florida and speakers such as Dr. Sam Tsemberis, the creator of the Housing First model, discussed ways in which Central Florida could alleviate some of those costs while also housing and providing services for chronically homeless people on our streets. The forum was deemed a great success by the attendees and an eye-opener for many who are new to understanding the issue.

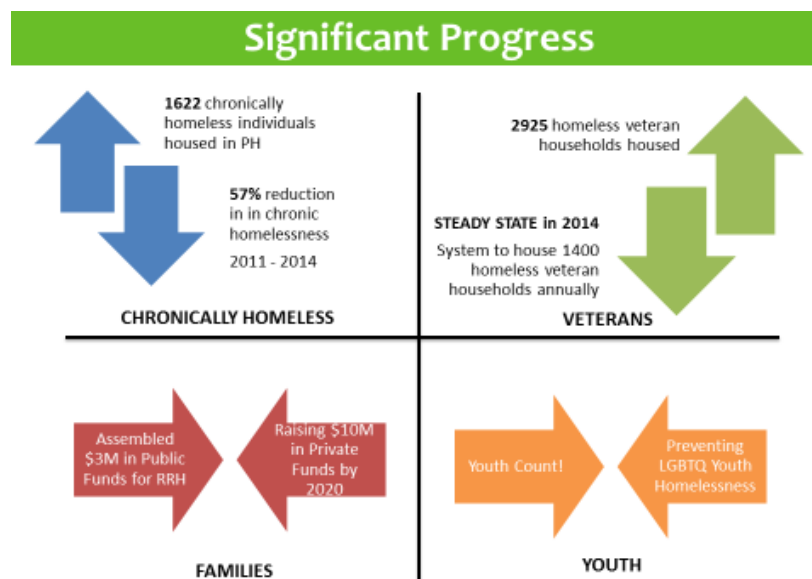
In September 2014, David Wertheimer from the Bill & Melinda Gates Foundation spoke to our community at the Commission's invitation to share what their Foundation looks for when making decisions on funding homelessness issues. He also shared the importance to the Foundation of a **Common Agenda** and a Shared Measurement System so that results could be documented for the money that was spent.

The Commission worked with the Central Florida Partnership to facilitate a Community Leadership Trip to Houston, TX. Seventy-two leaders from across the public, private, and independent sector visited Houston, a city who has been able to reduce their homeless population by over 50% in less than three years, to learn their best practices and determine how we may be able to duplicate their successes in Central Florida.

Houston's Simultaneous System Transformation

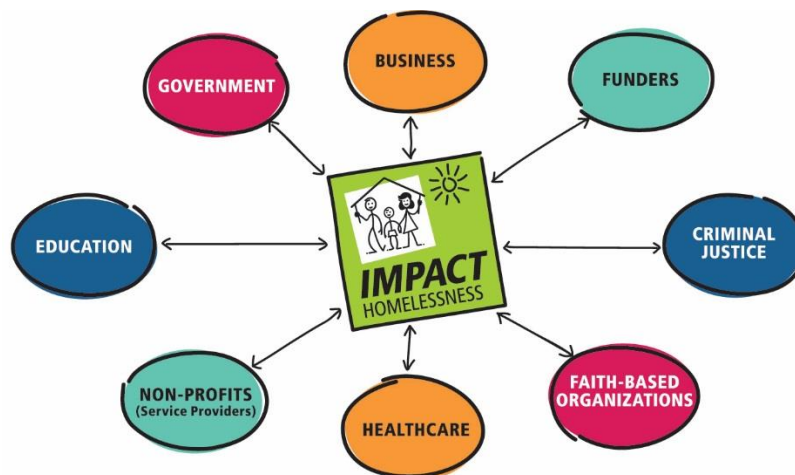


Houston's Progress



The faith community came together for a first-ever interfaith summit on homelessness in November 2014. Attended by more than 300 faith leaders from across all groups of faith including Catholic, Mormon, Muslim, Hindu, Episcopalian, and more, the purpose of the summit was to bring awareness to the faith leaders of Central Florida and to ask them to create goals for collaboration to reduce homelessness in our communities. These leaders came together in one place and on one accord, reaching across the aisles, to connect on this chronic social issue and have agreed to continue to work together into the future to meet the needs of the homeless in Central Florida.

This activity and more has led to a better understanding of the issue of homelessness and how each participant in our community can play a role in helping support the **Common Agenda** for solutions to this social issue impacting over 30,000 lives each year.



Shared Measurement Systems is the third condition essential to collective impact. Without an agreement on the ways success will be measured and reported, a common agenda is useless. Collecting data and measuring results consistently ensures that efforts toward a common goal remain aligned and enables the participants to hold each other accountable and able to learn from each other's successes and failures. A Scorecard will be created by the Commission's Board of Directors to help measure results and outcomes of work that is going on in the community in relation to homelessness solutions.

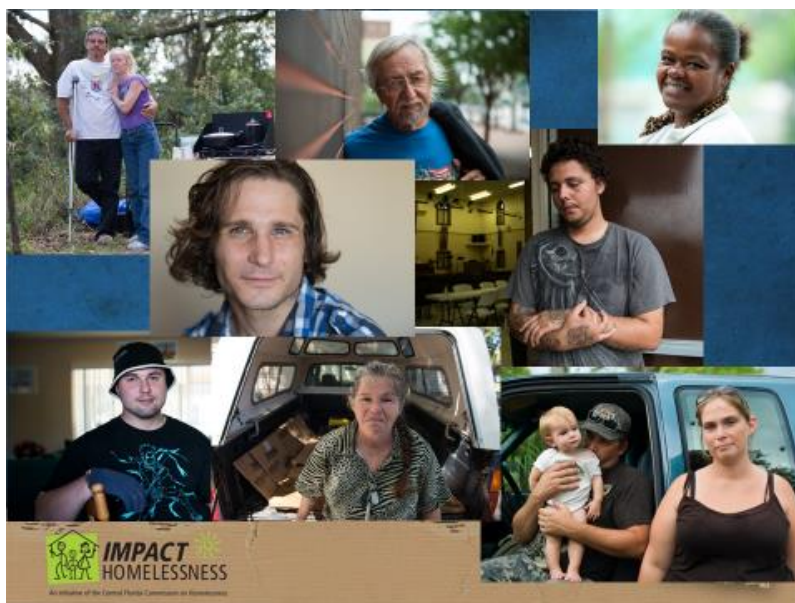
Mutually Reinforcing Activities is the fourth condition in a successful Collective Impact Model and depends on a diverse group of stakeholders working together, each in the area that they excel in, that supports the coordinated efforts of others toward the common agenda. The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder's efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.



Continuous Communication is the fifth critical piece of the Collective Impact Model. Through Continuous Community, trust is developed among nonprofits, corporations, and government agencies. Through communication, each entity begins to recognize and appreciate the common motivation behind their different efforts and understand that their own interests will be treated fairly and decisions are made on the basis of objective evidence.



Timeline of Activities



Infrastructure Gaps & Priorities

Data Collection & Measurements

What Is *Data Collection & Measurements*?

Documenting the number, characteristics, and needs of homeless persons in a community, as well as the number of people receiving services and the capacity of these services is a critical component of the effort to understand the scope of homelessness in a community and measure the success of efforts made by a community to reduce homelessness.

Data is currently collected through our annual Point-in-Time (PIT) count and Homeless Management Information System (HMIS).

Why is *Data Collection & Measurements* Important?

While there are challenges to both Data Collection & Measurement through the annual PIT Count and update to the HMIS system due to lack of resources, it is essential to identify the proper strategies to tackle the problem. It's very difficult to manage what you cannot measure so our community must find a way to invest in Data collection and Measurements.

What Do the Experts Say About *Data Collection & Measurements*?

Progress in the challenging work of ending homelessness can only be effectively measured when we have high quality data systems that can report accurately on the key indicators and outcomes a community prioritizes in its work. As mundane as it may seem, investments that ensure access to timely, accurate and complete data about people who are homeless, as well as outcome data specific to each housing and service provider, must be an essential component of any community's efforts." – David Wertheimer, Deputy Director, Pacific Northwest, Bill & Melinda Gates Foundation

What Have Other Communities Done to Focus on *Data Collection & Measurements* & What Have Been the Results of Those Actions?

The City of Philadelphia and Dayton/Montgomery County CoC (Ohio) are both utilizing HMIS data to target local prevention programming in efforts to reduce and end homelessness. The City of Philadelphia is using HMIS data to assess the ability of their prevention programs to curb homelessness in high-risk areas. Relying on this data, Philadelphia has demonstrated the cost effectiveness of serving clients through prevention services rather than emergency shelters. This, in turn, has allowed Philadelphia to expand its prevention programming to include job training, ex-offender re-entry, and education resource services. The Dayton/Montgomery County

Continuum of Care is using HMIS data to better target families referred for homelessness prevention. HMIS data in Dayton is being used to evaluate clients entering its prevention programs and to provide information to the Continuum of Care in its efforts to realign funding priorities and create innovative services. (1)

Allegheny County, Pennsylvania and Washington, DC have developed innovative methods of combining data sources to improve system effectiveness and efficiency, and to provide comprehensive information for planning and management. The Allegheny County Department of Human Services (DHS) has implemented a data warehouse to create a central repository for all departmental programs (which includes HMIS data). In addition, DHS has been successful in forming partnerships with other county agencies to further enhance their data collection and analysis. Using the comprehensive data set a data warehouse provides, DHS is able to analyze client service usage across multiple systems, which informs funding, planning and policy decisions. The Community Partnership for the Prevention of Homelessness (TCP) in Washington, DC manages 145 subcontracts for homeless and housing programs. In order to streamline their management operations, TCP has developed a method of integrating and linking their HMIS and accounting/housing database. This integration, stemming from the construction of a homegrown system, enhances TCP's capacity to conduct data analysis, reduce the burden of data entry, and prevent duplicate payment errors. (1)

What Can Central Florida Do Together to Make Progress on *Data Collection & Measurements*?

Data is currently being captured through the Homelessness Management Information System (HMIS) but needs to be expanded over the next 12 months. The expansion could possibly include the following elements:

- 1.) Create an open HMIS system so all providers of service are able to share data
- 2.) Coordination between HMIS, law enforcement, hospitals, and emergency care providers in order to provide the most up-to-date, real-time assistance to the homeless
- 3.) Partnership and data sharing with police and criminal justice systems to address "frequent flyers" in our jails that could be diverted into other programs and housing interventions
- 4.) Data will be used to enhance and improve upon the "most vulnerable" list of those who are chronically homeless. This can be accomplished using new data collection and assessment tools like the VISPIDAT that outreach workers currently utilize
- 5.) Utilize programs like the CSH FUSE model, a data-driven way for communities to identify the chronically homeless and target them for housing. The Corporation for Supportive Housing (CSH) can assist our community implement this model
- 6.) Constant communication between all stakeholders is key

Information Sources:

- (1) HUD – Advancing Data on Homelessness in Eleven Communities, February 2010

Infrastructure Gaps & Priorities

Continuum of Care

What Is a *Continuum of Care*?

In 1995, the US Department of Housing and Urban Development (HUD) began to require communities to submit a single application for McKinney-Vento Homeless Assistance Grants in order to streamline the funding application process, encourage coordination of housing and service providers on a local level, and promote the development of Continuum of Care (CoC), a regional or local planning body that coordinates housing and services funding for homeless families and individuals. The purpose of this streamlined approach was to encourage a more structured and strategic approach to providing housing and services to homeless people.

The Continuum of Care program is designed to promote community-wide commitment with the goal of ending homelessness, providing funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of main street programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. (2)

Why is a *Continuum of Care* Important?

A Continuum of Care is critical to Central Florida because it provides the format where leaders can envision, organize and plan comprehensive, long-term solutions to homelessness and apply for funding to achieve the priorities set forth by the community.

What Are the Facts About the local *Continuum of Care*?

Since 1993, the Homeless Services Network (HSN) has served as Central Florida's lead agency in the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program. During that time and in that role, HSN has successfully managed federal funding from various sources in support of homeless services. In 2013, HSN managed over \$6.0 million, allocated to 45 service providers in six jurisdictions (Orange, Seminole, and Osceola Counties; Cities of Orlando, Kissimmee, and Sanford). HSN has provided an array of services including but not limited to federal grant application and administration, grant recipients' program review, financial accounting, and data management.

Despite a record of effectiveness in grant administration and program oversight, a number of concerns have been raised about the sustainability of HSN's operating model, the nature and scope of HSN's service, HSN's alignment with evolving priorities of HUD and the VA, and the integrity of HSN's grant application and review process.

In consideration of those concerns, a working committee (“Interim Team”) comprised of Board members of HSN and the Central Florida Commission on Homelessness (CFCH) was formed in August of 2013 to consider options for modifying the structure and scope HSN, or developing alternative approaches to administering federal funding in support of homeless services in general, and in compliance with HUD expectations in particular.

Beginning in January of 2014, the Interim Team engaged in several discussions that focused on Central Florida’s strategy for addressing homelessness. During that time, the Interim Team conducted a review of HSN’s current financial and operational model, and of relevant changes in the nature of federal funding.

This review led to several conclusions:

- HSN’s current business model does not provide a sustainable operating margin, as revenues, driven primarily by administrative fees associated with federal funding, do not exceed operating expenses. Nearly all of HSN’s revenue comes from two sources, limiting the flexibility of the agency to adapt and expand, or to fulfill its various roles as lead agency in HUD’s CoC program.
 - HSN’s current allocation of funding based on program type (e.g., transitional vs. permanent supportive housing) will soon be inconsistent with funding priorities for HUD and the U.S. Department of Veteran’s Affairs (VA).
 - HSN’s current Board composition and grant review process creates concern among sub-recipients and other stakeholders, who have noted potential conflicts of interest among Board members and a lack of transparency in the review and evaluation of grant requests.
- (3)

“According to HUD, monitoring program effectiveness is one of the CoC’s essential functions. CoC’s are expected to ‘establish performance targets appropriate for population and program type in consultation with recipients and sub-recipients, then monitor recipient and sub-recipient performance, evaluate outcomes, and take actions against poor performers.’ Currently, it is not clear that a consistent or comprehensive system of monitoring has been developed or applied.” – Ron Piccolo, Cornell Professor of Management, Crummer Government School of Business, Rollins College

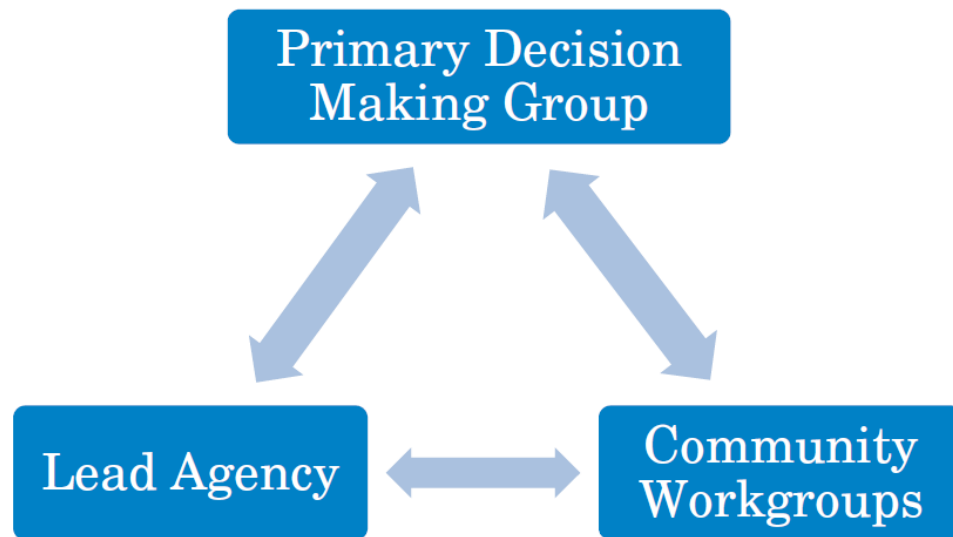
What Do the Experts Say About *Continuum of Cares*?

“Homelessness is a complex problem that requires a complex solution. It requires vision, leadership, and collective action, but we can make homelessness rare, brief and one-time.” – Mark Putnam

What Have Other Communities Done to Focus on *Continuum of Cares* & What Have Been the Results of Those Actions?

In Houston, as they began to rebuild their infrastructure to address homelessness, they too began to rebuild the Continuum of Care. Houston created a Continuum of Care steering committee that provided all the necessary sectors to solve homelessness including private funders, businesses, the VA, the Mental Health Association, providers, and consumers. They recognized the need to create a body that had some level of decision-making authority over the planning for the jurisdiction. It was determined that the local Coalition for the Homeless would serve as the Lead Agency for the Continuum of Care, but that there would also be a Primary Decision Making Group and Community Workgroups including providers who do the day-to-day work of addressing homelessness. The three groups, working in tandem, would lead policy decisions (Primary Decision Making Group) that would dictate funding (distributed by the Lead Agency) that would produce services (led by the Community Workgroups).

Model of a CoC



What Can Central Florida Do Together to Make Progress on the *Continuum of Care*?

Central Florida is in the process of restructuring its Continuum of Care to include not only the existing Lead Agency but a Primary Decision Making Group and a Workgroup that all then work in tandem with each other on priorities and funding of homelessness in Central Florida. Clear understanding of regional priorities and programs that are being funded by federal priorities must be taken into account as the NOFA grant is applied for by the Lead Agency and then funds are distributed once the grant is received. Further, measurement reporting standards for funding received must be enhanced so our community can begin to determine what programs and services are making the greatest impact to those who are homeless in Central Florida.

In the report supplied to the Commission by the HSN Interim Team consultant Dr. Ron Piccolo, we identified a few basic next steps that could provide more stability and strength to the Lead Agency, the Homeless Service Network (HSN).

- 1.) Increased support from the community allowing HSN to have the proper levels of staffing needed to run an efficient and effective organization
- 2.) The process of how HSN distributes and monitors the results of its grants could be expanded and improved upon. Alignment with the Federal Government's "Open Door" plan to address homelessness is paramount to keeping all current McKinney-Vento money secured in Central Florida
- 3.) Strengthening the ability of HSN to focus on the McKinney-Vento funding, data collection, and providing the backbone structure of the new coordinated system of addressing chronic homelessness are key. HSN should consider its role in being a provider of any services to the homeless and how this causes the agency to be overburdened

Information Sources:

- (2) <https://www.hudexchange.info/coc>
- (3) A Preliminary Analysis of the Homeless Services Network & the Central Florida Commission on Homelessness Report by Ronald F. Piccolo, Ph.D., Rollins College Crummer Graduate School of Business

Infrastructure Gaps & Priorities

Funding Opportunities

What Are *Funding Opportunities*?

There are a variety of funding mechanisms available to fund homelessness initiatives including funds available from the Federal government, State government, Local government, and private philanthropy.

Why Are *Funding Opportunities* Important?

Without funds, thousands of people experiencing homelessness each year would continue to languish on the streets of Central Florida. Dollars must be spent to house them, provide case management, educational opportunities, employment opportunities, and other necessary services to get people back into housing or prevent them from becoming homeless.

What Are the Facts About *Funding Opportunities*?

There is a wide variety of funding opportunities available, some of which can be used for very specific purposes and some of which can be used for a wide variety of services. Following is a breakdown of some funding available to Central Florida:

HUD HEARTH Notice of Funds Available (NOFA) – Annual funding grant application by community to HUD. Central Florida currently is awarded approximately \$6M per year by HUD to address homelessness in the tri-county region of Orange, Osceola, and Seminole counties

Community Development Block Grant Program (CDBG) – Provides funding for housing & community development

Emergency Solutions Grant (ESG) – Improve quality and quantity of emergency shelters for homeless persons and to fund essential supportive services to homeless individuals

HOME Investment Partnership Program – Grant to states and localities for building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people

HOPWA – Grant to states, localities, and nonprofit organizations to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families

HUD-VASH – A joint program between HUD and the US Department of Veteran Affairs, provide housing choice vouchers and case management and outreach. This program targets homeless veterans.

William E. Sadowski Trust Fund - Dedicated source of revenue for affordable housing from a portion of documentary stamp taxes on the transfer of real estate

There are also more than sixty private foundations locally in Central Florida to which any organization could apply for grant opportunities. Further, there are numerous national and state foundations that accept grant applications from Central Florida.

In addition to the public funds and private foundation funds available, many businesses and churches contribute to homelessness solutions. A Homeless Impact Fund, created by the Central Florida Foundation in November 2014, will provide a location for philanthropic funds to be housed, managed and invested while the grant-making process takes place. Funding from the Homeless Impact Fund will provide seed money, sustainability grants and low-interest loans to nonprofit candidates identified through the organizational portraits posted on the Nonprofit Search section of the Central Florida Foundation's website.



What Have Other Communities Done to Focus on *Funding Opportunities* & What Have Been the Results of Those Actions?

As noted by Lloyd Pendleton of Utah, simply having money does not solve homelessness. Cities and communities need a plan that is aligned and in place before investing in homeless projects. Research found that best practice cities were successful because they created funding models that aligned resources by focusing on permanent housing options for the homeless. This occurred in a number of ways. For instance, in Columbus the Community Shelter Board aligned its funding through a funders collaborative as well as through its Board of Directors composed of mainly of community leaders.

Houston makes strategic decisions on how and where they invest resources on a system-wide basis. When funders collaborate, sustainable progress can be achieved on reducing homelessness in strategic ways.

In Alameda County, the Oakland Housing Authority prioritized Section 8 Vouchers to support tenants of permanent supportive housing thereby enabling the city to target homelessness with capital dollars.

With data-driven results, best practice cities have been successful in repurposing existing funding into best practice housing models. In other words, collaborative funding is not all about raising new funding. (4)

What Can Central Florida Do Together to Make Progress on *Funding Opportunities*?

Central Florida first needed to have an agreed-upon set of priorities to address homelessness before it could begin setting forth a course for funding.

1.) Now that data is more readily available and priorities are clear, better strategies and acquisition and cultivation of current and future funding sources is possible. The alignment of the NOFA grant requests with local resources and regional priorities will be critical to this process. In addition, the alignment of grant awards from the Homeless Impact Fund, overseen by the Central Florida Foundation, to achieve regional successes is critical to the process.

2.) By aligning resources and then measuring results, Central Florida is sure to find that the money will go much further in addressing homelessness in the region. In the end, with a dedicated plan of action, more people will become housed and receive the supportive services they so desperately need.

3.) Working with state leaders to address the possible increased resources that could be provided on a state level, Central Florida has the opportunity to dramatically increase the available dollars

for the creation of more project-based affordable housing for chronically homeless individuals as well as families who are struggling with economic challenges that keep them from stable housing.

4.) Funders support the "Housing First" model of addressing chronic and family homelessness as a base performance and funding standard. Private sector injections of capital and resources will be paramount over the next 12-24 months as Central Florida builds a new system of care for those who experience homelessness in our region. The newly created Homeless Impact Fund, initiated by the Central Florida Foundation, can go a long way in helping make this a reality.

5.) Coordinate funding in an effort to achieve better results and recruit more investments. Coordinated Request for Proposal systems for supportive housing and rapid rehousing will enable our community to award grants and measure their successes against regional priorities in a systematic way.

Information Sources:

(4) Impact Homelessness: A Study of Funding Best Practices, November 2014

Infrastructure Gaps & Priorities

Nonprofit Capacity

What Is *Nonprofit Capacity*?

Nonprofit capacity refers to our community's organizations' current capabilities to provide services and housing to the homeless. Capacity building refers to activities that improve and enhance a nonprofits ability to achieve its mission and sustain itself over time. Think of capacity building as an investment in the future of a nonprofit – an opportunity to identify a succession plan, communications strategy, engagement with community partners – all to build a stronger, sustainable nonprofit organization that can, in turn, have a positive impact on the lives of those it serves.

Why is *Nonprofit Capacity* Important?

Without building capacity in our local nonprofit organizations, we are not growing and moving toward best practices as a region. It is widely recognized that nonprofit organizations do tremendous work in our community, but they are often organizations with limited staff and resources that focus on the day-to-day needs leaving little time to focus on the growth of the organization. Over time, lack of focus on the future of the organization will cause it to not offer the best available options to those that it serves.

What Are the Facts About *Nonprofit Capacity*?

In Central Florida, following are some facts about local nonprofit organizations:

Management

21% have Fundraising Plans

46% have Strategic Plans

90% have Charitable Solicitation Permits

31% have Management Succession Plans

66% have Organizational Plans and Policies

Governance

Average board attendance - 78%

80 % of board members make a monetary contribution

74% of board members make inkind contributions

70% have written conflict of interest policies

37% have board selection criteria

71% have Director and Officer Liability policies

Financials

19% have endowment (5)

What Have Other Communities Done to Focus on *Nonprofit Capacity* & What Have Been the Results of Those Actions?

As Houston began to build its system to address homelessness, it also focused on building capacity in particular areas of need. They launched a capacity building initiative which included hands-on technical assistance to providers to change their programs to housing first models and provided classroom trainings to ensure all staff were trained in quality housing and service delivery

Los Angeles provided technical systems in capacity building around best practices. They have conversations with providers, helping them understand they want to do what is best for their clients, but at the same time, understand that change is hard, but moving toward the future success change is inevitable. Peer-to-peer conversations further encouraged this effort and, over time, Los Angeles has experienced great results in best practice models due to the capability of their local nonprofit organizations' willingness to change.

What Can Central Florida Do Together to Make Progress on *Nonprofit Capacity*?

- 1.) Allocating resources toward nonprofit capacity building is critical so that they can continue to grow and better implement best practice programs that have been identified.
- 2.) Resources can be identified through grants, private foundations, or potentially earmarked by contributors to the Homeless Impact Fund.
- 3.) Technical expertise needs to be available to local nonprofits looking to expand or improve their ability to work in a "housing first" system that addresses homelessness.
- 4.) Central Florida also needs to identify who can create the capacity building in Central Florida. As there are various forms of services needed – from the creation of housing for the homeless to employment opportunities – determining what organizations can best serve that need and then building that / those organization(s) capacity in alignment with best practices will be critical.
- 5.) With the need to broadly expand our ability to do scattered site and project-based permanent supportive housing in the next 12-24 months, outside agencies will be required to ensure quick and rapid progress can be made on permanent supportive housing for the chronically homeless.
- 6.) Capacity building is the key to long-term, lasting change for our region and is achieved through comprehensive change management.

Information Sources:

(5) Central Florida Foundation

Infrastructure Gaps & Priorities

Private Sector Involvement

What Is *Private Sector Involvement*?

The private sector is defined as the part of the economy that is run by individuals and companies for profit. The private sector is not owned or operated by the government, which is considered the Public Sector. The third sector is called the Independent Sector and is comprised of nonprofit organizations.

Why is *Private Sector Involvement* Important?

The private sector can contribute to solutions to homelessness in many ways, including resource development for housing and services for the homeless and leading lobbying efforts at the local, state, and federal level for change that positively impact the homeless.

Homelessness, however, affects everyone in society – morally, socially, and economically. Hence, genuine solutions require action across society, including in the private sector. In short, homelessness is everybody's business.

What Are the Facts About the Local *Private Sector*?

- Florida ranks #1 in U.S. aviation manufacturing, according to a new index from PricewaterhouseCoopers LLC. The U.S. aviation manufacturing attractiveness index ranked Florida's talent 1st, its industry 9th and the state's cost 6th for an overall ranking of first in the nation.
- Florida is #5 in projected job growth for 2014, according to the Pew Charitable Trusts.
- *Chief Executive* Magazine named Florida the #2 best state in the country for business (a ranking the state held last year as well).
- *Entrepreneur* magazine named Florida one of the top 10 best states for starting a business in the U.S.
- Florida ranks 10th nationally for innovation support, according to *Florida Technology Journal*.
- The U.S. Chamber of Commerce ranked Florida among the top 10 states for starting a business as measured by the number of high-tech businesses in the state, programs that support entrepreneurs and STEM job concentration.

- The Tax Foundation says Florida is among the top 5 states in the country when it comes to offering businesses low tax burdens.
- Florida ranks #1 in the nation for talent pipeline and infrastructure, according to a report conducted by the U.S. Chamber of Commerce.
- The U.S. Chamber of Commerce recognized Florida as the top state in the nation for workforce training programs in its Enterprising States report. (6)

What Do the Experts Say About *Private Sector Involvement*?

Working with others is an important part of building community; this is especially true when we work together in service to our “neighbors in need.” Toward this end, the Central Florida Partnership is proud to be working “on the arm” with the Central Florida Commission on Homelessness; teaming up with others from the Public, Private and Independent Sectors, working to address this growing need across of our entire “family of communities.” – Jacob Stuart, President, Central Florida Partnership

What Have Other Communities Done to Focus on *Private Sector Involvement* & What Have Been the Results of Those Actions?

Houston feels lucky that they have so many private businesses willing to be involved in solving homelessness. For decades, the business community has stepped up to the plate and financed homelessness issues, even before there was a regional plan. Now that Houston has a comprehensive, long-term plan in place and a place at the table for all participants, the business community is even more committed to resource solutions including housing for the homeless.

What Can Central Florida Do Together to Make Progress on *Private Sector Involvement*?

- 1.) Create clear opportunities for businesses to invest in solutions for the homeless and show metrics to support those investments.
- 2.) Help create housing and services for the homeless and leading lobbying efforts at the local, state, and federal level for change that positively impacts the homeless.
- 2.) Support employment opportunities for those who are homeless, precariously homeless, or who have just come out of homelessness.
- 3.) Drive advocacy and accountability in the nonprofit and government sectors. Business leaders have the ability to transcend geographic and political boundaries to help push for systems change that has a long term effect on the issue.

Information Sources:

(6) Metro Orlando Economic Development Commission

Infrastructure Gaps & Priorities

Faith Sector Involvement

What Is *Faith Sector Involvement*?

The Faith Sector is described as those involved with churches, synagogues and mosques.

Why is *Faith Sector Involvement* Important?

Traditionally, communities have looked to the Faith Sector to serve the homeless. While, individually, these churches, synagogues and mosques have done a tremendous job answering that call, the problem is simply too large to expect one sector of society to respond to the call. While the Faith Sector can call upon their parishioners to give both monetarily and of themselves to help the homeless, in truth, Public Sector, Private Sector, and Independent Sector assistance must come alongside to make a long-term impact on those experiencing homelessness.

What Are the Facts About the local *Faith Sector*?

There is great energy among interfaith organizations in Central Florida, all of whom are doing great work and are eager to collaborate more frequently on projects of impact such as housing options for the homeless.

What Do the Experts Say About *Faith Sector Involvement*?

“There is no question in my mind that to effectively address homelessness, the faith community will need to be an active partner. This will include time, effort and resources from all the diverse religious based institutions in Central Florida. I have every confidence that our local faith community will meet this noble challenge!” – Rulon Munns, Elder and Member of the Seventy, The Church of Jesus Christ of Latter-Day Saints

Our work in solving homelessness over the past two years has yielded enormous progress, part of which emerged when the faith community began to reshape the question. How we deal with the homeless in our community is as much about who WE are as a community as it is about the homeless. The faith community must continue to call us to serve the least and the lost, people worthy of receiving our dignity and respect. – Dr. David Swanson, Pastor, First Presbyterian Church of Orlando

What Have Other Communities Done to Focus on *Faith Sector Involvement* & What Have Been the Results of Those Actions?

The Church of Latter Day Saints in Salt Lake City, UT not only financially supports the city and state’s efforts to house the homeless, but provides furnishings for the houses and food for those that are housed. These efforts have greatly bolstered Salt Lake City’s efforts to house the entirety

of their chronic homeless and veteran homeless population, the latter which they achieved in 2013. (7)

What Can Central Florida Do Together to Make Progress on *Faith Sector Involvement*?

- 1.) Encourage all areas of the faith community to work together, both with each other and with the public, private, and independent sectors
- 2.) Urge the faith community to access financial resources and human resources for volunteerism and those in areas of expertise needed to serve those who are homeless, precariously homeless, or recently homeless.
- 3.) The Independent Sector can help bolster those services within their specific areas of expertise while the Public and Private sectors financially support the efforts to house and provide supportive services to those in need.

Information Sources:

(7) Salt Lake City a Model for SF on Homeless Solutions, *SF Gate*, June 29, 2014

Infrastructure Gaps & Priorities

Advocacy

What Is *Advocacy*?

Advocacy is the act by an individual or group to aim to influence decisions through media campaigns or presentation of research.

Why is *Advocacy* Important?

Advocacy is critical because its focus is to move top leaders in all sectors toward a new understanding of the homeless issue as well as moving thousands upon thousands of people in the general public to "rethink" their view of the homeless and push leaders to prioritize solutions.

What Are the Facts About *Advocacy*?

The Rethink Homelessness campaign is the most successful nonprofit social media advocacy campaign in Central Florida history, currently engaging over 30,500 followers on Facebook daily. In addition, one video from the campaign, *Cardboard Stories*, has been viewed worldwide with over 4 million hits on YouTube. And, as a follow-up to last year's successful Rethink Homelessness billboard campaign, a Rethink Change billboard campaign will begin on December 5, 2014 and run through the new year.



What Do the Experts Say About *Advocacy*?

“Raising interest and awareness, as well as support for a solution to an issue, can be accomplished through a great advocacy campaign. The Rethink Homelessness campaign has been a home run, in my opinion, on changing people’s mindset on the stereotypical homeless person and getting them to ask the question “how can I make a difference?”.” - Craig Swygert, Orlando President, Clear Channel Outdoor

What Can Central Florida Do Together to Make Progress on *Advocacy*?

- 1.) Continue with the Rethink Homelessness strategy in 2015. We should look to broaden our ask of stakeholders and try to engage the general public on how they might become involved.
- 2.) Advocate on a statewide level for policy change that impacts homeless solutions including healthcare and affordable housing
- 3.) Advocate on a federal level to ensure that HEARTH and affordable housing funding continue at their current levels

Infrastructure Gaps & Priorities

Policy

What Is *Policy*?

Policy is a focus on an overall plan of goals, objectives, and/or procedures of a governmental body towards real solutions for the homeless in Central Florida.

Why is *Policy* Important?

Policy sets the plan for how money is spent on a local, state, and federal level and is, therefore, extremely important to ensuring that adequate resources are allocated toward homelessness issues.

What Are the Facts About *Policy*?

Local, state, and federal government representatives may be lobbied by groups. Those representatives may, in turn, influence policy change at the level in which they serve. Central Florida consists of 66 cities and 3 counties, and is supported by various agencies that are critical to homelessness solutions including the Veterans Administration, the Public Housing Authority, mental health systems, etc. These groups often work independently, creating comprehensive policies internally without external participation. Creating a system where all entities work together, in concert, on best practice programs that impact homeless population is key.

What Do the Experts Say About *Policy*?

"Homelessness remains a critical issue that faces all Floridians in a myriad of ways. Yet, it is a reality that with clear goals and effective collaboration in every local community we can reduce homelessness significantly in the coming years. This challenge requires the efforts of everyday citizens and volunteers, business leaders, service providers, as well as State and Federal support. I am so grateful for the efforts of organizations like the Commission to champion the cause." - Erik Braun, Director, Office on Homelessness, Department of Children and Families

What Have Other Communities Done to Focus on *Policy* & What Have Been the Results of Those Actions?

Houston had previously tried to address homeless through ordinances and failed. Instead, they found by aligning their plan and data with advocates in their business leadership, they were able to secure funding through the State of Texas as well as the Federal government.

What Can Central Florida Do Together to Make Progress on *Policy*?

- 1.) Create a policy strategic planning process for the region on homelessness issues. Top leaders have the ability to influence local, state, and federal decisions that directly affect our region's homeless population
- 2.) Create comprehensive regional plans on affordable housing
- 3.) Examine long-term solutions for: increasing the living wage, improving educational opportunities, health & mental health care for the poor, generational poverty as a driver of homelessness, and strategies to address senior homelessness

Infrastructure Gaps & Priorities

Collaboration & Regional Alignment

What Is *Collaboration & Regional Alignment*?

Partnerships require a model for how and where decisions are made as well as who is accountable for both the decisions and the outcomes of those decisions. Strategic decisions affect future growth or movement on an issue and when direction is unclear or leaders are not aligned around a common vision, inertia is the inevitable result. Communication, common approach, decision-making, and resource alignment drive change.

Why is *Collaboration & Regional Alignment* Important?

Without Collaboration & Regional Alignment, homelessness will never be reduced in Central Florida. While we can all continue to do the work that we do in our silos, without collaboration between governments, businesses, providers, and funders, the impact of success cannot be truly produce a high-performing homeless assistance system.

What Are the Facts about *Collaboration & Regional Alignment*?

In Central Florida, there are six jurisdictions that comprise the Continuum of Care; they are Orange County, the City of Orlando, Osceola County, the City of Kissimmee, Seminole County, and the City of Sanford. While each of these jurisdictions must create their own plans to address homelessness since they are impacted differently by homelessness (episodic versus chronic), each individual plan must align with regional priorities that are, in turn, aligned with regional funding.

What Do the Experts Say About *Collaboration & Regional Alignment*?

"I have been involved in attempting to reduce the incidence of homelessness for over 15 years without significant progress. A lot of good organizations are doing a lot of good work but they are not aligned. It is clear to me that until jurisdictions, providers and funders move to a collective impact model we will not have meaningful impact. Now is the time for us to establish priorities, align resources and realize the same progress as other communities that have taken this approach. We can only do it together." – Bob Brown, President & CEO, Heart of Florida United Way

What Have Other Communities Done to Focus on *Collaboration & Regional Alignment* & What Have Been the Results of Those Actions?

Houston has reduced homelessness by 37 percent since 2011, city and community leaders just announced, attributing the extraordinary achievement to an unprecedented level of

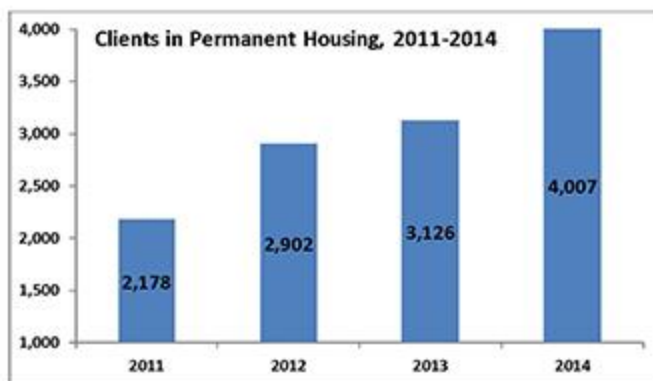
collaboration and synergy among public and private organizations to realize the objectives of the Federal strategic plan to end homelessness.

“We are on the right path! Our Housing First strategy of creating permanent accommodations with robust supportive services is working,” Houston Mayor Annise Parker said of the strategy undergirding the approach to ending homelessness in the city. “Moreover, the coordinated team-effort of over 60 different organizations aligning their resources and efforts is working!”

With university, city health and human services and county support, Houston’s Coalition for the Homeless conducted a federally mandated point-in-time (PIT) estimate of the number of people without a safe and stable home on Jan. 30, 2014, and found that there were 3,187 fewer people experiencing homelessness than in previous counts. In 2011, the PIT count determined 8,538 people were experiencing homelessness on a single night in January. In 2012, 7,356. In 2013, 6,359 and in the most recent count, 5,351.

Embedded in those numbers is an overall 22 percent reduction in Veterans experiencing homelessness between 2013 and 2014. About 15 percent of all the people counted were identified as chronically homeless; the 2014 count showed a 33 percent decline in individuals identified as such.

Houston began working with HUD, Veterans Affairs and community partners to improve the City’s Homeless Management Information System, develop a coordinated assessment system and conduct a thorough analysis of how to get from the city’s transitional housing focus to one that implemented a permanent supportive Housing First approach. A steering committee of the city’s Continuum of Care guided decision-making and funding.



Source: Houston/Harris County/Fort Bend County Point-in-Time Enumeration 2014 Executive Summary

Houston’s success comes as it and other cities embrace an evidence-based best practices approach for solving homelessness that focuses on permanent housing outcomes and eliminates barriers to housing. New Orleans, for example, has reduced Veteran homelessness by 43 percent and chronic homelessness by 30 percent since its 2011 PIT count. Likewise Phoenix and Salt Lake

City have achieved tremendous progress toward ending Veteran homelessness through similar public-private partnerships.

A significant driver in the numbers Houston has experienced is the impressive growth of people moving into permanent supportive housing. From 2011 to 2014, that figure has increased by 81 percent, and the Coalition says this data show the effectiveness of targeting vulnerable and individuals identified as chronically homeless first for permanent housing support. (8)

What Can Central Florida Do Together to Make Progress on *Collaboration & Regional Alignment*?

- 1.) Continue coordination with the six jurisdictions with the purpose of aligned priorities and collaborative decision-making with regional, state, and federal resources
- 2.) Focus on the implementation of specific plans and initiatives in the local communities. Each community must work with their stakeholders to create goals that are agreed-upon and driven by key leaders
- 3.) Business and faith leaders must help lead support for the local initiatives

Information Sources:

(8) – USICH Blog, 6/2/14

Programmatic Gaps & Priorities

Chronic Homelessness

LONG-TERM HOMELESSNESS



What Is *Chronic Homelessness*?

The US Department of Housing and Urban Development (HUD) defines a chronically homeless individual as someone who has experienced homelessness for a year or longer or who has experienced at least four episodes of homelessness in the last three years. HUD also defines a chronically homeless person as having a disability. Families who have at least one adult member who meets this description would also be considered chronically homeless.

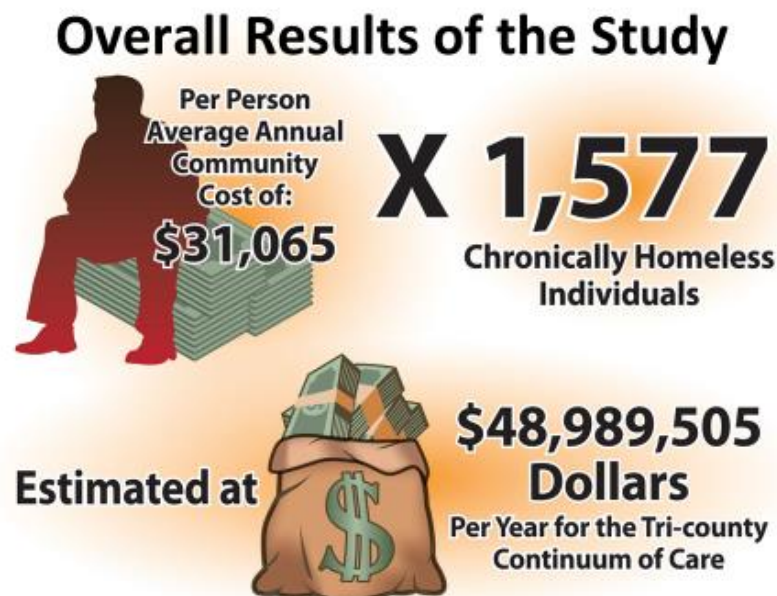
Chronically homeless people are among the most vulnerable people in the homeless population. They tend to have high rates of behavioral health problems including severe mental illness and substance abuse disorders, conditions that may be exacerbated by physical illness, injury or trauma. Because of these conditions, the chronic homeless population tend to be the most frequent users of emergency services, crisis response and public safety system.

It is important to note that a small percentage of people who have been on the streets for an extended period of time either do not have a disability (and, therefore, cannot technically be considered chronically homeless) or face challenges in having their disability diagnosed.

Why is **Chronic Homelessness** Important to Address?

Because the chronic homeless population are the highest users of emergency services, it is very expensive for a community to allow them to remain on the streets. In a report that the Commission release in May 2014, "The Cost of Long Term Homelessness in Central Florida: The Current Crisis and the Economic Impact of Providing Sustainable Housing Solutions," researched showed that it costs \$31,065 per year to allow someone to remain on the streets and cycle in and out of the public safety and emergency systems. In contrast, it costs \$10,051 to provide that same person Permanent Supportive Housing (PSH) with case management which allows that individual or family with a chronic individual to get off of the street and receive the supportive services they need to regain stability through rehabilitation, therapy and improved health.

Equally as important, we must note that measures could be taken to prevent chronic homelessness before it happens. Targeted prevention policies for those exiting prisons and psychiatric facilities can connect people who are at risk with housing that meets their needs and prevents them from becoming homeless in the first place.



What Are the Facts About **Chronic Homelessness**?

There are an estimated 2,000 chronically homeless identified in Central Florida. These individuals have been identified through outreach workers who work on a very frequent basis, knowing the individual needs of each person they work with.

Nationally, the chronically homeless population, 109,132 individuals, accounted for 18 percent of all experiencing homelessness on a given night in 2013. (9) Nationally, chronic homelessness reduced 10 percent in 2013.

Chronically homeless individuals are frequent users of public safety, emergency, and crisis systems, which can be costly to a community. Further, because they reside in unsafe conditions, they are typically more susceptible to health issues and early death. All of these are compelling reasons for a community to address chronic homelessness.

The communities that tackle chronic homelessness often see an overall reduction because they align systems more efficiently. They prioritize utilization of resources more efficiently and the peripheral impacts to the system as a whole roll over into the non-chronically homeless. This supports that having a coordinated system and prioritization mechanisms work across the board and can help a community become healthier overall.

What Do the Experts Say About *Chronic Homelessness*?

“In addition to the cost savings for a community, we must remember that these are the people with the highest need, the greatest barriers, and that need our help the most to become self-sufficient. These are the people that will die if we don’t help them.” - Shannon Nazworth, Executive Director, Ability Housing of Northeast Florida

“The City of Orlando is committed to providing permanent housing options for chronically homeless individuals. And while I know this is no easy task, if we rely on our model of collaboration, I know we can achieve it, together.” – Mayor Buddy Dyer, City of Orlando

What Have Other Communities Done to Focus on *Chronic Homelessness* & What Have Been the Results of Those Actions?

Communities successful in reducing their chronic homeless populations have focused on a Housing First model, an approach based on the concept that a homeless individual or household’s first and primary need is to obtain stable housing and that other issues that may affect the household can and should be addressed once housing is obtained. In Central Florida, we have operated programs from a model of “housing readiness”. In other words, focusing an individual or household on addressing other issues that may have led to the episode of homelessness prior to entering housing.

Housing First sometimes referred to as “rapid re-housing”, is a relatively recent innovation in human service programs and social policy regarding treatment of the homeless and is an alternative to a system of emergency shelter/transitional housing progressions. Rather than moving homeless individuals through different “levels” of housing, whereby each level moves them closer to “independent housing” (for example: from the streets to a public shelter, and from a public shelter to a transitional housing program, and from there to their own apartment

in the community) Housing First moves the homeless individual or household immediately from the streets or homeless shelters into their own apartments.

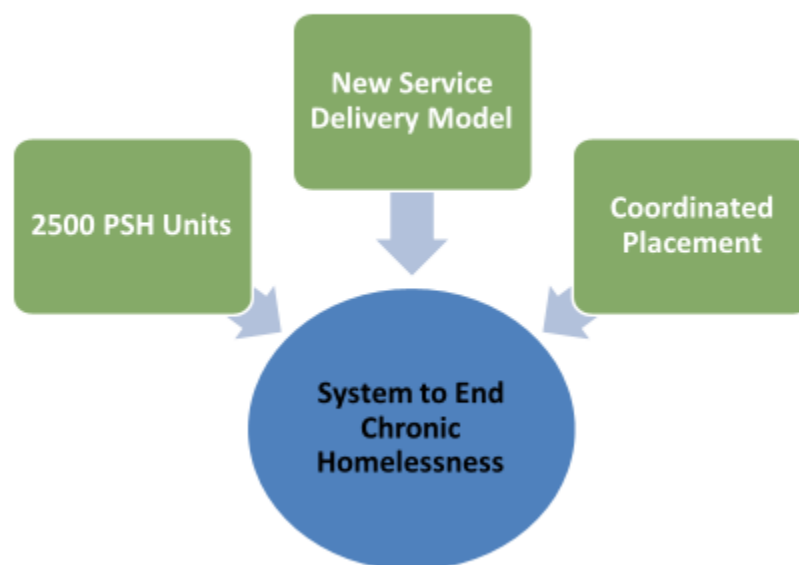
In 2012, Salt Lake City joined The 100,000 Homes Campaign which allowed them to sharpen their focus toward ending homelessness. In June 2014, organizers of the national campaign announced that Salt Lake City had housed 615 people since beginning the effort. “These communities have shown that no one is beyond help or out of reach. By using data and getting smarter about how we work, we can solve this problem and eliminate the national tragedy of homelessness,” said Becky Kanis, 100,000 Homes Campaign Director. (11)

Salt Lake City decided to take action because they had crunched the numbers and determined that they were spending \$20,000 per homeless resident per year. Instead, they found that they could spend \$7,800 a year to house those same residents through the Housing First model. Through this direction, chronic homelessness in Salt Lake City has dropped 72 percent.

Houston, TX has also make tremendous progress toward ending chronic homelessness with a Housing First approach, connecting 1,402 individuals with Permanent Supportive Housing since 2012 and reducing the unsheltered homeless population by 50%. Houston’s success is the result of understanding the connections between systems in health care, mental health treatment, substance abuse, employment, education, economic growth, and housing – and creating a framework to define when systems can operate in parallel and when they must intersect. (12)

Houston’s System to End Chronic Homelessness

System to End Chronic Homelessness by 2015



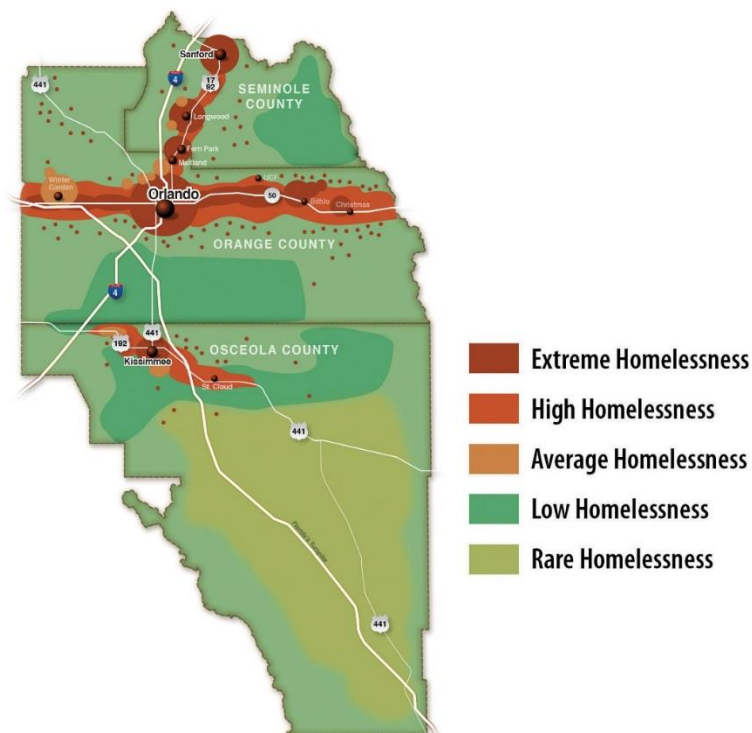
In the past decade, many communities have collaborated on ending chronic homelessness with the support of Federal policies. As a result, the number of individuals experiencing chronic homelessness has declined by 25 percent since 2007. (13)

What Can Central Florida Do Together to Make Progress on *Chronic Homelessness*?

- 1.) Adopt a Housing First homeless system of care
- 2.) Begin regional implementation of Permanent Supportive Housing. This strategy will focus on the most visible and most vulnerable in our community.
- 3.) Request the Public Housing Authority dedicate a percentage of its units for Permanent Supportive Housing
- 4.) Redirect HUD funded grants to funding for Permanent Supportive Housing
- 5.) Work with Medicaid health care providers to ensure they are providing services eligible with Permanent Supportive Housing
- 6.) Increase capacity and funding for clinical case management
- 7.) Create a coordinated system that provides a “path” for the homeless from the streets to stable housing
- 8.) Increase resources and support for community outreach teams and housing coordinators

Information Sources:

- (9) Deseret News, June 13, 2013
- (10) HUD’s 2013 Annual Homeless Assessment Report, Part 1
- (11) HUD’s 2013 Annual Homeless Assessment Report, Part 1
- (12) USICH website
- (13) <http://www.csh.org/2014/05/houston-ending-veteran-and-chronic-homelessness/>



Programmatic Gaps & Priorities

Family Homelessness



What Is *Family Homelessness*?

Family homelessness, sometimes referred to as episodic homelessness, is caused by the combined effects of lack of affordable housing, unemployment, limited access to resources and supports, health and mental health challenges, the challenges of raising children as a single parent, and experiences of domestic violence.

Every year, thousands of families become homeless, although they are often not as visible as chronic homeless individuals are because they live doubled-up with friends or family, live in motels or shelters, or sleep in their cars or at campgrounds rather than on the streets of our community.

Episodic homelessness can also include non-chronic individuals – adults with no children – who are often the working poor.

Why is **Family Homelessness** Important to Address?

Nearly 1 in 3 Florida households who work hard, live above what's considered "poverty" level and still cannot consistently afford the basics of housing, food, healthcare, childcare, and transportation. (14) They are living on the verge of poverty and one event – a medical condition, an issue with a vehicle, loss of childcare – can catapult a family into homelessness. Homelessness impacts the health and well-being of both the adults and children in families.

Research shows that homeless children are hungry and sick more often. Many homeless children struggle in school, missing days, repeating grades, and drop out entirely. Up to 25% of homeless pre-school children have mental health problems requiring clinical evaluation; this increases to 40% among homeless school-age children. (15)

Children who experience housing instability have much reduced outcomes in many areas including education, health, behavioral health, and productivity in adulthood. There are long-term impacts felt through homelessness and not addressing them oftentimes leads to generational homelessness.



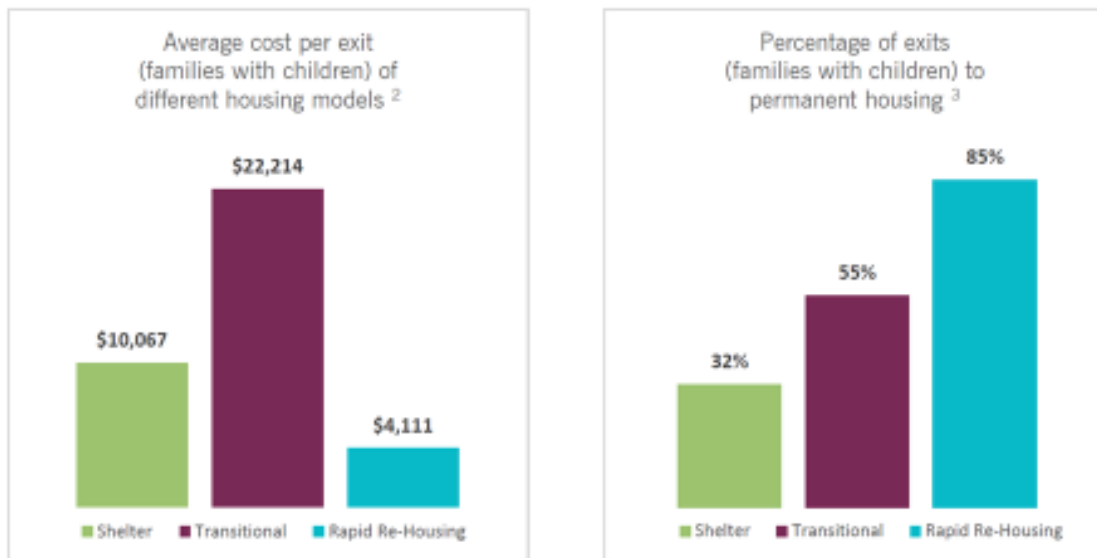
What Are the Facts About *Family Homelessness*?

There are an estimated 30,000 people who experience homelessness in Central Florida each year. Only 2,000 of those are considered chronically homeless, leaving the other 28,000 as families and non-disabled individuals who are on our streets for a myriad of reasons.

Nationally, homelessness affects more than 2.5 million children per year. (16)

According to the 2014 Families in Transition Summary Report, over 10,000 school-aged children experienced homelessness in Orange and Osceola Counties. Of that number, approximately one-third of those children in Orange County were living doubled up and one-quarter were living in extended stay motels. In Osceola County, 41% of those children in Osceola County reported living doubled up, one-fifth of the families surveyed were currently living in extended stay motels, and one-third living on the streets or other unstable environment.

Family Homelessness Responses Sort by cost and success rates



Source: National Alliance to End Homelessness

What Do the Experts Say About *Family Homelessness*?

“Building upon the great momentum and renewed awareness that has been created regarding the issue of homelessness, I believe that we can make history by transforming the lives of our homeless children and families, the chronically homeless, and our proud veterans. Working together we can create permanent solutions for housing our veterans and the chronically homeless in a compassionate, effective and cost-efficient manner, and for lifting our families and precious children out of homelessness and onto the path of hope, self-sufficiency and success.” – Mayor Teresa Jacobs, Orange County Government

What Have Other Communities Done to Focus on *Family Homelessness* & What Have Been the Results of Those Actions?

Alameda County, CA was one of the first communities in the country to create a collaborative, multi-system plan to end homelessness. In 2004, the Alameda County Social Services Agency, Housing and Community Development Department, Behavioral Health Care Services, the city of Oakland, the city of Berkeley, and nine other sponsoring agencies initiated the Alameda County Countywide Homeless and Special Needs Plan, known as the EveryOne Home plan. This plan represents a reorientation in Alameda County’s approach to homelessness, and indicates a recognition that stable housing is fundamental to the health and well-being of all people, particularly those who suffer from physical or mental health issues.

In January of 2008, EveryOne Home was established as a community-based nonprofit organization responsible for coordinating and implementing the strategies laid out in the housing and special needs plan.

Key Initiatives of EveryOne Home Include:

Housing First/Permanent Housing. Housing First is a primary strategy included in the EveryOne Home plan. Between 2005 and 2009, 512 permanent housing units were created through an increase in both place-based housing (125 new units) and housing vouchers (386 vouchers). Many units that had served as Transitional Housing were converted to Permanent Supportive Housing during that time period.

Homeless Outreach and Stabilization Team (HOST). In 2006, Alameda County selected the Bonita House to operate a new Mental Health Services program for chronically homeless individuals with mental illness. HOST is a “Full Service Partnership,” with staffing 24 hours a day, and flexible funds to meet various client needs. The program is resource-rich and maintains a low caseload to allow for a “whatever it takes” approach to getting homeless people into housing. The team is multidisciplinary and offers a variety of services including: housing subsidies and support, employment services, integrated primary care, psychiatric services, peer and family support, trauma-informed services, benefits advocacy, and crisis intervention.

Strategic Working Committees. The strategies adopted by Alameda County are implemented by working committees around each strategic area. Each committee has representatives from the various sectors involved in the housing and special needs plan, denoting their integrated approach to ending homelessness. The Supportive Housing Committee is responsible for creating new permanent housing through increasing awareness, capacity, and resources. The Research and Evaluation Committee uses data to measure and report the most effective approaches to ending homelessness. Resource Development and Public Relations oversees EveryOne Home's organizational and financial stability and sustainability, and finally the Housing and Urban Development (HUD) Committee maintains the Homeless Assistance Award by ensuring that Alameda County meets or exceeds all HUD requirements and that both the funding and information generated ultimately serve the goal of ending homelessness.

Priority Home Partnership (Prevention). Priority Home Partnership (PHP) is the implementation of the federal Homelessness Prevention and Rapid Rehousing Program (HPRP), established as part of the American Recovery and Reinvestment Act. PHP is an integrated, multi-agency approach to prevention that involves centralized screening at intake through a 211 hotline number, and an innovative assessment tool that aims to provide households and families with the right mix of housing and services. Families in crisis are assessed and referred to a Housing Resource Center (HRC) by the 211 hotline. These HRCs are located across the county and are equipped with housing stabilization and financial assistance services for families in need.

Outcomes of EveryOne Home:

In recent years, homelessness in Alameda County has declined considerably. From the initial 2003 survey, overall homelessness in the county has decreased by 15 percent among all homeless people, almost 20 percent among chronically homeless individuals, and approximately 37 percent among families. The number of homeless children alone has decreased by 33 percent since 2003.

These trends continue even in the most recent years. Between 2007 and 2009, the total number of people experiencing homelessness decreased by 10 percent, the number of chronically homeless people decreased by 18 percent, and the number of people in families with children decreased by 13 percent.

Family homelessness has declined in all jurisdictions, ranging from a 6.5 percent decrease in Berkeley to a 43 percent decline in Oakland. Countywide, family homelessness as a share of the overall homeless population has declined as well. In 2003, persons in families represented 43 percent of the overall homeless population. In 2009, families comprised 41 percent of total homelessness. These declines clearly demonstrate Alameda County's commitment to end homelessness for families and all people experiencing homelessness. (17)

What Can Central Florida Do Together to Make Progress on *Family Homelessness*?

Fortunately, homelessness among families is typically not a long-term experience. According to the National Alliance to End Homelessness, about 75 percent of families who enter shelter are able to quickly exit with little or no assistance and never return. Some families, however, require more intensive assistance.

- 1.) Increase the number of rapid rehousing slots available. One of the most important strategies for lifting families from homelessness is rapid re-housing. The more quickly families are connected with permanent housing, the more quickly their homelessness can be solved and their lives can return to relative stability.
- 2.) Focus on high-need families with supportive housing. Supportive housing, unlike more traditional services offered by the child welfare system, is not a time-limited intervention but a long-term investment in families. This program could be similar to CSH's "Keeping Families Together" program.
- 2.) Expand programs in the local school districts to identify homeless families and then provide those families with navigation tools to available resources.
- 3.) Create an alignment between strategic outreach centers offering families case management and resources throughout the region.
- 4.) Work with local and state leaders to create more affordable housing options for families that fall below the financial threshold to secure stable housing. In the report, "The Cost of Long Term Homelessness in Central Florida: The Current Crisis and the Economic Impact of Providing Sustainable Housing Solutions," that the Commission released in May 2014, it is estimated that there is a 45,000 unit gap of affordable housing available in the state of Florida.
- 5.) Additional solutions for addressing family homelessness include providing family-oriented services that incorporate trauma-informed care, health care and mental health care for all family members, education and employment opportunities for parents, and assistance with transportation and childcare. It is important to note, however, without housing, these additional supports will not provide success alone.

Information Sources:

- (14) <http://www.homelesschildrenamerica.org/mediadocs/280.pdf>
- (15) <http://www.homelesschildrenamerica.org/mediadocs/275.pdf>
- (16) 2014 ALICE Report, Heart of Florida United Way
- (17) National Alliance to End Homelessness

Programmatic Gaps & Priorities

Veteran Homelessness

What Is *Veteran Homelessness*?

The veteran homelessness population is made up of veterans who served in several different conflicts, ranging from World War II to the recent conflicts. Though research indicates that veterans who served in the late Vietnam and post-Vietnam era are at greatest risk of homelessness, veterans returning from the recent conflicts in Afghanistan and Iraq often have severe disabilities, including traumatic brain injuries (TBIs) and Post Traumatic Stress Disorder (PTSD) that are known to be correlated with homelessness. And as the military evolves, so do the challenges. Homeless women veterans, for instance, are far more common now than in any other time in the past. (18)

Why is *Veteran Homelessness* Important to Address?

For many veterans who are homeless, their circumstance is a peripheral of their service. In other words, they sometimes come home from service suffering from disorders such as PTSD that lead to them not being able to work and, therefore, end up homeless. These are individuals who sacrificed for our country. It is our duty, now, to provide a stable environment for them again.

What Are the Facts About *Veteran Homelessness*?

In 2009, the Obama Administration committed to ending veteran homelessness in the U.S. by the end of 2015. Since 2010, there has been a 33 percent decrease in the number of homeless veterans. According to data collected during the 2014 Point-in-Time Count, 49,933 veterans experienced homelessness on a single night in January 2014. That estimate represents a 14 percent decline compared to HUD's 2013 estimate, and a 33 percent decline compared to its 2010 estimate. (19)

Veteran homelessness is being addressed in a more comprehensive, coordinated way than any other type of homelessness in America. In the next few years, any city who is willing to utilize the resources the Federal government has made available to address Veteran Homelessness could truly make Veteran Homelessness a thing of the past.

What Do the Experts Say About *Veteran Homelessness*?

The Orlando VA Medical Center continues to make significant progress in reducing and preventing Veteran homelessness in Central Florida. This is occurring with the help of many community partners. To achieve the goal of eliminating chronic Veteran homelessness, there is a need for increased access to permanent supported housing, particularly for those homeless Veterans who have limited eligibility by law for VA services. There also remains a need for strengthening rapid

rehousing programs for the episodic and short-term homeless as well as a need for homeless prevention programs. All of this needs to occur within a highly coordinated, person centered, community system that rapidly and effectively matches homeless people to needed services. – Dr. Paul Deci, Chief, Mental Health Services, Orlando VA Medical Center

What Have Other Communities Done to Focus on *Veteran Homelessness* & What Have Been the Results of Those Actions?

In 2011, Phoenix had identified 222 chronically homeless veterans. By December 2013, the city had successfully housed all of them. In January 2014, Salt Lake City successfully housed its last homeless veterans as well. These milestones are the first significant achievements by individual communities in the federal government’s plan to end homelessness among veterans by 2015, part of its ambitious and complex push to eliminate homelessness overall by 2020. That plan has resulted in the significant decline in the number of homeless veterans — to roughly 58,000, or 9 percent of the homeless population, in January 2013 from 76,000, or 12 percent of the nation’s homeless, in 2010 — as a hopeful sign, given that it happened in spite of difficult economic times. (19)

These cities were able to experience such amazing results through coordinated efforts, collaboration among participants including the VA, the Public Housing Authority, the local Continuum of Care, and service provider organizations, and constant communication on the status of their goals.

What Can Central Florida Do Together to Make Progress on *Veteran Homelessness*?

- 1.) Align regional priorities with the VA’s take-down target to achieve “functional zero” veteran homelessness by 2015.
- 2.) Create a community resource center focused on homeless veterans (CRRC). Often trust must be built with long-term homeless veterans before they are willing to enter housing.
- 3.) Create housing and support for veterans not eligible for VA benefits.
- 4.) Create a globalized coordinated assessment system of identification and prioritization for homeless veterans to be housed, working with local outreach workers, the VA, the Public Housing Authority, and service providers. Part of this system includes a bi-weekly conference call among the participants to update the priority list.

Information Sources:

(18) National Alliance to End Homelessness

(19) *New York Times*, January 15, 2014

Programmatic Gaps & Priorities

Youth Homelessness

What Is *Youth Homelessness*?

Youth homelessness consists of two demographics. The first is unaccompanied youth ages 17 and younger. Often these youth have either run away from home or have been kicked out. If a young person has chosen to leave their home, it is often found that there were domestic violence issues within the home and they chose to escape them. Other youth may have been kicked out of their homes because of other issues, sometimes related to the fact that they may be LGBT (lesbian, gay, bisexual, or transgender). This demographic, unaccompanied youth, are often hard to find on the streets; they are vulnerable and often in hiding as they have probably experienced some type of trauma including assault.

The second demographic of Youth Homelessness consists of those who have aged out of the foster care system. These youth are aged 18 to 24. In 2009, the Coalition for the Homeless of Central Florida noted that 33 percent of all youth who age out of foster care will become homeless within three years.

Some youth who are homeless have experienced intergenerational poverty, meaning they were probably homeless as a child and are now experiencing homelessness as a young adult.

Why is *Youth Homelessness* Important to Address?

These youth are our future and if we don't address their homelessness now, they will most likely enter long-term homelessness and costly systems of care which will further impact the community and leave little hope for their lives.



About 50,000 youth in the U.S. sleep on the street for six months or more. Homeless youth face unique developmental challenges and vulnerability.

What Are the Facts About *Youth Homelessness*?

For the first time in 2013, HUD called for communities to conduct a youth-inclusive count that would include unaccompanied homeless youth, up to 24-years-old. That year in January, 46,924 unaccompanied homeless children and youth were counted. Given the difficulty of counting homeless youth, that estimate is likely an undercount. (20)

The National Alliance to End Homelessness estimates that during a year approximately 550,000 unaccompanied, single youth and young adults up to age 24 experience a homelessness episode of longer than one week. Approximately 380,000 of those youth are under the age of 18. While these are rough estimates using imperfect information, it is a good starting point from which communities and the federal government can begin to scale resources and interventions.

It is important to note that the Federal government recognizes that transitional housing is a model that works well for youth who are homeless as they need the structure provided in that model and, typically, do not need the full support services that Permanent Supportive Housing provide.

What Do the Experts Say About *Youth Homelessness*?

“Young people experiencing homelessness often don’t appear homeless and few are quick to stand up and announce their housing status. This is why youth homelessness is often referred to as an invisible issue. In order to address youth homelessness in Central Florida, we need a clear picture of the issue – and in order to achieve that clarity, we need data and information.” – Dexter Foxworth, Director, Zebra Coalition

“Covenant House Florida continues to see alarming increases in the number of homeless youth seeking services in Central Florida, over the past three years. Without additional resources and services for this population, we fear that many homeless youth of today may become the chronic, homeless adults of tomorrow.” – James Gress, Executive Director, Covenant House Florida

What Have Other Communities Done to Focus on *Youth Homelessness* & What Have Been the Results of Those Actions?

Cincinnati, OH and Hamilton County, TX were recently selected by HUD to participate in a National LGBTQ (lesbian, gay, bisexual, transgender and questioning) Youth Homelessness Prevention Initiative. HUD, recognized that LGBTQ youth were dramatically over-represented in the homeless youth population yet there are too few systems and services designed to meet their needs. These two communities presented plans to HUD to prevent homelessness among all youth, while making sure all gay and transgender youth are safe and supported.

The “Safe & Supported” plan to prevent homelessness for LGBTQ youth in Hamilton County will facilitate greater local collaboration among organizations that serve youth, improve the quality of interventions and connect youth to resources. Specifically, the local “Safe & Supported” team will:

- Partner with the True Colors Fund to launch a mobile application that will connect LGBTQ homeless youth with local resources, such as emergency shelters, safe public restrooms and LGBTQ welcoming churches.
- Lighthouse Youth Services Foster Care and Adoption will include assessment and staff training to improve placements and practice with LGBTQ foster youth and families.
- Facilitate staff trainings on LGBTQ cultural competence and homelessness prevention issues with education staff in multiple school systems through GLSEN and the Human Rights Campaign trainings.
- Increase the number of LGBTQ-affirming housing options to prevent youth from being “put out” into homelessness.

“Safe & Supported” partners include: Caracole, Cincinnati Children’s Hospital Medical Center, Office of Mayor John Cranley, Cincinnati Police Department, Cincinnati Public Schools, Gay, Lesbian & Straight Education Network (GLSEN), Hamilton County Job and Family Services, Heartland Trans* Wellness Group, Human Rights Campaign, Lighthouse Youth Services, Planned Parenthood Southwest Ohio Region, Strategies to End Homelessness, The Partnership Center, Truth and Destiny Covenant Ministries, University of Cincinnati LGBTQ Center and YWCA of Greater Cincinnati. True Colors Fund and Lighthouse Youth Advisory Council.

The Cincinnati and Houston initiatives will inform national strategies and future federal program policy for preventing homelessness among LGBTQ youth. The executive summary for the Hamilton County Safe & Supported Community Plan to Prevent Homelessness for LGBTQ Youth is available online at <https://www.strategiestoendhomelessness.org/safe-supported-lgbtq-homeless-youth/>, along with an opportunity to learn more as the community plan takes shape.

(21)

What Can Central Florida Do Together to Make Progress on *Youth Homelessness*?

While there are evaluations of programs to assist homeless youth, there is very little research comparing interventions and none examining how different interventions address the issues of the different subpopulations. Ultimately, better, more accurate data must be collected on the number of youth that experience homelessness as well as the effective interventions to end homelessness for youth. As we, like other communities around the nation, continue to build data around youth homelessness, we should prioritize the following:

- 1.) Improve crisis response
- 2.) Prioritize family reunification or support as the initial intervention
- 3.) Collaborate with mainstream systems such as Community Based Care and the juvenile justice system
- 4.) Increase the number of outreach workers that are specially trained with an emphasis on trauma-informed care.

- 5.) Work with the Families in Transition Coordinators in the school districts to identify at-risk youth and provide preventative services and supports
- 6.) Increase shelter beds and transition housing placements for youth who are identified as homeless

Information Sources:

(20) National Alliance to End Homelessness

(21) <https://www.strategiestoendhomelessness.org/news/safe-supported-plan-to-prevent-lgbtq-youth-homelessness-in-our-community/>



Programmatic Gaps & Priorities

Medical & Mental Health Care

What Is *Medical & Mental Health Care* in Relation to Homelessness?

Homelessness and health concerns often go hand-in-hand. An acute behavioral health issue, such as an episode of psychosis, may lead to homelessness, and homelessness itself can exacerbate chronic medical conditions or lead to debilitating substance abuse problems. At the most extreme, a person can become chronically homeless when his or her health condition becomes disabling and stable housing is too difficult to maintain without help. (22)

Why is Addressing *Medical & Mental Health Care* in Relation to Homelessness Important?

The extent of health conditions and disability should be considered when designing effective, efficient strategies to end homelessness. For chronically homeless people, permanent supportive housing provides stable housing coupled with supportive services as needed – a cost-effective solution to homelessness for those with the most severe health, mental health, and substance abuse challenges. When designing strategies for families or those experiencing episodic homelessness, access to affordable health care must be considered.

What Are the Facts About *Medical & Mental Health Care*?

People living in shelters are more than twice as likely to have a disability, according to HUD. On a given night in 2012, nearly 40 percent of the homeless population had serious mental illness or conditions related to chronic substance abuse. Thousands of people with HIV/AIDS experience homelessness on a given night. Half of veterans in shelters are disabled. (22)

Medical conditions such as diabetes and heart disease are also found at high rates among the homeless population, in addition to injury and physical ailments from living outdoors. Many people experiencing homelessness have also experienced trauma, either resulting from homelessness or in some way leading to it. Behavioral health issues and trauma are found disproportionately among unaccompanied youth who are homeless.

Treatment and preventive care can be difficult for homeless people to access, because they often lack insurance coverage (3.9 million in Florida alone (23)), or are unable to engage health care providers in the community. This lack of access can lead a homeless individual to seek medical care only once his or her condition has worsened to the point that a trip to the emergency room is unavoidable.



The Affordable Care Act (ACA) offers needed resources to states and communities struggling to help individuals, solve their homelessness, and strengthen housing stability. As recognized in *Opening Doors*, the Federal Strategic Plan to Prevent and End Homelessness, delivering on the promises of the ACA calls for partnerships and collaborations at all levels and across the systems that serve people experiencing homelessness.

Certain aspects of health care reform present real opportunities to augment PSH resources and accelerate solutions to chronic homelessness. Taking advantage of these opportunities requires communities to incorporate health care reform into their plans to end homelessness and to act accordingly. Relevant health policy changes for homeless assistance are summarized below.

Medicaid Expansion. The Affordable Care Act of 2010 (ACA) prompts changes in the way communities serve vulnerable people experiencing homelessness. The most important is states' option to expand Medicaid with generous federal subsidies to cover poor adults – in effect reaching all chronically homeless individuals not already eligible by reason of disability. As a result of a Supreme Court decision in 2011, states can choose to take on this new Medicaid population, but may not be required to do so. When this key provision takes effect in early 2014, around half the states will have opted to expand.

Medicaid expansion under the ACA has implications for ending chronic homelessness on two levels. First, it provides a core set of benefits – including behavioral health coverage – to individuals who have long been excluded from health care insurance. With full state participation, Medicaid would cover up to 16 million more people who are now uninsured. Actual benefits will vary from state to state, within a broad federal framework. In some states, basic Medicaid benefits will be more generous and comprehensive than in other states, as is true of Medicaid generally. Therefore many experts predict that very vulnerable people will continue to face barriers to appropriate health care. Nonetheless, in states that do expand Medicaid, chronically homeless people will have more access to medical services, preventive care, and behavioral health to address mental health and substance use disorders.

Second, coverage for the expanding eligibility group means an influx of Medicaid dollars to local service systems, creating strategic opportunities to reset state and local safety-net funding priorities. For example, as more clinical services are reimbursed by Medicaid instead of local general funds, a county mental health department could use those local funds to offer more rental subsidies, or increase case management in supportive housing. Other federal funding, such as substance abuse and mental health block grants, could also be repurposed in targeted ways.

Community-Based Services and Supports. Apart from expanding the number of people in Medicaid, the ACA expands capacity for communities to serve and support people with disabilities and other vulnerabilities. Very generally, these include a menu of state options and incentives for Medicaid home and community-based services (HCBS), and more funding for community-health centers, among other provisions. With appropriate federal and state approvals, Medicaid HCBS can fund a number of long-term services and supports that have not traditionally been considered “medical” for the purposes of Medicaid coverage. Community

health centers, with long experience and competence meeting the needs of underserved populations, will be critical points of access for new Medicaid enrollees with high health risks, as well as those who continue to be uninsured.

Health Homes. To address chronic homelessness and enhance supportive housing, one promising new state option is a voluntary care coordination program for Medicaid enrollees with severe mental illness or other chronic disabling conditions. Known as a health home, this benefit reimburses qualified providers for some of the tasks of organizing the diverse services needed to stabilize people with complicated health care needs. States have flexibility in how they design health homes. In some states, Medicaid health homes are a function of mental health departments. In others, community health providers – including those that offer supportive housing – can be eligible for the program.

Mental Health Parity. Another important federal health policy that will be implemented along with the ACA is behavioral health parity under the Mental Health Parity and Addiction Equity Act of 2008. This law is expected to elevate and standardize coverage of mental health and addiction treatment, relative to other health benefits. New Medicaid benefits for the expanded population group are required to meet parity standards.

Overall Policy Directions. Health policy analysts refer to the “triple aim” of the ACA, in that the goals of the legislation as a whole are to increase access, improve quality, and lower total health care costs over time. The triple aim will guide ACA implementation in how delivery systems will be given new resources and how their outcomes will be evaluated. (22)

What Do the Experts Say About *Medical & Mental Health Care*?

“A key element to ensuring that residents of permanent supportive housing are given the best chance at success is to ensure that intense case management services give them seamless access to medical, mental health, and substance abuse services; for these services are the key building blocks to restored health and renewed hope.” -Bakari F. Burns, MPH, MBA, President and CEO of the Health Care Center for the Homeless, Inc.

What Have Other Communities Done to Focus on *Medical & Mental Health Care* & What Have Been the Results of Those Actions?

Hearth Connection, a Minnesota homeless services organization, is working closely in the Minneapolis area with a Medicaid health plan, Medica, to address chronic homelessness and improve quality and cost efficiencies in health care. Hearth Connection, with a mission to end long-term homelessness, is the local intermediary that manages and distributes housing assistance from various federal and state sources. The organization also promotes best practices among homeless assistance providers and collects program data to track outcomes and guide strategies to end homelessness. Medica is a health care plan under contract with the state to manage and pay for covered services to people in the state’s Medicaid program.

As a managed care organization (MCO)⁷, Medica has a set amount of Medicaid funding and negotiates with health care providers to meet all its enrollees' needs within its overall budget. The Medica Supportive Housing Initiative combines resources and expertise from Hearth Connection and Medica. Initially, the partnership is committed to housing and serving 85 Medicaid enrollees who were identified as both homeless and high users of crisis and emergency medical services, and inpatient hospitalizations. The arrangement took shape when Minnesota opted to expand Medicaid before 2014 under a special provision of the ACA. At that time, Medicaid MCOs had an influx of new enrollees, particularly non-parent adults who were previously ineligible and uninsured. Hearth Connection was able to share its experience with effective supportive housing strategies that reduce public costs associated with chronic homelessness. Medica agreed to find and refer to Hearth Connection its most vulnerable homeless enrollees who wanted to participate in the three-year initiative.

After a person is placed in supportive housing, the Medica/Hearth Connection collaboration continues. Medica pays under its MCO contract for primary care and for service coordination within the bounds of Medicaid coverage. Hearth Connection uses its relationships with community providers to arrange for additional wrap-around services, such as case management for behavioral health, to support recovery and housing stability. As the principal point of funding and oversight, Hearth Connection collects and analyzes data from participating entities, and is able to track outcomes and recommend further interventions if needed. ⁽²⁴⁾

What Can Central Florida Do Together to Make Progress on *Medical & Mental Health Care*?

- 1.) Work toward the expansion of the Affordable Care Act (ACA)
- 2.) Support the work between the CSH FUSE model and Florida Hospital
- 3.) Create opportunities for the homeless to have access to specialist care for mental health and medical services
- 4.) Increase access to dental services for the homeless
- 5.) Increase funding for services for homeless individuals with severe mental health conditions. This could include consistent access to prescription medications and clinical staff to administer the medications.
- 6.) Work with local hospitals to create a discharge planning process for the homeless
- 7.) Increase the number of SOAR-trained case managers

Information Sources:

(22) National Alliance to End Homelessness

(23) <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-florida/>

(24) CHANGING THE TERMS: HOW COMMUNITIES ARE LEVERAGING HEALTH CARE FOR PERMANENT SUPPORTIVE HOUSING CAPACITY

Programmatic Gaps & Priorities

Domestic Violence / Domestic Abuse

What Is *Domestic Violence / Domestic Abuse*?

Domestic Violence / Domestic Abuse is described as a situation where one partner uses control, fear, and/or violence to control their partner. Domestic violence / abuse is a leading cause of homelessness for women because survivors are often isolated from support networks and financial resources by their abusers which may result in lack of steady income, fractures in employment history, credit history, and/or difficulty with landlord references, all of which puts them at risk of becoming homeless.

Why is Understanding the Relationship Between *Domestic Violence / Domestic Abuse* and Homelessness Important?

Central Florida has one of the largest populations of family homelessness in America. Central Florida also has one of the largest populations of domestic violence / domestic abuse survivors in America as well. This is not a coincidence, but rather a direct correlation. To not discuss the correlation between domestic violence / domestic abuse when discussing homelessness would leave out a significant cause of the situation.

The reason survivors of domestic violence / domestic abuse are homeless is drastically different than others. It is generally not an economic issue at first. Many flee homes that they were paying a mortgage on. Many have jobs. Many have an education. The homeless survivors of domestic violence / domestic abuse have very different needs and priorities than someone who is homeless because of mental or physical disabilities.

What Are the Facts About *Domestic Violence / Domestic Abuse*?

The immediate need of a survivor of domestic violence / domestic abuse is safety. If a survivor is simply housed like the rest of the homeless population, their abuser may quickly find them and put them back in danger, causing the survivor to flee again. Instead, once safety is established, housing and any supportive services can be determined.

Survivors of domestic violence have both short- and long-term housing needs. A strong investment in affordable housing is crucial to this population, so that the family or woman is able to leave the shelter system as quickly as possible without returning to the abuser. One key challenge facing providers serving survivors of domestic violence is that safety and confidentiality concerns may make it difficult to track this group. It is important to note that HUD recognizes this population as one that benefits from a transitional housing model because they are, typically, able to self-correct within a short period of time given the correct supportive services are provided to them.

One challenge with serving survivors of domestic violence / domestic abuse is that many are not qualified for available services because their income level is too high because they are or were until recently working and did, until recently, have property in their name. Too often, if the survivor cannot gain access to necessary services to survive on their own, they will return to their abuser because they have nowhere else to turn.

One of the greatest challenges Central Florida faces in addressing domestic violence / domestic abuse homelessness is that those individuals and families are not captured in the Point-In-Time (PIT) count. Because they are not asked if they are survivors, their individual needs cannot be adequately met. It is important that we add this question to the PIT survey in future years to truly understand the breadth of the issue and provide focused solutions for survivors and their families rather than allowing them to end up in shelters where they may not necessarily have the tools to deal with the security issues that are necessary for this sector of the homeless population. By allowing survivors and their families to remain in shelters instead of secure homes, our community may be setting them on a pathway to chronic homelessness, hopping from shelter to shelter, which becomes very expensive to the community and provides no long-term solution for the family.

Rapid Re-Housing is also a proven model for helping survivors and their families begin again. According to Carol Wick at Harbor House of Central Florida, a family can be re-housed for approximately \$5,000 - \$8,000 and Harbor House has seen a 100% success rate in re-housing families.

Harbor House has also seen great success in utilizing a “Homeward Bound” type program where, for a relatively inexpensive bus ticket, our community is able to reunite a survivor with their family in another city. Often this survivor has been brought to our community by their abuser to isolate them – part of the abuse process. By reuniting them, they are able to pick up the pieces and rebuild their life with support from family and friends in their hometown.

What Do the Experts Say About *Domestic Violence / Domestic Abuse*?

Survivors of domestic abuse are often forgotten in the homeless continuum because, by the very nature of what they are experiencing, they must remain hidden. It is estimated that 60,000 adults are victimized annually in our area alone. It accounts for 20% of all crime and 30% of all homicides across the region. The cost to businesses, the criminal justice system, medical and mental health care costs, and child abuse are estimated to be \$225,295,606 annually.

Providers must have the capacity to address safety issues, as well as provide the empowerment based programmatic philosophy and legal protection necessary to keep families safe and alive. For these reasons, it is recommended that housing options for survivors of domestic abuse should only be delivered by or in partnership with agencies that are state certified and specialize in the delivery of domestic abuse services. Certified agencies have confidential locations with legal

protections, including staff with privilege to safeguard the survivors and their children. Survivors are also offered specialized services such as relocation and injunctions. – Carol Wick, CEO, Harbor House of Central Florida

"Think about running away from a violent home with your children. You would be one of many brave people who have taken steps to end the cycle of violence for their children and their community, despite falling into homelessness. They deserve our respect and support in finding safe, affordable housing." – Jeanne Gold, CEO, SafeHouse

What Have Other Communities Done to Focus on *Domestic Violence / Domestic Abuse* & What Have Been the Results of Those Actions?

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV), a statewide membership coalition of organizations and individuals working to end violence against women and their children through direct services and social and systemic change, has served on the Governor's Committee to End Homelessness (GCEH) since 2003. Through GCEH, MCADSV has established relationships with statewide homelessness-focused entities, including Missouri's Continuum-of-Cares, funders, and service providers. As a member of the Governor's Committee, MCADSV ensures that the safety concerns and needs of survivors of domestic and sexual violence are addressed.

The following activities form the basis of MCADSV's approach to improving how homeless service systems work with survivors of domestic and sexual violence:

- Homeless service providers are training on screening and referring individuals for domestic violence services
- Stakeholders at the state level are educated about protecting survivors from experiencing isolation in homeless and domestic violence programs
- Participation in the GCEH Homelessness Awareness Day at the state capitol
- Develop online training for new HMIS users on how to screen and refer individuals for domestic violence services
- Educate MCADSV members about the intersection of domestic violence and homelessness (25)

What Can Central Florida Do Together to Make Progress on *Domestic Violence / Domestic Abuse*?

- 1.) Add a question to the Point-In-Time survey that asks whether someone experiencing homelessness is a survivor of domestic violence / domestic abuse
- 2.) Increase the number of vouchers available for housing (there are currently 26 vouchers available for a five-county area)

- 3.) Increase the number of case managers and ensure they are certified domestic violence advocates (there is currently one case manager). Ensure that this case manager can accompany survivors to court dates, to secure housing, to secure services, etc.
- 4.) Increase the number of rapid rehousing options in Osceola County and ensure that the number of rapid rehousing options in Orange and Seminole Counties are maintained at proper levels
- 5.) Increase funding for a “Homeward Bound” program for those who simply need to be reunited with family in another community
- 6.) Increase programs that offer financial assistance for deposits, utilities, licensing for job opportunities, short-term rental support, security systems in homes, etc.
- 7.) Creation of a coordinated system between nonprofit organizations so that when someone is determined to be fleeing a domestic violence / domestic abuse situation, they can be immediately connected with a state-certified domestic violence center

Information Sources:

(25) www.mocadsv.org

Programmatic Gaps & Priorities

Employment

What Is *Employment* For Those Who Are Homeless?

Contrary to popular belief, many people who experience homelessness are currently employed, have employment history, or are seeking employment. Many of these people simply face challenges including underemployment, sporadic or temporary employment, or low wages.

These challenges may be due to physical or mental health barriers, challenges related to re-entry from incarceration or hospitalization, homelessness itself, or, quite simply, the current economic situation of a community. During times of widespread economic hardship when the job market tightens and more applicants compete for fewer opportunities, homeless applicants are at a distinct disadvantage.



For people experiencing homelessness, a stable source of income and opportunities to build assets are necessary for securing and maintaining housing.

Why is *Employment* Important?

Employment services can help people build the skills necessary to increase their income, attain financial independence, and maintain housing. Such services have also been shown to increase confidence and positive mental health outcomes, even for populations traditionally believed to be unsuitable for regular employment.

Integrating homeless populations into the workforce is also important for reasons beyond building confidence and self-sufficiency. Employment reduces the burden on social services, broadens the base of taxpayers, and encourages scalable community collaborations and partnerships to address issues of homelessness, unemployment, and poverty. (26)

What Are the Facts About *Employment*?

According to the National Coalition for the Homeless, 44% of homeless people have jobs. (26) In the competitive work environment we are experiencing today, those with limited skill sets or experience other barriers such as lack of transportation or childcare reduce job opportunities even further run the risk of un- or under-employment.

Mental or physical illnesses, lack of access to technology, and incarceration are all also barriers to the employment of homeless individuals or those at risk for becoming homeless.

In this day of technology, some knowledge of computers is essential for just about every field of work. Without access to computers or the knowledge to use them, job seekers can fail to secure available positions in the job market.

Incarceration can decrease the types of employment available to an individual after release from jail or prison.

One of the five themes in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* is to increase economic security. The United States Interagency Council on Homelessness (USICH) stresses the importance of two strategies to reduce financial vulnerability to homelessness: increase meaningful and sustainable employment opportunities and to improve access to mainstream workforce and income support programs. As the economy improves and Americans return to work, a drop in unemployment rates will undoubtedly reduce the number of people at risk of homelessness. Although we have been gaining jobs since January 2010, we still aren't gaining jobs fast enough and much work remains to ensure that the opportunities that are created extend to the most vulnerable members of our society. (27)

Access to job training and job supports that lead to good paying jobs help families and individuals move from homelessness to housing and financial stability. Programs that are most successful at helping people experiencing homelessness find good jobs are those that make services as accessible as possible, are responsive to the multiple needs of people who are experiencing homelessness and coordinate employment services closely with housing and other interventions. Federal programs like Social Security Administration's Ticket to Work, Department of Labor's Workforce Investment Act (WIA) and Health and Human Services' Temporary Assistance for Needy Families (TANF), can help people experiencing or at risk of homelessness by improving access to work support and ensuring that job development and training strategies focus attention on these individuals and families.

What Do the Experts Say About *Employment*?

We believe we can reduce homelessness in Central Florida if we think and act in new ways. We are proud to support the Commission with Goodsource Staffing Services, a new way to engage people who are homeless, in work. We thank the Commission for its leadership in identifying models that work, such as staffing, through evidence based inquiry. This leadership will light the way, through collaboration and hard work by many partners to help people have a home and a job. – William Oakley, President, Goodwill Industries of Central Florida

What Have Other Communities Done to Focus on *Employment* & What Have Been the Results of Those Actions?

An employment and education navigation model, based on developing partnerships between a service provider, the local workforce investment board, and a college, usually a community college, was pioneered by John Rio, a Senior Research Associate at Advocates for Human Potential. Seattle, WA-based organization Building Changes, has adapted this model for its capacity-building work with nonprofits serving homeless families.

The basis of vocationalizing housing and services interventions is to embed employment as a goal into every step of the housing process from intake on. “Over 25 agencies are involved in this process in our state, from case managers and shelters to public housing, private employers, federal agencies, and benefit providers,” said Mark Putnam, Director of Consulting & Technical Assistance for Building Change. “When a case manager first meets with a new client they should ask them about their job goals, skills, and educational level. They should ask them about child care needs and health and mental health issues. The goal should be to understand what barriers they face to employment from the very beginning so that they can begin working to overcome them right away. If someone passes through shelter and housing programs without addressing the fundamental barriers to employment, then it is not likely that they will truly be able to achieve stability. They will very likely end up cycling back through the same systems again. It is especially important to start this process right away with rapid re-housing programs. We should be taking advantage of the time that someone is in stable housing to help them build on their skills and education level.” (28)

What Can Central Florida Do Together to Make Progress on *Employment*?

- 1.) Support the work of GoodSource, the nonprofit employment agency run by Goodwill Industries
- 2.) Work to create a region-wide employment system that collaborates between agencies, public programs, and employers.
- 3.) Increase training programs focused on the homeless in chronic poverty, helping them earn living wage jobs and maintain them.
- 4.) Work with agencies to address underlying issues of unemployment including lack of transportation and childcare
- 5.) Create peer support systems for those who are homeless or formerly homeless

Information Sources:

(26) National Alliance to End Homelessness

(27)

http://usich.gov/plan_objective/pathways_to_employment/jobs_and_homelessness_a_message_from_usich_deputy_director_anthony_love/

(28)

http://usich.gov/plan_objective/pathways_to_employment/how_to_build_employment_programs_that_prevent_and_end_homelessness/

Programmatic Gaps & Priorities

Prevention & Support Services

What Are *Prevention & Support Services*?

Prevention and supportive services help communities reduce the size of their homeless population by providing aid that helps preserve a current housing situation. Prevention and supportive services help reduce the number of people entering the homeless assistance system and the demand for shelter and more costly emergency assistance.

Why Are *Prevention & Support Services* Important?

The earlier a program intervenes in a housing crisis, the lower the cost. The outcomes may look impressive, but research shows that most people who receive prevention assistance would not have become homeless even without assistance. The later the intervention, the more costly and the lower the success rate. But at the latest stages of an individual's housing crisis, it is virtually certain she or he would have become homeless without assistance. Good prevention programs strive to target people who have the highest risk of becoming homeless but who also have a good chance of remaining housed if they receive assistance.

What Are the Facts About *Prevention & Support Services*?

It is important to utilize prevention dollars only after an assessment has been performed to determine that someone is in eminent risk of becoming homeless. Many people are able to self-correct their situation very quickly, without supportive services, and these dollars could be spent on those that truly will end up homeless without intervention.

What Have Other Communities Done to Focus on *Prevention & Support Services* & What Have Been the Results of Those Actions?

Hennepin County, Minnesota has operated a homelessness prevention program since the state legislature established the Family Homelessness Prevention and Assistance Program (FHPAP) in 1993. In 2010, the County decided to evaluate the program to make sure that it was providing prevention funds to families that would actually have become homeless without them. It did this by using administrative data to compare the characteristics of families who received assistance with the characteristics of families who became homeless. The idea was to see if families that FHPAP assisted had the same characteristics as those that became homeless, and were therefore the ones most likely to have become homeless themselves, if not for the FHPAP assistance.

Hennepin County's comparison is useful for other communities in two main ways. First, the County's data on the characteristics of families that DO become homeless indicate that these families are extremely low income and vulnerable. The inference is that prevention funds may

be more effective if they are given to families that are similarly extremely low income and vulnerable, since less vulnerable families are less likely to become homeless. This is useful information to any community operating a prevention program.

Second, the County's assessment provides a relatively inexpensive, simple model for other communities to use to evaluate their own prevention assistance efforts. More expansive – and expensive – evaluative efforts can certainly provide much more and richer information. However, this analysis shows that communities without the resources for more comprehensive studies can still evaluate their programs. For these communities, Hennepin County's experience presents a promising model for assessing the effectiveness of prevention efforts. (29)

What Can Central Florida Do Together to Make Progress on *Prevention & Support Services*?

- 1.) Create a coordinated assessment process
- 2.) Identify diversion programs to keep individuals and families from entering the homeless system
- 3.) Creating funding for a case-managed Homeward Bound program, reuniting individuals and families with their social capital
- 4.) Create increased programs for SOAR, connecting the homeless with the public benefits they are entitled to
- 5.) Increase opportunities for the homeless needing transportation assistance
- 6.) Increased opportunities for the homeless needing childcare assistance
- 7.) Creation of a peer support case management program. This program uses formerly homeless individuals as case managers to help navigate the homeless off the streets

Information Sources:

(29) <http://www.endhomelessness.org/library/entry/hennepin-county-mn-promising-strategy-for-assessment-of-the-targeting->

Programmatic Gaps & Priorities

Affordable Housing

What Is **Affordable Housing**?

Affordable housing is considered housing that is available for 30 percent of an individual or of a family's income. If an individual or family pays more than 30 percent of their income for housing, they will more than likely be unable to afford other necessities such as food, transportation, childcare, medical care, and clothing.

Why is **Affordable Housing** Important?

An estimated 12 million renter and homeowner households now pay more than 50 percent of their annual incomes for housing. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States. (30)

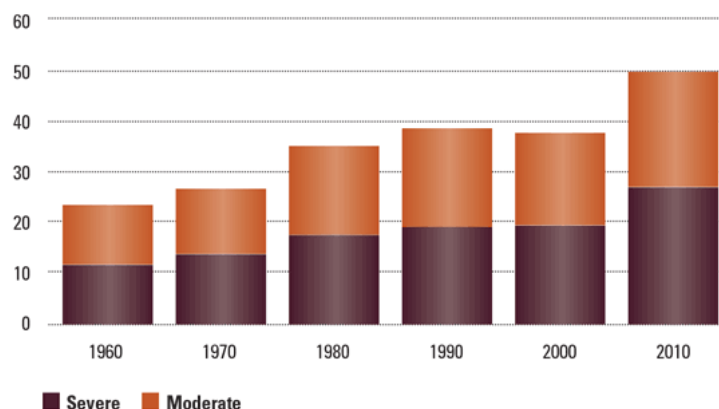
Without affordable housing, individuals and families are left to live doubled-up with family or friends, live in motels, shelters, or vehicles, or otherwise live homeless.

What Are the Facts About **Affordable Housing**?

According to the report the Commission released in May 2014, *The Cost of Long-Term Homelessness in Central Florida: The Current Crisis and the Economic Impact of Providing Sustainable Housing Solutions*, there are an estimated 45,000 unit shortage of affordable housing in the tri-county region of Orange, Osceola, and Seminole counties.

Renter Cost Burdens Spread at an Unprecedented Pace in the 2000s

Shares of Cost-Burdened Renter Households (Percent)



Notes: Moderate (severe) burdens are defined as housing costs of 30–50% (more than 50%) of household income. Households with zero or negative income are assumed to be severely burdened, while renters not paying cash rent are assumed to be unburdened.

Sources: JCHS tabulations of US Census Bureau, Decennial Census and American Community Surveys.

This housing gap can be addressed in a number of ways including through policy change to create more affordable housing and combine existing Federal funding such as HOME and LIHTC funding targeted toward extremely low income and low to moderate income families with SAIL and SHIP state funding to create more affordable housing.

What Do the Experts Say About *Affordable Housing*?

“The priority is to establish an affordable housing development pipeline using all available public and private resources. The projected number of units of permanent supportive and/or low-income housing for each subpopulation must be data driven by accurate gaps analysis. By offering different types, styles and locations of housing you will achieve 1) community integration 2) maintain fidelity to Housing First principles for ending homelessness and 3) enhance the housing retention outcomes. It is critical to match ongoing service needs and housing subsidies accurately to the level of need for each household. This can be implemented through effective outreach and engagement, accurate screening and community-wide coordinated assessment. Finally, it is important to establish methods for tracking the outcomes (reductions in homelessness and economic impact) on the front end of the system redesign so that you can be accountable and demonstrate the effectiveness of your approach.” – Gregory Shinn, MSW, Associate Director, Mental Health Association Oklahoma

What Can Central Florida Do Together to Make Progress on *Affordable Housing*?

- 1.) Central Florida leaders must create plans and shape policy to provide the necessary amount of affordable housing for those in need in our community
- 2.) Work with existing landlords to create more affordable housing options within the community
- 3.) Bring in nonprofit development organizations mission-focused on screening, not screening out to develop affordable housing
- 4.) Create greater capacity with existing nonprofit development organizations

Information Sources:

(30) hud.gov

Appendix

- (1) HUD – Advancing Data on Homelessness in Eleven Communities, February 2010
- (2) <https://www.hudexchange.info/coc>
- (3) A Preliminary Analysis of the Homeless Services Network & the Central Florida Commission on Homelessness Report by Ronald F. Piccolo, Ph.D., Rollins College Crummer Graduate School of Business
- (4) Impact Homelessness: A Study of Funding Best Practices, November 2014
- (5) Central Florida Foundation
- (6) Metro Orlando Economic Development Commission
- (7) Salt Lake City a Model for SF on Homeless Solutions, *SF Gate*, June 29, 2014
- (8) – USICH Blog, 6/2/14
- (9) Deseret News, June 13, 2013
- (10) HUD’s 2013 Annual Homeless Assessment Report, Part 1
- (11) HUD’s 2013 Annual Homeless Assessment Report, Part 1
- (12) USICH website
- (13) <http://www.csh.org/2014/05/houston-ending-veteran-and-chronic-homelessness/>
- (14) <http://www.homelesschildrenamerica.org/mediadocs/280.pdf>
- (15) <http://www.homelesschildrenamerica.org/mediadocs/275.pdf>
- (16) 2014 ALICE Report, Heart of Florida United Way
- (17) National Alliance to End Homelessness
- (18) National Alliance to End Homelessness
- (19) *New York Times*, January 15, 2014
- (20) National Alliance to End Homelessness
- (21) <https://www.strategiestoendhomelessness.org/news/safe-supported-plan-to-prevent-lgbtq-youth-homelessness-in-our-community/>
- (22) National Alliance to End Homelessness
- (23) <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-florida/>
- (24) CHANGING THE TERMS: HOW COMMUNITIES ARE LEVERAGING HEALTH CARE FOR PERMANENT SUPPORTIVE HOUSING CAPACITY
- (25) www.mocadsv.org
- (26) National Alliance to End Homelessness
- (27) http://usich.gov/plan_objective/pathways_to_employment/jobs_and_homelessness_a_message_from_usich_deputy_director_anthony_love/
- (28) http://usich.gov/plan_objective/pathways_to_employment/how_to_build_employment_programs_that_prevent_and_end_homelessness/
- (29) <http://www.endhomelessness.org/library/entry/hennepin-county-mn-promising-strategy-for-assessment-of-the-targeting->
- (30) hud.gov