CENTRAL FLORIDA CONTINUUM OF CARE

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Continuum of Care (CoC) Plan: Gaps, Opportunities and Challenges

This report is an overview of many of the goals the Central Florida Continuum of Care has established, as well as gaps and challenges our system faces in meeting these goals to successfully and stably house chronically homeless persons, veterans, youth, families with children and other homeless persons.

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Executive Summary

The Central Florida Continuum of Care (CoC), which includes Orange, Osceola and Seminole Counties, has embraced new ways of doing business that resulted in almost 300 chronically homeless people being placed in to Permanent Supportive Housing, and more than 200 more moving into other forms of permanent housing during 2016. A regional coordinated process for prioritizing limited resources to those with greatest need also rapidly rehoused over 150 families during its pilot year for rapid rehousing projects.

In the next few years the Continuum will expand the Coordinated Entry System (CES) to facilitate targeted use of additional regional resources while improving the region's ability to use data from the Homeless Management Information System (HMIS) to inform policies and practice.

To effectively end homelessness in the Central Florida region the CoC must maintain many existing projects at their existing level expand others and develop new projects to meet gaps in services that have been identified over the past twenty-four months. The CoC stresses that proposed expansion projects cannot take place without additional resources that have not been identified as of yet. Additionally, any new projects will not perform as intended if the existing infrastructure, including but not limited to client-centered, individualized, wrap-around services, permanent supportive and other forms of permanent

housing, bridge housing, shelter, and street outreach and the existing system support services including CES and HMIS, is compromised.

This report is intended to give stakeholders an overview of many of the goals our CoC has established, as well as gaps and challenges our system faces in meeting these goals to successfully and stably house chronically homeless persons, veterans, youth, families with children and other homeless persons. This CoC Plan is a living document intended to be expanded and refined as the region learns more about evidence based best practices and our community's own unique opportunities.

Highest Priority Needs for Program Expansion

Permanent Supportive Housing for Non-Chronic Families

Diversion

Extended Engagement

Permanent Supportive Housing for Non-Chronic Families:

Homeless families who have intensive, long-term service needs are not adequately served by Rapid ReHousing and need Permanent Supportive Housing. Current resources are limited to providing Permanent Supportive Housing to households that have been homeless for at least a year. Given the vulnerability that children experience during homeless episodes, the CoC has prioritized identifying resources that will provide permanent subsidy and wrap around services to families unable to stabilize with the time limited supports provided through the region's Rapid ReHousing projects.

Estimated Annualized Cost for 25 families: $845,000

Diversion:

Diversion projects have been successful in assisting families who need very limited financial and/or services supports to regain access to stable permanent housing. Diversion projects that target these families are able to cost-effectively redirect newly homeless households back into permanent housing while limiting their involvement in the homeless services system.

Estimated Annualized Cost for 120 families: $701,730

Extended Engagement:

Our region has identified approximately 45 individuals who have mental health and/or cognitive impairments that severely limit their ability to engage any system of care or support. Most, if not all, of these individuals are eligible for current resources that would provide housing subsidy and wrap around services, while others would qualify for higher levels of care including Adult Living Facilities (ALF). Intentional effort at creative forms of outreach is required to effectively engage these highly vulnerable neighbors.

Estimated Annualized Cost for 45 individuals: $281,000

Priority Needs for Program Expansion

Priority Needs for Program Expansion					
Assisted Living Facility	Training	HMIS	CES	SOAR	Policies & Procedures and Standards

Explore Options for Assisted Living Facility:

Communities across the country recognize that a small percentage of those persons experiencing chronic homelessness need a higher level of care than can be provided in Permanent Supportive Housing. For many of that sub population, Assisted Living Facility (ALF) level care meets their physical needs. In a Housing First environment many of the individuals needing that level of care are not accepting mental health or substance abuse treatment and may have no income. Few, if any, existing ALFs accept residents who are actively using substances and have no income. It is important that the region explore options for creating a new project that could meet the identified need in a housing first environment.

Estimated Cost for ALF-style Feasibility Study: $35,000

Training

The significant paradigm shift the region has made towards a Housing First system requires that all levels of stakeholders in the process, ranging from front line staff to agency administrators to funders, develop new knowledge and skills to support new strategies. Multiple training opportunities are needed to support the level of re-tooling required for an effective new system.

Estimated Cost of First Year of Additional Training: $60,640

HMIS & CES

An effective Housing First system requires specific system supports in the form of additional HMIS and CES capacity. Based on previous growth patterns the region can expect an additional 100 new HMIS users in 2017. Additional staff is needed to support that level of new users, the associated HMIS licenses and their proportional increase in CES activity.

Estimated Cost for increases in HMIS and CES system support: $198,875

Disability Specialist (SOAR)

Assisting eligible persons with disabilities to obtain their disability income as quickly as possible is crucial for long term financial stability of the Housing First system. SOAR workers are effective at assisting eligible first time applicants to obtain their disability awards in roughly 100 days, significantly less than the multiple years that many unassisted applicants take. Multiple studies have shown that SOAR specialists bring approximately 7:1 return on investment, mostly to the health care industry.

Estimated Annualized Cost for 8 SOAR (disability) Specialist: $529,800

System Gaps, Challenges and Opportunities

In creating this CoC Plan the CoC members began by exploring the needs of persons who experience homelessness in our community. The CoC Planning Committee assessed what was working and not working in all stages of a homeless individual or family's path.

Prior to 1ˢᵗ Day

1ˢᵗ Day of Homelessness

Extended Engagement: Some get stuck unable to explore a move towards housing

Getting into Housing

1ˢᵗ Day of Housing

Maintaining Housing

Prevention of Returns to Homelessness

Throughout this process the CoC identified that successfully housing homeless individuals and families requires three distinct sets of resources - wrap around services, housing subsidies and housing units. Maximizing the use of any of these resources challenges our community to ensure availability of all the needed resources. As with the childhood three-legged race game, coordination is required and an imbalance slows down the team's progress toward the goal. This document highlights these three needs in conjunction with homeless experience path. When identified, estimated annualized costs for currently unfunded projects are included for preliminary budgeting purposes.

Prior to the first day: Homelessness Prevention

Preventing homelessness is one of our region's most challenging ventures. As with communities across the country, the three counties of our CoC have many individuals and families who live with significant housing instability. The following chart shows some sources of housing instability noted in the most recent Consolidated Plans developed by the three counties in the CoC region.

DATA FROM COUNTY CONSOLIDATED PLANS	Severe Cost Burdened Households (paying more than 50% of income for housing costs)	Severely overcrowded households (more than 1.51 people per room)
Orange	54,792	931
Osceola	31,394	710
Seminole	18,617	263

Fortunately, the vast majority of these households do not slip into literal homelessness. Homelessness Prevention, which is often different from eviction prevention, can only be effective as the community learns more about what distinguishes individuals and families who do become literally homeless from those that do not.

Goal: Explore research on emerging best practices in identifying which households at risk of homelessness become literally homeless, and once identified, what are the emerging best practices for intervention.

Goal: Develop strategy, with cost projections, for improved data sharing with systems that work with households at risk of homelessness.

First Day of Homelessness

Unfortunately, each year thousands of our neighbors do experience homelessness. When that happens, the CoC strives to have a network of resources in place to assist the household back into stable housing as quickly as possible.

Diversion

CES

Shelter

Outreach

Bridge Housing
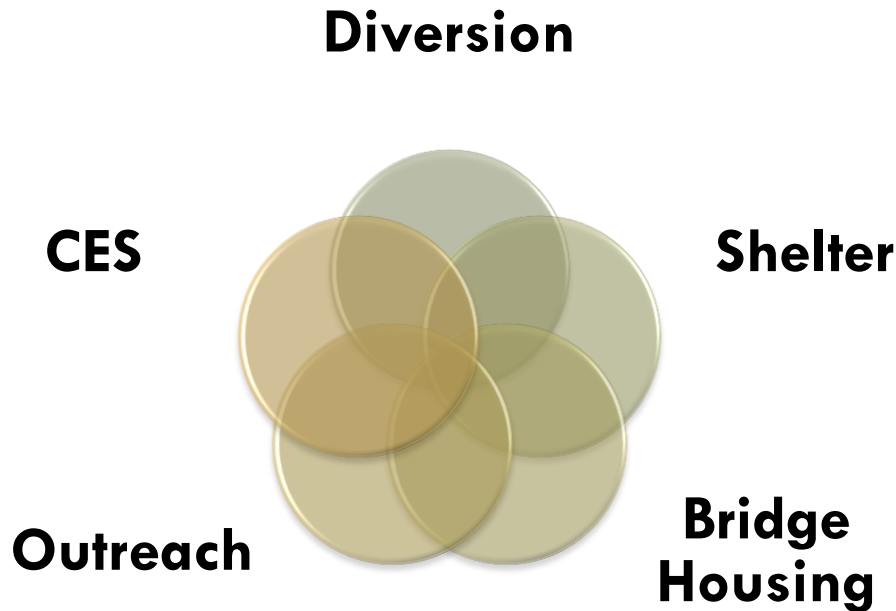
Diversion:

Fortunately, research has shown that the majority of people who experience homelessness will find their way out of the homeless services system with or without assistance. Diversion programs are designed to help identify those households who can return to stable housing the most quickly and support them in doing so. Diversion efforts often focus on mediation with the household's most recent landlord or providing assistance to the individual or family's natural support system, and usually involve households who do not need assistance in identifying their next housing unit (housing search). Diversion projects have found success in allowing newly homeless persons to help identify their quickest path back to housing stability. Doing so keeps the household from becoming engaged in the homeless services system unnecessarily and saves limited homeless resources for individuals and families who cannot end their homelessness without more extensive support.

Goal: Maintain and expand existing projects, such as Osceola County's Homeward Bound Family Reunification program, which assists families with transportation to reconnect with their natural support systems.

Goal: Develop and implement a pilot shelter diversion project. Expand to all three counties.

Estimated annualized cost for 120 families region wide:$701,730

> *Opportunity:* **Orange County is exploring development of a family shelter diversion project.**

Shelter and Low Barrier Bridge Housing:

The Central Florida region has an array of shelters (and transitional housing projects) serving youth, men, families and victims of domestic violence. These facilities are most highly concentrated in Orange County with significantly less capacity in Osceola and Seminole Counties. The existing shelter beds range in their ability to accommodate individuals or families with barriers ranging from active addiction to need for handicap accessibility to accommodation for pets.

During a 60 day period in late 2016 more than 450 persons were identified as sleeping in unsheltered settings across our region. Some of them may have been able to go into the existing shelter network if that network had more capacity. Others require more accommodations, including a lower barrier approach than the current network provides.

Goal: CoC will support community efforts to develop an overnight drop off location that can be used by law enforcement as an alternative to jail when appropriate.

Goal: Explore ways to increase the speed with which shelter guests are linked with permanent housing units including analyzing current trends in access to permanent housing for shelter projects.

Goal: Explore ways that bridge housing can be used for households that have been successfully linked with a unit that will not be available for more than a week. Shelter guests with a known housing destination can effectively use bridge units while creating more turnover in existing shelter beds.

Goal: Identify low barrier bridge and shelter options for high barrier households that will spend more than 30 days obtaining permanent housing.

Goal: Reduce 60 day unsheltered count by 25% over the same time period (Nov-Dec 2016 versus 2017).

Goal: Support regional efforts to design appropriate shelter and bridge housing options for victims of human trafficking.

Outreach:

Street Outreach has long been identified as an evidence based best practice in identifying homeless people who cannot or will not engage traditional homeless services. Our region currently has outreach staff that specialize in youth and in veterans, as well as staff targeted for specific geographic areas including downtown Orlando, Kissimmee, Osceola and Seminole Counties. As outreach capacity has increased in sophistication as well as quantity, the region has seen increased numbers of unsheltered persons engaged in the overall homeless system. This is particularly true for those on the Coordinated Entry System Registry, a crucial step in access to housing and service resources. Indeed, an increase in the 2017 unsheltered point in time count is known to be in large part a response to the significant improvements in street outreach projects in the previous 18 months.

Despite having more than 20 outreach staff regionally, there is a significant need to expand outreach capacity to effectively identify and engage everyone found in places not intended for human habitation, provide housing navigation, and have the capacity to do extended, tough engagement of those who have cognitive or emotional impairments that challenge their ability to connect with outreach staff.

Goal: Hire Outreach Coordinator to

☐ coordinate efforts across agencies, maximizing geographic and day/evening coverage

☐ assess if current outreach staff meet the region's gender, racial and language diversity needs

☐ work with jurisdictions to identify gaps in outreach capacity and strategies to address those gaps

Estimated annualized cost: $60,000

Goal: Identify funding opportunities for additional street outreach capacity.

Goal: Work with community stakeholders to develop, maintain and update "frequent flyer" lists outreach workers can use to target unsheltered homeless persons with greatest service needs.

Intake into the Coordinated Entry System (CES):

The Coordinated Entry System is the region's client centered process that uses real time data to streamline access to the most appropriate housing intervention for individuals and families experiencing homelessness. The project increases coordination and collaboration between community providers while allowing a more efficient and targeted use of resources.

At this time the Continuum's HUD and VA resources, as well as several local jurisdictional funds, are coordinated through the CES process. Thus, the CoC prioritizes ensuring that homeless households are known to CES and engaged in those processes.

Goal: Increase HMIS users by one hundred (100). CES is driven by entry into the Homeless Management Information System (HMIS). The more active HMIS users the region has, the more opportunities exist for entry into CES.

Estimated annualized cost: $125,000

Goal: Increase the number of CES HUBS by one, bringing the total from three to four. HUBS are CES intake locations where homeless individuals and families can speak face to face with a volunteer who will complete the initial assessments required for intake into CES.

Estimated annualized cost: $9000

Goal: Support community efforts to develop a day shelter/drop in location that would serve as an entry point into CES while also hosting community services.

Goal: Increase the number of CES Access Points by three. Access points are existing HMIS users/agencies that agree to conduct intake into CES for persons who are not going to be served directly, or exclusively, by that agency and who express interest during their normal business operating hours.

Goal: Establish data sharing agreements with public schools to maximize ability for schools to refer eligible families into the CES process.

Estimated annualized cost: legal assistance may be required – amount currently unknown

Extended Engagement

Unfortunately, some of our most impaired neighbors are so debilitated by mental illness and/or substance use that their cognitive limitations impede their ability to engage even the most intentional efforts to bring them into housing and services.

As of the end of 2016 there existed at least 42 individuals in our region who fell into this category of persons who require extended engagement. For many their level of impairment is so significant that outreach workers do not even know their names.

Goal: Use national technical assistance to help the CoC to develop and begin implementation of a strategy for effectively engaging persons currently requiring extended engagement. Strategies may include increased general outreach capacity, specialized outreach teams who focus solely on these individuals, or a more specialized clinical outreach team. Once engaged, CES will work to identify appropriate housing options.

Estimated annualized budget: $275,000

Estimated additional one time budget: $6,000

Getting Into Housing: Access, Placement & Inventory

Getting homeless individuals and families into housing is where the three legged race comes into its sharpest focus as the CoC strives to link the right person with the right subsidy and the right unit and the right wrap around services. At this time the region's goals are based primarily on the availability of housing subsidies.

Part of the process for getting people into housing involves navigating them through the process of providing information needed to determine eligibility for various resources. For example, a veteran must sign a release with the VA before the CES system can know what veteran resources he/she is eligible for. A Housing Navigator helps a client to obtain eligibility documents required by funders before households can be linked with available resources. This process starts after a homeless person has been identified and assessed through CES. Navigators are trained to understand the available programs managed through CES, the documentation requirements, and how to assist the client in obtaining various documents (ID, Birth Certificates, homeless verification, disability certification, third-party verification, etc.) Navigators serve as the main point of contact for the client from the time they are assessed to the point of being accepted into a housing program. As of now, most navigators are informally taking on those responsibilities and do not have contractual requirements to do so. Frequently street outreach workers, Shelter case managers, housing program Case Managers, drop-in center staff, and any HMIS user willing and able to participate in the process are acting as Navigators. The CoC sees an increasing number of high priority clients awaiting Navigation, and a lack of capacity from the community's available Navigators. When case managers take on the function, it reduces the effective housing stability caseload they can carry (maintaining housing versus getting into housing). When outreach workers do navigation it means they can engage fewer people in outreach. Either way – the current system needs housing navigation built into the workflow in a more systematic fashion - with an identified navigator responsible for the function with each household.

Goal: Supplement existing navigation capacity with three (3) additional Housing Navigators.

Estimated annualized cost: $160,000

Given the current availability of vouchers for chronically homeless households, the CoC has established an aggressive goal of housing over 600 chronically homeless people in 2017.

2016 – chronic housed as reported in HMIS	2017 Goal	2017 – available vouchers		2017 – anticipated turnover		Projected 2017 housed without subsidy		Goal for 2017
598		295	+	10	+	304	=	609

Opportunity: **25% of literally homeless adults are unaccompanied women. The region could establish sub-goals for this population even though it is not yet a target population for the federal government.**

The CoC has set an equally assertive goal of housing over 580 families, youth, veterans and survivors of human trafficking and domestic violence through its Rapid ReHousing programs.

Vouchers in use in 2016, still in use in 2017	2017 available vouchers not in use in 2016	Estimated Turnover SSVF turnover 4x Other turnover 1.75x	Total for the Year
140 +	72 +	369	581

The CoC estimates that these Rapid ReHousing households will have the following characteristics.

Families (includes Veterans, DV & human trafficking survivors)	Youth	Single Veterans, DV & human trafficking survivors
272	9	300

IT IS IMPORTANT TO NOTE THAT ESPECIALLY WITH RAPID REHOUSING THE EXACT TARGETS CAN SHIFT DUE TO SIZE OF FAMILY, NUMBER OF MONTHS ASSISTANCE PROVIDED, AND CAPACITY OF THE PROGRAM PARTICIPANT TO PAY PARTIAL RENT DURING THE INTERVENTION.

Goal: Support existing Housing Locator Team (Landlord Services) to maximize access to existing affordable units and willing landlords. The Team also conducts initial and annual unit inspections while providing ongoing customer service to participating landlords.

> *Opportunity:* **Work with regional realtor and similar associations to encourage them to create campaigns encouraging their members to make units available to CoC program participants.**

Goal: Support regional efforts to plan for and develop additional affordable housing units while advocating for policies to protect existing affordable units. Current demand is especially high for one bedrooms, first floor and wheel chair accessible units.

Goal: The region faces a significant gap in permanent (multi-year) housing subsidies for homeless families who are not yet chronically homeless, but are unsuccessful in multiple efforts of Shelter, Transitional Housing and/or Rapid ReHousing. The CoC must develop a strategy to create at least fifty (50) permanent opportunities for families who are not succeeding in the current program models with a recognition that at least twenty-five (25) families are in immediate need for this type of resource.

Estimated annualized cost for 25 families: $845,000

Goal: Identify opportunities to partner with Assisted Living Facilities (ALF) and other adult care facilities to meet the low-barrier needs of chronically homeless persons who have intensive physical disabling conditions and no income. The CoC should explore existing Medicaid and Medicare funded facilities as well as current partners who may expand activities to include a low-barrier ALF for individuals who are using substances and/or have no income.

Goal: Conduct feasibility study for development of ALF type facility to serve persons not able to access ALF care with current ALF inventory.

Estimated one time cost: $35,000

Goal: Identify $15,000 for unit application fees. While some subsidies will cover unit applications, many do not. Funding is needed to fill the gap for persons needing application fees that cannot be paid by currently existing resources.

Estimated annualized cost: $15,000

First Day of Housing

Moving in activities

Furniture

Household set up

Utility Connections

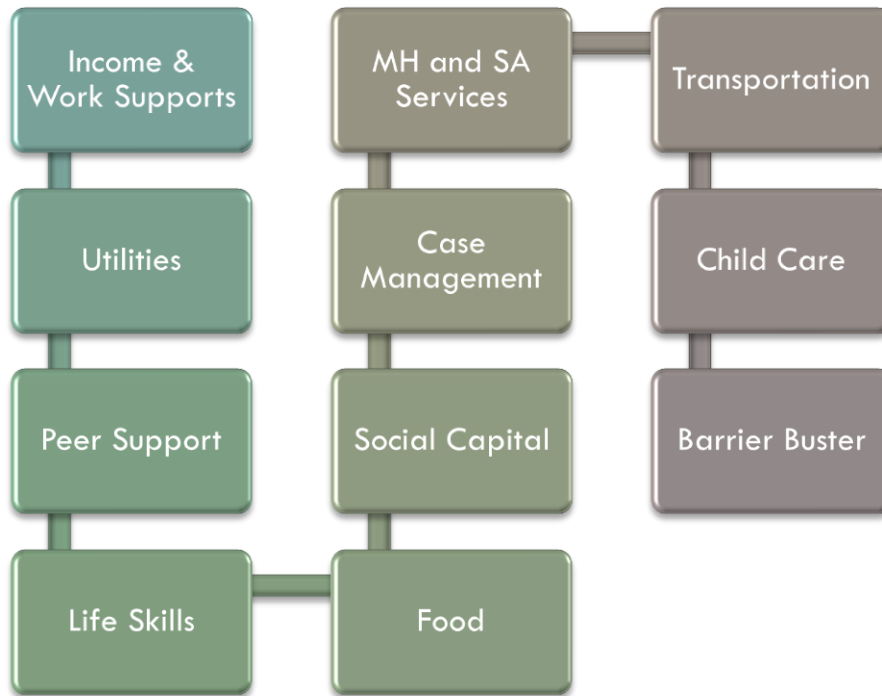**Additional Barrier Buster (flexible financial assistance)**
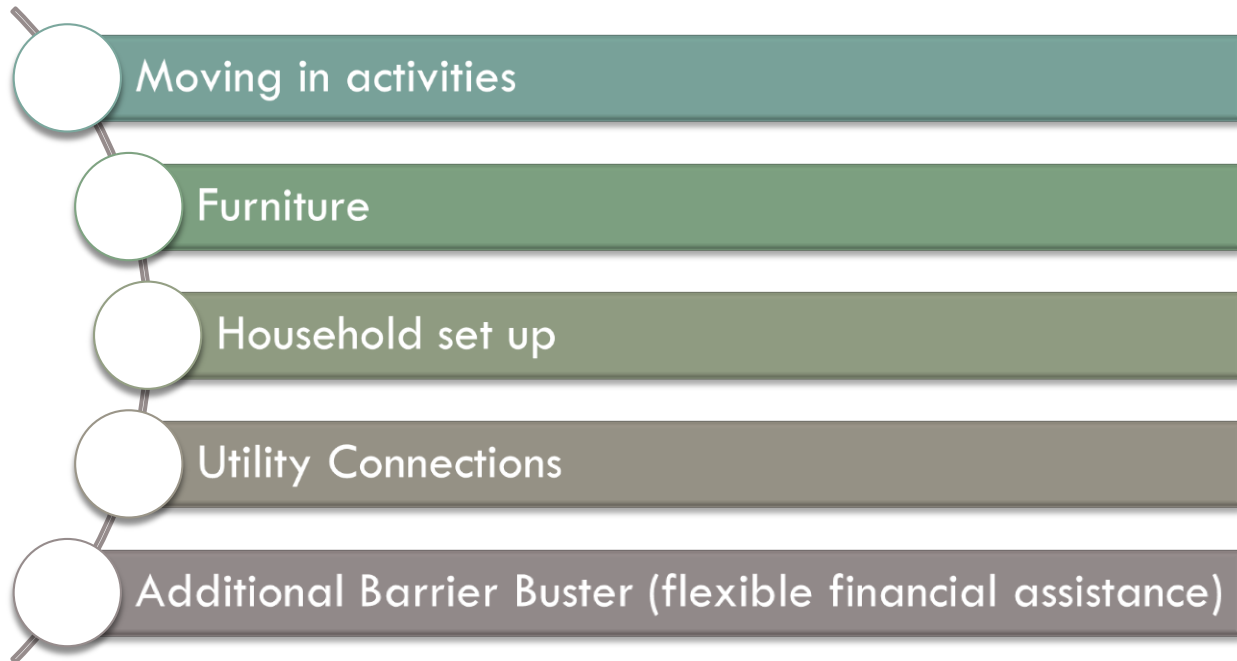
The CoC's assertive goals for housing our region's homeless population require a heavy resource lift associated with an individual or family's first day back in stable housing. Flexible funds that can adapt to the unique circumstances of each household are particularly beneficial in the process of moving into housing.

Goal: While not all households need assistance with all first day items, a significant percentage of the 1190 households the CoC hopes to house in 2017 will need:

☐ transportation of existing belongings (approximately $75 per household)

☐ new household furniture and household belonging – transportation and set up (approximately $1000 per household)

☐ utility connections (approximately $350 per household)

☐ pet deposits (approximately $350 per household for 100 household)

☐ renters insurance (approximately $125 per household)

Estimated annualized cost: $2,003,750, or $1683 per household

Maintaining Housing

Income & Work Supports	MH and SA Services	Transportation
Utilities	Case Management	Child Care
Peer Support	Social Capital	Barrier Buster
Life Skills	Food	

Maintaining housing requires a mixture of income and the flexible wrap around services. Many household needs can be addressed through increased income. Flexible services that moderate in intensity based on individual needs are also needed.

Income:

Increasing income has been documented in several efforts as one of the most important keys to housing stability.

Goal: Hire SOAR Coordinator and fund 8 additional SOAR workers. At the end of 2016 the system had identified 431 chronically homeless individuals and families who had no income. These households should be targeted by SSI/SSDI Outreach, Access and Recovery (SOAR) workers who specialize in assisting eligible individuals in successfully applying for disability benefits. In addition, some families being assisted through Rapid ReHousing are also being flagged for SOAR support as case managers identify parents with disabilities who are struggling to maintain housing for their families with children.

> *Estimated annualized cost: $529,800*

Goal: 80% of families served through Rapid ReHousing should have increased income. Accomplishing this will require the CoC to refine its practices of assisting families with linkages to employment and job training opportunities.

Services

Goal: Identify case management and other support resources for an additional 190 chronically homeless individuals and families. This number will be refined over the year as the CoC gains more experience in calibrating the best mix of intensive case managers, targeted case managers and peer support for the regions chronically homeless population.

> *Opportunity:* **Orange County has made funding available for 105 case management slots, bring the case management gap for chronically homeless househodls to approximately 85.**

Estimated annualized cost: $450,000 (assumes Orange Co. funding for 105 case management slots)

Goal: Identify funding for bed bug treatment to assist when units become infested.

Estimated annualized cost: $10,000

Goal: Obtain approximately four hundred 30-day bus passes to assist individuals and families between the time they obtain housing and when they receive income.

Estimated annualize cost: $10,000

Prevention of Returns to Homelessness

Community members who have been homeless in the past are at the highest risk of future homelessness. Recent HMIS reports (September 2016) provide insights into which formerly homeless households are at greatest risk of returns to homelessness. For example, the following chart shows which types of projects have the highest rates of Returns to Homelessness.

	Number of Returns to Homelessness within 2 years of those moving out of homelessness	**Percentage** of Returns to Homelessness within 2 years of moving out of homelessness
Exits from projects that provide services only (such as street outreach)	67	36.61%
Exits from Emergency Shelters	158	23.27%
Exits from Transitional Housing	147	18.94%
Exits from All Permanent Housing (not just Permanent Supportive Housing)	89	15.84%
TOTAL Returns	**461**	**20.95%**

Just as helpful is the following chart which the community which types of housing destinations (where people went when they left their homeless circumstances) seem to provide the least and greatest housing stability.
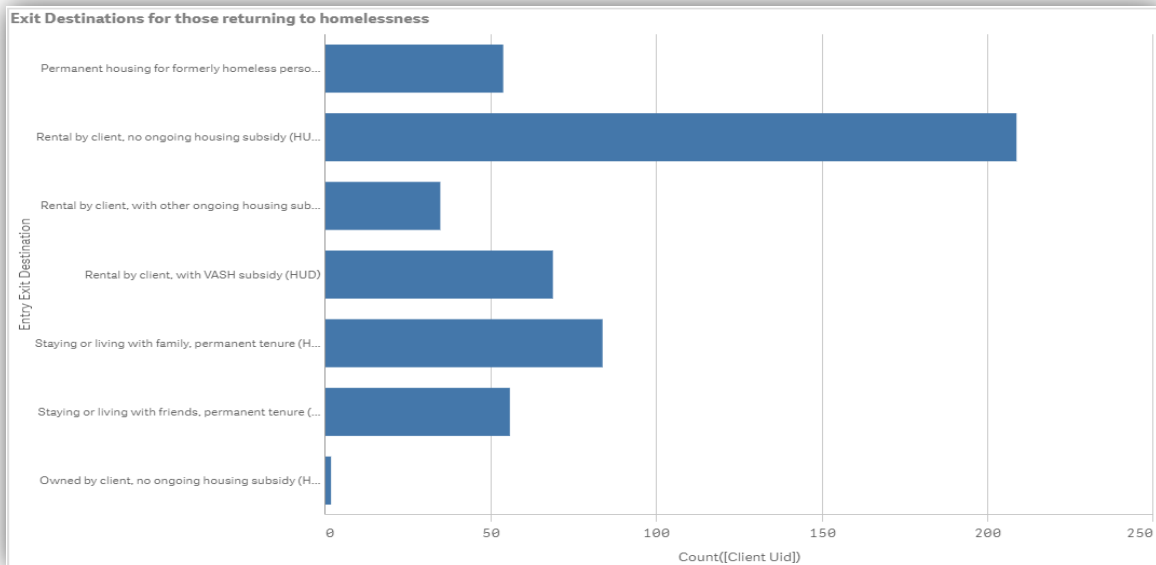
Exit Destination	Days before Returns to Homelessness
Owned by client no ongoing subsidy	369
Permanent housing for formerly homeless person	232
Rental by client, no ongoing subsidy	266
Rental by client, with other ongoing subsidy	379
Rental by client, with VASH subsidy	437
Staying or living with family, permanent tenure	282
Staying or living with friends, permanent tenure	203

Goal: Use reports on Returns to Homelessness to create service recommendations for which households should be re-engaged during what time periods in efforts to reduce returns to homelessness.

Goal: Work with CoC to develop strategies to increase exits to housing situations shown to have higher housing stability outcomes.

Goal: Identify funding for targeted services to reduce returns to homelessness.

Continuous Feedback

The CoC recognizes the value of a robust process for ongoing monitoring and feedback on its progress. HMIS provides the most consistent CoC-wide tool for tracking goals and progress. For HMIS to be effective, however, the CoC must ensure that data in the system is accurate and complete. At the same time, the CoC will develop additional tools to incorporate into a feedback loop on its projects and their effectiveness.

Goal: Develop and implement a HMIS data quality improvement plan.

Goal: Develop and implement strategies for tracking and improving system performance measures including, but not limited to, length of homelessness, returns to homelessness, increases in income, and housing stability.

Goal: Develop and implement program participant survey tool(s).

Additional Infrastructure Needs

Coordinated Entry System (CES):

Creating a system that has no-wrong-door entry process requires a robust infrastructure for identifying eligible households, capturing their information into CES and facilitating the linkage to housing and services. The community is fortunate to have an increasingly diverse base of resources and funders supporting the efforts to reduce and end homelessness. That complexity adds additional capacity needs for CES to verify household eligibility and match the right household with the right supports. Current estimates are that roughly 3 FTEs additional are needed to meet community needs for field based staffing to ensure adequate CES intake and effective matching to resources.

> *Estimated annualized cost: $60,000*

HMIS

The system is using data in a much more assertive and exciting manner than in the past. The reporting needs for the community go beyond the HUD requirements the system is designed to meet. Most of the reporting requests can be met, but they require a significant infusion of capacity to the local HMIS administration process because of the additional data elements required as well as the additional report development and testing that must be done. Current estimates are that roughly 3 FTEs are needed to meet community expectations for data use and reporting.

> *Estimated annualized cost: $150,000 (includes $125,000 noted in CES strategy on page X)*

Provider Staff Training:

Homeless services are evolving faster than most any other human service sector. Maximizing our region's ability to implement new evidence based best practices requires an investment in training the workforce in how to execute new programs and standards. Training sessions must be repeated to ensure opportunities for all staff to participate without compromising program participant care on training days. Key staff also benefit from the ability to participate in national and regional training in addition to local events.

Estimated first year cost: $60,640

Conclusion

The Central Florida Continuum of Care (CoC) has been doing exciting work to end homelessness for hundreds of our region's homeless citizens. The CoC is eager to continue and expand its efforts and in this plan has laid out many of the approaches for system improvement that exist in our region. The above plan emphasizes the known gaps, challenges and opportunities for our homeless services system, yet the list is not intended to be all inclusive.   It is particularly important to note that many features of the new system that have already been fully or partially funded are critical to the infrastructure needed for any new efforts to be effective. Thus, any reduction to current resources supporting the housing first system will create new gaps that will have to be addressed before system improvements can move forward on solid ground. Yet, the ability to implement the strategies identified above will further solidify the Central Florida region as one of the pre-eminent Continuums in our state, and even the nation. The Continuum members look forward to working with other stakeholders as we partner in ending homelessness for region's most vulnerable neighbors.

Appendix A

Preliminary Estimated Budgets for Highest and Priority Projects

Project	Target	Narrative	Amount	SubTotal
DRAFT CoC Plan Gaps Budget				
	25 families	$1500/Month for rent & utilities	$ 450,000	
Permanent Support Housing for non-Chronic Families		$2,000 Deposits, application Fees	$ 50,000	
		barrier buster	$ 50,000	
		2 FT CM with benefits	$ 110,000	
		Clinical Oversight	$ 15,000	
		equipment, mileage, office rent	$ 10,000	
		Bridge for avg 3 month per - $1200/mo	$ 90,000	
		HMIS & CES Support	$ 10,000	
		Admin	$ 60,000	$ 845,000
Diversion	120 families	Personnel: 1 Team Lead, 4 Diversion Specialists, .75 CES; .5 HMIS	$ 378,730	
		Flexible Financial: $1500 per - transportation to natural support community; back rent; deposits; first mo rent and partial mo rent; food; car repair; bus fare;	$ 180,000	
		equipment, mileage, office rent	$ 75,000	
		Training	$ 18,000	
		Admin	$ 50,000	$ 701,730
Extended Engagement	45 Individuals	2 person outreach	$ 100,000	
		Clinical outreach & supervision	$ 45,000	

DRAFT CoC Plan Gaps Budget				
Project	**Target**	**Narrative**	**Amount**	**SubTotal**
		equipment, mileage, office rent	$ 10,000	
		Bridge for avg 6 mo for 15 people	$ 90,000	
		HMIS & CES Support	$ 10,000	
		TA Consult - 3 site visits	$ 6,000	
		Admin	$ 20,000	$ 281,000
Develop ALF	Feasibility Study	develop a plan for where, size, who manages, who provide services, architecture, site development, what funding streams could support, etc		$ 35,000
Training	12 training sessions	$ 4,000 for presenters per training	$ 48,000	
		$ 750 per training for space, materials, misc expenses	$ 8,640	
		Admin	$ 4,000	$ 60,640
HMIS & CES	100 new users	$1250 per user - HMIS	$ 125,000	
		1 FT CES Specialist, benefits	$ 50,000	
		CES mileage, office space,	$ 10,000	
		Admin	$ 13,875	$ 198,875
SOAR	8 staff	FTE Specialists, $46,000 + Benefits/ per	$ 404,800	
		equipment, mileage, office rent	$ 80,000	
		SOAR Training	$ 8,000	
		Admin	$ 37,000	$ 529,800
High Priority Subtotal				$ 2,122,245