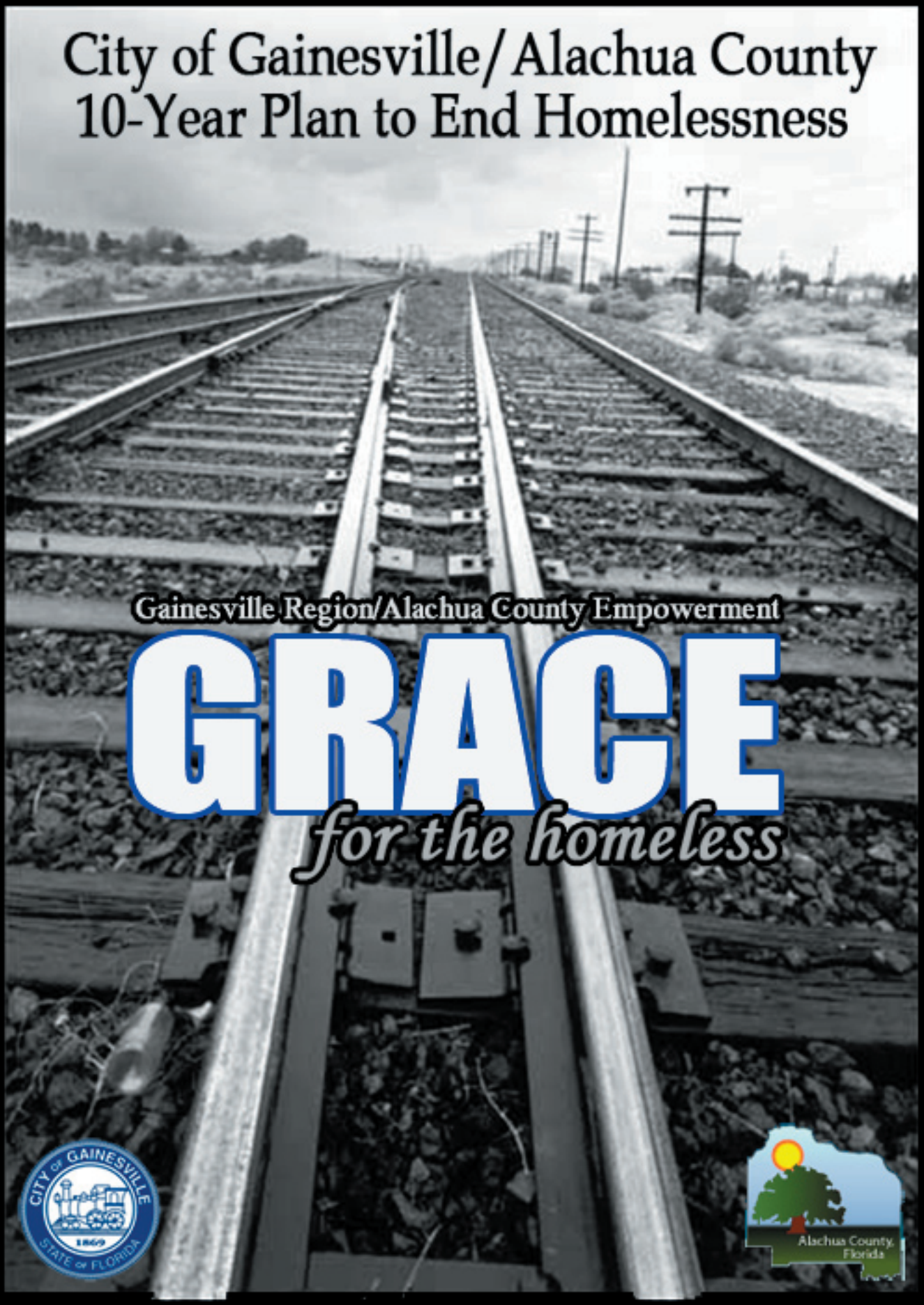
City of Gainesville/Alachua County 10-Year Plan to End Homelessness



Gainesville Region/Alachua County Empowerment

GRACE

for the homeless

CITY OF GAINESVILLE 1869 STATE OF FLORIDA

Alachua County, Florida

Our community's Ten Year Plan to End Homelessness is called GRACE for the Homeless (Gainesville Region/Alachua County Empowerment). This plan belongs to the citizens of Alachua County.

The people described in this plan -- those without shelter, who are vulnerable, suffering and struggling to survive -- belong to this community.

Homelessness carries a cost for all of us: financially for taxpayers, emotionally and physically for homeless persons. GRACE for the Homeless is designed to act on our compassion for our poorest neighbors.

Alachua County has approximately 1,000 homeless men, women and children. Our community has less than 350 shelter beds, which leaves over 650 people unsheltered each night. More than a quarter (27%) of the homeless are children under the age of 18.

Many of our homeless were born in Alachua County or grew up here. Nearly forty percent of the homeless men in our community have served in the U.S. Military.

The primary causes of homelessness include unemployment, income that does not meet basic needs, and disabilities (physical, mental health, drug/alcohol addiction).

Homelessness has been called a national disgrace in the wealthiest country in the world. It is a national problem with a local solution.

The Gainesville/Alachua County Ten Year Plan to End Homelessness marks a departure from the long-standing community approach of managing the symptoms of homelessness rather than attacking the root causes – poverty and a lack of affordable housing.

Hundreds of volunteers representing government, business, education, the criminal justice system, service providers, faith-based and community organizations, homeless persons, and other citizens, have spent the last six months developing our community's Ten Year Plan.

Our goal is to both end and prevent homelessness. Our plan includes innovative ideas based on successful models that have been implemented in other parts of Florida and the U.S.

In order for the Gainesville - Alachua County Ten Year Plan to be successfully implemented it will require the active support of all of our citizens. The fact that you are reading these words shows you have an interest. We invite you to take action and become part of the solution.

Pegeen Hanrahan
Mayor,
City of Gainesville

Rodney J. Long
Alachua County
Board of Commissioners

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Cover photo by Gary Alan Kalpakoff. Inner photos by Bob Freeman and Jon DeCarmine. For information about the 10-Year Plan, its progress or creation, please call the Alachua County Housing Authority at 352.372.2549.

Presented to the Alachua County Board of County Commissioners and the Gainesville City Commission:

December 15, 2005

"St. Francis House Homeless Shelter and Soup Kitchen is where you expect to find homeless people.

In Gainesville, you can find one formerly homeless and now very blessed recovering alcoholic working there. A Vietnam Vet with over 25 years of construction experience.

No one sets out to end up on the street, but it happens.

The trip to the bottom is sad and harsh to say the least. The journey back is nothing short of miraculous. The key was being told that I did not have to do it anymore.

All I had to do was develop some long-lost spiritual understanding and trust, and accept help from those willing to show me the way back.

Like so many others I didn't know there was help or people who actually cared.

I had spent over two years living in an alley before I came to the VA ville for an after-surgery eye exam.

I found out about and got accepted into the VA Residential Rehab Treatment Program. Through that program I learned of a partnership housing program between St Francis House and the Alachua County Housing Authority.

After a year as Resident Manager of their single-room occupancy hotel (SRO) called Sunrise Residence Inn, I received an invitation to be part of Gainesville's 10-Year Plan to End Homelessness.

Through all that has happened in the past 30 months, if I could claim any success it would be going into the shelter, seeing my peers and being able to say, "But for the Grace of God there go I.""

The 10-year planning process will require long-term commitment, from the first planning steps to full implementation. It will require ongoing volunteer and staff time and energy.

Commissioner Long and Mayor Hanrahan have created a Homeless Implementation Committee to facilitate the 10-year plan process.

The Implementation Committee will comprise the chairs and co-chairs of the seven committees (Steering, Housing, Health, Public Safety, Services, Faith-based and Finance). It will begin meeting immediately in 2006 and will report its progress to the Steering Committee every six months.

The 10-Year Plan is intended to be a living document. It is a map for the next ten years which should be modified as needed.

Members of the public and elected officials need to embrace it as a beginning point. More than 100 community leaders have donated their time and energy into developing this plan.

It is essential to keep the momentum going.

Why End Homelessness?

For 20 years, communities throughout the country have been managing the homeless problem rather than seeking to address the root causes. The Federal Government has spent billions of dollars on homeless programs since the enactment of the McKinney Act in 1987.

Despite this investment, there continue to be thousands of people who experience homelessness locally. As many as 3 million people become homeless nationally over the course of a year.[1]

To get a different result, the United States Interagency Council on Homelessness (ICH) has spearheaded a national effort to both end and prevent homelessness through the development of local 10-year plans.

Currently, there are over 200 cities that have developed 10-year plans and have commited energy and resources to their implementation.

According to U.S. ICH Executive Director Philip Mangano:

"Five years ago the notion of cities having 10-year plans to end homelessness was naïve and risky. No one thought it was possible. But the new research and new technologies have created such movement and innovation on this issue that it may now be naïve and risky not to have such a plan."

Research has shown that supportive housing strategies can be effective in moving chronically homeless persons (those with long-term and/or repeated episodes of homelessness and some form of a disability) off the streets , out of shelters and on toward recovery and self-sufficiency.[2]

Nationally, recent studies show that while chronically homeless persons constitute approximately 10% of the homeless population, they typically consume over 50% of all emergency homeless services.[3]

"Homelessness is a national problem with local solutions. Working together, we can end this national disgrace."

Philip F. Mangano, Executive Director, U.S. Interagency Council on Homelessness

In Gainesville and Alachua County there are an estimated 1,000 homeless persons. Our community has ap-

proximately 350 shelter beds, which leaves 650 persons unsheltered each night.

The stereotypical image of a homeless person as an unemployed, panhandling, single male with an alcohol problem is a misnomer that enables some people to look the other way.

The reality is that the homeless in our community include women with children, elderly people, physically and/or mentally disabled persons, veterans, and the working poor.

Another misconception is that the homeless are transients. Nearly a third (31.7%) of homeless people in Alachua County have lived here for 10 years or more. Over a fifth (21.6%) were born here or grew up here *(see "Who are the homeless in Alachua County?, following page)*.[4]

Causes of Homelessness:

The causes of homelessness are complex, yet the reoccurring themes that emerge are: poverty, a lack of affordable housing and a need for services.

According to the most recent (January 2005) point-in-time survey conducted by the Alachua County Coalition for the Homeless and Hungry, the primary causes of homelessness were: unemployment, income that does not meet basic needs, alcohol/drug problems, mental health issues, domestic violence, physical/medical problems, released from an institution (jail, prison, hospital) and divorce/separation.

Contributing problems:

Gainesville does not have a housing shortage but a lack of housing that is *affordable* for the people who live and work in our community.

There is also a need for permanent supportive housing for homeless persons with disabilities.

Currently, we have inadequate service capacity for the needs of our homeless neighbors.

The system of care is fragmented. Homeless persons have difficulty accessing mainstream resources. Poor discharge planning from public systems (hospitals, jails, etc.) results in additional homelessness.

Existing ordinances, policies, and programs limit law enforcement options in terms of arresting homeless persons.

There is a fundamental need for enhanced public awareness regarding the plight of the homeless.

The Costs of Homelessness:

It costs almost $9,000 to provide one year of housing and supportive services to a homeless individual in emergency shelter.

It costs only $3,600 to provide a $300 monthly housing subsidy to an individual to ensure she or he remains in existing housing.[5]

The *New England Journal of Medicine* reports that homeless people spend an average of four days longer in the hospital, per visit, than comparable non-homeless people, at an extra cost of $2,414 per hospitalization.[6]

According to Shands Healthcare officials, two of their Gainesville hospitals incur over $3 million in uncompensated emergency room expenses due to homeless persons' visits to the emergency room (ER), which average approximately $700 per visit. Shands officials point to a high number of instances where the ER visit could have been avoided with improved access to preventative care.

A handful of local organizations, primarily the Helping Hands and Equal Access clinics, provide urgent health

Who are the homeless in Alachua County?

LOCAL INFORMATION AND STATISTICS ON HOMELESSNESS

Demographics[1]

(n=920)

Gender:
65% male; 35% female

Age:
Children (under 18): 27%
Adults (18-60): 67%
Elderly (60 and up): 6%

Family Status:
Single, no children: 69%
Single, with children: 16%
Married, no children: 10%
Married, with children: 5%

Education:
Grade School: 7%
Some High School: 23%
HS Diploma or GED: 34%
Some College: 24%
College Degree: 7%
Vocational/Trade School: 5%

Veteran Status:
39% of homeless adults (n=668) have served in the U.S. Military

Employment:
Not Employed: 70.5%
Employed Full-Time: 17%
Employed Part-Time: 5%
Employed in Day Labor: 7.5%

Often, a person's options for shelter tend to dictate the type of work they are capable of holding down. More than half of our local residents experiencing homelessness who reported having a part- or full-time job during the January 2004 point-in-time survey lived in a shelter or transitional housing program at the time of the survey, whereas the vast majority of those employed via day labor agencies lived in the woods or on the streets.[2]

Using a lenient definition of shelter, such that it includes emergency & transitional shelters as well as temporary arrangements such as motel rooms, hospital beds, and the homes of friends and relatives, 52% of Alachua County's homeless population was unsheltered on any given night in 2004.[2]

The majority (57.4%) of homeless individuals in the county have been without shelter for less than a year.[1]

Primary Causes of Homelessness[1]

Unemployed or lost job: 17.5%
Alcohol or drug problems: 14%
Mental health/emotional issues: 13%
Income doesn't meet basic needs: 12%
Moved out to escape abuse: 10%
Physical/medical problems: 9%
Released from jail, prison, hospital: 4%
Break-up/divorce/separation: 4%

Hunger in Alachua County

Hunger is a real and persistent problem in Alachua County, despite perceptions to the contrary. The Hunger Work Group of the Alachua County Coalition for the Homeless & Hungry conducted two annual surveys (April 2003 & April 2004) of local organizations that provide food, meals, commodities, vouchers and other food and nutritional assistance to individuals and families in Alachua County. **Survey results indicate a significant shortfall in local organizations' ability to meet the current demand for food.**

Please contact Poverty Reduction Program Director John Skelly at 352.264.6749 for copies of the surveys and results.

More than 1 in 5 homeless residents (21.6%) were born or grew up in Alachua County.[2]

Nearly a third (31.7%) have lived in Alachua County for 10 years or more,[3] and nearly 60% have lived in the county for more than a year.[4]

Substance Abuse, Mental Health & Disabling Conditions

Nationally, approximately 23% of the single homeless population suffers from some form of severe and persistent mental illness. The U.S. Conference of Mayors' most recent report on homelessness estimated that 30% of those without homes are afflicted with drug or alcohol addictions.[5]

Persons reporting disabling conditions, January 2005[4]

Physical: 23.5%	Drug/alcohol addiction: 14.5%
Developmental: 5%	HIV/AIDS: 2%
Mental health (including depression): 25.6%	

1. Alachua County Coalition for the Homeless & Hungry Annual Report to the FL Dept. of Children & Families; June 2005; 2. ACCHH Point-in-Time Survey/Enumeration; January 2004; 3. ACCHH PIT Survey/Enumeration; February 2003; 4. ACCHH PIT Survey/Enumeration; January 2005; 5. U.S. Conference of Mayors. A Status Report on Hunger & Homelessness in America's Cities: 2003.

care free of charge to those in need (at a cost of less than $20 per visit).

Locally, public safety agencies spend nearly $1 million annually dealing with homelessness-related issues, including enforcement of local ordinances, transportation to emergency rooms, and investigations of civil and criminal matters. The cost to arrest, transport, book, house and process a person through First Appearance is more than $600 per incident.[7]

The Fort Lauderdale Police Department Model for police response to homelessness is based on the understanding that the homeless are not "problem people," but rather "people with problems."

The human toll of homelessness is incalculable. The emotional scars are slow to heal. Many homeless people suffer from low self-esteem and a diminished sense of hope.

Individuals who were once active members of the community become physically and spiritually beaten down as a result of their experience with homelessness. It is difficult to imagine the vulnerability that one must feel sleeping, unprotected, on the streets or in the woods.

These feelings are exacerbated for homeless persons with disabilities such as physical illnesses, mental illnesses and drug or alcohol addictions.

There are members of our homeless community who are elderly, who are suffering from cancer, or who are physically challenged (using a walker or in a wheelchair).

Their medical problems become acute when living on the street and, in some cases, life-threatening.

It hurts our entire community when we fail to act to help homeless individuals to become healthy, productive citizens again.

Strategies to Address Homelessness:

For 20 years homeless programs locally and across the country have experienced an occurence best characterized as bailing a leaky boat.

While they have actively moved homeless people out the back door of homeless programs the emptied beds have refilled immediately.

For 20 years, this cyclical pattern has continued.
Out the back door.
In the front door.

The U.S. Interagency Council on Homelessness recommends a two-pronged approach to addressing homelessness:

1) "Close the Front Door"
Implement prevention strategies that reduce the number of people who become homeless; and

2) "Open the Back Door"
Intervention strategies that increase supportive services and expedite placement into housing for people who are currently experiencing homelessness.[8]

Some community's plans focus exclusively on the chronically homeless. This plan focuses on both short-term and long-term homelessness as well as those at-risk for becoming homeless.

"Waiting for at-risk populations to fall into homelessness only creates more homeless-specific programs, increases costs, and deepens the human tragedy."

Philip F. Mangano, U.S. Interagency Council on Homelessness

Effective prevention strategies ("Close the Front Door") utilized by other communities include centralized service delivery to increase coordination; dedicated housing resources for individuals discharged from public institutions; discharge planning protocols; and rent, utility and other financial assistance.

Effective intervention strategies ("Open the Back Door") include the provision of multi-disciplinary treatment; supportive housing for homeless persons with disabilities;

Ten-Year Planning Process:

On March 31, 2005, the City of Gainesville - Alachua County hosted its first Homeless Summit in an effort to mobilize the community.

Key stakeholders were invited to attend, including business and civic leaders, politicians, law enforcement officials, downtown business owners, chamber of commerce representatives, housing developers, service providers, hospital administrators, neighborhood associations, faith-based and community organizations, homeless individuals and the general public.

Hanrahan co-chaired the Summit.

Over 200 people attended the four-hour conference which included a keynote address by Philip Mangano of the Interagency Council on Homelessness.

The Summit included presentations on model programs in Jacksonville and Tallahassee. Following a discussion on the 10-year planning process, five committees were formed to begin working on the plan.

The committees included Public Safety, Supportive Housing, Services, Health (includes Mental Health, Substance Abuse and prima- health care), and Steering that time, committees were Faith-

-

have taken develop their community process quickly to-

meeting have met at least monthly since then.

meetings for broad Several of created sub- specific

The committees created strategies to address homelessness for each of their respective areas and reported to the Steering Committee on a bi-monthly basis.

A tremendous amount of talent and energy went into the development of the 10-Year Plan.

In addition to the ongoing dialog, committee members and staff conducted research on 10-year plans from other communities and visited several programs in Pinellas and Broward Counties.

Volunteers on the committees included representatives from local businesses; city and county governments; social service agencies; the School Board of Alachua County; higher education; law enforcement, courts and criminal justice agencies; health care centers; the veterans administration; homeless service providers; neighborhood associations, libraries; realtors; faith-based and community-based organizations, and members of the homeless community.

The committees developed strategies and specific action steps based on our existing needs and model programs that hold promise for our community.

Our program goals include:

- Providing an additional 350 beds for homeless persons;
- Expanding the local inventory of, and access to, affordable housing;
- Increasing access to services through a first entry/one stop center;
- Increasing access to free medical care;
- Providing supportive services (such as life skills, budgeting, job training, mentoring, etc.);
- Increasing faith-based initiatives;
- Increasing homelessness awareness among public safety providers and the community;
- Reducing the number of homeless arrests;
- Implementing an effective discharge planning system;
- Homeless prevention through education, job training, and supportive services.

The plan also calls for the creation of an Office of Homelessness to coordinate services, implement the Homeless Management Information System; seek funding, and facilitate the implementation of the 10-year plan.

Housing & Homelessness

There are nearly 350 beds (emergency, transitional, and permanent supportive) for homeless persons in Gainesville, Alachua County *(see Appendix III)*.[9]

With a homeless population of 1,000, that leaves 650 people unsheltered each night.

Gainesville Community Ministry receives over 700 calls per month from local residents who cannot afford to pay next month's rent.

Local emergency shelters turn down more than 100 requests for shelter on a monthly basis because they are at capacity. Other housing programs have waiting lists that range from 8 months to several years.[10]

The Problem:

Gainesville does not have a housing shortage but a lack of housing that is *affordable* for the people who live and work in our community. It is sadly ironic that there are people sleeping on the streets, in woods and in parking lots amid a sea of "for rent" signs.

According to the federal Fair Market Rent (FMR) a two bedroom apartment should rent for $626 in Alachua County. [11]

Cost to provide one year of housing, shelter and supportive services to a homeless individual in emergency shelter: $8,700

Cost to provide a family of four with a $300 monthly housing subsidy to ensure the family remains in existing housing: $3,600[12]

In order to afford this rent a person would need to make at least $11.81 an hour.

A minimum-wage worker would need to work 77 hours a week to afford the same 2-bedroom apartment.

There are some apartments in Gainesville that rent for less than the FMR.

However, first and last month's rent as well as security deposits make these apartments cost-prohibitive for many working poor.

Many homeless persons face additional barriers to securing housing such as poor rental histories, poor credit, and in some cases criminal histories.

The lack of affordable housing affects at-risk citizens, many of whom live paycheck to paycheck.

There are an estimated 10,000 citizens earning 30% or less of the area median income ($20,357).

Another 5,000 citizens whose earnings are 30-50% of the area median income are spending more than 30% of their income on housing. [13]

Alachua County has more than 1,000 people on waiting lists for public housing. Currently, the city and county have a combined total of 1,700 Section 8 vouchers (U.S. HUD federally subsidized housing) and nearly 1,000 units of public housing.

The wait list for public housing is approximately 36-48 months.[14]

The lack of affordable housing leaves many in precarious housing situations, and creates a backlog that impacts the entire homeless assistance network.

Each day a person remains in an emergency shelter waiting for affordable housing, another homeless person languishes on the streets.

Existing Resources:

Currently, our community has nearly 350 beds for those without shelter, split into three phases of care:

- **Emergency Shelter**: 53 beds for individuals; 70 for families
- **Transitional Housing:** 66 individual beds; 63 family beds
- **Permanent Supportive Housing:** 54 individual beds; 32 family beds

Current Resource Gaps:

Housing: The existing homeless housing inventory needs to be expanded by at least 350 units over the next ten years.

Services: In addition to the need for housing, many homeless persons are in need of services to address factors that may have contributed to their homelessness.

Homeless needs vary and may range from simple needs (financial assistance for start-up costs and deposits) to complex needs (mental health/substance abuse treatment, job training, literacy, budgeting and life skills training).

For many homeless persons the gap falls between income and housing costs.

Any effort to address this problem (rather than simply managing it on a case-by-case basis) will require increased educational opportunities and job training in conjunction with a broad-based community effort to provide more affordable housing and higher-paying jobs.

The Vision:

- All individuals and families who are, have been or are at risk of becoming homeless have access to a safe, sanitary, decent and affordable place to call home, and access to the services necessary to maintain that housing.

- Local residents, property managers, owners and service providers work together to develop needed housing, community development programs and services.

Goals & Strategies:

1. Provide an additional 350 beds for homeless persons for the next 10 years and increase affordable housing. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families; Increase the affordable housing inventory in Gainesville and Alachua County; Explore the feasibility of reintroducing rooming/ boarding houses; Facilitate the development of group homes for homeless people who do not need intensive support services.

2. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk persons from losing their housing. Establish a Housing Support Team (HST) to help clients maintain housing (landlord/ tenant relations; tenants'

rights; budget/life skills); Provide supportive services to at-risk households such as employment training, education, budgeting work shops; Reduce the number of forfeited deposits in isting housing assistance programs through trainings on tenant rights and respon sibilities, legal guidance and liaison with landlords.

For detailed goals and strategies, please refer to the Sustainable Housing logic model.

Health Care & Supportive Services

The Problem:

The current service structure, while comprehensive in scope, falls short of meeting the needs of the community.

Limited resources lead to high caseloads and decreased effectiveness.

Services alone often fall short if the person receiving them does not have safe and stable housing.

Health problems that affect homeless persons – physical, psychological, and addiction-related – surface as both causes and effects of homelessness.

A lack of access to adequate preventative health care, health insurance, affordable health care, and transportation result in exacerbated illnesses and an inappropriate use of emergency rooms for issues that could have been prevented and/or treated at a doctor's office, clinic or other primary health care provider.

Mental health issues and addictions typically grow worse if left untreated.

According to the *New England Journal of Medicine,* homeless people spend an average of four days longer in the hospital, per visit, than comparable non-homeless people, at an extra cost of $2,414 per hospitalization.[15]

Locally, Meridian Behavioral Healthcare's Crisis Stabilization Unit (CSU) reports homeless patients stay approximately five days at CSU versus three to four days for non-homeless patients.

The extra length of stay results in an additional cost of approximately $500 per homeless patient.[16]

Discharging homeless patients to the streets undermines therapeutic interven-

Donna spends a part of her afternoons at the Downtown Community Plaza. With no other place to go, many homeless people congregate at the Plaza.

tion received at the CSU and does not support stabilization of mental health issues.

During the 2003 point-in-time survey of homeless individuals in Gainesville, Alachua County, 24% of those surveyed indicated that a physical or mental disability was a contributing factor to their becoming homeless.

Locally, public safety officials spend over $1 million a year dealing with homeless ness. Much of this expense could be avoided with adequate mental health and substance abuse treatment beds for the homeless.

Transportation remains a major barrier to accessing services. Combined with local ordinances intended to create a geographically dispersed homeless assistance network, the lack of transportation makes, for many, what is already a frustrating experience all the more discouraging.

Further, comprehensive data collection across agencies is only in its infancy. It is only in the past three years that service providers and funders have begun to amass baseline data on demographics and service needs among the homeless population, through annual point-in-time surveys and a tentative embrace of a Homeless Management Information System (HMIS).

The provision of services is only one component of a solution – getting people to utilize those services is of equal importance.

Currently, fragmented service provision impacts how effective outreach teams can be.

Quick Facts

The 2003 ACCHH point-in-time survey of homeless individuals indicated approximately 18% of homeless adults suffer from some type of mental illness (including depression).

Nearly 1 in 4 (23.5%) self-reported an addiction to alcohol and/or drugs. Of these, 55% indicated they needed treatment. Of those surveyed, 5.5% indicated a dual diagnosis of both substance abuse and mental health issues.

Nearly 40% of the survey respondents reported having some form of physical disability; yet less than 1 in 4 receive SSI or SSDI assistance. HIV/AIDS impacts 2% of homeless adults in Alachua County.

Those who reported having any kind of disability were two to three times more likely to have been victims of a crime in the past year than the general homeless population.[17]

The current Continuum of Care system, while effective for some, is not doing enough to permanently end homelessness.

Some clients respond well to the system's design, which intends to move people from emergency shelters through transitional housing and into permanent housing.

For others, however, the system simply ferries people from one service to another, and then back out onto the streets.

Existing Resources:

More than 30 agencies in Alachua County form the fabric of the existing homeless assistance network, and aim to provide services that move people from homelessness into shelter and, ultimately, permanent housing.

The Helping Hands and Equal Access clinics provide urgent medical care and behavioral health services. Gainesville Community Ministry offers dental and vision services.

These local clinics are overwhelmed by the current need for services and are unable to meet the demand without additional resources.

When these clinics are at capacity (an ongoing occurrence), homeless people turn to local emergency rooms for needed medical care.

For homeless people with substance abuse problems, housing stability is "essential for successful treatment and recovery. Without a stable place to live, recovery often remains out of reach."
(Oakley and Dennis, 1996)[18]

People at risk of homelessness can access needed services if they are eligible for Medicaid or other public programs.

Medical and oral health Services are available to those with incomes below the poverty level through the County's We Care physician referral program.

Limited health care services are available to low income uninsured through the Health Department, ACORN and Archer Clinic.

Mental health services are only available through Helping Hands, Equal Access and to Medicaid participants via Meridian Behavioral Healthcare.

Success Story: B.L.

B.L. had been staying at the Peaceful Paths domestic violence shelter and had attended support group regularly over the course of 2 years. A nurse, B.L. was riding her bicycle when severely injured by a hit-and-run driver. Her recovery was long and arduous and was heavily impacted by the stress she experienced being in an abusive relationship.

Her husband, a former Green Beret, had been physically abusive. Outdoors, he enjoyed creeping from bush to bush and crawling through the field to sneak up on her. He told her she could never keep him out of the house… That he could always get in, no matter how many locks she put on the doors.

Confused and terrified, she remained unsure that her husband was abusive. He always laughed off his behaviors and accused her of being paranoid because of her injuries. As the result of the support and information she received in support groups, B.L. obtained a restraining order and filed for divorce.

B.L. came to shelter using a walker and was unable to sit for very long. When she entered the room a year later to update the group on her progress, the support group facilitator did not recognize her until she spoke.

She was walking without assistance, had lost weight, had a new hairdo, was exuding confidence and smiling. She had not smiled during the entire time she had attended group before.

B.L. wanted the group facilitator to see how much better she was, both emotionally and physically. She said she felt like a new person and wanted to thank her for the support she had received while attending support group, which made it possible for her to heal and start "a new life."[19]

Current Resource Gaps:

Despite the vast network of service providers in Gainesville, the supply of resources to serve the homeless has trailed demand for more than a decade.

Many services are available only to those in residence at a shelter. As noted earlier, approximately 650 homeless people are unsheltered on a given night. That leaves 65% of the population with very limited options for services.

No primary medical care or mental health/substance abuse services exist to serve homeless individuals who are not covered by Medicaid or Veterans' benefits.

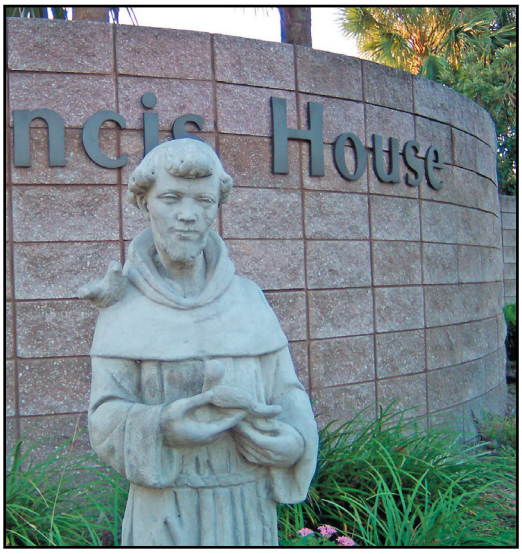
Oral health services are available for children enrolled in Medicaid, and one dental clinic exists to serve the needs of all homeless adults.

The Vision:

- All homeless or previously homeless individuals and families have access to all needed supportive services, medical care, oral health services, mental health care and/or substance use care.

- All temporary or transitional housing for homeless adults includes needed wraparound services. Access to these services will be made available as needed once permanent housing is obtained.

The charge of the health committee was to review and make recommendations about how to expand, fund and successfully deliver medical, dental, mental health and substance abuse services for various homeless populations, especially chronically homeless individuals.



While St. Francis House and The Salvation Army are the best-known local shelters, their combined 60 emergency shelter beds represent less than 20% of the total beds available to homeless people in the community.

The charge of the services committee was to explore solutions to homelessness with the goals of 1) preventing homelessness when possible via timely access to resources; 2) minimizing the duration of homelessness when it occurs; and 3) stabilizing people who are chronically homeless via mental health treatment and permanent supportive housing.

Goals & Strategies:

1. Create First Entry/One-Stop Center to ensure coordination of services for homeless persons. Develop a model, three-phase plan to create a multi-faceted comprehensive service center for homeless individuals in Gainesville/Alachua County.

2. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services. Develop on-site medical service centers at Alachua County and City of Gainesville Fire Rescue/EMS stations to provide urgent care;

3. Increase capacity of local free clinics and programs that provide access to health care.

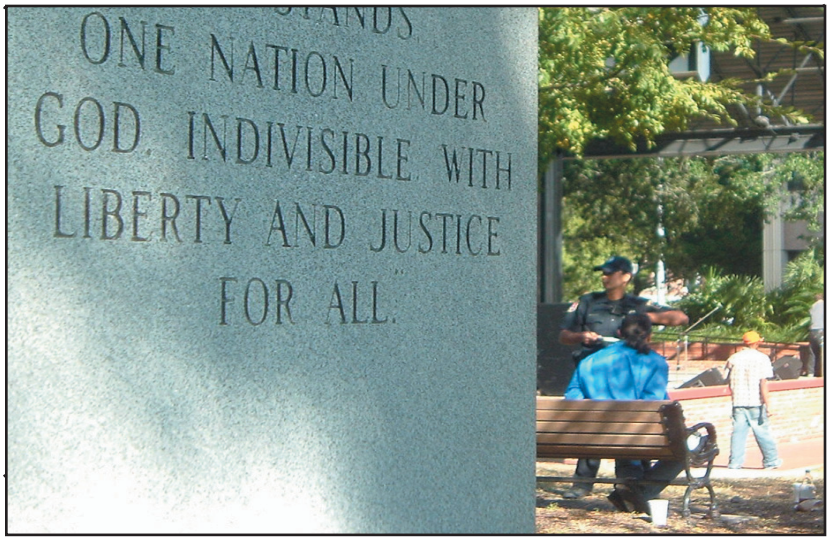
4. Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.

5. Provide life skills, mentoring, job training and placement, budgeting workshops, crisis management, and other supportive services to facilitate a stable way of life.

6. Increase faith-based initiatives to address homeless needs in Gainesville and Alachua County.

For detailed goals and strategies, please refer to the Services and Health logic model.

Public Safety & Homelessness



The current public safety response to homelessness in Alachua County includes:

- Crisis intervention
- Law enforcement
- Discharge planning from courts; jails; medical and foster care facilities.

The Problem:

The costs are significant. Locally, public safety agencies spend nearly $1 million annually dealing with homelessness-related issues, including enforcement of local ordinances, transportation to emergency rooms, and investigations of civil and criminal matters.

Some existing ordinances in effect criminalize necessary behaviors of homeless people, such as sleeping (trespassing) and using the bathroom (public urination/defecation).

Law enforcement officers currently have limited options in dealing with violations of these ordinances.

When an individual lacks a permanent address, state ID, or confirmed ties to the community, officers are unable to utilize the Notice to Appear option and must arrest the person to ensure their appearance in court.

The cost to arrest, transport, book, house and process a person through First Appearance is more than $600 per incident.[20]

Homeless people also come into contact with public safety professionals as victims of crimes against a person (see side bar).

Effective interaction and crisis intervention with these populations requires special training which is not currently required at the Santa Fe Community College (SFCC) Academy of Public Safety.

Nearly forty percent of all homeless arrests were for ordinance violations in the 20-month period ending August 2005 (see side bar).

Substance abuse and mental health issues affect 18% and 23.5% of the homeless population, respectively.[21]

Alcohol and drug-related infractions (open container, possession of drugs and/or paraphernalia) constituted 37% of the offenses.

A review of municipal ordinances affecting homeless persons and an increase in substance abuse treatment programs could play a large role in reducing the need for public safety expenditures.

Current Resource Gaps:

Currently, the effectiveness of discharge planning is limited by a shortage of emergency shelter beds, affordable housing and training or vocational programs.

Many people at hospitals, jails, and other facilities are effectively discharged into homelessness without the resources to break their reliance on the homeless assistance network.

The Vision:

- Unnecessary criminal justice and public social services expenditures are reduced

- Public safety services are provided fairly and consistently

- Discharge Planning is provided along with housing location assistance to individuals prior to institutional discharge, including the foster care system, mental health facilities, hospitals, clinics, prisons and jail.

Local Figures:

Gainesville Police Department's victim and arrest statistics for homeless individuals during a 20 month time period (1/1/04 – 8/31/05) indicate that 117 homeless persons were victims of crime (1% of all victims).

Over half (53%) of homeless victimization crimes were crimes against a person: battery (n = 33), aggravated battery (11), assault (1) aggravated assault (9), sexual battery (1), robbery (7) and domestic battery (1). During the same time period, 196 homeless persons were arrested for a total of 527 incidences (4% of all arrests). 53% were repeat offenders.

Nearly 40% of the offenses were for ordinance violations:

- open container (21%)
- trespassing (12%)
- possession of alcohol in a public park (3%) and
- urinating/defecating in public (2%)

Fourteen percent of the arrests were property offenses [(burglary (7%) and petit theft (7%)]; 13% were drug-related charges; 6% were battery charges; 2% were for panhandling; and 2% were for prostitution-related offenses.[22]

Goals & Strategies:

1. Improve public safety services for homeless persons and reduce associated public expenditures. Increase awareness among public safety service providers and the community about the plight of homelessness in Gainesville and Alachua County; Reduce the number of homeless arrests through a review of existing city ordinances that make necessary acts of life illegal when homeless and via warrant amnesty days for minor offenses.

2. Improve discharge planning and housing location assistance to homeless individuals prior to discharge from services.

For detailed goals and strategies, please refer to the Public Safety logic model.

Implementation of the Ten Year Plan

The 10-year planning process will require long- term commitment from the first planning steps to full implementation.

It will require on-going volunteer and staff time and energy.

Commissioner Long and Mayor Hanrahan have created a Homeless Implementation Committee to facilitate the 10-year plan process.

The Implementation Committee will be comprised of the chairs and co-chairs of the seven committees (Steering, Housing, Health, Public Safety, Services, Faith-based and Finance).

The Implementation Committee will begin meeting immediately in 2006 and will report their progress to the Steering Committee every six months.

The 10-Year Plan is intended to be a living document. It is a map for the next ten years which should be modified as needed.

Members of the public and elected officials need to embrace it as a beginning point. Hundreds of community leaders have donated their time and energy into developing this plan. It is essential to keep the momentum going.

The first step should be to hire an administrator to coordinate with the Implementation Committee and to begin implementing the plan. We chose to do an expedited planning process (in 6 months, rather than a year or more) in order to see some immediate impact.

Goals & Strategies of Implementation:

1. **Create an Office of Homelessness**. Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; and coordinate with the Implementation Committee.

2. **Seek funding for homeless programs** outlined in the 10-year plan: Hire a grant writer to collaborate with city/county grant writers to identify po-

tential funding. The federal government has made ending homelessness a priority with additional funding targeted for homeless programs.

City and County elected officials should direct lobbying efforts to seek federal and state funds for homeless programs.

Locally, creative funding options could include an allocation of a portion of development funds for homeless initiatives and approaching Shands Healthcare and North Florida Regional Medical Center to assist with prevention and other health care programs for homeless (which will result in a cost savings to these medical centers).

3. **Implement the Homeless Management Information System** (HMIS) at the system-wide level to facilitate coordination of services. This objective will include finalizing and adopting the HMIS user documents and addressing privacy issues related to sharing of information on HMIS. The HMIS will facilitate coordination of services and reduce duplication of services. The HMIS data will be able to generate statistical reports to accurately assess needs, gaps in services, and program outcomes for more effective utilization of resources.

4. **Enhance public awareness** regarding the plight of the homeless. The Office of Homelessness will be responsible for creating a publicity campaign to educate the public and dispel negative stereotypes of homeless individuals and families. The 10-year plan will be widely distributed. We encourage stakeholders to actively promote the plan.

For detailed goals and strategies, please refer to the Implementation logic model.

What Can Our Community Expect?

The successful implementation of Gainesville/Alachua County's Ten Year Plan to End Homelessness will result in the following:

1. Significant savings in public systems from reduced use of services including hospital emergency rooms, ambulances, and law enforcement services.

2. Savings in other services systems, including homeless shelters and acute psychiatric and medical services, that can result from placement of individuals into supportive housing.

3. Enhanced quality of life for both those who are housed and homeless.

4. Demonstrated success through supportive housing retention rates.

5. Inspiration and energy from working together to help our neediest neighbors.

Logic Models

Gainesville/
Alachua County
Ten-Year Plan to
End Homelessness

The strategies presented in the logic models represent the committees' best ideas. It will be up to the Implementation Committee to prioritize the strategies and decide which ones to implement.

The expense column figures are **estimated** expenses. The Implementation Committee and City/County staff will research expenses and projected cost savings for the proposed projects over the next few months.

HOUSING Goal I: Provide an additional 350 beds for homeless persons over the next ten years and increase affordable housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Create a 501(c)3 non-profit Housing Trust, to be housed at the Alachua County Housing Authority until the Trust has staff and infrastructure to branch off on its own.	Housing Trust Committee, ACHA	In-kind	2006	Creation of Housing Trust.
2. Recruit local attorneys to draft Housing Trust documents. Recruit professionals in banking, real estate, government, etc. to serve on the Board of Directors.	Housing Trust Committee, Homelessness Administrator	In-kind	2006	Creation of volunteer board of directors with expertise necessary to ensure success of Trust.
3. Publicize the new Housing Trust and solicit donations.	Board of Directors, Homelessness Administrator	In-kind	2006-07	Public awareness of trust. Donations from a wide variety of sources.
4. Accept donations of land, housing, buildings, and funds. Utilize donations to purchase property, renovate buildings, and for local match for grants.	Board of Directors, Homelessness Administrator	In-kind	2006-ongoing	Donations enable Trust to increase housing for homeless persons.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Establish a coalition of Homebuilders Association, Realtors Association, U.F., City and County to develop a strategy to increase the number of affordable housing units.	Homelessness Administrator, Implementation Committee, City, County, other community partners	In-kind	Start in 2006-07	Increased number of affordable housing units.
2. Encourage the development of mixed-use housing communities.	City/County	In-kind	Start in 2006-07	Increased number of affordable housing units.

Objective 1C: Target existing housing assistance funds for homeless housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Reallocate a portion of existing HOME tenant-based rental assistance (TBRA) funds for specific homeless populations (i.e., persons with disabilities).	City of Gainesville CDBG	Reallocation of existing funds	Start in 2006-07	Reduction in the number of homeless persons with disabilities living in shelters, on the streets, in the woods, etc.
2. City and County Public Housing Authorities (PHAs) establish a preference for homeless persons on their Section 8 and public housing waiting lists.	Alachua County Housing Authority, Gainesville Housing Authority	Reallocation of existing funds	Start in 2006	Reduction in length of time homeless persons spend in emergency or transitional shelter, freeing up space for homeless persons living on streets, in the woods, etc.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Seek best practices/models for introduction of rooming houses into Gainesville community.	Homelessness Administrator	In-kind	2006	Selection of a best practice to be implemented in Gainesville, Alachua County.
2. Review City/County policies regarding rooming/boarding houses. Lobby for changes, if needed.	City/County, Homelessness Administrator	In-kind	2006	Ordinances that encourage rooming/boarding housing.
3. Compile a lists of abandoned (City/County owned) properties sufficient for rehabilitation for rooming houses.	City/County	In-kind	Start in 2006	Abandoned houses donated to trust, rehabilitated for rooming houses.
4. Encourage local landlords and housing providers to implement rooming/boarding housing programs.	Homelessness Administrator	In-kind	2007	Increased affordable housing options for homeless persons.
5. Encourage local organizations that provide housing assistance to use their existing short-term emergency funds to provide rental assistance for rooming/boarding housing rather than issuing motel vouchers.	Homelessness Administrator, Alachua County Coalition for the Homeless and Hungry	Reallocation of existing funds	2007, ongoing	Better utilization of existing housing assistance funds.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Review City/County zoning ordinances for group homes.	City/County	In-kind	2006	Identification of zoning in need of modifications to support group homes.
2. Lobby for zoning that allows facilities with ten beds or less to be placed anywhere in the county, except for single-family residential areas.	City/County, Homelessness Administrator	In-kind	2006	Dispersement of group homes throughout the county.
3. Create a pilot project to provide up to ten units of housing in a group home that will monitor client progress.	City/County	In-kind	Start in 2006	Successful pilot results in additional group homes Increased housing options for homeless.

HOUSING

Goal II: Facilitate housing stabilization once homeless persons secure permanent housing and prevent at-risk persons from losing their housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Establish Housing Support Teams (HST) to help clients maintain housing (landlord/ tenant relations, budget/ life skills, etc.).	Service providers	Will depend on the number of HST specialists hired.	Start in 2007, ongoing	Homeless persons maintain housing once they find permanent housing.
2. Provide supportive services to at-risk households such as employment training, education, budgeting workshops, etc.	Service providers	Will depend on number of services, training, etc.	Start in 2008, ongoing	Reduction in the number of at-risk families and individuals who become homeless.
3. Reduce the number of forfeited deposits through training on tenant's rights and responsibilities, legal guidance and liaison with landlords.	Alachua County Coalition for Homeless and Hungry, local attorneys	In-kind	Start in 2006	Reduction in the number of forfeited deposits.

SERVICES/HEALTH

Goal I: Create First Entry/One-Stop Center to ensure coordination of services for homeless persons.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. **Phase One**: Identify location(s) to be designated as "First Entry" center(s). Initially, the Center will house individual counters for local service providers. Stations would include case management, screening and referral, life skills and budgeting, mentoring, educational resources, legal aid, social security/SSI representation, DCF representation, vocational training/placement, and shuttle service to and from emergency or transitional housing. To include hiring management and support staff.	Homeless Administrator, Implementation Committee, Alachua County Coalition for the Homeless and Hungry, and Providers.	$150,000+	Start in 2006/07, ongoing	Improved access to services for homeless persons. Improved coordination and elimination of duplication of services.
2. Conduct coordinated, bi-monthly outreach at rotating sites to link homeless persons with existing services.	Service providers, Alachua County Coalition for the Homeless and Hungry	In-kind	Start in 2006, ongoing	Increased number of homeless persons accessing existing services.
3. Provide case management to implement the "Housing First" model.	Service provider case managers.	Will depend on the number of new hires.	Start in 2006-07, ongoing	Improved stability for homeless persons; Increased accountability.
4. **Phase Two**: Expand services to include medical care, child care, personal hygiene facilities (showers, laundry, lockers), communications (computers, telephones, message center, mail), substance abuse intervention, and recovery coaches. To include hiring intake staff and specialists, as needed.	Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers	$500, 000+	2009 -2012	Comprehensive array of services. Reduction in number of homeless persons without basic necessities.

5. **Phase Three:** Expand services to provide emergency and/or transitional housing (number of beds will depend upon location and funding). To include hiring staff to manage the housing component. (Note: committee members were divided as to whether or not the Center should include beds. If it is deemed desirable to locate shelters away from the Center, the committee recommends shuttles to and from the Center.).	Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers	$800,000+	2012-2016	Complete Continuum of Care under one roof. Reduction in the number of homeless persons living on the streets, in the woods, etc.

SERVICES/HEALTH

Goal II. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Develop on-site medical service centers at Alachua County and City of Gainesville Fire/EMS stations to provide urgent care for homeless individuals and other low income citizens.	Implementation Committee, City/ County Fire and EMS stations	$100,000 or less	Starting in 2007, ongoing	Improved health of homeless persons. Reduction in the number of inappropriate emergency room visits.
2. Increase capacity of Helping Hands Clinic (primary care) to three times per week. To include hiring administrative staff to recruit medical professionals to volunteer their services; and funds for medical supplies.	Helping Hands Clinic	$130,000	Starting in 2008 - 2009	
3. Expand We Care program to serve all eligible low-income residents of Alachua County. To include hiring additional staff to recruit volunteers and screen clients; funds for dental clinic supplies.	We Care program	$75,000	Staring in 2008 - 2009	
4. Expand Community Ministries dental and vision services. To include hiring additional staff to recruit volunteers; and funds for supplies.	Gainesville Community Ministry	$35,000	Starting in 2007 - 2008	

5. Implement a Mobile Medical Services Van program (similar to the one in Pinellas County) to be staffed by volunteer medical professionals and graduate level health professions students. Ensure sovereign immunity for medical volunteers.	County Social Services	$500,000	2008-2010	

SERVICES/HEALTH

Goal III: Broaden wrap-around services and increase capacity of existing services for homeless individuals and low income families.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Increase substance abuse treatment beds by five to serve approximately 60 homeless persons per year.	Mental health service providers	$320,000	Starting in 2009, ongoing	Reduction in substance abuse issues for homeless persons receiving treatment.
2. Increase mental health services for approximately 300 homeless individuals, to include case management, outpatient services and psychiatric services.	Mental health service providers	$800,000	Starting in 2010, ongoing	Medical stabilization. Reduction in CSU visits.
3. Facilitate and coordinate homeless persons' access to benefits.	First Entry/One Stop Center staff, Service providers.	In-kind	Starting in 2006, ongoing	Reduction in number of homeless persons without income or benefits.
4. Increase access to available health services via van transport and bus tokens.	County	$300,000+	Start in 2007	Improved access to existing medical facilities.
5. Expand Alachua County's transitional and permanent housing for homeless persons with disabilities (mental illness, substance use disorders, or physical health problems).	Alachua County Coalition for the Homeless and Hungry	$800,000 +, depending on number of housing units	Start in 2007	Reduction in the number of homeless persons with disabilities living in shelter or on the streets.

SERVICES/HEALTH

Goal IV: Provide life skills, mentoring, job training and placement, budgeting workshops, crisis management, and other support services to facilitate a stable way of life.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide training on skills designed to help homeless persons maintain medical, residential and financial stability, such as medication adherence, social functioning, conflict resolution, stress management, budgeting, problem solving, and decision-making.	Service providers	$300,000 plus	Start in 2006/07, ongoing	Homeless persons increase social functioning and maintain housing. Reduction in the number of crisis situations for homeless persons.
2. Provide one-on-one mentoring for homeless persons on basic life issues, such as home management, relationship skills, personal hygiene, self-management in the workplace, dealing with bureaucratic systems, etc. Formerly homeless and other community volunteers will serve as mentors.	Alachua County Coalition for the Homeless and Hungry, Homelessness Administrator	In-kind	Start in 2006-2007	Improved social skills and ability to deal with day to day stressors. Reduction in sense of isolation and feeling of helplessness.
3. Hire job coaches to assist approximately 100 homeless clients per year.	Office of Homelessness	$200,000	Start in 2008, ongoing	Increase in the number of homeless persons who find gainful employment.
4. Explore opportunities for supportive employment for appropriate homeless individuals.	Office of Homelessness, Mental health & other service providers	Will depend on the type of shelter emp. program.	2010 -2012	Increased employment opportunities for persons with special needs.
5. Assist homeless persons in obtaining State ID cards so that they may better access services and employment opportunities.	Service providers	Less than $10,000	Start in 2006, ongoing	Increased opportunities for employment. Reduction in arrests due to no identification.

6. Create a Homeless Services ID card (similar to the CHIP program in Clearwater) which can be tied to a life improvement plan; taken away in lieu of arrest for certain offenses (re-instated by the person's case worker); used to access resources from participating merchants, employers and landlords.	Office of Homelessness, service providers	Less than $10,000	Starting in 2007-2008	Improved accountability, reduction in arrests, increased options for homeless persons without State IDs.

SERVICES/HEALTH

Goal V: Increase faith-based initiatives to address homeless needs in Gainesville, Alachua County.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Encourage faith-based organizations to partner with Interfaith Hospitality Network (IHN).	Faith-based committee, Interfaith Hospitality Network.	In-kind	Starting in 2006, ongoing	Increased number of homeless families provided with shelter, food, support services and fellowship.
2. Recruit congregation members to serve as volunteers with IHN.	Pastors.	In-kind	Starting in 2006, ongoing	
3. Recruit churches to serve as host congregations for homeless families served by IHN.	Faith-based committee and IHN.	In-kind	Starting in 2006, ongoing	

PUBLIC SAFETY

Goal I: Improve public safety services for homeless persons and reduce associated public expenditures.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Create a required "Homelessness Awareness" track at the SFCC Academy of Public Safety and an in-service training for veteran officers, based on the Broward County model.	Santa Fe Community College	In-kind	Start in 2006-07	Increased awareness among public safety service providers.
2. Offer "Homelessness Awareness" training to court and criminal justice personnel, EMS and Fire Rescue professionals, as well as the public.	SFCC, ASO, GPD, UPD, Courts, CJS, EMS, Fire Rescue	In-kind	Ongoing	

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Review City/County ordinances that may adversely affect the homeless population.	City/County attorneys, ASO, GPD, and policy group	In-kind	Start in 2006	Decriminalization of some behaviors made illegal by virtue of housing status.
2. Implement a regularly scheduled warrant clearance day for minor offenses.	State Attorney, Public Defender, Clerk of Court, ASO, GPD	In-kind	Spring of 2006, ongoing	Reduction of the number of arrests for outstanding warrants.

3. Review the amount and appropriateness of current bond schedule.	Courts	In-kind	2006	Creation of affordable bonds; reduction in number of days in jail for homeless persons with a bond.
4. Incorporate appropriate homeless defendants into Mental Health Court or Drug Court.	Courts	In-kind	Start in 2006, ongoing	Improved services for homeless persons with mental health or substance abuse issues.
4. Increase community service options in lieu of fines.	Public Defender, Court Services	In-kind	2006-07	Affordable options/penalties for homeless persons.
4. Create a graduated/"Three Strikes" fine policy.	Courts, State Attorney	In-kind	2006-07	Affordable options/penalties for homeless persons.
5. Hire a social worker to assist police with non-violent mental health complaints.	City, County, ASO, GPD	Under $50,000	Start in 2006-2008	Improved services for mentally ill persons; reduction in inappropriate arrests.
5. Create an inebriation recovery center for publicly intoxicated individuals.	Service providers	$150,000 - $500,000	Start in 2010 - 2012	Reduction in the number of intoxicated persons arrested and transported to jail.
6. Increase the number of detoxification beds and crisis stabilization unit (CSU) beds.	Meridian Behavioral Healthcare	$150,000 - $500,000	Start in 2010-2012	Reduction in the number of intoxicated or mentally ill persons arrested and transported to jail.
7. Provide necessary public facilities (bathrooms, places to sleep, etc.).	City/County	Depends on facilities	Start in 2006	Reduction in the number of homeless arrests.

PUBLIC SAFETY

Goal II: Improve discharge planning and housing location assistance to homeless individuals prior to discharge from services.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Introduce principles of effective discharge planning to identified institutions; assist with policy development and implementation.	Community Discharge Policy Planning group	In-kind	Starting in 2006, ongoing	Reduction in the number of people who become homeless when released from institutions and foster care.
2. Identify individuals needing assistance to prevent homelessness at intake.	Jail, prisons, medical facilities, psychiatric hospitals	In-kind	Starting in 2006, ongoing	
3. Hire a Discharge Specialist to facilitate services for potentially homeless persons in the criminal justice system and other governmental institutions.	County	$50,000 or less	2007 - 2008	
4. Supply a Community Resource Guide to identified institutions for dissemination to individuals about to be released into the community.	Alachua County Coalition for the Homeless and Hungry	In-kind	January 2006, ongoing	

PREVENTION Goal I: Prevent future homelessness for at-risk families and individuals

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide subsidized care for persons at 150% poverty level who are not eligible for CHOICES program.	County Social Services	$500,000+	2008 - 2010	Reduction in number of persons who become homeless due to medical circumstances.
2. Enroll homeless children and adults in Medicaid, KidCare, VA and Social Security programs.	Service providers, Office of Homelessness	In kind	2007 – 2009, ongoing	
3. Increase preventive health care options and preventive health education for at-risk citizens.	Health Department and other providers	$500,000+	2008, ongoing	
4. Contract with Meridian Behavioral Healthcare, Inc., Alachua County Health Department, and others to provide care for very low-income citizens.	County	$500,000+	2008, ongoing	

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Promote literacy programs for post-school adults and enhance after-school reading programs.	School Board of Alachua County	In-kind	2006, ongoing	Increased literacy rates among citizens. Reduction in unemployed persons.
2. Provide job coaches for at-risk citizens.	Service Providers	$50,000 - $150,000	2007, ongoing	Improved employment options for at-risk citizens.
3. Increase skilled apprenticeship programs.	School Board and SFCC	In-kind	2009 - 2012	Reduction in unemployed persons.

4. Promote awareness to local employers regarding flexible hours that are family friendly and encourage child care options.	Homelessness Administrator	In-kind	Starting in 2007	Increased employment options for at-risk and homeless persons with families.
5. Increase affordable transportation options.	City, County	$150,000, plus	Starting in 2008	Greater accessibility to employment sites.
6. Provide job skills training for middle and high school students.	School Board of Alachua County	$150,000 plus	Starting in 2008	Skilled workforce. Reduction in persons limited to minimum wage employment.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide counseling and support groups to address isolation, poverty, recovery, grief, and abuse.	U.F. Dept. of Counseling, providers, others	$90,000	2007, ongoing	300 people counseled per year.
2. Educate and assist ex-offenders regarding successful return to employment, education, housing, etc.	Service providers, county, State	$90,000, plus	2008, ongoing	Reduction in the number of newly released inmates who become homeless.
3. Increase current utility and rent/mortgage assistance programs.	GRU, Catholic Charities, Gainesville Community Ministry, Salvation Army	$100,000 plus	2006-07, ongoing	Reduction in the number of people who have their utilities cut off. Reduction in the number of evictions and foreclosures.
4. Educate, mediate and assist landlords and tenants regarding eviction practices and win-win solutions.	City, County, public housing authorities, Alachua County Coalition for Homeless and Hungry, volunteer attorneys	In-kind	Starting in 2006	Improved relations. Reduction in evictions.
5. Increase availability of education regarding personal finances and debt for at-risk persons.	City, County	In-kind	2007, ongoing	Reduction in number of evictions and foreclosures.
6. Become an abuse prevention comm.-unity, with multi-generational primary prevention educational programs for ending physical and psychological abuse.	Peaceful Paths, DELTA Violence Prevention Task Force, GPD, County Victim Services	In-kind	Start in 2006, ongoing	Reduction in the number of women (including women with children) and teenagers who become homeless due to abuse or violence. Primary violence prevention.

IMPLEMENTATION Goal I: Implement the Ten Year Plan to End Homelessness and improve coordination of services among providers.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; coordinate with the Implementation Committee, Steering Committee, Housing Trust, and other committees; search for funding; and recruit community volunteers.	City/County	$50,000 – $70,000	Spring of 2006	Paid staff responsible for the successful implementation of the 10-year plan.
2. Hire support staff and a grant writer.	City/County	Dependent on number of positions	2007 - 2009	Support staff to ensure successful implementation of 10-Year plan.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Collaborate with City/County grant writers to identify potential funding	Homelessness Administrator	In-kind	2006, ongoing	Funding for homeless projects listed in 10-year plan.
2. Direct lobbying efforts to seek federal and state funds for homeless programs.	City/County	In-kind	2006-ongoing	Increased funding for homeless programs in Alachua County.
3. Evaluate creative funding options such as an allocation of a portion of development funds for homeless initiatives.	Homelessness Administrator, City/County	In-kind	2007 - 2008	Increased funding for homeless programs.
4. Approach Shands Healthcare and North Florida Regional Medical Center to assist with prevention and other health care programs for the homeless.	Homelessness Admin., Implementation Committee members	In-kind	2006	Increased funding for health care programs for homeless.
5. Change governmental priorities so homeless issues receive more support either monetarily or through staff dedication.	Homelessness Administrator, Implementation Committee members	In-kind	2006	Increased funding and staff assistance for homeless initiatives.

Objective 1C: Implement the Homeless Management Information System (HMIS) at the system-wide level to

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Finalize and adopt the HMIS user documents.	Alachua County Housing Authority (ACHA), Alachua County Coalition for the Homeless and Hungry (ACCHH), HMIS subcommittee	In-kind	2006	Established uniform, standard guidelines for HMIS providers.
2. Address privacy issues related to sharing of information on HMIS.	ACHA, ACCHH, and other providers	In-kind	2006	Agreed upon guidelines on information sharing will eliminate provider reluctance to utilize HMIS.
3. Implement HMIS data collection for agencies receiving homeless assistance funds.	ACCHH, service providers	In-kind	2006, ongoing	All service providers will be linked and utilizing the HMIS system.
4. Generate statistical reports to accurately assess needs, gaps in services, program outcomes for more effective utilization of resources.	Alachua County Housing Authority's HMIS Administrator	In-kind	2006-07, ongoing	Improved analysis and reporting on current services and gaps.
5. Incorporate universal client outcome level data for short term and longitudinal data analysis.	Alachua County Housing Authority's HMIS Administrator	In-kind	2006	Better coordination among providers. Eliminate duplication of services.
6. Conduct client satisfaction surveys to evaluate needs and services.	Service providers, Alachua County Coalition for the Homeless and Hungry	In-kind	2006-07, ongoing	Improved services for homeless individuals and families.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Create a publicity campaign to educate the public and dispel negative stereotypes of homeless individuals and families.	Homelessness Administrator, Alachua County Coalition for Homeless and Hungry	In-kind	2006 - 2008	Greater awareness and empathy for homeless persons.

Logic Models

Gainesville/
Alachua County
Ten-Year Plan to
End Homelessness

The strategies presented in the logic models represent the committees' best ideas. It will be up to the Implementation Committee to prioritize the strategies and decide which ones to implement.

The expense column figures are **estimated** expenses. The Implementation Committee and City/County staff will research expenses and projected cost savings for the proposed projects over the next few months.

HOUSING Goal I: Provide an additional 350 beds for homeless persons over the next ten years and increase affordable housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Create a 501(c)3 non-profit Housing Trust, to be housed at the Alachua County Housing Authority until the Trust has staff and infrastructure to branch off on its own.	Housing Trust Committee, ACHA	In-kind	2006	Creation of Housing Trust.
2. Recruit local attorneys to draft Housing Trust documents. Recruit professionals in banking, real estate, government, etc. to serve on the Board of Directors.	Housing Trust Committee, Homelessness Administrator	In-kind	2006	Creation of volunteer board of directors with expertise necessary to ensure success of Trust.
3. Publicize the new Housing Trust and solicit donations.	Board of Directors, Homelessness Administrator	In-kind	2006-07	Public awareness of trust. Donations from a wide variety of sources.
4. Accept donations of land, housing, buildings, and funds. Utilize donations to purchase property, renovate buildings, and for local match for grants.	Board of Directors, Homelessness Administrator	In-kind	2006-ongoing	Donations enable Trust to increase housing for homeless persons.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Establish a coalition of Homebuilders Association, Realtors Association, U.F., City and County to develop a strategy to increase the number of affordable housing units.	Homelessness Administrator, Implementation Committee, City, County, other community partners	In-kind	Start in 2006-07	Increased number of affordable housing units.
2. Encourage the development of mixed-use housing communities.	City/County	In-kind	Start in 2006-07	Increased number of affordable housing units.

Objective 1C: Target existing housing assistance funds for homeless housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Reallocate a portion of existing HOME tenant-based rental assistance (TBRA) funds for specific homeless populations (i.e., persons with disabilities).	City of Gainesville CDBG	Reallocation of existing funds	Start in 2006-07	Reduction in the number of homeless persons with disabilities living in shelters, on the streets, in the woods, etc.
2. City and County Public Housing Authorities (PHAs) establish a preference for homeless persons on their Section 8 and public housing waiting lists.	Alachua County Housing Authority, Gainesville Housing Authority	Reallocation of existing funds	Start in 2006	Reduction in length of time homeless persons spend in emergency or transitional shelter, freeing up space for homeless persons living on streets, in the woods, etc.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Seek best practices/models for introduction of rooming houses into Gainesville community.	Homelessness Administrator	In-kind	2006	Selection of a best practice to be implemented in Gainesville, Alachua County.
2. Review City/County policies regarding rooming/boarding houses. Lobby for changes, if needed.	City/County, Homelessness Administrator	In-kind	2006	Ordinances that encourage rooming/boarding housing.
3. Compile a lists of abandoned (City/County owned) properties sufficient for rehabilitation for rooming houses.	City/County	In-kind	Start in 2006	Abandoned houses donated to trust, rehabilitated for rooming houses.
4. Encourage local landlords and housing providers to implement rooming/boarding housing programs.	Homelessness Administrator	In-kind	2007	Increased affordable housing options for homeless persons.
5. Encourage local organizations that provide housing assistance to use their existing short-term emergency funds to provide rental assistance for rooming/boarding housing rather than issuing motel vouchers.	Homelessness Administrator, Alachua County Coalition for the Homeless and Hungry	Reallocation of existing funds	2007, ongoing	Better utilization of existing housing assistance funds.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Review City/County zoning ordinances for group homes.	City/County	In-kind	2006	Identification of zoning in need of modifications to support group homes.
2. Lobby for zoning that allows facilities with ten beds or less to be placed anywhere in the county, except for single-family residential areas.	City/County, Homelessness Administrator	In-kind	2006	Dispersement of group homes throughout the county.
3. Create a pilot project to provide up to ten units of housing in a group home that will monitor client progress.	City/County	In-kind	Start in 2006	Successful pilot results in additional group homes Increased housing options for homeless.

HOUSING

Goal II: Facilitate housing stabilization once homeless persons secure permanent housing and prevent at-risk persons from losing their housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Establish Housing Support Teams (HST) to help clients maintain housing (landlord/ tenant relations, budget/ life skills, etc.).	Service providers	Will depend on the number of HST specialists hired.	Start in 2007, ongoing	Homeless persons maintain housing once they find permanent housing.
2. Provide supportive services to at-risk households such as employment training, education, budgeting workshops, etc.	Service providers	Will depend on number of services, training, etc.	Start in 2008, ongoing	Reduction in the number of at-risk families and individuals who become homeless.
3. Reduce the number of forfeited deposits through training on tenant's rights and responsibilities, legal guidance and liaison with landlords.	Alachua County Coalition for Homeless and Hungry, local attorneys	In-kind	Start in 2006	Reduction in the number of forfeited deposits.

SERVICES/HEALTH

Goal I: Create First Entry/One-Stop Center to ensure coordination of services for homeless persons.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. **Phase One**: Identify location(s) to be designated as "First Entry" center(s). Initially, the Center will house individual counters for local service providers. Stations would include case management, screening and referral, life skills and budgeting, mentoring, educational resources, legal aid, social security/SSI representation, DCF representation, vocational training/placement, and shuttle service to and from emergency or transitional housing. To include hiring management and support staff.	Homeless Administrator, Implementation Committee, Alachua County Coalition for the Homeless and Hungry, and Providers.	$150,000+	Start in 2006/07, ongoing	Improved access to services for homeless persons. Improved coordination and elimination of duplication of services.
2. Conduct coordinated, bi-monthly outreach at rotating sites to link homeless persons with existing services.	Service providers, Alachua County Coalition for the Homeless and Hungry	In-kind	Start in 2006, ongoing	Increased number of homeless persons accessing existing services.
3. Provide case management to implement the "Housing First" model.	Service provider case managers.	Will depend on the number of new hires.	Start in 2006-07, ongoing	Improved stability for homeless persons; Increased accountability.
4. **Phase Two**: Expand services to include medical care, child care, personal hygiene facilities (showers, laundry, lockers), communications (computers, telephones, message center, mail), substance abuse intervention, and recovery coaches. To include hiring intake staff and specialists, as needed.	Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers	$500, 000+	2009 -2012	Comprehensive array of services. Reduction in number of homeless persons without basic necessities.

5. **Phase Three:** Expand services to provide emergency and/or transitional housing (number of beds will depend upon location and funding). To include hiring staff to manage the housing component. (Note: committee members were divided as to whether or not the Center should include beds. If it is deemed desirable to locate shelters away from the Center, the committee recommends shuttles to and from the Center.).	Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers	$800,000+	2012-2016	Complete Continuum of Care under one roof. Reduction in the number of homeless persons living on the streets, in the woods, etc.

SERVICES/HEALTH

Goal II. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Develop on-site medical service centers at Alachua County and City of Gainesville Fire/EMS stations to provide urgent care for homeless individuals and other low income citizens.	Implementation Committee, City/ County Fire and EMS stations	$100,000 or less	Starting in 2007, ongoing	Improved health of homeless persons. Reduction in the number of inappropriate emergency room visits.
2. Increase capacity of Helping Hands Clinic (primary care) to three times per week. To include hiring administrative staff to recruit medical professionals to volunteer their services; and funds for medical supplies.	Helping Hands Clinic	$130,000	Starting in 2008 - 2009	
3. Expand We Care program to serve all eligible low-income residents of Alachua County. To include hiring additional staff to recruit volunteers and screen clients; funds for dental clinic supplies.	We Care program	$75,000	Staring in 2008 - 2009	
4. Expand Community Ministries dental and vision services. To include hiring additional staff to recruit volunteers; and funds for supplies.	Gainesville Community Ministry	$35,000	Starting in 2007 - 2008	

5. Implement a Mobile Medical Services Van program (similar to the one in Pinellas County) to be staffed by volunteer medical professionals and graduate level health professions students. Ensure sovereign immunity for medical volunteers.	County Social Services	$500,000	2008-2010	

SERVICES/HEALTH

Goal III: Broaden wrap-around services and increase capacity of existing services for homeless individuals and low income families.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Increase substance abuse treatment beds by five to serve approximately 60 homeless persons per year.	Mental health service providers	$320,000	Starting in 2009, ongoing	Reduction in substance abuse issues for homeless persons receiving treatment.
2. Increase mental health services for approximately 300 homeless individuals, to include case management, outpatient services and psychiatric services.	Mental health service providers	$800,000	Starting in 2010, ongoing	Medical stabilization. Reduction in CSU visits.
3. Facilitate and coordinate homeless persons' access to benefits.	First Entry/One Stop Center staff, Service providers.	In-kind	Starting in 2006, ongoing	Reduction in number of homeless persons without income or benefits.
4. Increase access to available health services via van transport and bus tokens.	County	$300,000+	Start in 2007	Improved access to existing medical facilities.
5. Expand Alachua County's transitional and permanent housing for homeless persons with disabilities (mental illness, substance use disorders, or physical health problems).	Alachua County Coalition for the Homeless and Hungry	$800,000 +, depending on number of housing units	Start in 2007	Reduction in the number of homeless persons with disabilities living in shelter or on the streets.

SERVICES/HEALTH

Goal IV: Provide life skills, mentoring, job training and placement, budgeting workshops, crisis management, and other support services to facilitate a stable way of life.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide training on skills designed to help homeless persons maintain medical, residential and financial stability, such as medication adherence, social functioning, conflict resolution, stress management, budgeting, problem solving, and decision-making.	Service providers	$300,000 plus	Start in 2006/07, ongoing	Homeless persons increase social functioning and maintain housing. Reduction in the number of crisis situations for homeless persons.
2. Provide one-on-one mentoring for homeless persons on basic life issues, such as home management, relationship skills, personal hygiene, self-management in the workplace, dealing with bureaucratic systems, etc. Formerly homeless and other community volunteers will serve as mentors.	Alachua County Coalition for the Homeless and Hungry, Homelessness Administrator	In-kind	Start in 2006-2007	Improved social skills and ability to deal with day to day stressors. Reduction in sense of isolation and feeling of helplessness.
3. Hire job coaches to assist approximately 100 homeless clients per year.	Office of Homelessness	$200,000	Start in 2008, ongoing	Increase in the number of homeless persons who find gainful employment.
4. Explore opportunities for supportive employment for appropriate homeless individuals.	Office of Homelessness, Mental health & other service providers	Will depend on the type of shelter emp. program.	2010 -2012	Increased employment opportunities for persons with special needs.
5. Assist homeless persons in obtaining State ID cards so that they may better access services and employment opportunities.	Service providers	Less than $10,000	Start in 2006, ongoing	Increased opportunities for employment. Reduction in arrests due to no identification.

6. Create a Homeless Services ID card (similar to the CHIP program in Clearwater) which can be tied to a life improvement plan; taken away in lieu of arrest for certain offenses (re-instated by the person's case worker); used to access resources from participating merchants, employers and landlords.	Office of Homelessness, service providers	Less than $10,000	Starting in 2007-2008	Improved accountability, reduction in arrests, increased options for homeless persons without State IDs.

SERVICES/HEALTH

Goal V: Increase faith-based initiatives to address homeless needs in Gainesville, Alachua County.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Encourage faith-based organizations to partner with Interfaith Hospitality Network (IHN).	Faith-based committee, Interfaith Hospitality Network.	In-kind	Starting in 2006, ongoing	Increased number of homeless families provided with shelter, food, support services and fellowship.
2. Recruit congregation members to serve as volunteers with IHN.	Pastors.	In-kind	Starting in 2006, ongoing	
3. Recruit churches to serve as host congregations for homeless families served by IHN.	Faith-based committee and IHN.	In-kind	Starting in 2006, ongoing	

PUBLIC SAFETY

Goal I: Improve public safety services for homeless persons and reduce associated public expenditures.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Create a required "Homelessness Awareness" track at the SFCC Academy of Public Safety and an in-service training for veteran officers, based on the Broward County model.	Santa Fe Community College	In-kind	Start in 2006-07	Increased awareness among public safety service providers.
2. Offer "Homelessness Awareness" training to court and criminal justice personnel, EMS and Fire Rescue professionals, as well as the public.	SFCC, ASO, GPD, UPD, Courts, CJS, EMS, Fire Rescue	In-kind	Ongoing	

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Review City/County ordinances that may adversely affect the homeless population.	City/County attorneys, ASO, GPD, and policy group	In-kind	Start in 2006	Decriminalization of some behaviors made illegal by virtue of housing status.
2. Implement a regularly scheduled warrant clearance day for minor offenses.	State Attorney, Public Defender, Clerk of Court, ASO, GPD	In-kind	Spring of 2006, ongoing	Reduction of the number of arrests for outstanding warrants.

3. Review the amount and appropriateness of current bond schedule.	Courts	In-kind	2006	Creation of affordable bonds; reduction in number of days in jail for homeless persons with a bond.
4. Incorporate appropriate homeless defendants into Mental Health Court or Drug Court.	Courts	In-kind	Start in 2006, ongoing	Improved services for homeless persons with mental health or substance abuse issues.
4. Increase community service options in lieu of fines.	Public Defender, Court Services	In-kind	2006-07	Affordable options/penalties for homeless persons.
4. Create a graduated/"Three Strikes" fine policy.	Courts, State Attorney	In-kind	2006-07	Affordable options/penalties for homeless persons.
5. Hire a social worker to assist police with non-violent mental health complaints.	City, County, ASO, GPD	Under $50,000	Start in 2006-2008	Improved services for mentally ill persons; reduction in inappropriate arrests.
5. Create an inebriation recovery center for publicly intoxicated individuals.	Service providers	$150,000 - $500,000	Start in 2010 - 2012	Reduction in the number of intoxicated persons arrested and transported to jail.
6. Increase the number of detoxification beds and crisis stabilization unit (CSU) beds.	Meridian Behavioral Healthcare	$150,000 - $500,000	Start in 2010-2012	Reduction in the number of intoxicated or mentally ill persons arrested and transported to jail.
7. Provide necessary public facilities (bathrooms, places to sleep, etc.).	City/County	Depends on facilities	Start in 2006	Reduction in the number of homeless arrests.

PUBLIC SAFETY

Goal II: Improve discharge planning and housing location assistance to homeless individuals prior to discharge from services.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Introduce principles of effective discharge planning to identified institutions; assist with policy development and implementation.	Community Discharge Policy Planning group	In-kind	Starting in 2006, ongoing	Reduction in the number of people who become homeless when released from institutions and foster care.
2. Identify individuals needing assistance to prevent homelessness at intake.	Jail, prisons, medical facilities, psychiatric hospitals	In-kind	Starting in 2006, ongoing	
3. Hire a Discharge Specialist to facilitate services for potentially homeless persons in the criminal justice system and other governmental institutions.	County	$50,000 or less	2007 - 2008	
4. Supply a Community Resource Guide to identified institutions for dissemination to individuals about to be released into the community.	Alachua County Coalition for the Homeless and Hungry	In-kind	January 2006, ongoing	

PREVENTION Goal I: Prevent future homelessness for at-risk families and individuals

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide subsidized care for persons at 150% poverty level who are not eligible for CHOICES program.	County Social Services	$500,000+	2008 - 2010	Reduction in number of persons who become homeless due to medical circumstances.
2. Enroll homeless children and adults in Medicaid, KidCare, VA and Social Security programs.	Service providers, Office of Homelessness	In kind	2007 – 2009, ongoing	
3. Increase preventive health care options and preventive health education for at-risk citizens.	Health Department and other providers	$500,000+	2008, ongoing	
4. Contract with Meridian Behavioral Healthcare, Inc., Alachua County Health Department, and others to provide care for very low-income citizens.	County	$500,000+	2008, ongoing	

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Promote literacy programs for post-school adults and enhance after-school reading programs.	School Board of Alachua County	In-kind	2006, ongoing	Increased literacy rates among citizens. Reduction in unemployed persons.
2. Provide job coaches for at-risk citizens.	Service Providers	$50,000 - $150,000	2007, ongoing	Improved employment options for at-risk citizens.
3. Increase skilled apprenticeship programs.	School Board and SFCC	In-kind	2009 - 2012	Reduction in unemployed persons.

4. Promote awareness to local employers regarding flexible hours that are family friendly and encourage child care options.	Homelessness Administrator	In-kind	Starting in 2007	Increased employment options for at-risk and homeless persons with families.
5. Increase affordable transportation options.	City, County	$150,000, plus	Starting in 2008	Greater accessibility to employment sites.
6. Provide job skills training for middle and high school students.	School Board of Alachua County	$150,000 plus	Starting in 2008	Skilled workforce. Reduction in persons limited to minimum wage employment.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide counseling and support groups to address isolation, poverty, recovery, grief, and abuse.	U.F. Dept. of Counseling, providers, others	$90,000	2007, ongoing	300 people counseled per year.
2. Educate and assist ex-offenders regarding successful return to employment, education, housing, etc.	Service providers, county, State	$90,000, plus	2008, ongoing	Reduction in the number of newly released inmates who become homeless.
3. Increase current utility and rent/mortgage assistance programs.	GRU, Catholic Charities, Gainesville Community Ministry, Salvation Army	$100,000 plus	2006-07, ongoing	Reduction in the number of people who have their utilities cut off. Reduction in the number of evictions and foreclosures.
4. Educate, mediate and assist landlords and tenants regarding eviction practices and win-win solutions.	City, County, public housing authorities, Alachua County Coalition for Homeless and Hungry, volunteer attorneys	In-kind	Starting in 2006	Improved relations. Reduction in evictions.
5. Increase availability of education regarding personal finances and debt for at-risk persons.	City, County	In-kind	2007, ongoing	Reduction in number of evictions and foreclosures.
6. Become an abuse prevention comm.-unity, with multi-generational primary prevention educational programs for ending physical and psychological abuse.	Peaceful Paths, DELTA Violence Prevention Task Force, GPD, County Victim Services	In-kind	Start in 2006, ongoing	Reduction in the number of women (including women with children) and teenagers who become homeless due to abuse or violence. Primary violence prevention.

IMPLEMENTATION Goal I: Implement the Ten Year Plan to End Homelessness and improve coordination of services among providers.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; coordinate with the Implementation Committee, Steering Committee, Housing Trust, and other committees; search for funding; and recruit community volunteers.	City/County	$50,000 – $70,000	Spring of 2006	Paid staff responsible for the successful implementation of the 10-year plan.
2. Hire support staff and a grant writer.	City/County	Dependent on number of positions	2007 - 2009	Support staff to ensure successful implementation of 10-Year plan.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Collaborate with City/County grant writers to identify potential funding	Homelessness Administrator	In-kind	2006, ongoing	Funding for homeless projects listed in 10-year plan.
2. Direct lobbying efforts to seek federal and state funds for homeless programs.	City/County	In-kind	2006-ongoing	Increased funding for homeless programs in Alachua County.
3. Evaluate creative funding options such as an allocation of a portion of development funds for homeless initiatives.	Homelessness Administrator, City/County	In-kind	2007 - 2008	Increased funding for homeless programs.
4. Approach Shands Healthcare and North Florida Regional Medical Center to assist with prevention and other health care programs for the homeless.	Homelessness Admin., Implementation Committee members	In-kind	2006	Increased funding for health care programs for homeless.
5. Change governmental priorities so homeless issues receive more support either monetarily or through staff dedication.	Homelessness Administrator, Implementation Committee members	In-kind	2006	Increased funding and staff assistance for homeless initiatives.

Objective 1C: Implement the Homeless Management Information System (HMIS) at the system-wide level to

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Finalize and adopt the HMIS user documents.	Alachua County Housing Authority (ACHA), Alachua County Coalition for the Homeless and Hungry (ACCHH), HMIS subcommittee	In-kind	2006	Established uniform, standard guidelines for HMIS providers.
2. Address privacy issues related to sharing of information on HMIS.	ACHA, ACCHH, and other providers	In-kind	2006	Agreed upon guidelines on information sharing will eliminate provider reluctance to utilize HMIS.
3. Implement HMIS data collection for agencies receiving homeless assistance funds.	ACCHH, service providers	In-kind	2006, ongoing	All service providers will be linked and utilizing the HMIS system.
4. Generate statistical reports to accurately assess needs, gaps in services, program outcomes for more effective utilization of resources.	Alachua County Housing Authority's HMIS Administrator	In-kind	2006-07, ongoing	Improved analysis and reporting on current services and gaps.
5. Incorporate universal client outcome level data for short term and longitudinal data analysis.	Alachua County Housing Authority's HMIS Administrator	In-kind	2006	Better coordination among providers. Eliminate duplication of services.
6. Conduct client satisfaction surveys to evaluate needs and services.	Service providers, Alachua County Coalition for the Homeless and Hungry	In-kind	2006-07, ongoing	Improved services for homeless individuals and families.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Create a publicity campaign to educate the public and dispel negative stereotypes of homeless individuals and families.	Homelessness Administrator, Alachua County Coalition for Homeless and Hungry	In-kind	2006 - 2008	Greater awareness and empathy for homeless persons.

Appendices

I. Acknowledgements
II. Ten Year Plan Committee Memberships
III. Local Homeless Housing Resources
IV. What is a Housing Trust Fund?
V. Model Programs
VI. Glossary
VII. Citations & Background Materials

Appendix I: Acknowledgements

Gainesville and Alachua County's Ten Year Plan to End Homelessness represents the work of a broad range of individuals from both the public and private sectors. Over one hundred people served on seven committees (including the Steering Committee). Site visits to model programs in Pinellas and Broward Counties were instrumental in developing our plan. We are also grateful to other cities that shared their ten-year plans and best practices.

On the national level, the U.S. Interagency Council on Homelessness has been an excellent resource during our planning process. Executive Director of the Interagency Council on Homelessness, Mr. Philip Mangano, gave the keynote address at both of our Homelessness Summits (March 2005 and December 2005). We are also grateful to the U.S. Department of Housing and Urban Development for providing technical assistance and on-going support.

Several local agencies provided meeting space including: Alachua County Housing Authority, Alachua County Board of County Commissioners, Alachua County Health Department, Bartley Temple United Methodist Church, City of Gainesville, Faith Missionary Baptist Church, Gainesville Area Chamber of Commerce, Holy Trinity Episcopal Church, Meridian Behavioral Healthcare, Inc., Santa Fe Community College, and State Attorney's Office, Eighth Judicial Circuit.

The work of the Committees was enhanced by capable staff from the following agencies: Alachua County Housing Authority, City of Gainesville, and the Alachua County Poverty Reduction Program.

The volunteer participation on the committees was invaluable. Professionals from local businesses, city and county government, social services, school board, higher education, law enforcement, courts, criminal justice agencies, health care centers, veteran's administration, and homeless service providers made significant contributions. Neighborhood associations, libraries, realtors, faith-based organizations and members of the homeless community were represented and contributed to the plan. A list of the committee membership is included in the appendix.

Appendix II: Ten Year Plan Committee Memberships

Steering Committee

Commissioner Rodney Long, Co-Chair
Alachua County Commission

Mayor Pegeen Hanrahan, Co-Chair
Gainesville City Commission

Positive Banks
Community Representative

Chief Norman Botsford
Gainesville Police Department

Commissioner Bonnie Burgess
Alachua City Commission

Alfred Cason, Sr.
Community Representative

State Attorney Bill Cervone
State Attorney's Office

Brent Christensen
Gainesville Chamber of Commerce

Thomas Cronk
Sunrise SRO/Community Rep.

Commissioner Jack Donovan
Gainesville City Commission

Vivian Filer
Spring Hill Comm. Neighborhood Assoc.

Judge Walter Green
Alachua County Courts

Sol Hirsch
Alachua Co. Library District

Jack Hughes
Gainesville Downtown Owners & Tenants Assoc.

Tony Jones
Gainesville Police Department

Dr. Maggie Labarta, CEO
Meridian Behavioral Healthcare, Inc.

Dr. Sally Lawrence, Facilitator
S.J. Lawrence Consulting

Judge Martha Lott
Alachua County Courts

Fred Malphurs, Director
Veterans Administration Medical Center

Commissioner John Martin
Hawthorne City Commission

Commissioner John Martin
Hawthorne City Commission

Dr. Ken McGurn
McGurn Investment Co.

Gail Monahan
Alachua County Housing Authority

Wanda Nelson
Lazarus Restoration Ministries

Sheriff Stephen Oelrich
Alachua County Sheriff's Office

Rick Parker, Public Defender
Public Defender's Office, 8th Judicial Circuit

Commissioner Lee Pinkoson
Alachua County Commission

Tina Pinkoson
Alachua County School Board

County Manager Randall Reid
Alachua County

Jackson Sasser, President
Santa Fe Community College

Michelle Sherfield
Office of State Rep. Ed Jennings

Jennifer Smith
Alabaster Box Ministries

Cecil Talbot
Dove World Outreach Center

Deborah Talbot
Dove World Outreach Center

Ester Tibbs, District Admin.
Florida Dept. of Children & Families

Rev. Father Gordon Tremaine
Holy Trinity Episcopal Church

Elder Ted Welcome
Church of God in Christ

Bev White, Program Admin.
Florida Dept. of Children & Families
Substance Abuse & Mental Health Program Office

Commissioner Bryan D. Williams
High Springs City Commission

Janie Williams
Porter Quarters Neighborhood Assoc.

Law Enforcement, Courts, Jail & Institutional Discharge Committee (Public Safety Committee)

State Attorney Bill Cervone, Chair
State Attorney's Office,
8th Judicial Circuit

Tom Barnes
FL Dept. of Children & Families

Mary Belmore
Shands at Vista

Chief Norman Botsford
Gainesville Police Dept.

Florida Bridgewater-Alford
UF Community Relations

Thelma Clayton
Partnership for Strong Families

Judge Mary Day Coker
Alachua County Courts

Gerie Crawford
Alachua County Court Services

Sadie Darnell
Gainesville Police Department

Captain Mike Fellows
Alachua County Sheriff's Office

Terry Fleming
Alachua County Coalition for the Homeless & Hungry

Judge Walter Green
Alachua County Courts

Joe Jackson
U.F. College of Law

Thomas Johnson
House of Hope

Tony Jones
Gainesville Police Dept.

Amber Kelly
Critical Resistance

Georgene Leighton
Formerly homeless, Fire of God Ministries

Capt. Wayne Mack
Alachua County Sheriff's Office

Dr. Elizabeth McMahon
Private medical practice

Dr. Ken McGurn
McGurn Investment Co.

Steven Murphy, CEO
Partnership for Strong Families

Sheriff Stephen Oelrich
Alachua County Sheriff's Office

Rick Parker, Public Defender
Alachua Co. Public Defender's Office

Captain Caleb Prieto
Salvation Army

Laurie Reisman
Chrysalis Community

Lt. Lonnie Scott
Gainesville Police Dept.

Reverend David Swanson
The HOME Van

Cynthia Tyson
Florida Dept. of Children and Families

Willie Washington
Gainesville Police Dept.

Health Committee (originally the Mental Health/ Substance Abuse Treatment Committee)

Dr. Maggie Labarta, CEO, Co-Chair
Meridian Behavioral Healthcare

Bev White, Program Admin., Co-Chair
FL Dept. of Children & Families
Substance Abuse & Mental Health Program Office

Tom Belcuore, Director
Alachua County Health Dept.

Nadia Branham
Meridian Behavioral Healthcare, Inc.

Dr. Tony Campo
We Care Physician Referral Network

Sam Clark, COO
Corner Drug Store

Thomas Cronk
Sunrise SRO/Community Rep.

Diane Dimperio
Alachua County Health Dept.

Miriam Welly Elliott
St. Francis House

Bob Ellenberg
The HOME Van

Ken Hardin
KenCare

Judge Martha Lott
Alachua County Family & Civil Courts

Vianne Marchese
VA Health Care for Homeless Veterans

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Compassionate Outreach Ministries

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Reverend Bob Ellenberg
The HOME Van

Rev. Eugene Gainey

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Rev. Milford Griner

Pastor Eddie G. Hall
Bethel Seventh Day Adventists Church

Min. Sherwin Henry
Gateway Christian Center

Rev. Susie Horner
Southwest United Methodist Church

Rev. Samuel Jones, Jr.
Open Door Minitries

Pastor Willie King
Showers of Blessings Harvest Center

Pastor Ken Kleckner
First United Methodist Church of Alachua

Pastor Althena Lenon
Pleasant Plain United Methodist Church

Rev. W. G. Mayberry
Pleasant Hill Baptist Church

Rev. Geraldine McClellan
North Central District United Methodist Church, Superintendent

Rev. J. McKenzie
Daysprings Missionary Baptist Church

Bishop James McKnight
Church of God by Faith

Pastor Horace Mingo
Jesus People Life Changing Church

Pastor Earl Parker
First United Methodist Church of Gainesville

Rev. Clifford Patrick
Bartley Temple United Methodist Church

Rev. Ida Rawls
Mt. Zion AME Church

Rev. Moses Simmons
Jesus People Life Changing Church

Rev. David Swanson

Rev. Adrian Taylor
Springhill Missionary Baptist Church

Pastor Kevin Thorpe
Faith Missionary Baptist Church

Rev. Dr. Gordon Tremaine
Holy Trinity Episcopal Church

Pastor Shirley Watts
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Appendix III: Local Homeless Housing Resources

Gainesville/Alachua County Housing for People Experiencing Homelessness as of November 2005

Provider Name	Facility Name	Target Population*	Bed Capacity	
			Individuals	Families w/ Children
Component: ***Emergency Shelter***				
Arbor House	New Beginnings	FC	N/A	4
St. Francis House	St. Francis House	FC	9	21
The Salvation Army	The Salvation Army	SM	24	0
Interfaith Hospitality Network	(scattered facilities)	FC	N/A	15
Corner Drug Store	Interface Youth Shelter	YMF	20	N/A
Peaceful Paths	Gallenkamp Shelter	FC, DV	N/A	30
		Subtotal	**53**	**70**
Component: ***Transitional Housing***				
St. Francis House	Homes & Jobs	FC	N/A	15
Peaceful Paths	Transition House	FC, DV	N/A	10
Malcolm Randall Veterans Affairs Medical Center	Dogwood @Bailey Village	SM, VET	9	N/A
Meridian Behavioral Healthcare	HOPE	SMF	5	2
Pleasant Place	Pleasant Place	FC	N/A	16
VETSPACE	The Mac House & S.S.	SMF, VET	29	N/A
Veterans Affairs Medical Center	Compensated Work Therapy	SM, VET	7	N/A
Arbor House	Mom's Place	FC	N/A	16
The PRESERVE	The PRESERVE	YM	5	N/A
Chrysalis Community	Chrysalis Community	SF	4	N/A
House of Hope	House of Hope	Ex-felons	7	N/A
Lazarus Restoration Ministries	Lazarus House	FC	N/A	4
		Subtotal	**66**	**63**
Component: ***Permanent Supportive Housing***				
St. Francis House	Sunrise Apts. SRO	SMF	33	N/A
Gainesville Housing Authority/VETSPACE	VETPORT S+C	SMF, VET	21	N/A
GHA/Meridian Behavioral Healthcare	PATH S+C	FC	N/A	32
		Subtotal	**54**	**32**
Total			**173**	**165**

***Target Populations**
FC: Families w/ Children
SM/SF: Single Males/Females Only
YMF: Unaccompanied Youth (Male/Female)
DV: Domestic Violence Victims
VET = Veterans

Section 8 Vouchers

Gainesville Housing Authority (GHA) has 1,227 Section 8 Vouchers.

Alachua County Housing Authority (ACHA) has 472. Neither agency is accepting applications for Section 8 currently, and each anticipates the waiting list to be at least 4 years long.

Public Housing

GHA has **635** public housing units (180 one-bedroom). The agency is not accepting any applications for one-bedroom units and does not foresee any openings in coming years.

ACHA has **316** public housing units, (32 one-bedroom), but no openings for any one-bedroom units.

The **Housing Wage** in Alachua County is $11.81/hr. That is, a person would have to earn $11.81/hr working 40 hours per week, to be able to afford a modest, two-bedroom apartment at the federally set Fair Market Rent using the generally accepted definition of "affordable housing," for which one spends no more than 30% of his or her income. Alternately, a minimum-wage worker in Alachua County would have to work 77 hours a week to afford that same 2-bedroom apartment (National Low-Income Housing Coalition 2005 "Out of Reach" report. http://www.nlihc.org).

Appendix IV: What is a Housing Trust Fund?

Housing Trust Funds: An Overview

Housing trusts intend to serve the unmet existing housing needs of an area's lowest-income residents through a variety of methods: the rehabilitation or production of affordable units for rental or ownership; the preservation of affordable housing in gentrifying neighborhoods, the provision of cash-match requirements for grant monies; or rental assistance to residents on the brink of homelessness. In communities planning redevelopment and in those where private investment drives gentrification, housing trusts can provide financing to acquire properties key to preserving affordability. In escalating housing markets, the funds can subsidize renters while other affordable housing opportunities are developed to meet long-term needs.[1]

The Housing Trust model proposed by the Sustainable Housing Committee for the 10-year plan will function as a 501(c)(3) non-profit entity, under the oversight of an independent Board of Directors. Such structuring maintains the benefits of typical housing trusts (those established governmentally or through public/private partnerships), but also allows the trust to offer tax incentives for private donations and other charitable contributions while remaining capable of capturing the dedicated revenue source upon which most trusts rely. Housing trusts are flexible and can be used to support innovative ways of addressing many types of housing needs. Some extend this mission to moderate-income; others focus exclusively on the needs of the homeless or other special groups.[2]

The striking reduction in federal support for assisted housing has driven the rapid evolution of the housing trust fund more than any other factor. Federal funding for low-income housing has plummeted from $71.2 billion in 1978 to $16.3 billion in 1997.[3]

Programs:

Housing trust funds can be utilized to take advantage of unique opportunities and address specific needs that exist within a community. A growing number of housing trust funds have been created specifically to benefit the homeless population, and have designed their programs accordingly.

Existing trusts support virtually any housing activity that serves the targeted beneficiaries. They fund new construction and rehabilitation, as well as community land trusts, mobile home parks, and first time homeowners. Others support "safety net housing," such as shelters and transitional housing programs for the homeless.

Homeless-specific trusts are often used to provide gap financing (funds to complete a financial package when all other funding sources are secured), loan sourcing (start-up funds for development) and leveraging of additional resources (matching funds).[4] Using a U.S. Dept. of Commerce model, the Center for Community Change found local housing trust funds leverage an average of $9 from private, non-profit and other non-governmental sources for every $1 spent by the housing trust.[5]

Most housing trust funds contain various components to help achieve specific objectives; basic programmatic issues are defined by ordinance, legislation, or by-laws. Staff and board members then develop the application cycle, program requirements and administrative rules. For example, they: may include programs to increase the capacity of nonprofit organizations so that they can better engage in housing development activities; often require that the units supported remain affordable to the intended beneficiaries for the longest possible period; and typically encourage leveraging of other public and private resources. Funds are made available as loans or grants through a competitive request for proposal process; projects then are ranked on a number of pre-established criteria.[6]

Administration:

The Alachua County Housing Trust will function initially under the general direction of the Alachua County Housing Authority. As the fund's assets increase, so too will the level of staff commitment necessary to maintain its daily operations. Ultimately, the trust could operate as a stand-alone non-profit organization, under the direct oversight of a Board of Directors comprising individuals with expertise in real estate, development, finance and/or service provision, as well as housing advocates, homeless/formerly homeless individuals, and members of the community.

Revenues:

One distinguishing factor of the local trust is the lack of a dedicated public revenue source. Of the 350+ housing trusts in place nationwide, very few lack a guaranteed funding stream, instead relying on municipalities to identify and commit or reallocate a fee or tax.[7] Alachua County's trust will operate much as any other not-for-profit organization, constantly seeking sources of funding through private or corporate donations and through local, state, federal and foundation grants. The trust's structure will leave it capable of capturing a dedicated source of revenue, dependent upon the future public and political will to provide affordable housing in the community.

Research conducted by the National Low-Income Housing Coalition (NLIHC) identifies linkage programs as the most common revenue source for city housing trusts. These are impact fees placed on non-residential developers to offset the impact of their development's employees on the housing supply, and often are part of a city's zoning ordinances. Along with linkage fees, inclusionary zoning in-lieu fees also are used by many jurisdictions. Other cities have committed various fees, including condominium conversion fees, demolition fees, property taxes, real estate excise taxes, and hotel and motel taxes.

The most common revenue source for a county housing trust fund is document recording fees. NLIHC identifies this as not only the best source for county trusts, but also one of the few revenue sources counties can commit. Other sources used by counties have included sales taxes, developer fees, and real estate excise taxes.[8]

New sources are constantly being secured, such as unclaimed utility deposits, gaming revenues, interest from rainy day funds, and others. Housing trust funds can also receive appropriations and/or special allocations of funds to augment existing dollars, such as surplus budget funds or excess TANF funds.[9]

History:

Before the advent of dedicated public funds for affordable housing, precedents of dedicated funding existed in other areas. Interest on lawyer trust accounts (IOLTA) has been collected in states throughout the country to support legal services programs. States commonly earmark some tax collections for specific purposes, e.g. dedicating motor fuel taxes to highway and other transportation programs. Property tax revenues at the local level have long been used to support local school systems. Housing Trusts extend this concept and apply it to the provision of housing for low-income residents of an area.

Two of the earliest sources for housing trust funds were real estate transfer taxes (paid at the time real estate is transferred) and linkage fees (paid by commercial or industrial developers to offset the impact of additional employees on the local housing supply). While they built upon concepts that were becoming commonplace within zoning approval processes, these first trust funds recognized that development had a direct impact on the housing supply.[10]

Conclusion:

Lack of safe, affordable housing has an enormous impact on communities. High housing costs force families and individuals to choose between paying rent or other bills, and around the nation, the number

of families with "worst case" housing needs continues to grow, while the inventory of affordable housing shrinks.[11]

Every community has a different set of affordable housing needs and priorities. Housing trust funds provide a secure and flexible way to fund needed housing. For many private developers, building affordable units without some type of low-interest loan or grant is not financially feasible. An effective housing trust fund has the potential to bring the community-wide goal of a safe, decent and affordable home within reach of all local residents.

Citations:

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4. "Housing Trust Funds: Why Use It?" http://www.policylink.org/EDTK/HTF/Why.html. Accessed Sept. 11, 2005; "Affordable Housing in Seattle." City of Seattle Office of Housing. http://cityofseattle.net/housing/. Accessed Sept. 11, 2005.

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9. "Housing Trust Funds: Financing." http://www.policylink.org/EDTK/HTF/financing.html. Accessed Sept. 11, 2005.

10. "Issues: Housing and Communities: What are Housing Trust Funds?" Center for Community Change. http://www.communitychange.org/issues/housing/trustfundproject/whatarehousingtf/. Accessed Aug. 30, 005

11. HUD households with "worst case needs" are defined as unassisted renters with incomes below 50% of Area Median Income who pay more than half of their income for rent or live in severely substandard housing;. America's shrinking affordable housing stock was noted in the prepared testimony of Mel Martinez, Secretary-Designate, U.S. Dept. of Housing and Urban Development to the Senate Banking Committee, January 17, 2001.

Appendix V: Model Programs

Broward County Model for Public Safety: The City of Fort Lauderdale, Broward County, Florida has created a Homelessness 101 training for police officers. Homelessness 101 is designed to reinforce the Police Department's policy on the homeless and to raise the awareness of police officers to the reality of homelessness, its causes and the most effective and productive way to address this prevalent social problem. Homeless 101 training became necessary, as it was evident that one of the issues that had plagued the homeless was the traditional police response. The homeless were being arrested for minor offenses such as sleeping in public, violations of alcohol related ordinances, urinating in public and trespassing in parks after closing hours. These arrests made it much more difficult for the homeless to become employed, save money, become self-sufficient or have any hope of independence. Furthermore, the homeless became problems for the police in that arrests were merely a short-term resolution to the immediate problem. Over 200 Fort Lauderdale police officers have benefited from this training.

For additional information on Broward County's innovative public safety response to homelessness visit their website: http://ci.ftlaud.fl.us./police/homeless.html

Mobile Medical Unit: The Mobile Medical Van provides outreach medical and dental care to the homeless population of Pinellas County. The van visits shelter, soup kitchens, drop-in centers, and other location where the homeless are known to congregate. The van contains an examination room, wheel chare lift, interview area medical equipment and records, cellular phones, a fax machine and laptop computers. There are no drugs on-board. The Mobile Medical Team consists of a medical director, program supervisor, physician nurses, social worker and social work assistants/drivers. Approximately 25% of the operating funds for the Mobile Medical Van have been provided by federal grant money through the Bureau of Primary Health Care.

http://www.pinellascounty.org/SocialServices/services.htm#mobile

Massachusetts Housing and Shelter Alliance Model for Discharge Planning: Massachusetts Housing and Shelter Alliance (MSHA) developed a model program for discharge of person from hospitals, community-based treatment facilities, incarceration, and foster care. The characteristics of an effective discharge planning service include a comprehensive needs assessment for each individual; effective matching of needs with post-discharge options, and a high level of coordination and collaboration between and among governmental agencies. The plan requires a designated discharge planner. For more information see: Moving Beyond Serving the Homeless to Preventing Homelessness (at the Interagency Council on Homelessness Web site) which contains a section on Characteristics of an Effective Discharge System

A Turning Point: Homeless & Substance Abuse Emergency Intervention Services: The Turning Point is a 56-bed inebriate intervention facility and the largest provider in Pinellas County of stabilization and placement services to homeless persons with both substance-related and mental health conditions. It was created in response to the communities need to address the overwhelming numbers of individuals in St. Petersburg who were inebriated, mentally ill, and homeless. The program accepts clients from all over Pinellas County and attempts to case manage them and connect them with other treatment services or housing within the County.

Services provided include:
- Police Referral Receiving
- Assessments & Referrals
- Crisis Intervention
- Physical Health &Mental Health Referral
- Substance Abuse Education
- Peer Support Groups
- Life Skills Training
- Housing Placement

The cost of program is approximately $450,000. Source of income/revenue: A mix of local government funding, state, and criminal justice funding.

Pathways to Housing: Founded in 1992, Pathways to Housing offers scattered-site permanent housing to homeless individuals with psychiatric disabilities and addictions. Despite the challenges this population presents, Pathways is unique in what it does not require of its residents: "graduation" from other transitional programs, sobriety, or acceptance of supportive services. The vast majority of clients are moved directly from the streets into permanent, private market housing. The program then uses Assertive Community Treatment (ACT) teams to deliver services to clients in their homes. The ACT teams help clients to meet basic needs, enhance quality of life, increase social skills, and increase employment opportunities. The program currently serves over 400 people.

Pathways to Housing staff assist clients in locating and selecting private market rental housing. The housing department keeps logs of new vacancies and the over 200 landlords they work with, and works to negotiate leases and complete Section 8 applications. The greatest challenge to the program is finding vacant apartments at fair market rent. Landlords are amenable to renting to Pathways' clients because they get guaranteed rental payments. Tenants pay 30% of their income towards rent, and Pathways pays the remaining amount if the client does not have a section 8 voucher. The agency also leases two transitional apartments for use by clients who have been accepted into the program, but have not yet found an apartment of their own. The average length of stay in these units is 15 days.

Funding for the Pathways program comes in two parts: housing subsidies and services. Around 65 tenants have Section 8 vouchers, and the remainder are subsidized by grants from the HUD Shelter Plus Care program and the New York State Office of Mental Health. The latter also provides funding for the ACT teams. Each unit costs approximately $20,000 per year. Internal program evaluation data from 2000 showed that 88% of the program's tenants remained housed after five years. http://www.pathwaystohousing.org

Clearwater Homeless Intervention Project (CHIP): Located in Pinellas County, Florida the facility includes a shelter, transitional housing facilities, a Clearwater Police Department substation and offices for various private, city and county groups that provide services on site. There is a soup kitchen next door and the Pinellas County mobile medical/dental van make regular stops at CHIP.

ID program: The CHIP program issues participants a program ID card which allows card holders access to CHIP benefits such as counselors, washers, dryers, showers, etc. As an alternative to arrest, law enforcement officers can take away the client's CHIP card for minor offenses. This suspends the client's access to services at CHIP for an increasing period of time depending on how many times they have been suspended previously.

Warrants clearance: Representatives from the Public Defenders Office visit the CHIP facility several times a week to address minor offenses. If one of the shelter clients has a failure to appear warrant for open container the Public Defender can work out an arrangement for community service to clear the warrant and charges on the spot. The penalty is frequently 30-40 hours community service. The client can perform the community service hours at the shelter if they chose, thereby keeping the shelter costs down. This frees up jail space, court dockets and officers' time as well as clearing warrants.

Inebriation room: The CHIP facility has an "inebriation room" where law enforcement can take inebriated individuals to sleep it off (as long as they are medically clear). This is not a Marchman act. The person is free to go whenever they wish. It does however provide a safe place for the person to sober up enough to be less vulnerable to victimization.

Homeless Emergency Project (HEP): Located in Clearwater, Florida this facility is a very large, state of the art facility that covers several blocks. HEP is operated by Everybody's Tabernacle church. The facility includes: temporary shelter for singles, families and disabled, transitional housing and permanent housing (up to five years), a kitchen, community hall, dental clinic, vocational training, and a thrift store which generates income for the shelter (over $200,000.00 a year).

Common Ground Community: Common Ground is a recuperative care transitional residence that breaks the cycle of hospital recidivism and shelter use for the medically frail homeless in New York City. The program addresses the needs of homeless individuals who are ready to be discharged from the hospital, yet require additional medical care for complete recuperation. Length of stay will average 90 days to allow patients to achieve medical recuperation, secure available benefits, and engage in the exploration of transitional or permanent housing alternatives. The Respite Center takes a unique, integrated approach to recovery and the concept of health care for the homeless.

Common Ground's respite health care program in New York City seeks to achieve the following goals:
• Link chronically homeless individuals to appropriate permanent living arrangements, transitional living communities, and necessary treatment programs en route to permanent housing;
• Improve whole-person health care services for chronically homeless individuals by expanding and integrating the range of available medical and social services;
• Provide a cost-effective alternative to extended hospitalization for the homeless and reduce their incidence of repeat hospitalization;
• Provide a cost-effective housing alternative to long-term shelter use; and
• Increase the number of homeless individuals who receive Medicaid and Social Security Income (SSI).

http://www.commonground.org/

WestCare Nevada Community Triage Center: A "one-stop" drop-off site for individuals in need of detoxification and mental health screening. The Community Triage Center provides local law enforcement and emergency services personnel with a drop-off point for drug-addicted individuals, chronic public inebriates and individuals experiencing mental health crises. The project alleviates hospital emergency department overcrowding and provides law enforcement and emergency services personnel with a "one-stop" drop-off site for individuals in need of detoxification and mental health screening. The majority of persons served are indigent or homeless.

Services provided include:
• Crisis Stabilization
• Intake, Assessment and Treatment Referral
• Drug and Alcohol Detoxification/Civil Protective Custody (CPC)
• Mental Health Evaluation and Treatment
• Homeless Outreach Services
• 24-hour Transportation Support System
Source of income/revenue: Local governments, hospitals and State of Nevada

http://www.westcare.com/slnevada.htm

Appendix VI: Glossary

Alachua County Coalition for the Homeless and Hungry:
Formed as a committee in 1995 to address homeless issues in Gainesville and Alachua County, the Coalition includes representatives from community and faith-based organizations, mental health, substance abuse, emergency shelter and permanent, transitional and affordable housing providers; veterans service organizations; food/nutrition providers; law enforcement agencies; public housing authorities; city and county government agencies; local businesses; and legal services providers, as well as grassroots organizations, homeless and formerly homeless persons and citizen activists. From its inception, the Coalition has worked with the City of Gainesville and the Alachua County Housing Authority to prepare grant applications for the funding of homeless programs, and provided technical support, oversight and assistance for member agencies, resulting in funding awards totaling more than $4.3 million from the U.S. HUD.

Chronic Homelessness:
A chronically homeless individual is one with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. These individuals constitute approximately 20% of Alachua County's homeless population.

Community Development Block Grant Program (CDBG):
CDBG provides eligible metropolitan cities and urban counties (called "entitlement communities") with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

Continuum of Care:
This community and most others in the country currently provide homeless services via a Continuum of Care (CoC) approach. A CoC has two main components: (1) a strategic planning process to identify and coordinate strategies addressing homelessness in the community; and (2) a process for screening, selecting and prioritizing applications for three funding sources: the Supportive Housing Program, the Shelter+Care program, and the Section 8 Moderate Rehabilitation Single-Room Occupancy (SRO) program. After entering the continuum through outreach or an intake assessment, an individual moves from emergency shelter to transitional housing while receiving supportive services, then on to permanent or permanent supportive housing, depending on the individual's needs.

The primary goal is well-being, including but not limited to residential stability. It is predicated on an understanding that homelessness is not caused merely by lack of shelter, but involves a variety of underlying unmet needs – emotional, physical and social. The methodology is to create a broad range of interventions to move people through the system at their own pace, tailored to their needs. The CoC approach was designed to allow localities to address homelessness through a coordinated, community-based process of identifying local needs and building systems to best address them.

Emergency Shelter Grant (ESG):
A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Homelessness:
The U.S. Department of Housing and Urban Development (HUD) defines as homeless someone who resides in one of the following places:

1. In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street)
2. In an emergency shelter, or transitional or supportive housing for people who originally came from the streets or emergency shelters
3. In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution
4. Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing
5. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing
6. Is fleeing a domestic violence housing situation and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing

Housing First: "Housing first" (HF) is an alternative to the current Continuum of Care system of emergency shelter/transitional housing, which proponents say tends to prolong the length of time that families remain homeless. The methodology is premised on the belief that vulnerable and at-risk homeless individuals and

families are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these individuals and families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

Low Income:

Income that does not exceed 80% of area median income.

McKinney Act:

The Stewart B. Mckinney Act, 42 U.S.C. § 11301 (1994), considers homeless one who "lacks a fixed, regular, and adequate night-time residence and has a primary night-time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."

The educational subtitle of the McKinney-Vento Act states that the term 'homeless child and youth' (A) means individuals who lack a fixed, regular, and adequate nighttime residence.. and (B) includes (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youth who have a primary night-time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Public Housing:

Apartments for low-income people operated by local housing agencies. Public housing is limited to low-income families and individuals. HUD sets the lower income limits at 80% and very low income limits at 50% of the median income for the area A Public Housing Authority (PHA) determines tenant eligibility based on: 1) annual gross income; 2) whether the applicant qualifies as elderly, a person with a disability, or as a family; and 3) U.S. citizenship or eligible immigration status. If the applicant is determined to be eligible, the PHA will check references to make sure the individual and/or family will be good tenants. PHAs will deny admission to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the project's environment.

Section 8 Housing Choice Vouchers:

Issued to tenants by Public Housing Authorities (PHAs) to allow individuals to find his/her own place to rent, using the voucher to pay for all or part of the rent. To be eligible, individuals can earn no more than the Housing Assistance Payments Program, authorized by the Housing and Community Development Act of 1974.

Shelter Plus Care (S+C):

The Shelter Plus Care Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. Shelter Plus Care (S+C) is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities (primarily those with serious mental illness,chronic problems with alcohol and/or drugs, and acquired immunodefi ciency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities.

Single-Room Occupancy (SRO):

The Supportive Housing Program promotes the development of supportive housing and supportive services, including innovative approaches that assist homeless persons in the transition from homelessness and enable them to live as independently as possible. SRO programs are often renovated motels or boarding houses that have linked the rooms to Section 8 housing assistance for people transitioning out of homelessness.

Transitionally Homeless:

Individuals or families who have had a housing crisis, but move through the system of support services relatively quickly en route to attaining housing and rarely, if ever, return to homelessness. In Alachua County, these individuals and families constitute approximately 80% of our homeless population.

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