COUNCIL ON HOMELESSNESS

EVERYONE should have a home.

Contents

Rick Scott
Governor

Florida's Council on Homelessness

Mike Carroll
Secretary

June 30, 2017

Governor Rick Scott
400 South Monroe Street
Tallahassee, Florida 32399-0001

Dear Governor Scott,

On behalf of the Florida Council on Homelessness, its members and state agency partners, I submit the "Council on Homelessness 2017 Report" for your consideration.

In accordance with state law, the Council has prepared recommendations for reducing homelessness in our state. The report also summarizes the extent of homelessness and characteristics of the men, women, and children who do not have a home; and outlines best practices for ending homelessness.

The 2017 Report shows that Florida's rate of homelessness continues to decline. This is due to an improving economy; increased use of best practices and enhanced capacity at the local level; and an increase in the supply of housing serving homeless and special needs households.

Unfortunately, there are still thousands of Floridians without a home. But, Florida's success to date demonstrates that homelessness is not an intractable issue; with targeted efforts we can significantly reduce the number of Floridians without a home.

The recommendations in this report are designed to build upon the success Florida has achieved in recent years. The most essential component to ending homelessness is to increase the supply of housing that is affordable for homeless, special needs, and extremely low-income households. The Council encourages increasing efforts to ensure there is an adequate supply of affordable housing for Florida's most vulnerable households. Also recommended is the continuation of flexible funding, supporting local initiatives, and helping households with extremely low incomes.

There is no doubt that effective private and public collaboration at the State and local levels, combined with strong community participation, are key to solving homelessness. The Council appreciates your continued support of these efforts.

Sincerely,

Shannon Nazworth

Chairperson

Cc: Members of the Florida House and Florida Senate

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Executive Summary

In 2001, the State of Florida created an interagency Council on Homelessness, implementing what is now a national best practice. The purpose of the Council is to develop policy and make recommendations on how to reduce homelessness throughout the state.

Pursuant to section 420.622(9), Florida Statutes, the Council on Homelessness submits its annual report to the Florida Governor and Legislature summarizing recommended actions to reduce homelessness, as well as data concerning those persons currently experiencing homelessness in Florida.

Consistent with a positive five-year trend, Florida continues to make significant progress in reducing the number of persons experiencing homelessness. While this reduction in homelessness is partially due to improved economic conditions, it is also due to increased use of best practices, increased funding, and support by the State.

However, there is still work ahead to make Florida a leading state in ensuring that homelessness is rare, brief, and nonrecurring. Of particular need throughout the state, and emphasized clearly in this report, is the dire need for more affordable housing, especially housing targeting the homeless, persons with special needs, and those with extremely low incomes. Also needed is to continue increasing the use of best practices to help people move quickly into those affordable housing units.

On one day and one night in January 2017, Florida communities identified 32,109 persons who were living on the streets, in the woods, or in emergency shelters. Those numbers included 2,789 homeless veterans, 9,363 persons in homeless families, and 5,120 chronically homeless and disabled persons. Further, for school year 2015-2016, Florida's public schools identified 72,957 students as homeless, including those families that had lost their housing and were staying with family and friends or in motels.

In this report, the Council provides an overview of the causes and characteristics of homelessness in Florida, including extensive data on subpopulations, geographic areas, and trends. In addition, a review of best practices is offered, along with specific recommendations for State action, as summarized below. Updates on progress related to the 2016 Council Recommendations is provided in Appendix I.

Overview of 2017 Recommendations

The Council on Homelessness submits its recommendations for State action to reduce the number of Floridians who are without a home.

These inter-related recommendations are:

1. **Embrace the Council's four goals to end homelessness and the Council's Action Plan to achieve these goals.**

   The Council has adopted four aspirational goals for Florida, modeled after the goals outlined in the federal strategic plan to end homelessness. These goals are intended to establish, support, monitor, and improve systems to ensure that homelessness is rare, brief, and nonrecurring for veterans, those who have been chronically homeless, families with children, youth and young adults, and any Floridian without a home.

   a. Prevent and end homelessness among veterans by the end of 2017;
   b. Achieve the goal of ending chronic homelessness by the end of 2018;
   c. Prevent and end homelessness for families, youth, and children by the end of 2020; and
   d. Set a path to ending all types of homelessness in Florida.

For these goals and the related Action Plan to become a true statewide effort, the Council recommends that the Governor and the Legislature embrace the Council's goals and provide support to implement the Plan. To meet these goals, additional resources will need to be invested in proven solutions.

2. **Appropriate 100 percent of Affordable Housing Trust Fund monies for affordable housing.**

   The Council recommends utilizing all Sadowski Affordable Housing Trust Fund resources for affordable housing, with more focus on meeting the housing needs of extremely-low income, homeless, and special needs households.

3. **Continue strengthening the capacity of homeless Continuums of Care by continuing to appropriate funding for CoC Lead Agency's Staffing and Challenge Grants.**

   Homeless Continuums of Care (CoCs) are responsible for creating a plan to prevent and end homelessness in their local geographic area, implementing that plan, collecting and using data to assess needs and effectiveness of programs, and coordinating local community stakeholders toward the goals of the plan. This work is challenging and cannot be executed without the support of the State of Florida.

   The Council recommends that the State continue to appropriate State funding for CoC Staffing and Challenge Grants.

4. **Embrace best practices and incentivize the use of best practices at the local level.**

   The Council recommends the following specific State actions:

   - Continue funding the DEO homeless training and technical assistance efforts, funded from the Challenge Grant appropriation, which in turn is funded from the Housing Trust Fund;
   - State agencies represented on the Council on Homelessness, as well as the Office on Homelessness, should take a leadership role in modeling and sharing best practices for ending homelessness at the state level to ensure that all entities that utilize state resources are implementing best practices;
   - The Office on Homelessness create a system by which the Office will gather data, assemble performance outcome measures, and accurately report on statewide progress toward the goals adopted by the Council;
   - The Office on Homelessness should incentivize the adoption of best practices at the local level by incorporating best practices and housing outcome performance measures into funding application processes and monitoring for grants managed by the Office;
   - Local Continuum of Care organizations should incentivize the adoption of best practices at the service provider level by incorporating best practices and housing outcome performance measures into funding application processes for grants managed by the local Continuum of Care.

2017 Council Recommendations

The Council on Homelessness submits its recommendations for state action to continue reducing the number of Floridians who are without a home. These recommendations relate to creating more affordable and supportive housing to address the fundamental driver of homelessness; building stronger Continuums of Care; and increasing the capacity of the Council to lead state efforts to reduce homelessness.

These inter-related recommendations are:

1. **Embrace the Council's four goals to end homelessness and the Council's Action Plan to achieve these goals.**

   The Council has adopted four aspirational goals for Florida, modeled after the goals outlined in the federal strategic plan to end homelessness.

   These goals are intended to establish, support, monitor, and improve systems to ensure that homelessness is rare, brief, and nonrecurring for veterans, those who have been chronically homeless, families with children, youth and young adults, and any Floridian without a home.

   b. Prevent and end homelessness among veterans by the end of 2017;
   c. Achieve the goal of ending chronic homelessness by the end of 2018;
   d. Prevent and end homelessness for families, youth, and children by the end of 2020; and
   e. Set a path to ending all types of homelessness in Florida.

   By establishing these goals, along with the Action Plan to meet the goals, the Council intends to provide a platform from which to:

   - Support best practices to effectively end homelessness;
   - Assist state partners in connecting the value of stable housing to their organizational goals;
   - Incentivize local efforts to focus on the four goals;
   - Support the homeless Continuums of Care (CoCs) to work toward meeting these goals; and
   - Recognize the CoCs that are performing well on achieving these goals in their local geographic areas.

   For these goals and the related Action Plan to become a true statewide effort, the Council recommends that the Governor and the Legislature embrace the Council goals

and provide support to implement the Plan. To meet these goals, additional resources will need to be invested in proven solutions.

2. **Appropriate 100 percent of Affordable Housing Trust Fund monies for affordable housing.**

   The Council recommends utilizing all Sadowski Affordable Housing Trust Fund resources for affordable housing, with an increasing focus on the housing needs of extremely-low income, homeless, and special needs households.

   As outlined in this report, the lack of an adequate supply of affordable housing is a fundamental driver of continuing homelessness in Florida. The housing trust fund monies have been utilized successfully in the past to create new affordable and permanent supportive housing for those who are homeless and have a special need.

   Appropriating 100 percent of affordable housing trust fund monies, and targeting resources for homeless households is critical to effectively ending homelessness in Florida. Homeless households must have access to appropriate affordable housing to recover from homelessness.

3. **Continue strengthening the capacity of homeless Continuums of Care by continuing to appropriate funding for CoC Lead Agency's Staffing and Challenge Grants.**

   Homeless Continuums of Care (CoCs) are responsible for creating a plan to prevent and end homelessness in their local geographic area, implementing that plan, collecting and using data to assess needs and effectiveness of programs, and coordinating local community stakeholders toward the goals of the plan. This work is challenging and cannot be executed without the support of the State of Florida.

   For the past several years, the State has provided support to CoCs in two primary ways – Challenge Grants and Staffing Grants. In addition, the State provides pass-through funding for certain homelessness prevention activities and emergency solutions grant programs, as well as technical assistance for CoCs. The CoC lead

agencies have utilized the State funding to prevent and reduce homelessness, and as leverage for federal funding in excess of $81 million annually.

The Council recommends that the State continue to appropriate State funding for CoC Staffing and Challenge Grants.

4. Embrace best practices and incentivize the use of best practices at the local level.

Best practices include:

- **Housing First** programs and policies geared at helping households move into stable permanent housing as quickly as possible, followed by the provision of appropriate support services;
- **Permanent Supportive Housing** for chronically homeless households and those with the greatest needs;
- **Rapid Re-Housing** for households with moderate to high needs;
- **Diversion** of those for whom the homeless system does not offer the best solution;
- **Prevention Services** to keep people at imminent risk of homelessness stably housed;
- **Coordinated Entry** to ensure data-sharing and appropriate prioritization for housing interventions;
- **Data-driven decision making** to ensure that resources are being used effectively and efficiently; and
- **A focus on system-wide performance outcomes** so the system works well to effectively end homelessness for the community.

The Council recommends the following specific State actions:

- Continue funding the DEO homeless training and technical assistance efforts, funded from the Challenge Grant appropriation, which in turn is funded from the Housing Trust Fund;
- State agencies represented on the Council on Homelessness, as well as the Office on Homelessness, should take a leadership role in modeling and sharing best practices for ending homelessness at the state level to ensure that all entities that utilize state resources are implementing best practices;
- The Office on Homelessness should take the lead in creating a system by which the Office will gather data, assemble performance outcome measures, and accurately report on statewide progress toward the goals adopted by the Council, as well as local CoC efforts to meet these goals;
- The Office on Homelessness should incentivize the adoption of best practices at the local level by incorporating best practices and housing outcome performance measures into funding application processes for grants managed by the Office;
- Local Continuum of Care organizations should incentivize the adoption of best practices at the service provider level by incorporating best practices and housing outcome performance measures into funding application processes for grants managed by the local Continuum of Care.

Homelessness and Solutions in Florida
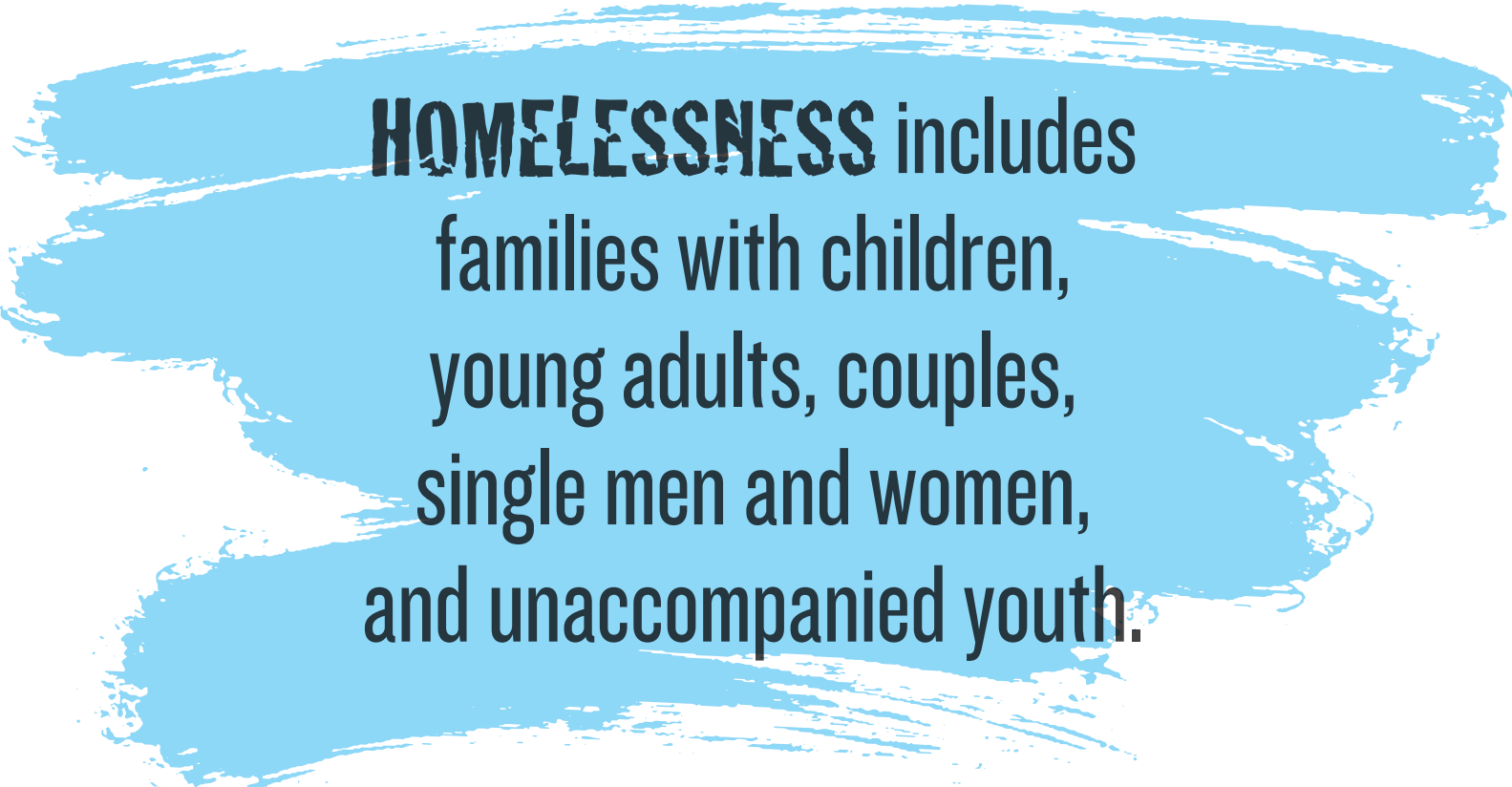
What is "Homelessness"?

The word "homeless" often brings a particular image to mind. Typically, this image is an unkempt man, apparently living on the streets, and assumed to be struggling with mental health and substance abuse issues. While that stereotype represents reality for a relatively small percentage of people who are homeless, the faces, ages, and situations of those who are homeless are widely varied. Homelessness includes families with children, young adults, couples, single men and women, and unaccompanied youth.

One type of homelessness is "unsheltered," which refers to people who live in places not meant for human habitation – on the streets, in cars, wooded areas, or abandoned buildings. Others are "sheltered" but are still homeless because they are staying in homeless shelters or transitional housing until they find stable permanent housing of their own.

Still, others that experience an eviction or similar crisis may have natural support networks and can avoid a homeless shelter by staying with family or friends, even though they cannot afford to find their own housing. These households are sometimes referred to as "doubled-up" due to their economic and housing crisis. Some of these home-sharing arrangements are relatively stable; in other cases, people may be "couch-surfing," moving from one place to another in quick succession. Further, some people who do not have their own permanent housing live in motels and similar places that are overcrowded, ill-equipped, and impermanent.

When we speak of people who are "literally homeless," the phrase includes those who are unsheltered plus those staying in emergency or transitional shelters. People who are at risk of homelessness, doubled-up or couch-surfing, paying to stay in motels, or living in substandard housing are not literally homeless.

HOMELESSNESS includes families with children, young adults, couples, single men and women, and unaccompanied youth.

Because of the many ways "homelessness" presents itself, it is challenging to agree upon a definition of homelessness. For instance, the federal and Florida statutes have different definitions (see Appendix IX), so a household may be considered homeless under the Florida definition but not under the federal definition. Further, different types of funding address specific categories of homelessness. As an example, when public schools use funding to address homelessness, those resources can be used for families that are doubled-up; many other programs that address family homelessness will serve families that are unsheltered or in temporary shelters, but not those who are doubled-up.

There are four broad categories of homelessness set forth in the federal HEARTH Act, which is the primary federal program specific to homelessness. The full statutory definition[1] is provided in Appendix IX; below is a paraphrased summary of the federal definition[1] of homelessness.

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence – living in a place not meant for human habitation, in a shelter or similar program, or, in specified circumstances, in an institution.
2. An individual or family who will imminently lose housing, under certain circumstances.
3. Under certain circumstances, unaccompanied youth, or families with children who are consistently unstably housed and likely to continue in that state.
4. People who are fleeing or attempting to flee domestic or intimate partner violence and lack the resources to obtain other permanent housing.

The Florida Statutes and the Florida Department of Education (FDOE) use an overlapping but broader definition. This definition defines a person as homeless if they lack a fixed, regular, and adequate nighttime residence, including those who are:

1. Sharing the housing of others due to loss of housing, economic hardship, or similar reason.
2. Living in motels, hotels, trailer parks, and camping grounds, due to lack of adequate alternative housing.
3. Living in emergency or transitional shelters.
4. Abandoned in hospitals or awaiting foster care placement.
5. Living in a public or private place not meant for regular sleeping accommodations.
6. Living in cars, parks, abandoned buildings, bus or train standards, substandard housing, or similar settings.

7. Migratory children living in any of the above circumstances.

In this report, a conservative version of the HEARTH Act definition of homelessness is reflected in the Point in Time (PIT) Count numbers, which are presented in Appendices II and III. The broader FDOE definition of homelessness for children is reflected in the tables presented in Appendix III. Because these two data sets are based on different definitions, measured at different times, and for different populations, the data should not be combined and will not be consistent. Each set of data can be useful in its own way and for specified purposes.

Why is Homelessness Important to Address?

The Economics of Addressing Homelessness

The primary costs of homelessness to local communities and the State are not the costs of operating emergency shelters and providing meals. Rather, homelessness affects local economies in ways that are much less obvious. Homelessness significantly increases in community costs borne by local governments, the State, and taxpayers in terms of emergency response teams, crisis stabilization units, uninsured emergency and inpatient medical care, and law enforcement involvement. Further, the presence of street homelessness may impact businesses by reducing foot traffic, tourism, downtown redevelopment, and buyers.

Chronic homelessness, in particular, results in especially high community costs. People who are chronically homeless are those who have experienced long-term homelessness and have a disability. A recent study[2] of 107 chronically homeless individuals living in Central Florida estimated the community costs of $31,065 per person per year, for an annual cost for these 107 individuals totaling over $3.3 million. In contrast, providing those same individuals with appropriate housing and services in the form of permanent supportive housing would cost approximately $10,000 per person per year.

Hence, appropriate housing and services for the chronically homeless would save the community over $2 million in a single year. These estimates of costs and savings are very similar to the results of dozens of studies in communities across the nation, which further validates the reliability of the data and the conclusion that appropriate housing for these individuals is a significant community benefit. Further, it is likely that these cost savings estimates are conservative, since they do not take into account the effects of homelessness on tourism, businesses, and schools.

Another aspect to consider when addressing the costs of homelessness is to examine how wisely we use homeless-specific funding. Funding to address homelessness is scarce and it is incumbent upon the State, local governments; and homeless-serving organizations to invest in programs that are both effective and efficient.

Historically, communities have invested significant resources in addressing the needs of people who are homeless through emergency shelters, meal programs, clothing and transportation services, and so on, as well as through programs that offer services and transitional housing. While these programs do address needs, they do not tend to help people move out of homelessness rapidly or in a cost-effective manner.

In the past few decades, extensive research on the efficiency and effectiveness of homeless initiatives have taught us a better way to use resources. It is well documented that the best approach for most households is to help them move into housing units as quickly as possible through a combination of limited rental assistance funding as well as providing limited services after the household has moved into their housing.

This approach, often referred to as Rapid Re-Housing, is much more effective than emergency shelter or transitional housing. Further, it is also less costly per household compared to other approaches. In one study by the National Alliance to End Homelessness[3], Rapid Re-Housing was more

States and communities that are most effective in reducing homelessness are those that support RAPID RE-HOUSING for households with less severe needs and PERMANENT SUPPORTIVE HOUSING for those who have more serious disabilities.

effective in helping people move out of homelessness, did so more quickly, and was more efficient. The cost of rapidly re-housing a household was 40% of the cost of emergency shelter and 18% of the cost of transitional programs.

States and communities that are most effective in reducing homelessness are those that support Rapid Re-Housing for households with less severe needs and Permanent Supportive Housing for those who have more serious disabilities. This approach will be discussed in more detail in the "Systems" section of this report.

The Human Side of Homelessness

Beyond the significant economic costs of homelessness in our communities, there are lives at stake. The experience of homelessness is traumatic and daily survival is a challenge. People who are homeless are less likely to connect with community health care resources, engage fully in employment and education, and have stable relationships with friends and family. Homelessness exacerbates pre-existing health problems, reduces the speed and likelihood of recovery, and exposes people to more health threats.[4] Children who experience homelessness develop more slowly, have more health issues, and are less likely to achieve in school.[5]

SPECIAL FOCUS

Wayne Densch Center for Homelessness

Wayne Densch Charities had owned and operated the Wayne Densch Center for Homelessness, a transitional housing community near Eatonville, FL, for more than 15 years when, in the spring of 2016, the ownership was transferred to Florida Hospital. 2 years earlier, Florida Hospital had announced its commitment to ending chronic homelessness in Central Florida by donating $6 million to support case management services for formerly chronically homeless people housed in permanent supportive housing through a Housing First model.

Because of Florida Hospital's commitment to the cause, and the great relationship between the two organizations, Wayne Densch Charities donated the housing complex to the healthcare provider. In turn, the hospital partnered with Ability Housing to rehab the property and transform it into high quality affordable and supportive housing and increase the number of housing units by 50%. Ability Housing is also working with current staff to change their programming from transitional housing to permanent housing. Orange County Government has pledged $2 million to the project.

The Wayne Densch Center serves as a wonderful example of the work that can be accomplished when collaboration happens. "The Wayne Densch Center has given countless Central Floridians the opportunity of a second chance at life" said John Williams, Chairman of the Board of Directors of Wayne Densch Charities. "In partnering with Florida Hospital, Orange County, Ability Housing and others, we will further this amazing work and continue to transform lives." And transform lives it will. With the basic needs of these formerly homelessness individuals taken care of, they will have at their fingertips the case management and healthcare services they need to live a dignified and fulfilled life.

What Causes Homelessness?

Because homelessness is a complex social problem, there is no simple list of causes. We can, however, identify contributing factors, prioritize those factors, and consider how to address those issues in ways that reduce homelessness.

Understanding homelessness requires consideration of societal factors that intensify or perpetuate homelessness, as well as personal issues that contribute to the risk of a person becoming homeless. The systemic causes of homelessness are often overlooked, while the individualized issues tend to be overemphasized.

It is true, for instance, that mental health issues and substance abuse are more common in the homeless population compared to their incidence in the broader population. However, that fact should not lead to a conclusion that behavioral health issues cause homelessness. In fact, the overwhelming majority of people struggling with mental health and/or substance abuse issues are not homeless.[6] Further, many people who become homeless do not have behavioral health issues. As discussed later on, inadequate access to health care is a factor that exacerbates homelessness, but mental health issues and substance abuse do not directly cause homelessness.

For elected officials, policymakers, and planners, it is especially critical to recognize the societal and systemic issues that contribute to homelessness. To reduce homelessness, state and local governments must address the big picture issues that exacerbate or perpetuate homelessness.

Next is a discussion of three primary factors that contribute to homelessness in Florida: (1) lack of access to housing; (2) need for employment and income opportunities; and (3) inadequate access to health care.

The **SCARCITY** of affordable and appropriate housing is the primary factor causing and perpetuating homelessness in Florida.

Scarcity of Affordable and Appropriate Housing

The scarcity of affordable and appropriate housing is the primary factor causing and perpetuating homelessness in Florida. Most people who become homeless in Florida have extremely low incomes and have difficulty maintaining stable rental housing. Multiple studies reflect the critical shortage of housing for households with low income.

The 2016 Rental Market Study[7] by the University of Florida's Shimberg Center for Housing Studies reports that there are only 32 affordable available rental units[8] for every 100 renter households with extremely low income statewide.[9] Due to the lack of access to affordable[10] rental units for these households, those who rent must pay a large share of their income toward housing costs.

Among the key findings of the Shimberg Study are the following:

- At the 0-30 percent AMI and 0-40 percent AMI levels, there are more renter households than affordable units. At the 0-50 percent and 0-60 percent AMI levels, there are more affordable units than renter households, but still a shortage of affordable and available units, since many affordable units are rented by households with higher incomes.
- For the 0-80 percent and 0-120 percent AMI bands, the number of affordable and available units exceeds the number of renter households.
- Florida has only 32 affordable and available rental units for every 100 households with incomes of 0-30 percent AMI, a deficit of 309,971 units.
- Shortages at the 0-60 percent AMI levels are most pro-

nounced in southeast Florida. There are only 47 affordable and available units for every 100 renter households at 0-60 percent AMI in the Miami-Dade/Monroe County area; 70 units per 100 households in Broward County; and 81 units per 100 renters in Palm Beach County.

The Shimberg study reports that 71 percent of renter households with income at 30 percent or less of Area Median Income (AMI) are "cost burdened," meaning they pay more than 40 percent of their income for rent. Among those who have household income up to 50 percent of AMI, 78 percent of households are cost burdened.

The level of cost burden varies among counties and across income levels. The Shimberg study data for 2016 indicate that when including all household income levels, Miami-Dade and Monroe Counties have the highest percentage of cost-burdened households at 45 percent. The most severe situation for extremely low income households exists in Orange County, where 80 percent of extremely low income households pay more than 40 percent of their income for housing costs.

According to the 2017 Home Matters[11] report, one million Florida households are "severely cost burdened," paying more than 50% of their income for housing costs. The vast

Figure 2.
Affordable and Available Housing Units per 100 Renter Households at 0-30% AMI, Modified MSA and Non-Metropolitan Areas, 2010-2014 5-Year Estimate
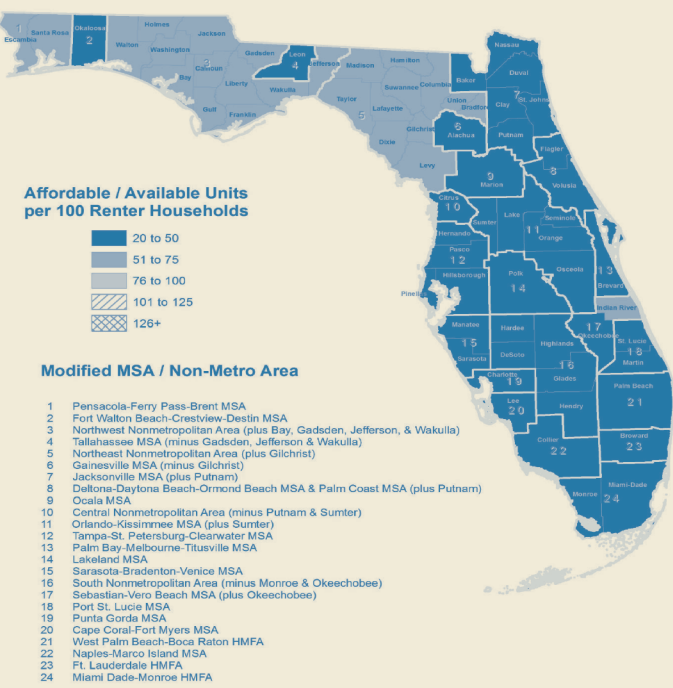
Source: Shimberg Center analysis of American Community Survey PUMS, 2014 5-Year Estimate

Notes: The map shades show the number of available and affordable units in the income category divided by the number of households in the same category, times 100. A value below 100 indicates a shortage of housing units (shaded areas); a value above 100 indicates that units exceed households (striped and cross-hatched areas). The areas on the map are groups of counties that belong either to modified metropolitan statistical areas (MSAs) or non-metropolitan areas.

Figure 1.
Affordable Units and Renter Households by Income Level, Florida, 2010-2014 5-Year Estimate

Source: Shimberg Center analysis of American Community Survey PUMS, 2014 5-Year Estimate. Graphic based on similar national chart in National Low Income Housing Coalition's *Housing Spotlight*, Vol. 5 No. 1, March 2015 (http://nlihc.org/sites/default/files/Housing-Spotlight_Volume-5_Issue-1.pdf), p. 3.

majority of those are households with very low incomes, including seniors, low wage earners, and people with disabilities.

A household trying to work its way out of homelessness is seeking rental housing in these tight rental markets – clearly a daunting task even for those who have not experienced homelessness and have higher incomes. Access to affordable housing for people recovering from homelessness is ensured only by increasing the stock of housing for extremely-low income households. This need can be met primarily through housing assisted with subsidies, such as those made available through the appropriation of affordable housing trust fund monies.

The need for affordable housing is particularly acute for households with extremely-low incomes (ELI), earning 30% or less of the Area Median Income, including those who are disabled and surviving on disability income alone. As shown in the figure above, there is no area in Florida where there is adequate affordable housing for these special populations.

Access to affordable housing for people recovering from homelessness is ensured only by **INCREASING THE STOCK OF HOUSING FOR EXTREMELY-LOW INCOME HOUSEHOLDS**. This need can be met primarily through housing assisted with subsidies, such as those made available through the appropriation of affordable housing trust fund monies to be used for housing.

Out of Reach 2016[12] reports that a household earning minimum wage would need to work 99 hours weekly to afford a two-bedroom rental unit in the average Florida community. Even for those who are working multiple jobs, being able to afford a rental unit in Florida is challenging. For the average two-bedroom rental unit to be affordable working 40 hours per week, the household would need to earn almost $20 per hour. However, many low-income workers earn minimum wage, which is just over $8 per hour.

These facts are further driven home by the United Way's ALICE Report,[13] which notes that the struggle is getting worse even for working households. Consistently low wages, along with periods of underemployment or unemployment, mean that tens of thousands of households are one paycheck away from homelessness. The situation is not getting better with the turnaround in the economy. The United Way reports that the ALICE "household survival budget," housing costs have increased about 20% from 2007 to 2015, during a time when low-wage employment dominated the job market.

To address this critical need, it is necessary that new affordable housing stock be created. Just as importantly, that housing must include set-asides for ELI households as well as permanent supportive housing for disabled and homeless households.

Need for Employment and Better Income Opportunities

Over the past several years, homelessness in Florida has declined steadily and significantly. In large part this reduction is due to an improved economy and job growth. This is good news for our state and for those who have been homeless. To see continued declines in homelessness, it is important to recognize the critical importance of adequate household income and employment in preventing and reducing homelessness.

Over the past several years, homelessness in Florida has declined steadily and significantly.

Figure 3.
Median Gross Rent vs. Median Income (2014 $), Florida, 2007-2014

	2000	2007	2014
Median Gross Rent	$862	$1,044	$1,003
Median Renter Income	$35,903	$36,673	$33,949
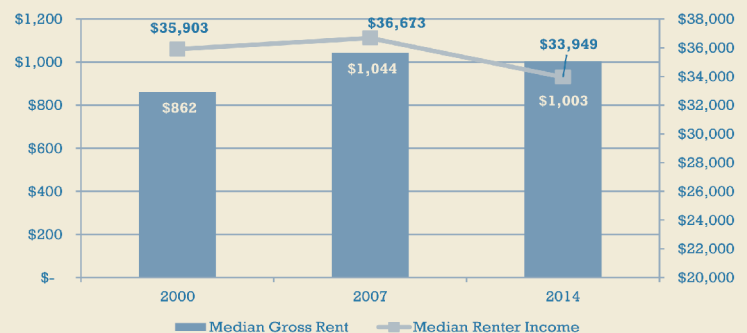
With due recognition of the challenges for households that include wage-earners, the difficulty is even more severe for special needs households. A single, disabled individual whose sole source of disability income is Social Security Income (SSI) receives a total of $735 monthly. Because market-rate affordable housing does not exist for a household living solely on SSI, subsidized affordable housing must be created to meet this need. For people surviving on SSI or similar levels of income, the primary sources of independent affordable housing are through deeply subsidized units or housing vouchers. The scarcity of those types of assistance cannot be overemphasized.

Inadequate Access to Physical and Behavioral Health Care

The lack of access to health care affects homelessness in several ways. First, a health emergency and related uninsured health costs can cause a person to become homeless. Not only does a health problem often result in the loss of employment and income, but medical debt can exhaust all financial resources.[14] Without support systems and safety nets, a household can become homeless because of a health issue. Second, uninsured physical health costs

for those who are chronically homeless in Florida sap community resources. Because people who are homeless are less likely to access primary health care and address health concerns early, health issues are exacerbated. Uninsured emergency room visits and inpatient stays skyrocket. Third, like physical health costs, treatment for mental health issues and substance abuse among those who are homeless is often limited to crisis response and emergency services. Ultimately, people who are uninsured and homeless cycle in and out of crisis and health systems, resulting in high community costs but limited improvements in health.

What is a Homeless Continuum of Care?

Throughout this report, the terms Continuum of Care (CoC) and CoC Lead Agency are used. These terms have different meanings in different contexts, so a brief explanation is offered here. Generally speaking, the Continuum of Care is made up of all stakeholders in a geographic area that are working together to address homelessness. The CoC comprises not only homeless-serving non-profits but also philanthropic foundations, businesses, local governments, housing developers, realtors, health care systems, and more.

Each homeless CoC is specific to a particular geographic area, much like a catchment area. The geographic areas for the CoCs are agreed upon by the local communities and the federal Department of Housing and Urban Development (HUD). The State of Florida also recognizes CoC geographic areas consistent with HUD's strategy. The Florida CoC geographic areas are provided in Appendix VI and the contacts for each CoC are presented in Appendix VII.

As required by the federal HEARTH Act,[15] the CoC establishes a local planning body to organize and deliver housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The planning body is typically a CoC Board or CoC Council comprising of community leaders, as well as representatives of multiple stakeholder groups.

The CoC also designates a "CoC Lead Agency."[16] The CoC Lead Agency provides staff leadership for the system, submits funding applications on behalf of the CoC to HUD and the State of Florida, and has a wide range of daunting responsibilities to ensure that the local system is effectively ending homelessness. The State of Florida supports the important work of these Lead Agencies annually through CoC Staffing Grants. Without a CoC Lead Agency, local homeless-serving organizations, local governments, and other groups would likely be working at cross-purposes, in silos, without shared data, and without a common vision and expected outcomes.

HUD requires every CoC to operate a Homeless Management Information System (HMIS) to serve as the local central repository of individual-level data of persons experiencing homelessness, as well as track program results. HMIS provides not only demographics about homelessness, but also reports on the effectiveness of individual programs, and the extent to which the homeless response system as a whole is working to make homelessness rare, brief, and nonrecurring.

Therefore, the CoC must designate an "HMIS Lead," which in most communities is the same organization as the CoC Lead Agency. The HMIS Lead is responsible for ensuring that the CoC's HMIS is managed well, has high quality and quantity data, and is operated consistent with HUD requirements.

The CoC comprises not only homeless-serving non-profits but also **PHILANTHROPIC FOUNDATIONS, BUSINESSES, LOCAL GOVERNMENTS, HOUSING DEVELOPERS, REALTORS, HEALTH CARE SYSTEMS, AND MORE.**

What Does the Data Tell Us About Homelessness in Florida?

A primary source of data about homelessness is the annual "Point in Time Count," required by the Department of Housing and Urban Development. Housing and Urban Development (HUD) requires each Homeless Continuum of Care (CoC) to conduct an annual count of homeless persons on a single night during the last 10 days of January. In Florida, the CoC Lead Agencies coordinate these efforts, which are known as the Point in Time (PIT) Counts.

The objective of the PIT Count is to produce an unduplicated count, or relatively reliable estimate, of the number of homeless people in the community on a single night. HUD provides specific guidance to ensure that PIT Counts are reasonably comprehensive and that the PIT provides an unduplicated count of people who are homeless so that the same person is not counted more than once.

In addition to producing a count of people who are

IN 2017, at a single point in time, Florida's homeless population was 32,109.

homeless, PIT Counts also collect demographic data and additional information about the person's experience with homelessness. This allows us to examine trends for subpopulations, such as families with children and veterans.

Many communities extract counts of people in shelters and similar programs from the local CoC's Homeless Management Information System (HMIS). People who are homeless but not sheltered are also identified, using methods such as personal interviews at campsites and day centers.

Conducting a PIT Count is challenging, requiring many volunteers and a great deal of coordination, mapping, and data entry. While PIT Counts provide valuable information, it is recognized that they are likely undercounts of homelessness due to the inherent difficulty of locating every homeless person in a community. Further, even with the CoC's great efforts, the results from year to year can be

influenced by various factors, some of which are outside the control of the CoCs. For instance, counts of those who are unsheltered (e.g. in the woods or in cars) are particularly affected by weather. In addition, when CoCs conduct a much more thorough PIT Count as compared to a prior year, the count will increase even in the absence of an actual increase in homelessness.

The PIT Count provides a one-day snapshot of the persons experiencing homelessness on a given night, and should not be interpreted as a measure of the number of people who experience homelessness over the course of a year. It is estimated that over the course of a year the number of people who experience homelessness is three to four times the number identified in the PIT, because people move in and out of homelessness during the year.

In the sections below, we describe homelessness based on PIT data. First, overall homelessness is summarized. Then, separate sections address homelessness among veterans, chronically homeless households, and families with children. The data reports are supplemented by feature stories highlighting local CoC initiatives. The detailed PIT Count data on CoCs, including specific subpopulations, homeless characteristics, and more are provided in Appendix II, Tables 1-7.

Overall Homelessness

Figure 4 presents five years of Point in Time Count one-day snapshot data for Florida, as reported by the Continuums of Care. Over the past five years, homelessness in Florida has declined steadily, from 47,862 identified as homeless in January 2013 to 32,109 in January 2017, a reduction of about 33 percent. This trend, which mirrors national outcomes, is likely the result of (1) economic improvement and job growth, and (2) increasing investments to improve homeless response systems.

The PIT Counts for each CoC are presented in Appendix II. Statewide, total homelessness declined by just over four percent from 2016 to 2017. However, this statewide decrease is not uniform across the state, as shown in Appendix II Table 1. Of the 27 CoCs, 16 report declines in homelessness from 2016 to 2017, and 11 reported increases. It should be recalled that, although CoCs are required to follow specific
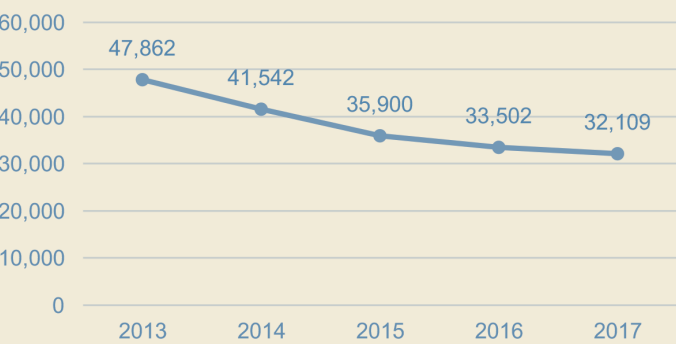
HUD standards for the PIT Counts, the methodology and coverage of PIT may vary from year to year in some geographic areas due to lack of resources.

Of those identified as homeless in the one-day PIT Count, almost 15,000 people were "unsheltered" – living on streets, in cars, abandoned buildings, or other places not meant for human habitation. The remaining 17,000 were staying in emergency shelters or transitional programs, so they were in temporary shelters but not permanent housing. In Florida, the percentage of people who are homeless and sleeping outdoors is 47 percent, as compared to the national average of 32 percent.[17] The sheltered and unsheltered counts for each CoC are presented in Appendix II, Table 2.

Veteran Homelessness

As with total homelessness and consistent with national data, Florida reports a steady decline in homelessness among veterans. Indeed, homelessness among veterans is dropping more rapidly than homelessness in other subpopulations. From 2013 to 2017, overall homelessness was reduced by about 33 percent, while veteran homelessness dropped almost 50 percent. Although the changes in veteran homelessness varied across CoCs, as shown in Appendix II Table 5, Florida's attention to reducing homelessness among veterans is yielding demonstrable results.

Effectively ending homelessness among veterans has been a high priority for the nation and Florida. While Florida did not meet its goal of effectively ending veteran homelessness by 2016, the progress has been significant.

To date, three Florida Continuum of Care (CoC) communities have been certified by the United States Interagency Council on Homelessness (USICH) as having effectively ended

veteran homelessness in their communities:

- Volusia/Flagler Continuum of Care,
- Lee County Continuum of Care, and
- Charlotte County Continuum of Care.

Numerous additional communities are currently working through the certification process and expect to be celebrating an effective end to veteran homelessness during 2017.

It is not an easy task to acquire certification by the USICH as having effectively ended veteran homelessness. The community must submit data, systems documentation, and other proof that the following criteria are met:[18]

1. The community has identified all veterans experiencing homelessness.
2. The community provides shelter immediately to any veteran experiencing unsheltered homelessness who wants it.
3. The community provides service-intensive transitional housing only in limited instances.
4. The community has capacity to assist veterans to swiftly move into permanent housing.
5. The community has resources, plans, partnerships, and system capacity in place should any veteran become homeless or be at risk of homelessness in the future.
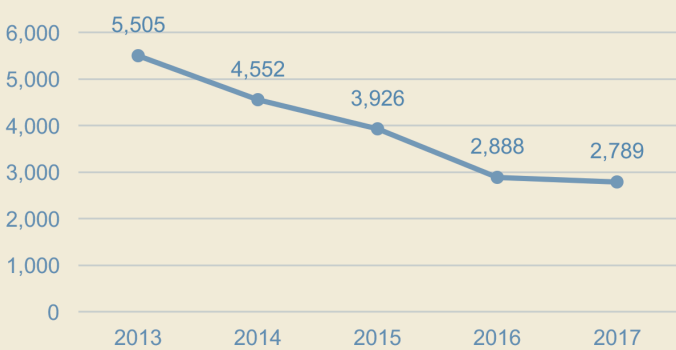
Charlotte County CoC Effectively Ends Veteran Homelessness

James Murphy, a Vietnam era Army veteran, now has a place to call home, thanks to the Charlotte County CoC.

The excellent work being done in Charlotte County provides a snapshot of the collaboration and systems coordination necessary to effectively end veteran homelessness. This effort was coordinated through the Charlotte County Continuum of Care.

In March 2017, the USICH formally recognized the Charlotte County CoC as having effectively ended veteran homelessness. This effort was coordinated through the Charlotte County Continuum of Care, led by the Gulf Coast Partnership. Primary collaborators in the effort included the Charlotte County Homeless Coalition, the Jewish Family & Children's Service of the Suncoast, the Jesus Loves You Mobile Outreach Team, Volunteers of America, and the Bay Pines VA Healthcare System.

As described above, receiving this certification establishes that Charlotte County has not only effectively ended veteran homelessness currently, but has also established a sustainable system that will continue to quickly identify any veteran who becomes homeless in the area and help that individual or household move into permanent stable housing within a month. Such a system can be used as a model to address all types of homelessness.

The Continuum of Care team that effectively ended homelessness among veterans in Charlotte County.

Chronic Homelessness

Persons who are identified as "chronically homeless" are those who have been homeless for longer than a year *and* have a disabling condition.[21] People who have been homeless a long time and have disabling conditions tend to be the most frequent utilizers of community emergency services and costly community resources. Many are also among the most medically vulnerable of people who are homeless due to serious medical conditions.

For both these reasons – the cost of chronic homelessness and the vulnerability of that group – helping chronically homeless people move out of homelessness and into permanent housing is one of the country and Florida's top priorities. Although this group accounts for less than 16 percent of those who are homeless in Florida, it is likely that when a typical taxpayer, business owner, or tourist thinks about the word "homeless," chronically homeless individuals are most likely to come to mind.

Florida's PIT Counts reflect continuing significant decreases in chronic homelessness. From 2016 to 2017, statewide chronic homelessness is reported to have declined by more than 15 percent. Again, as with the other subpopulation reports, changes in chronic homelessness vary widely among CoCs. 16 CoCs reported declines in chronic homelessness while 11 reported increases.

Figure 6.
Chronic homelessness in Florida, as measured by Point in Time Counts, 2013-2017
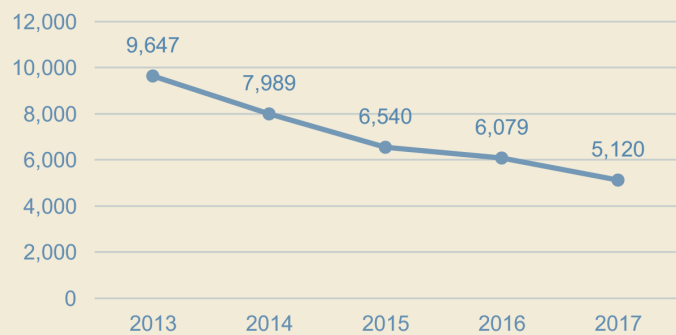
This statewide decrease in reported chronic homelessness is a significant improvement that should be celebrated. At the same time, it must be recognized the remaining 5,000 or so chronically homeless individuals are estimated to result in costs exceeding $150 million annually in community services related to managing, rather than ending, homelessness among this special population.[22]

MANAGING VS. ENDING CHRONIC HOMELESSNESS

A recent study of 107 chronically homeless individuals living in Central Florida estimated the community costs of $31,065 per person per year. In contrast, providing those same individuals with appropriate housing and services in the form of permanent supportive housing would cost approximately $10,000 per person per year.

Miami-Dade Continuum of Care and Carrfour's Coalition Lift

Permanent supportive housing (PSH) is the best approach to reducing chronic homelessness. PSH is a key solution for those who have been homeless a long time, often living with multiple disabling conditions and frequently utilizing expensive community crisis services. PSH offers the right combination of affordable permanent housing and housing stabilization assistance for this special population. By connecting intensive and tenant-specific services to permanent supportive housing, returns to homelessness are minimized and self-sufficiency is maximized.

Coalition Lift is a comprehensive permanent supportive housing program utilizing evidenced-based best practices to serve 34 high needs/high costs chronically homeless individuals in supportive housing communities in Miami, Florida. This demonstration project, primarily funded by the Florida Housing Finance Corporation (FHFC), is one of three pilots part of a statewide initiative[23] which aims to not only increase the stock of permanent supportive housing, but to simultaneously generate original research documenting the effectiveness of supportive housing for chronically homeless adults.

To carry out this project, the three major partners have brought its areas of expertise to Coalition Lift. Carrfour, as the lead applicant and developer, oversaw the project construction and provides housing operations. Camillus House and Citrus Health Network will provide the supportive services, including behavioral health treatment. The Miami-Dade County Homeless Trust and the 11th Judicial Circuit Criminal Mental Health Project (CMHP) have been actively involved in the development of the supportive services program and the research methodology. The

Coalition Lift in Miami provides permanent supportive housing to chronically homeless individuals.

University of South Florida will serve as the evaluation partner, collecting systems-use data, providing statistical analysis, and producing the evaluation reports. All of the partners also serve as members of the Coalition Lift Advisory Council throughout the three-year research project.

Coalition Lift is a garden style development with fully furnished efficiencies and one bedroom units, a community room including library and computer lab, community garden, and outdoor patio area. In addition, this demonstration project includes a comprehensive research study of the top 150 high needs/cost users, including the 34 housed by Coalition Lift. In addition to funding received by FHFC for the construction and to provide match for the research component, Carrfour secured funds through the generous support of the Health Foundation of South Florida, JP Morgan Chase, and the Miami-Dade County Homeless Trust. Coalition Lift was also awarded funding for rental assistance and supportive services through HUD CoC funding and has received additional rental subsidies through the Project-Based Voucher Program administered through Miami-Dade Public Housing and Community Development.

Homelessness Among Families with Children

Homeless families with minor children living on the streets, in shelters, or in transitional programs represents about 30 percent of homelessness in Florida. Nationally, family homelessness is 35 percent of the total homeless population.[24] However, even though Florida's family homelessness picture is better than other states, reducing family homelessness must continue to be a priority.

Children who experience housing instability are more likely to have emotional and physical health issues, and are less likely to participate in and do well in school.[25] Further, the experience of homelessness makes it more challenging for the head of household wage-earner to become or stay employed, precipitating a downward spiral making it even more difficult to recover housing and family stability.

Figure 7 presents PIT Counts of the total number of persons in homeless families for the five most recent years. The change from 2013 to 2017 represents a 43 percent decrease in family homelessness, outpacing the reduction in overall homelessness, which over the same period was 33 percent. This significant improvement in the levels of family homelessness, which mirrors national outcomes, is likely the result of (1) economic improvement and job growth, and

Figure 7.
Total number of persons with at least one adult and one child in Florida, as measured by Point in Time Counts, 2013-2017.

Year	Count
2013	16,503
2014	12,812
2015	9,575
2016	9,358
2017	9,363
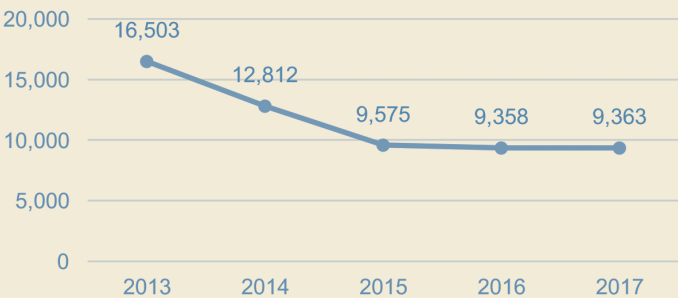
Figure 8.
Total number of households with at least one adult and one child in Florida, as measured by Point in Time Counts, 2013-2017.

Year	Count
2013	5,806
2014	4,550
2015	3,053
2016	3,031
2017	2,831
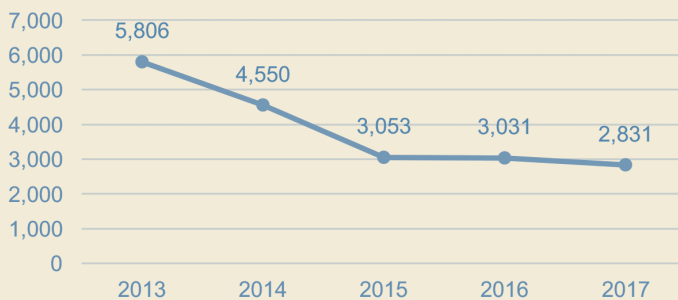
(2) increasing investments to improve homeless response systems. The major declines were from 2013 to 2015, and since 2015 the level of family homelessness has plateaued. Figure 8 represents PIT counts of the total number of households within the category of family homelessness.

Homeless families with minor children living on the streets, in shelters, or in transitional programs represents about **30 PERCENT** of homelessness in Florida.

Sarasota's Family Haven Alliance

In the Sarasota/Manatee Continuum of Care, the Family Haven Alliance collaboration streamlined and improved the local response to family homelessness. Led by the Gulf Coast Community Foundation, the initiative combines private philanthropy, homeless systems response, and government resources to ensure effective utilization of programs. Collaborative partners include Catholic Charities, Salvation Army, Sarasota Y's Schoolhouse Link, Harvest House, Sarasota County, and many others.

This beautiful family was assisted by Sarasota's Family Haven Alliance.

Sarasota's Family Haven Alliance successfully diverts 30 percent of identified families away from the homeless assistance system. For those who do become homeless, the alliance utilizes a common assessment tool to quickly identify needs, participates in consistent collaborative case conferencing, and utilizes a combination of rapid re-housing and permanent supportive housing options to help families return to stable housing. In the initial year of the Family Haven Alliance, family homelessness was reduced by 50%. This success was due to diversion, more rapid moves in to housing, and effective support services.

In the initial year of the Family Haven Alliance, family homelessness was **REDUCED BY 50%**. This success was due to diversion, more rapid moves in to housing, and effective support services.

Department of Education – Homeless Education Program

As noted previously, family homelessness is often described in different ways, so a note of explanation is necessary here. In Figure 7 and in Table 6 in Appendix II, the data presented reflect the annual CoC Point in Time Counts. These numbers comprise families who are staying in emergency shelters, transitional programs, or in places not meant for human habitation. This more conservative estimate of family homelessness represents those who are "literally homeless."

An alternative view of family homelessness includes not only those who are literally homeless but also those who are staying temporarily with friends or family due to loss of their own housing and economic factors preventing them from regaining housing. The importance of this difference is highlighted in Tables 1 and 2 in Appendix III, provided by the Florida Department of Education. In the 2015-2016 school year, public schools identified 7,281 students who were staying in homeless shelters (i.e. literally homeless) and more than 54,000 that were sharing housing with family

or friends. The change in metrics and definitions makes an almost 8-fold difference in describing family homelessness. Figure 9 illustrates the increase in the total number of homeless students over the last five school-years as reported by the Florida Department of Education.

> **POINT IN TIME COUNTS** reflect families who are "literally homeless." **FLORIDA DEPARTMENT OF EDUCATION NUMBERS** reflect those who are literally homeless *and* those who are staying temporarily with friends or family.

One thing we know for sure is that for children and youth who lose their housing, the experience is traumatic.[24] Whether it is due to eviction, foreclosure, a natural disaster, domestic violence, or for other reasons, loss of housing requires most of their attention and emotional energy. It is hard for them, especially at first, to focus on much of anything but trying to understand what is happening to them and their family. They suddenly move in with another family or to a motel or worse. Old routines are gone. Children don't have the life experience to process this new experience effectively. The result is doubly detrimental because school-age is the time of their lives for setting a foundation of knowledge and skills for life. The focus and attention of children are important commodities in the most stable of times. For the over 70,000 Florida children and youth identified by school districts as homeless in 2015-2016 (see Appendix II), those commodities, especially in the classroom, are at a premium.

The amended education section of the McKinney-Vento Homeless Assistance Act (MVA) is incorporated into Federal education code as Title IX, Part A of the Every Student Succeeds Act (ESSA), signed into law on December 10, 2015. Many of the amendments effectively align the law with current practice. A few amendments clarified Congressional intent or expanded the scope of certain provisions.

The basic tenants of the MVA remain,[25] that homeless children and youth:

- Have equal access to the same free, appropriate public education, including a public preschool education, as other children and youths;
- Have barriers to identification of homeless children and youth, their attendance and participation in school, and their academic achievement identified and removed;
- Are assured that they will not be separated from the mainstream school environment; and

SPECIAL FOCUS

Florida School Districts Received National Recognition in Homeless Education

Of the six national awards conveyed at the 2016 national conference of the National Association for the Education of Homeless Children and Youth (NAEHCY), held in Orlando, Florida school districts received three.

Louise McLean, an award-winning realtor in Brevard County and partner with Brevard Public Schools' Homeless Education Program, received the 2016 NAEHCY Outstanding Advocate award. For multiple years, Louise led a large effort through the Association of Space Coast Realtors to raise over $400,000 to benefit students at risk. Louise organized the local Prom Dress Giveaway (850 dresses!), a coat drive, and Christmas gift campaign, among other efforts.

School District of Osceola County received the 2016 NAEHCY National Outstanding Project Award for their partnership with Christmas for the Kids of Osceola to distribute new toys, gift cards, food, books, and more to the children of homeless families in Osceola County. Together, they served over 1,000 homeless children and family members.

Christina Savino, the Homeless Education Liaison for Orange County Public Schools received recognition for Outstanding Service and Leadership in the field of homeless student education. She was recognized for her development of a highly effective program for identifying and supporting homeless children and youth and for the community partnerships formed under her leadership.

- Have access to the educational and related services that they need to enable them to meet the same challenging State academic standards to which all students are held.

Most MVA amendments became effective on October 1, 2016 and all ESSA provisions affecting education of homeless children and youth, including those associated with the Title I, Part A Reservation of Funds (set-aside) for homeless student education, begin on July 1, 2017. The amendments clarify or expand previous MVA provisions:

- Preschool children are eligible for MVA benefits;
- Homeless high school students are to be prepared for postsecondary education;
- Formerly homeless students continue to receive MVA benefits, including school district arranged transportation to their school of origin;
- Full participation in a school's education program includes MVA enrollment and transportation accommodations for academic and extracurricular activities for which the student qualifies;
- Increase to identify and enroll unaccompanied homeless youth who are not currently enrolled in school;
- Expand the dispute resolution process to include eligibility, as well as school selection and enrollment;
- Protect homeless student information related to their living situation; and
- Removed the term "awaiting foster care placement" from the MVA definition of homeless (as of December 10, 2016, children and youth in this situation are now considered part of the state's foster care system for which new provisions for their education are included in Title I, Part A of ESSA).

The Florida Department of Education's (FDOE's) Strategic Plan assures the academic progress of all students, including those experiencing homelessness. It is within the context of this vision that Florida's schools and school districts work to identify and support homeless children and youth. FDOE's Homeless Education Program (HEP) works with school districts to assure that homeless children and youth in Florida are consistently identified, enrolled quickly in eligible schools and programs that are in their best interest, and are fully participating and achieving in available education programs. The program provides support to identify barriers to the education of homeless children and youth and to remove those barriers.

Figure 9.
Total number of homeless students as reported by the Florida Department of Education
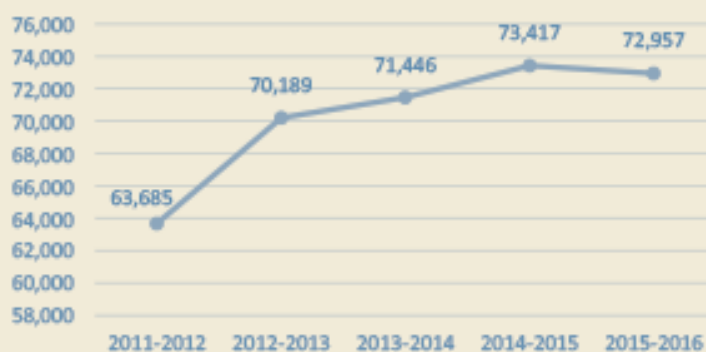
One thing we know for sure is that for children and youth who lose their housing, the experience is TRAUMATIC.

Building Systems to Effectively End Homelessness

What it Means to "Effectively End" Homelessness

Effectively ending homelessness does not mean that no one will ever be homeless in Florida. Rather, it means that every community has a system in place to ensure that homelessness is prevented when possible, but when it is not preventable, the system will ensure that homelessness is rare, brief, and non-recurring.[26] The goal is to reduce homelessness to such a low level that anyone who becomes homeless in a community can move back into affordable housing in 30 days or less with the help of a coordinated system.

According to the United States Interagency Council on Homelessness, the system that every community should have in place must be able to:

1. Quickly identify and engage people who are homeless or at risk of homelessness.
2. Intervene to prevent homelessness and divert people from entering the homeless system.
3. Provide immediate access to shelter while permanent housing and support services are identified, and quickly connect those who are homeless to permanent housing options.

> **THE GOAL** is to reduce homelessness to such a low level that anyone who becomes homeless in a community can move back into affordable housing in 30 days or less with the help of a coordinated system.

Systems Approach to Addressing Homelessness

In the past, many assumed that the best response to homelessness was a shelter, while others argued that wraparound services or prevention was the answer. We have determined that the solution is to create a system that has appropriately sized elements that will ensure households move out of homelessness and into their own housing as quickly as possible.

Effectively addressing homelessness requires a coordinated system with multiple key components, along with elements to tie the components together. An effective system requires both (1) an "entry door" into the system – through outreach, coordinated entry, and shelter, and (2) an "exit door" out of homelessness and into affordable rental units – through rapid re-housing and permanent supportive housing.

Local communities and Continuums of Care, incentivized by State support, must ensure that each element works well and has the right-sized level of resources invested. For instance, a community with a large shelter and many services but inadequate rapid re-housing and permanent supportive housing will have difficulty reducing homelessness. Likewise, a community with housing options but no outreach, shelter, or coordinated entry will also have trouble helping people move out of homelessness as quickly as possible.

Below is a summary of the essential key components of an effective homeless response system, as well as some infrastructure requirements that facilitate the coordination of the system.[27] In addition to this conceptual summary, feature stories are presented later to provide examples of local CoCs incorporating these components and building their systems.

Source:
Florida Housing Coalition

Key Components of the System

1. **Outreach & Coordinated Entry** – **Outreach** is a strategy that involves engaging with unsheltered homeless people in whatever location they naturally stay (e.g. in campsites, on the streets), building trust through assertive engagement, and offering access to appropriate housing interventions. **Coordinated Entry** is a standardized community-wide process to outreach, identify, and triage homeless households. This process consists of utilizing a common tool to assess the level and type of needs, enter the household information into the local Homeless Management Information System (HMIS), provide appropriate referrals, and prioritize access to housing interventions and services to end their homelessness.

> **COORDINATED ENTRY** is a standardized community-wide process to outreach, identify, and triage homeless households.

2. **Prevention & Diversion** – **Prevention** provides services and financial assistance to prevent someone from becoming homeless. The assistance is targeted to keep people in their current housing situation. Examples of homelessness prevention include mediation with landlords and payment of past-due rent. **Diversion** is a strategy that prevents homelessness for people at the point when they are seeking shelter. Effective diversion helps the individual or family stay housed where they currently reside or helps them identify immediate alternate housing arrangements. When necessary, diversion may help by connecting the household with services, mediation, and/or financial assistance to keep them from entering the homeless system. Note that diversion is different from prevention, in that diversion catches the person at the point they are about to enter shelter and diverts them to another solution. Homelessness prevention, on the other hand, assists the household prior to their accessing the homeless system.

> **DIVERSION** is a strategy that prevents homelessness for people at the point when they are seeking shelter.

3. **Emergency Shelter** – A facility operated to provide temporary shelter for homeless people. Effective emergency shelters do not have barriers to entry (such as a sobriety requirement) and should be focused on connecting people with housing options to help them return to affordable rental units. An undue focus on services in shelter is not the best use of resources because services are much more effective following the return to housing rather than before. According to HUD, the average length of stay in emergency shelter prior to moving into permanent housing should not exceed 30 days.

4. **Rapid Re-Housing (RRH)** – A housing intervention designed to move a household into permanent housing (e.g. a rental unit) as quickly as possible, ideally within 30 days. Rapid Re-Housing typically provides (1) help identifying appropriate housing; (2) financial assistance (deposits and short-term or medium-term rental assistance for 1-24 months), and (3) support services for as long as needed and desired, up to a certain limit. This is the best way to help households with moderate to high barriers to housing.

5. **Permanent Supportive Housing (PSH)** – Safe and affordable housing for people with disabling conditions, with legal tenancy housing rights and access to flexible support services. PSH should prioritize people who are chronically homeless with the longest terms of homelessness and the highest level of vulnerability/acuity in terms of health and services needs. This is the best way to help households with the greatest barriers to housing stability and the greatest needs for long-term assistance, such as those who are chronically homeless.

Northeast Florida CoC Coordinated Entry System

The Continuum of Care that serves Duval, Clay, and Nassau Counties implemented an effective coordinated entry system in 2014 and has continually improved and upgraded the capabilities of the system. First, the needs and vulnerability of each homeless household are assessed, using an agreed-upon common assessment tool. These assessments are then utilized to prioritize for housing programs for those that are most vulnerable based on their scores.

This system not only provides for a collaborative system to identify and assess those who are homeless, it also efficiently and effectively deploys limited housing resources to serve those households with the highest vulnerability. By

using the coordinated entry system, the CoC, led by Changing Homelessness, has seen a significant shift in the level of needs among those who are homeless.

Over the course of one year, as shown in the figures below, the CoC effectively shifted the severity of needs among those who are homeless in the community. By housing those with the most vulnerability, the CoC was able to more effectively utilize limited housing resources and reduce the burden on the community.

System Infrastructure

1. **Homeless Management Information System (HMIS)** – A web-based software solution and database tool designed to capture and analyze client-level information including the characteristics, service needs, and use of services by persons experiencing homelessness. HMIS is an important component of an effective Coordinated Entry System, CoC planning efforts, and performance evaluation based on program outcomes.

2. **Continuum of Care (CoC)** – A local planning body required by HUD to organize and deliver housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The terms "CoC Governing Body" or "CoC Board" have similar meanings. In some contexts, the term "continuum of care" is also sometimes used to refer to the system of programs addressing homelessness.

Pinellas County Improving Access to Affordable Housing Through Collaboration with Public Housing Authorities

The Pinellas County Homeless Leadership Board is the CoC Lead for Pinellas County. In Pinellas the close collaboration with local public housing authorities helps make the homeless services system more effective and performance-driven by moving individuals and families from homelessness to permanent housing. Currently the CEO of the City of St. Petersburg Housing Authority serves on the CoC Board. In the past, the CEO of the Pinellas County Housing Authority (PCHA) also served on the Board.

The Pinellas County Housing Authority has amended its preference system in response to local needs to give preference to certain homeless families, as well as for individuals ready to move out of supportive housing, which in turn allows those supportive housing units to be used for others with greater needs. This "up and out" approach from permanent supportive housing to housing vouchers is a best practice in ending homelessness. In addition, PCHA provides

Pinellas County Housing Authority provides project-based housing vouchers to Boley Centers and its partners at the Landings at Cross Bayou, a development for people moving out of homelessness and those with special needs.

housing to homeless individuals who have been part of the Public Defender's Office Jail Diversion program.

The PCHA also provides over 500 units of tenant-based assistance through HUD-VASH vouchers to homeless veterans in cooperation with the VA Medical Center. The PCHA also provides project-based housing vouchers in partnership with local non-profit organizations. For example, the PCHA partners with Boley Centers by providing project-based vouchers for veterans and special needs populations, including those moving out of homelessness.

> The PCHA also provides over **500 UNITS** of tenant-based assistance through HUD-VASH vouchers to homeless veterans in cooperation with the VA Medical Center.

SPECIAL FOCUS

Central Florida's Landlord Collaboration Strategy

Homeless Services Network of Central Florida offers regular lunch-and-learns for their landlord partners.

In communities across Florida, affordable rental housing is in short supply for low-income households. This tight rental market hits homeless households especially hard because people who have become homeless often have a history of evictions and low-income employment. It is a challenge for a CoC to help those homeless households identify and move into rental housing.

Homeless Services Network of Central Florida (HSN), as the CoC Lead Agency, has implemented a best practices model of landlord engagement and collaboration. HSN has a team of staff dedicated to working directly with landlords, property managers, and property owners to prioritize landlord-focused customer service, ensuring that they have good experiences renting to households moving out of homelessness. These staffers also serve as a single point of contact for landlords renting to households served by

multiple non-profit organizations. The specially trained Housing Locators work daily to identify appropriate, safe, and decent rental housing into which households can move. More than 60 landlords who work closely with HSN have helped over 200 households move out of homelessness.

In addition to a dedicated landlord outreach staff, HSN and community partners have established a "Shared Risk Fund," which mitigates landlords' potential risk due to property damages and unpaid rent, with clear terms and parameters for claims. Through this landlord engagement program, direct outreach, marketing, housing inspections, and coordination are handled by HSN. This centralized approach ensures quality and consistency, and reduces the need for duplication of these services among multiple service provider organizations.

Miami-Dade CoC Builds System Capacity Through Training

Miami-Dade non-profits' services staff worked together to improve their systems.

Non-profit organizations that work in the homelessness arena are often overwhelmed with urgent needs related to direct services for people in housing crises, managing grants and contracts, collaboration, and many other duties. In the midst of this work, it is often difficult for those non-profits to organize professional development, training, and quality improvement processes. The CoC Lead Agencies in many communities take the lead in organizing these critical efforts for their collaborative partners.

Miami-Dade County Homeless Trust (MDCHT) is the CoC Lead for Miami-Dade. This year MDCHT used HUD funding to focus, in part, on improving the system and training local non-profits on best practices. Working with numerous trainers and experts, MDCHT offered dozens of in-person and webinar training on various topics ranging from grant compliance to direct care staff resources.

Trainings and assistance for non-profit partners included topics such as managing HUD CoC grant funding, implementing the housing first approach, system performance measures, assisting clients to obtain disability income, identifying affordable housing and working with landlords, operating a housing-focused emergency shelter, and more. In addition, those service provider trainings were supplemented with systems-level work aimed at identifying systems gaps and housing needs, and strategies to re-size the components of the system to effectively end homelessness.

Miami-Dade emergency shelters engaged in discussions on housing-focused practices.

Treasure Coast CoC and Partners Improve Access to Permanent Housing

Treasure Coast Continuum of Care effectively utilizes State Challenge Grant funding and local community support to create small permanent housing developments for specific target populations with unmet needs. Under the leadership of the Treasure Coast Homeless Services Council, which serves as the CoC Lead Agency, collaborative partners create the best combination of housing opportunities to meet locally identified needs.

Two current Treasure Coast projects specifically target single men and women. The first development, in Indian River County, was funded by a combination of Challenge Grant and matching community donations. With these leveraged funds and community non-profit partners, Camp Haven will provide eight efficiency apartments for homeless single men who are employed but unable to afford market-rate apartments.

Meanwhile, a Vero Beach development for women was primarily funded by the local faith community and the Treasure Coast Homeless Services Council. This project, Naomi's House, is a four-unit apartment complex that will provide housing to women who are extremely low-income. Many of these women have spent their lives caring for children and aging parents, or are

struggling with their own health crises, but now find themselves too young for social security but not competitive in the job market due to age and limited work histories. Naomi's House will provide stable housing and a safe foundation for the rest of their lives.

In Indian River County, Camp Haven is renovating an abandoned motel to create efficiency apartments for men moving out of homelessness, thanks to the Treasure Coast Continuum of Care Challenge Grant.

Treasure Coast Homeless Services Council uses Challenge Grant and Faith-Based partnerships to provide housing for homeless and extremely-low income men and women.

APPENDIX I: Updates on 2016 Council Recommendations

2016 Recommendation One:

Support the Council's four goals focused on ending homelessness, as well as the Council's Action Plan to meet these goals. The Council has adopted four aspirational goals for Florida, modeled after the goals outlined in the federal strategic plan to end homelessness.

a. Prevent and end homelessness among veterans by the end of 2016;
b. Achieve the goal of ending chronic homelessness by the end of 2017;
c. Prevent and end homelessness for families, youth, and children by the end of 2020; and
d. Set a path to ending all types of homelessness in Florida.

Update:

Through support of the Office on Homelessness, Continuum of Care Lead Agencies, Florida Housing Finance Corporation, and other programs, the State supported the Council's four goals to effectively end homelessness. Key areas of support are detailed in recommendation updates below.

2016 Recommendation Two:

Appropriate 100 percent of affordable housing trust fund monies for affordable housing. The Council recommends utilizing all Sadowski Affordable Housing Trust Fund resources for affordable housing, with an increasing focus on the housing needs of extremely-low income, homeless, and special needs households.

Update:

For the 2016-2017 fiscal year, the State appropriated approximately 67 percent of projected affordable housing trust fund monies for affordable housing and homelessness efforts. The appropriation included allocations for the State Apartment Incentive Loan (SAIL), housing for people with developmental disabilities, State Housing Initiatives Partnership (SHIP), Challenge Grant funding, and additional programs.

2016 Recommendation Three:

Continue strengthening the capacity of homeless Continuums of Care by continuing to appropriate funding for CoC Lead Agency's Staffing Grants and Challenge Grants.

Update:

The State provided $3,000,000 for Continuum of Care Lead Agency Staffing Grants and $5,000,000 for Challenge Grants. This $8,000,000 of state funding was leveraged more than tenfold by local Continuums of Care to build capacity and strengthen responses to homelessness.

2016 Recommendation Four:

Embrace best practices and incentivize the use of best practices at the local level, including: (1) housing first; (2) permanent supportive housing; (3) rapid re-housing; (4) diversion; (5) prevention; (6) coordinated entry; (7) data-driven decision making; and (8) a focus on system-wide performance outcomes. Four critical actions should be pursued toward this end:

a. The Legislature should continue funding the DEO homeless training and technical assistance efforts, funded from the Challenge Grant appropriation.

b. The state agencies represented on the Council on Homelessness, as well as the Office on Homelessness, should take a leadership role in modeling and sharing best practices for ending homelessness at the state level to ensure that all entities that utilize state resources are implementing best practices.

c. The Office on Homelessness should create a system by which the Office will gather data, assemble performance outcome measures, and accurately measure statewide progress toward the goals adopted by the Council, as well as local CoC efforts to meet those goals.

d. The Office on Homelessness should incentivize the adoption of best practices at the local level by incorporating best practices into funding application processes for grants managed by the Office.

Update:

For the fiscal year 2016-2017, the State continued funding training and technical assistance for Florida communities. The Office on Homelessness is restructuring contracting processes and deliverables to incentivize best practices and the Office is building a system to track performance of local and statewide performance and outcomes.

2016 Recommendation Five:

Support the Office on Homelessness and the Council on Homelessness to implement Senate Bill 1534 and the Council Action Plan to prevent and end homelessness by providing additional resources to the DCF Office on Homelessness toward meeting its legislative mandates and goals.

Update:

The Office on Homelessness is currently working with the Department of Children and Families Office of Information and Technology to ensure that critical data elements are collected from CoCs statewide for review. The Office continues to work with DCF Leadership to secure necessary resources to work with statewide providers toward the goal of effectively ending homelessness.

APPENDIX II: Continuum of Care Point in Time Counts

TABLE 1: Total Homelessness 2013-2017

COC #	COC	2013	2014	2015	2016	2017
FL-500	Manatee, Sarasota Counties CoC	1,049	1,377	1,198	1,468	1,447
FL-501	Hillsborough County CoC	1,909	1,944	1,931	1,817	1,549
FL-502	Pinellas County CoC	3,913	3,391	3,387	2,777	2,831
FL-503	Polk County CoC	520	536	464	635	512
FL-504	Volusia, Flagler Counties CoC	2,176	1,633	1,325	1,005	753
FL-505	Okaloosa, Walton Counties CoC	1,658	1,577	683	629	401
FL-506	Franklin, Wakulla, Leon, Gadsden, Liberty, Taylor, Jefferson, Madison Counties CoC	974	805	863	869	1,072
FL-507	Orange, Osceola, Seminole Counties CoC	4,378	2,254	2,112	1,613	2,074
FL-508	Alachua, Putnam, Bradford, Levy, Gilchrist Counties CoC	1,718	1,256	870	844	819
FL-509	St Lucie, Indian River, Martin Counties CoC	2,240	2,591	2,412	2,382	1,732
FL-510	Duval, Clay, Nassau Counties CoC	2,768	2,049	1,853	1,959	1,869
FL-511	Escambia, Santa Rosa Counties CoC	945	843	1,014	798	758
FL-512	St. Johns County CoC	1,437	1,401	1,161	1,064	445
FL-513	Brevard County CoC	1,567	1,477	1,072	827	845
FL-514	Marion County CoC	530	918	787	823	725
FL-515	Bay, Calhoun, Gulf, Holmes, Washington, Jackson Counties CoC	301	268	317	310	336
FL-517	Desoto, Glades, Okeechobee, Hendry, Hardee, Highlands Counties CoC	3,847	1,346	1,218	1,071	609
FL-518	Columbia, Hamilton, Lafayette, Suwannee Counties CoC	1,278	1,070	1,115	1,145	502
FL-519	Pasco County CoC	3,305	3,356	1,019	1,055	2,512
FL-520	Citrus, Hernando, Lake, Sumter Counties CoC	709	511	731	595	635
FL-600	Miami-Dade County CoC	3,802	4,156	4,152	4,235	3,721
FL-601	Broward County CoC	2,810	2,766	2,615	2,302	2,450
FL-602	Charlotte County CoC	573	511	562	388	222
FL-603	Lee County CoC	848	871	614	439	431
FL-604	Monroe County CoC	652	678	615	575	631
FL-605	Palm Beach County CoC	1,559	1,596	1,421	1,332	1,607
FL-606	Collier County CoC	396	361	389	545	621
TOTALS		**47,862**	**41,542**	**35,900**	**33,502**	**32,109**

TABLE 2: Sheltered and Unsheltered 2017

COC #	COC	SHELTERED	UNSHELTERED	TOTAL
FL-500	Manatee and Sarasota Counties CoC	785	662	1,447
FL-501	Hillsborough County CoC	982	567	1,549
FL-502	Pinellas County CoC	1,679	1,152	2,831
FL-503	Polk County CoC	363	149	512
FL-504	Volusia and Flagler Counties CoC	305	448	753
FL-505	Okaloosa and Walton Counties CoC	130	271	401
FL-506	Franklin, Wakulla, Leon, Gadsden, Liberty, Taylor, Jefferson, Madison Counties CoC	950	122	1,072
FL-507	Orange, Osceola, Seminole Counties CoC	1,734	340	2,074
FL-508	Alachua, Putnam, Bradford, Levy, Gilchrist Counties CoC	373	446	819
FL-509	St. Lucie, Indian River, Martin Counties CoC	183	1,549	1,732
FL-510	Duval, Clay, and Nassau Counties CoC	1,437	432	1,869
FL-511	Escambia and Santa Rosa Counties CoC	501	257	758
FL-512	St. Johns County CoC	179	266	445
FL-513	Brevard County CoC	592	253	845
FL-514	Marion County CoC	290	435	725
FL-515	Bay, Calhoun, Gulf, Holmes, Washington, Jackson Counties CoC	143	193	336
FL-517	Desoto, Glades, Okeechobee, Hendry, Hardee, Highlands Counties CoC	91	518	609
FL-518	Columbia, Hamilton, Lafayette, Suwannee Counties CoC	99	403	502
FL-519	Pasco County CoC	181	2,331	2,512
FL-520	Citrus, Hernando, Lake, Sumter Counties CoC	282	353	635
FL-600	Miami-Dade County CoC	2,710	1,011	3,721
FL-601	Broward County CoC	1,493	957	2,450
FL-602	Charlotte County CoC	89	133	222
FL-603	Lee County CoC	244	187	431
FL-604	Monroe County CoC	339	292	631
FL-605	Palm Beach County CoC	526	1,081	1,607
FL-606	Collier County CoC	434	187	621
TOTALS		**17,114**	**14,995**	**32,109**

TABLE 3: Homeless Population Characteristics 2016-2017

The 27 local Continuum of Care planning agencies have reported the following information on the makeup of the homeless population in Florida. They captured this information from direct interviews or from agency data on persons experiencing homelessness served as entered into the HMIS. The current 2017 data is compared to reported 2016 data. Reported characteristics are based the individuals own self-report and may not have been verified.

Gender

GENDER	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
Female	12,109	37.8%	11,789	35.2%
Male	19,844	61.8%	21,683	64.7%
Transgender	77	0.2%	30	0.1%
No Identification	79	0.2%	N/C	N/C
TOTAL	32,109	100%	33,502	100%

Age

AGE RANGES	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
Under 18	5,605	17.5%	6,140	18.3%
18-24	2,572	8%	2,238	6.7%
Over 24	23,932	74.5%	25,124	75%
TOTAL	32,109	100%	33,502	100%

Ethnicity

ETHNICITY	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
Hispanic/Latino	4,731	14.7%	4,704	14.0%
Non-Hispanic/ Non-Latino	27,378	85.3%	28,798	86.0%
TOTAL	32,109	100%	33,502	100%

Race

POPULATION CATEGORY	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
American Indian or Alaska Native	278	0.9%	294	0.9%
Asian	122	0.4%	116	0.3%
Black or African-American	11,944	37.2%	12,565	37.5%
Multiple Races	1,132	3.5%	1,113	3.3%
Native Hawaiian or Pacific Islander	108	0.3%	73	0.2%
White	18,525	57.7%	19,341	57.8%
TOTAL	32,109	100%	33,502	100%

Household Type

HOUSEHOLD TYPE	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
Households with at least one Adult and one Child	9,363	29.2%	9,358	28%
Households without Children	22,268	69.3%	23,602	70.4%
Households with only Children	478	1.5%	542	1.6%
TOTAL	32,109	100%	33,502	100%

Military Veterans

SERVED/ACTIVE DUTY	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
Yes	2,789	8.7%	2,902	8.7%
No	29,320	91.3%	30,600	91.3%
TOTAL	32,109	100%	33,502	100%

Other Homeless Subpopulations

CONDITION	2017 NUMBER	2017 PERCENTAGE	2016 NUMBER	2016 PERCENTAGE
Chronic Substance Abuse	4,266	13.3%	5,894	17.6%
Severely Mentally Ill	4,747	14.8%	5,755	17.1%
HIV/AIDS	358	1.1%	529	1.6%
Victims of Domestic Violence	2,959	9.2%	2,791	8.3%
TOTAL	12,330	38.4%	14,969	44.6%

TABLE 4: Chronic Homelessness 2013-2017

COC #	COC	2013	2014	2015	2016	2017
FL-500	Manatee, Sarasota Counties CoC	301	270	219	311	285
FL-501	Hillsborough County CoC	506	409	315	254	235
FL-502	Pinellas County CoC	375	489	633	607	690
FL-503	Polk County CoC	172	114	100	88	77
FL-504	Volusia, Flagler Counties CoC	259	198	301	210	85
FL-505	Okaloosa, Walton Counties CoC	352	436	305	306	92
FL-506	Franklin, Wakulla, Leon, Gadsden, Liberty, Taylor, Jefferson, Madison Counties CoC	259	220	134	81	112
FL-507	Orange, Osceola, Seminole Counties CoC	1,577	125	212	106	182
FL-508	Alachua, Putnam, Bradford, Levy, Gilchrist Counties CoC	528	471	395	265	284
FL-509	St. Lucie, Indian River, Martin Counties CoC	196	131	131	77	134
FL-510	Duval, Clay, and Nassau Counties CoC	365	431	353	337	286
FL-511	Escambia and Santa Rosa Counties CoC	243	184	219	216	132
FL-512	St. Johns County CoC	56	65	121	35	42
FL-513	Brevard County CoC	115	120	159	193	153
FL-514	Marion County CoC	91	95	66	201	137
FL-515	Bay, Calhoun, Gulf, Holmes, Washington, Jackson Counties CoC	38	36	25	30	38
FL-517	Desoto, Glades, Okeechobee, Hendry, Hardee, Highlands Counties CoC	681	117	227	335	283
FL-518	Columbia, Hamilton, Lafayette, Suwannee Counties CoC	289	621	209	279	34
FL-519	Pasco County CoC	1,200	1,204	433	404	418
FL-520	Citrus, Hernando, Lake, Sumter Counties CoC	46	10	38	23	40
FL-600	Miami-Dade County CoC	618	732	526	472	294
FL-601	Broward County CoC	411	525	444	430	581
FL-602	Charlotte County CoC	211	156	156	76	29
FL-603	Lee County CoC	180	281	180	90	65
FL-604	Monroe County CoC	173	116	148	125	83
FL-605	Palm Beach County CoC	373	396	452	455	252
FL-606	Collier County CoC	32	37	39	73	77
TOTALS		9,647	7,989	6,540	6,079	5,120

TABLE 5: Homelessness Among Veterans 2013-2017

COC #	COC	2013	2014	2015	2016	2017
FL-500	Manatee, Sarasota Counties CoC	101	170	152	161	149
FL-501	Hillsborough County CoC	170	236	313	181	172
FL-502	Pinellas County CoC	618	550	589	380	329
FL-503	Polk County CoC	45	40	44	42	35
FL-504	Volusia, Flagler Counties CoC	380	135	110	36	52
FL-505	Okaloosa, Walton Counties CoC	265	211	117	37	27
FL-506	Franklin, Wakulla, Leon, Gadsden, Liberty, Taylor, Jefferson, Madison Counties CoC	160	108	113	117	110
FL-507	Orange, Osceola, Seminole Counties CoC	611	299	320	231	218
FL-508	Alachua, Putnam, Bradford, Levy, Gilchrist Counties CoC	300	229	217	123	126
FL-509	St. Lucie, Indian River, Martin Counties CoC	94	118	68	50	72
FL-510	Duval, Clay, and Nassau Counties CoC	324	224	184	130	125
FL-511	Escambia and Santa Rosa Counties CoC	168	100	167	112	117
FL-512	St. Johns County CoC	49	48	24	36	40
FL-513	Brevard County CoC	262	333	193	160	187
FL-514	Marion County CoC	120	71	95	108	72
FL-515	Bay, Calhoun, Gulf, Holmes, Washington, Jackson Counties CoC	27	31	40	39	34
FL-517	Desoto, Glades, Okeechobee, Hendry, Hardee, Highlands Counties CoC	257	50	0	12	16
FL-518	Columbia, Hamilton, Lafayette, Suwannee Counties CoC	177	209	139	140	43
FL-519	Pasco County CoC	368	369	114	100	215
FL-520	Citrus, Hernando, Lake, Sumter Counties CoC	49	27	62	49	57
FL-600	Miami-Dade County CoC	253	317	236	157	167
FL-601	Broward County CoC	225	229	247	210	197
FL-602	Charlotte County CoC	109	63	65	65	55
FL-603	Lee County CoC	70	120	62	19	13
FL-604	Monroe County CoC	108	92	93	87	87
FL-605	Palm Beach County CoC	168	151	157	115	65
FL-606	Collier County CoC	27	22	5	5	9
TOTALS		**5,505**	**4,552**	**3,926**	**2,902**	**2,789**

TABLE 6: Family Homelessness, Total Persons 2013-2017

COC #	COC	2013	2014	2015	2016	2017
FL-500	Manatee, Sarasota Counties CoC	201	246	220	249	245
FL-501	Hillsborough County CoC	583	501	568	533	479
FL-502	Pinellas County CoC	725	526	484	394	365
FL-503	Polk County CoC	115	85	116	218	170
FL-504	Volusia, Flagler Counties CoC	397	462	395	256	198
FL-505	Okaloosa, Walton Counties CoC	1,091	1,021	117	108	154
FL-506	Franklin, Wakulla, Leon, Gadsden, Liberty, Taylor, Jefferson, Madison Counties CoC	164	126	238	234	262
FL-507	Orange, Osceola, Seminole Counties CoC	1,323	864	720	576	732
FL-508	Alachua, Putnam, Bradford, Levy, Gilchrist Counties CoC	644	122	82	248	120
FL-509	St. Lucie, Indian River, Martin Counties CoC	1,374	1,231	1,113	1,457	982
FL-510	Duval, Clay, and Nassau Counties CoC	830	674	499	493	425
FL-511	Escambia and Santa Rosa Counties CoC	156	122	140	183	139
FL-512	St. Johns County CoC	334	339	264	283	150
FL-513	Brevard County CoC	502	434	456	322	262
FL-514	Marion County CoC	157	354	168	173	126
FL-515	Bay, Calhoun, Gulf, Holmes, Washington, Jackson Counties CoC	43	44	45	44	51
FL-517	Desoto, Glades, Okeechobee, Hendry, Hardee, Highlands Counties CoC	2,472	517	598	470	232
FL-518	Columbia, Hamilton, Lafayette, Suwannee Counties CoC	495	418	239	260	130
FL-519	Pasco County CoC	1,652	1,663	227	262	1,696
FL-520	Citrus, Hernando, Lake, Sumter Counties CoC	271	164	245	181	191
FL-600	Miami-Dade County CoC	1,317	1,311	1,432	1,053	1,175
FL-601	Broward County CoC	910	738	516	458	413
FL-602	Charlotte County CoC	144	246	249	165	57
FL-603	Lee County CoC	149	171	94	129	114
FL-604	Monroe County CoC	67	84	53	78	50
FL-605	Palm Beach County CoC	276	269	201	324	326
FL-606	Collier County CoC	111	80	96	207	119
TOTALS		**16,503**	**12,812**	**9,575**	**9,358**	**9,363**

TABLE 7: Point in Time Counts by County 2013-2017

COUNTY	2013	2014	2015	2016	2017
Alachua	1,745	1,516	636	777	702
Baker	N/C	N/C	N/C	N/C	N/C
Bay	284	253	308	310	316
Bradford	50	N/C	0	N/C	6
Brevard	1,567	1,567	1,178	827	845
Broward	2,820	2,738	2,624	2,302	2,450
Calhoun	1	N/C	6	N/C	4
Charlotte	573	511	548	388	222
Citrus	243	188	180	224	175
Clay	35	102	147	76	84
Collier	375	361	389	545	621
Columbia	491	473	538	596	292
DeSoto	330	340	333	270	178
Dixie	N/C	N/C	N/C	N/C	N/C
Duval	2,594	1,801	1,566	1,784	1,643
Escambia	830	862	884	745	693
Flagler	154	188	105	104	75
Franklin	N/C	N/C	23	4	N/C
Gadsden	N/C	N/C	9	42	25
Gilchrist	0	N/C	0	N/C	1
Glades	N/C	96	96	85	44
Gulf	N/C	2	0	N/C	N/C
Hamilton	107	102	114	114	44
Hardee	61	124	124	96	81
Hendry	N/C	138	138	107	61
Hernando	147	77	218	143	189
Highlands	215	495	483	385	172
Hillsborough	1,909	2,291	1,931	1,817	1,549
Holmes	2	N/C	0	N/C	2
Indian River	837	1,048	812	756	592
Jackson	14	13	3	N/C	14
Jefferson	N/C	N/C	4	8	N/C
Lafayette	63	60	68	68	24
Lake	282	187	265	198	242
Lee	848	871	638	439	431

COUNTY	2013	2014	2015	2016	2017
Leon	1,072	805	808	768	1,022
Levy	13	N/C	13	14	38
Liberty	N/C	N/C	2	1	N/C
Madison	N/C	N/C	1	8	N/C
Manatee	820	494	308	497	570
Marion	530	918	787	823	725
Martin	486	567	504	610	498
Miami-Dade	3,734	4,156	4,152	4,235	3,721
Monroe	658	678	615	575	631
Nassau	138	93	140	99	142
Okaloosa	1,108	904	592	464	302
Okeechobee	78	158	158	128	73
Orange	2,937	1,701	1,396	1,228	1,522
Osceola	599	278	372	175	239
Palm Beach	1,559	1,559	1,421	1,332	1,607
Pasco	3,305	3,305	1,045	1,055	2,512
Pinellas	3,913	3,391	3,387	2,777	2,831
Polk	404	536	464	635	512
Putnam	89	49	26	53	72
St. Johns	1,437	1,401	1,161	1,064	445
St. Lucie	915	976	1,096	1,016	642
Santa Rosa	151	N/C	130	53	65
Sarasota	1,234	891	943	971	877
Seminole	842	275	344	210	313
Sumter	37	59	68	30	29
Suwannee	318	308	350	367	142
Taylor	6	N/C	N/C	28	N/C
Union	N/C	N/C	N/C	N/C	N/C
Volusia	1,967	1,445	1,222	901	678
Wakulla	N/C	N/C	N/C	10	25
Walton	453	*	91	165	99
Washington	N/C	N/C	0	N/C	N/C
TOTALS	45,380	41,351	35,964	33,502	32,109

Note: N/C indicates that no Point in Time Count was conducted in the county.

APPENDIX III:
Homeless Students in Public Schools

TABLE 1: FDOE-Reported Homeless Students 2015-2016

Florida Department of Education
PK-12 Education Information Services
School Year 2015-2016 District Homeless Record Counts
Survey as of 2/24/2017

DISTRICT	DISTRICT NAME	LIVING SITUATION AT THE TIME THE STUDENT WAS IDENTIFIED AS HOMELESS					TOTAL HOMELESS	TOTAL NON-HOMELESS	UHY K-12	UHY 9-12
		SHELTERS	SHARING HOUSING	OTHER	MOTELS	AFC				
01	Alachua	114	563	34	62	12	785	30,846	134	93
02	Baker	0	40	<11	0	0	41	5,280	0	0
03	Bay	48	1,233	32	182	11	1,506	28,645	140	100
04	Bradford	0	199	<11	<11	0	212	3,484	17	16
05	Brevard	152	1,536	79	188	18	1,973	75,892	200	151
06	Broward	513	1,448	52	233	16	2,262	285,682	423	261
07	Calhoun	0	93	<11	<11	<11	99	2,422	20	13
08	Charlotte	60	309	14	44	<11	436	16,977	67	56
09	Citrus	174	346	12	28	40	600	16,400	71	67
10	Clay	54	656	15	108	<11	840	38,748	116	78
11	Collier	112	527	<11	66	95	808	49,231	325	171
12	Columbia	68	412	15	41	17	553	10,519	20	11
13	Dade	1,109	4,476	213	295	<11	6,103	373,436	248	219
14	DeSoto	<11	274	47	<11	<11	329	5,067	32	30
15	Dixie	0	43	<11	0	0	44	2,391	0	0
16	Duval	192	1,845	17	161	41	2,256	141,364	316	174
17	Escambia	170	1,536	<11	160	0	1,869	42,930	74	39
18	Flagler	20	424	18	39	<11	509	13,820	58	41
19	Franklin	<11	233	30	<11	0	268	1,239	56	19
20	Gadsden	17	481	<11	<11	<11	519	6,040	12	<11
21	Gilchrist	<11	<11	0	0	0	<11	2,983	0	0
22	Glades	0	56	<11	0	0	63	1,820	<11	<11
23	Gulf	<11	12	0	<11	0	16	2,136	<11	<11
24	Hamilton	0	303	<11	30	0	335	1,616	25	<11

DISTRICT	DISTRICT NAME	LIVING SITUATION AT THE TIME THE STUDENT WAS IDENTIFIED AS HOMELESS					TOTAL HOMELESS	TOTAL NON-HOMELESS	UHY K-12	UHY 9-12
		SHELTERS	SHARING HOUSING	OTHER	MOTELS	AFC				
25	Hardee	<11	182	<11	<11	0	192	5,732	18	18
26	Hendry	24	389	0	11	0	424	7,988	31	29
27	Hernando	70	401	12	32	<11	522	23,713	93	54
28	Highlands	24	407	<11	15	<11	461	12,881	36	15
29	Hillsborough	413	2,351	108	424	20	3,316	231,461	244	187
30	Holmes	0	94	0	0	0	94	3,545	11	<11
31	Indian River	91	196	<11	18	<11	311	19,100	15	<11
32	Jackson	<11	98	12	22	<11	140	7,298	14	<11
33	Jefferson	0	<11	0	0	0	<11	951	<11	<11
34	Lafayette	0	84	115	0	0	199	1,141	<11	<11
35	Lake	104	1,955	51	240	83	2,433	46,110	118	61
36	Lee	182	839	43	225	<11	1,293	99,062	130	69
37	Leon	200	597	<11	48	12	866	36,106	123	59
38	Levy	23	151	<11	<11	<11	190	5,960	<11	<11
39	Liberty	0	47	0	0	0	47	1,641	<11	<11
40	Madison	0	92	57	<11	0	150	2,801	<11	<11
41	Manatee	100	1,300	37	123	21	1,581	50,249	116	61
42	Marion	212	1,973	29	269	11	2,494	46,275	421	117
43	Martin	116	124	<11	19	0	265	20,303	34	19
44	Monroe	88	253	19	11	16	387	9,025	53	28
45	Nassau	13	371	45	14	<11	445	11,686	78	40
46	Okaloosa	97	661	14	62	15	849	33,642	105	60
47	Okeechobee	0	373	0	<11	0	375	6,910	15	<11
48	Orange	393	4,682	76	1,643	59	6,853	204,518	345	252
49	Osceola	73	2,441	93	941	14	3,562	65,295	73	66
50	Palm Beach	387	2,556	123	281	412	3,759	205,677	296	162
51	Pasco	232	1,518	42	224	76	2,092	75,094	322	199
52	Pinellas	518	2,391	82	480	38	3,509	110,009	474	333
53	Polk	284	2,674	169	454	0	3,581	102,618	369	271
53D	Lake Wales	<11	221	26	22	<11	275	4,063	23	20
54	Putnam	84	570	21	30	0	705	11,468	134	73
55	St. Johns	102	581	25	96	12	816	38,409	189	91
56	St. Lucie	44	554	16	98	<11	718	42,296	172	89
57	Santa Rosa	18	1,210	33	33	18	1,312	27,353	89	55

DISTRICT	DISTRICT NAME	LIVING SITUATION AT THE TIME THE STUDENT WAS IDENTIFIED AS HOMELESS					TOTAL HOMELESS	TOTAL NON-HOMELESS	UHY K-12	UHY 9-12
		SHELTERS	SHARING HOUSING	OTHER	MOTELS	AFC				
58	Sarasota	204	530	<11	79	50	867	44,741	83	75
59	Seminole	138	1,438	22	289	11	1,898	70,516	113	99
60	Sumter	24	90	<11	26	0	144	9,518	<11	<11
61	Suwannee	<11	338	<11	<11	<11	355	6,620	36	19
62	Taylor	<11	104	12	<11	0	127	3,111	<11	<11
63	Union	0	110	0	0	<11	116	2,438	0	0
64	Volusia	166	1,667	46	280	12	2,171	67,400	201	136
65	Wakulla	0	52	<11	<11	0	54	5,487	<11	<11
66	Walton	0	196	23	13	<11	241	9,533	17	11
67	Washington	<11	188	<11	<11	<11	200	3,433	<11	<11
68	Deaf/Blind	0	16	0	0	0	16	655	<11	<11
71	FL Virtual	<11	55	11	27	0	98	9,805	<11	<11
72	FAU Lab School	0	<11	0	<11	0	<11	2,522	0	0
73	FSU Lab School	0	0	0	0	0	0	2,464	0	0
74	FAMU Lab School	<11	<11	0	0	0	<11	482	0	0
75	UF Lab School	0	0	0	0	0	0	1,175	0	0
STATE TOTAL		7,281	54,187	2,025	8,235	1,229	72,957*	2,969,519	7,003	4,378
% OF TOTAL HOMELESS		10.0%	74.3%	2.8%	11.3%	1.7%			9.6%	6.0%

	% OF TOTAL STUDENTS	2.4%	9-12 AS A % OF TOTAL UHY	62.5%

LEGEND

Shelters = Living in emergency or transitional shelters

Sharing = Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; "doubled-up"

Other = Living in cars, parks, campgrounds, public spaces, abandoned buildings, substandard housing, bus or train stations

Motels = Living in hotels or motels

AFC = Awaiting foster care placement (note: this category deleted from Federal definition of homelessness on 12/15/2015)

UHY = Homeless and NOT in the physical custody of a parent or legal guardian, i.e., an "Unaccompanied Homeless Child or Youth"

TABLE 2: FDOE-Reported Homeless Students 2011-2012 through 2015-2016

DISTRICT	DISTRICT NAME	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
1	Alachua	632	551	809	685	785
2	Baker	304	262	112	93	41
3	Bay	1,477	1,626	1,184	1,437	1,506
4	Bradford	215	143	194	255	212
5	Brevard	1,350	1,645	1,690	1,845	1,973
6	Broward	2,158	2,185	2,323	2,269	2,262
7	Calhoun	84	57	60	76	99
8	Charlotte	488	493	519	508	436
9	Citrus	328	303	312	341	600
10	Clay	862	1,379	1,110	1,102	840
11	Collier	1,281	1,123	849	779	808
12	Columbia	567	578	549	588	553
13	Dade	5,773	6,475	3,252	4,031	6,103
14	DeSoto	278	367	402	368	329
15	Dixie	31	29	28	62	44
16	Duval	1,422	1,896	2,111	2,166	2,256
17	Escambia	1,423	1,621	2,054	1,938	1,869
18	Flagler	367	517	522	616	509
19	Franklin	205	230	279	225	268
20	Gadsden	556	586	699	530	519
21	Gilchrist	17	<11	14	<11	9
22	Glades	26	17	24	61	63
23	Gulf	<11	35	20	15	16
24	Hamilton	343	218	234	251	335
25	Hardee	183	128	125	200	192
26	Hendry	200	195	450	309	424
27	Hernando	645	521	443	510	522
28	Highlands	429	385	461	461	461
29	Hillsborough	3,559	3,170	3,233	3,904	3,316
30	Holmes	90	96	102	106	94
31	Indian River	273	278	434	366	311
32	Jackson	177	152	113	143	140
33	Jefferson	<11	<11	<11	<11	3
34	Lafayette	195	217	207	208	199

DISTRICT	DISTRICT NAME	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
35	Lake	3,541	2,908	3,229	2,416	2,433
36	Lee	1,392	1,446	1,313	1,256	1,293
37	Leon	650	470	702	797	866
38	Levy	128	217	157	217	190
39	Liberty	41	52	52	50	47
40	Madison	103	263	534	244	150
41	Manatee	1,641	1,791	1,854	1,864	1,581
42	Marion	2,223	2,421	2,373	2,685	2,494
43	Martin	115	125	157	179	265
44	Monroe	343	343	382	456	387
45	Nassau	210	331	428	484	445
46	Okaloosa	573	538	533	487	849
47	Okeechobee	396	495	573	468	375
48	Orange	4,844	7,234	6,736	6,800	6,853
49	Osceola	2,825	3,156	4,941	4,672	3,562
50	Palm Beach	1,636	3,107	2,991	3,750	3,759
51	Pasco	1,997	1,904	2,071	2,190	2,092
52	Pinellas	3,085	3,076	3,038	3,764	3,509
53	Polk	2,304	2,547	3,767	3,531	3,856
53D	Lake Wales	136	187	246	259	705
54	Putnam	885	734	808	674	275
55	St. Johns	584	679	803	809	816
56	St. Lucie	324	466	543	663	718
57	Santa Rosa	1,651	1,703	1,776	1,696	1,312
58	Sarasota	877	917	924	885	867
59	Seminole	1,865	2,235	2,034	1,994	1,898
60	Sumter	155	156	174	154	144
61	Suwannee	346	344	298	354	355
62	Taylor	96	88	123	94	127
63	Union	157	124	130	121	116
64	Volusia	2,228	2,195	2,261	2,322	2,171
65	Wakulla	99	56	56	40	54
66	Walton	175	230	313	294	241
67	Washington	79	121	138	190	200
68	Deaf/Blind	<11	14	12	20	16

DISTRICT	DISTRICT NAME	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
71	FL Virtual	<11	38	34	61	98
72	FAU Lab School	<11	<11	<11	<11	7
73	FSU Lab School	<11	<11	<11	<11	0
74	FAMU Lab School	11	<11	11	<11	9
75	UF Lab School	0	0	0	0	0
Totals		63,685	70,189	71,446	73,417	72,957

APPENDIX IV:
Florida Housing Finance Corporation Permanent Supportive Housing Pilot Projects Update

Background:

In 2013, the Legislature provided a special $10 million appropriation to Florida Housing Finance Corporation (Florida Housing) to fund permanent supportive housing for persons with special needs (persons with disabilities, survivors of domestic violence, and youth aging out of foster care).

■ Based on Florida Housing's work with State agencies and supportive housing and homelessness stakeholders, it was decided Florida should pursue a pilot to develop Permanent Supportive Housing intended for chronically homeless persons with significant needs. Because of their lack of housing and services stability, these individuals become high utilizers of crisis and acute healthcare services, and may cycle in and out of correctional facilities, residential care, or institutional settings because of their lack of stability in the community.

■ Florida Housing required that each pilot site be in a community with a comprehensive and coordinated approach to identifying, assessing, prioritizing, and serving chronically homeless persons with significant needs. The other key requirement was that each pilot site partner with qualified researchers to conduct a Florida-specific cost/benefits study to evaluate the impact of the permanent supportive housing on a resident's quality of life and on cost savings at the local, state and federal level. The data collection and analysis will occur for at least 2 years after the initial lease-up of each Pilot site.

■ Key objectives of the Permanent Supportive Housing for Chronically Homeless Individuals with Significant Needs Pilot:
  • Assist each tenant maintain stable housing and access to appropriate healthcare and supportive services;
  • Improved physical and behavioral health for each tenant;
  • Increased income and self-sufficiency for each tenant;
  • Reduced emergency room use, hospital days, psychiatric inpatient admissions, or involvement with the criminal justice and corrections systems;
  • Improve quality of life for each tenant;
  • Save local, state, and federal resources.

■ In January 2014, Florida Housing issued a request for applications for a competitive funding opportunity. In May of 2014, Florida Housing selected three applicants to be Pilot sites:

Coalition Lift, Miami-Dade

■ Applicant – Carrfour Supportive Housing in partnership with Camillus House, Citrus Health Network, and the Miami-Dade Homeless Trust
■ 28 one-bedroom units and 6 efficiency units

Pinellas Hope V, Clearwater

■ Applicant – Catholic Charities Housing, Inc.
■ 45 efficiency units

Village on Wiley, Jacksonville

■ Applicant – Ability Housing
■ 43 one-bedroom units

Update as of May 2017:

Coalition Lift opened its doors the beginning of May 2017. They expect to lease all 28 units by June to many of the most vulnerable, chronically homeless individuals in Miami-Dade County.

Pinellas Hope V is currently in lease up and anticipates the 45-unit development will be fully leased in June. Catholic Charities, Diocese of St. Petersburg has hired two intensive case managers for the permanent supportive housing tenants and are working closely with the Homeless Leadership Board and Homeless Street Outreach Teams in Pinellas County to coordinate the identification, assessment, and housing of the Continuum's high needs/high cost chronically homeless individuals.

Village on Wiley is in its second year of operations after opening the Fall of 2015. 39 of the 43 households living at the apartment community are participating in the piolet evaluation; an additional 47 persons residing at other Ability Housing properties or scattered site housing are also participating in the evaluation. Health Tech Consultants, with Jacksonville University, is conducting an assessment of the first year's data. While preliminary as of the issuance of this report, local data is demonstrating an improved quality of life, including health outcomes, and reduced costs to the healthcare and criminal justice systems.

All Applicants are working with their Pilot approved cost/benefits studies' research teams. Florida Housing's Board approved a staff request to authorize the use $150,000 of Florida Housing's own funds to provide $50,000 in match funds to support the cost of each Pilot site's cost/benefits study.

The Department of Children and Families (DCF) and the Agency for Health Care Administration have been very helpful to Florida Housing and the Pilot sites in addressing operations or research issues.

Florida Housing contracted with the Corporation for Supportive Housing (CSH) to monitor the methodology and progress each cost/benefits study, as well as provide Gazrelevant technical assistance for each site.

Florida Housing and CSH staff have regular telephonic meetings with individual sites, as well as with all the sites together related to operations and the research.

In December 2016, Florida Housing staff convened and led the first annual pilot peer meeting at the University of South Florida. The meeting participants included each pilot site's leads and their research team, as well as CSH staff and Ute Gazioch, DCF Director of Substance Abuse and Mental Health.

APPENDIX V:
Continuum of Care Funding from Federal and State Sources

-	COC	STATE HUD-ESG	STATE TANF-HP	STATE STAFFING	STATE CHALLENGE	HUD COC	LOCAL JURISDICTION HUD-ESG	TOTAL
FL-500	SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.	$227,500.00	$36,000.00	$107,143.00	$158,500.00	$871,530.00	$285,621.00	$1,686,294.00
FL-501	TAMPA HILLSBOROUGH HOMELESS INITIATIVE, INC.	$187,500.00	$59,500.00	$107,143.00	$118,000.00	$6,242,867.00	$777,566.00	$7,492,576.00
FL-502	PINELLAS COUNTY HOMELESS LEADERSHIP BOARD	$227,500.00	$59,500.00	$107,143.00	$205,500.00	$4,037,891.00	$359,519.00	$4,997,053.00
FL-503	HOMELESS COALITION OF POLK COUNTY	$129,939.60	$25,800.00	$107,143.00	$158,500.00	$1,636,029.00	$268,683.00	$2,326,094.60
FL-504	VOLUSIA/FLAGLER COUNTY COALITION FOR THE HOMELESS	$227,500.00	$51,000.00	$107,143.00	$205,500.00	$1,220,958.00	$153,603.00	$1,965,704.00
FL-505	HOMELESSNESS AND HOUSING ALLIANCE	$200,000.00	$30,000.00	$107,143.00	$205,500.00	$574,187.00	-	$1,116,830.00
FL-506	BIG BEND HOMELESS COALITION	$97,829.55	$30,000.00	$107,143.00	$205,500.00	$1,341,171.00	$159,582.00	$1,941,225.55
FL-507	HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA	$119,740.00	$30,100.00	$107,143.00	$205,500.00	$7,445,861.00	$807,790.00	$8,716,134.00
FL-508	NORTH CENTRAL FLORIDA ALLIANCE	$227,499.90	$30,000.00	$107,143.00	$205,500.00	$627,897.00	-	$1,198,039.90
FL-509	TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	$227,500.00	-	$107,143.00	$258,500.00	$1,577,584.00	-	$2,170,727.00
FL-510	CHANGING HOMELESSNESS, INC.	$227,500.00	$42,000.00	$107,143.00	$258,500.00	$4,447,876.00	$501,739.00	$5,584,758.00
FL-511	ESCAROSA COALITION ON THE HOMELESS	$200,000.00	$42,000.00	$107,143.00	$258,500.00	$784,376.00	$148,002.00	$1,540,021.00
FL-512	HOME AGAIN ST. JOHNS, INC.	$187,500.00	$30,000.00	$107,143.00	$118,000.00	$133,345.00	-	$575,988.00
FL-513	BREVARD HOMELESS COALITION	$200,000.00	$36,000.00	$107,143.00	$118,000.00	$687,401.00	-	$1,148,544.00
FL-514	MARION COUNTY HOMELESS COUNCIL, INC.	$200,000.00	$36,000.00	$107,143.00	$158,500.00	$190,997.00	$159,344.00	$851,984.00
FL-515	DOORWAYS OF NWFL	$200,000.00	$30,000.00	$107,143.00	$158,500.00	$52,529.00	-	$548,172.00
FL-517	HEARTLAND COALITION FOR THE HOMELESS, INC.	$227,500.00	-	$107,143.00	$158,500.00	$179,216.00	-	$672,359.00
FL-518	UNITED WAY OF SUWANNEE VALLEY	$227,500.00	$42,500.00	$107,143.00	$205,500.00	$357,356.00	-	$939,999.00
FL-519	COALITION FOR THE HOMELESS OF PASCO COUNTY, INC.	$200,000.00	$42,000.00	$107,143.00	$158,500.00	$886,629.00	$228,192.00	$1,622,464.00
FL-520	MID FLORIDA HOMELESS COALITION	$200,000.00	$36,000.00	$107,143.00	$205,500.00	$450,265.00	-	$998,908.00
FL-600	MIAMI-DADE COUNTY HOMELESS TRUST	$200,000.00	$35,000.00	$107,143.00	$158,500.00	$29,898,527.00	$1,605,741.00	$32,004,911.00
FL-601	BROWARD COUNTY HOMELESS INITIATIVE PARTNERSHIP	$200,000.00	$31,500.00	$107,143.00	$205,500.00	$10,375,134.00	$207,584.00	$11,126,861.00
FL-602	CHARLOTTE COUNTY HOMELESS COALITION	$227,500.00	$42,500.00	$107,143.00	$258,500.00	$189,201.00	-	$824,844.00

	COC	STATE HUD-ESG	STATE TANF-HP	STATE STAFFING	STATE CHALLENGE	HUD COC	LOCAL JURISDICTION HUD-ESG	TOTAL
FL-603	LEE COUNTY CONTINUUM OF CARE	$63,000.00	$36,000.00	$107,143.00	$118,000.00	$1,661,056.00	$228,418.00	$2,213,617.00
FL-604	MONROE COUNTY HOMELESS SERVICES COC, INC.	$227,500.00	$35,000.00	$107,143.00	$258,500.00	$471,296.00	-	$1,099,439.00
FL-605	PALM BEACH COUNTY DIVISION OF HUMAN SERVICES	-	$42,000.00	$107,143.00	$158,500.00	$4,946,880.00	$517,694.00	$5,772,217.00
FL-606	COLLIER COUNTY HUNGER AND HOMELESS COALITION	-	-	$107,143.00	$118,000.00	$278,807.00	$184,402.00	$688,352.00
Total		$4,860,509.05	$910,400.00	$2,892,861.00	$5,000,000.00	$81,566,866.00	$6,593,480.00	$101,824,116.05

State HUD-ESG = Federal Emergency Solutions Grant (ESG) funding allocated to the State of Florida by the Department of Housing and Urban Development, to be used for homeless-related housing interventions, outreach, shelters, and more

State TANF-HP = Federal Temporary Assistance to Needy Families (TANF) funding that is allocated to the State of Florida, which is utilized for Homelessness Prevention (HP) services

State Staffing = Funding appropriated by the State of Florida legislature to build capacity in local homeless Continuums of Care (CoCs)

State Challenge = Funding appropriated by the State of Florida legislature, and allocated from the Local and State Government Housing Trust Fund, to provide a variety of homelessness-related services and housing

HUD-CoC = Federal Continuum of Care funding granted to local homeless Continuums of Care (CoCs) on a competitive basis to coordinate programs, provide housing interventions, and collect and manage data related to homelessness

Local Jurisdiction HUD-ESG = Federal Emergency Solutions Grant (ESG) funding allocated to local governments by the Department of Housing and Urban Development, to be used for homeless-related housing interventions, outreach, shelters, and more

APPENDIX VI:
Continuum of Care Geographic Areas and Designated Lead Agencies
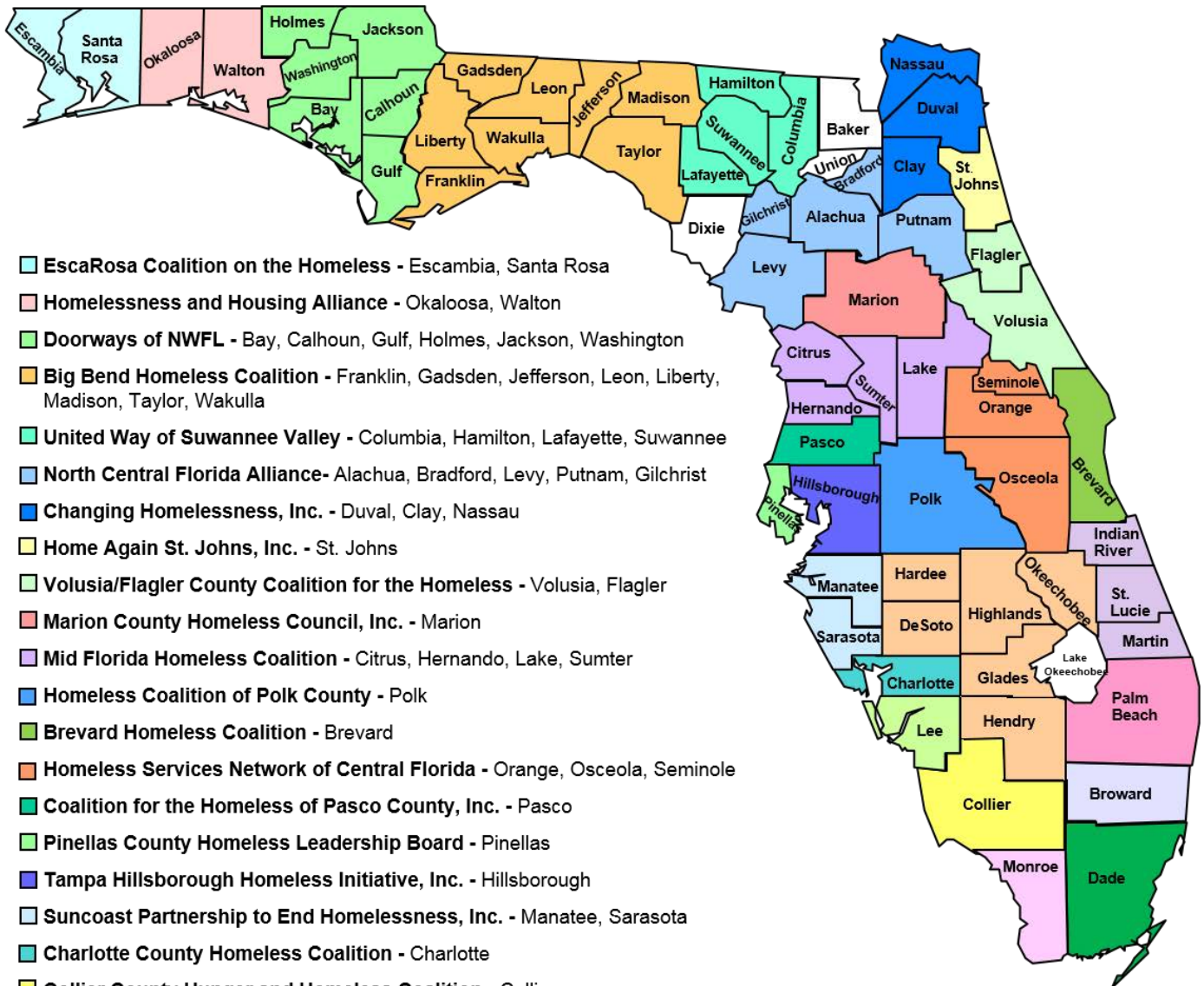
- **EscaRosa Coalition on the Homeless -** Escambia, Santa Rosa
- **Homelessness and Housing Alliance -** Okaloosa, Walton
- **Doorways of NWFL -** Bay, Calhoun, Gulf, Holmes, Jackson, Washington
- **Big Bend Homeless Coalition -** Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
- **United Way of Suwannee Valley -** Columbia, Hamilton, Lafayette, Suwannee
- **North Central Florida Alliance-** Alachua, Bradford, Levy, Putnam, Gilchrist
- **Changing Homelessness, Inc. -** Duval, Clay, Nassau
- **Home Again St. Johns, Inc. -** St. Johns
- **Volusia/Flagler County Coalition for the Homeless -** Volusia, Flagler
- **Marion County Homeless Council, Inc. -** Marion
- **Mid Florida Homeless Coalition -** Citrus, Hernando, Lake, Sumter
- **Homeless Coalition of Polk County -** Polk
- **Brevard Homeless Coalition -** Brevard
- **Homeless Services Network of Central Florida -** Orange, Osceola, Seminole
- **Coalition for the Homeless of Pasco County, Inc. -** Pasco
- **Pinellas County Homeless Leadership Board -** Pinellas
- **Tampa Hillsborough Homeless Initiative, Inc. -** Hillsborough
- **Suncoast Partnership to End Homelessness, Inc. -** Manatee, Sarasota
- **Charlotte County Homeless Coalition -** Charlotte
- **Collier County Hunger and Homeless Coalition -** Collier
- **Lee County Continuum of Care -** Lee
- **Heartland Coalition for the Homeless, Inc. -** DeSoto, Glades, Hardee, Hendry, Highlands, Okeechobee
- **Treasure Coast Homeless Services Council, Inc. -** Indian River, Martin, St. Lucie
- **Palm Beach County Division of Human Services -** Palm Beach
- **Broward County Homeless Initiative Partnership -** Broward
- **Miami-Dade County Homeless Trust -** Dade
- **Monroe County Homeless Services CoC, Inc. -** Monroe

APPENDIX VII:
Continuum of Care Contacts

COC #	CONTACT	CONTINUUM OF CARE	COUNTIES SERVED
FL-500	**ED DEMARCO** **INTERIM EXECUTIVE DIRECTOR** P – 941/955-8987 F – 941/209-5595 ed@suncoastpartnership.org www.suncoastpartnership.org	**SUNCOAST PARTNERSHIP TO END HOMELESSNESS, INC.** 1750 17th Street, Bldg. K-1 Sarasota, FL 34234	**MANATEE, SARASOTA**
FL-501	**ANTOINETTE HAYES-TRIPLETT** **CEO** P – 813/223-6115 F – 813/223-6178 tripletta@thhi.org www.thhi.org	**TAMPA HILLSBOROUGH HOMELESS INITIATIVE, INC.** 601 East Kennedy Boulevard 24th Floor Tampa, FL 33602	**HILLSBOROUGH**
FL-502	**SUSAN MYERS** **CEO** P – 727/582-7916 F – 727/528-5764 susanmyers@pinellashomeless.org www.pinellashomeless.org	**PINELLAS COUNTY HOMELESS LEADERSHIP BOARD** 647 1st Avenue, North St. Petersburg, FL 33701	**PINELLAS**
FL-503	**LAURA LEE GWINN** **EXECUTIVE DIRECTOR** P – 863/687-8386 F – 863/802-1436 lgwinn@polkhomeless.org www.polkhomeless.org	**HOMELESS COALITION OF POLK COUNTY** 107 Morningside Drive, Suite C Lakeland, FL 33803	**POLK**
FL-504	**JEFF WHITE** **EXECUTIVE DIRECTOR** P – 386/279-0029 F – 386/279-0028 jwhite@vfcch.org www.vfcch.org	**VOLUSIA/FLAGLER COUNTY COALITION FOR THE HOMELESS** P.O. Box 444 Deland, FL 32121-0444	**VOLUSIA, FLAGLER**
FL-505	**SARAH YELVERTON** **EXECUTIVE DIRECTOR** P – 850/409-3070 sarah@hhalliance.org www.hhalliance.org	**HOMELESSNESS AND HOUSING ALLIANCE** P.O. Box 115 Ft. Walton Beach, FL 32549	**OKALOOSA, WALTON**
FL-506	**SYLVIA W. SMITH** **EXECUTIVE DIRECTOR** P – 850/576-5566 F – 850/577-0586 ssmith@bigbendhc.org www.bigbendhc.org	**BIG BEND HOMELESS COALITION** 2729 W. Pensacola Street Tallahassee, FL 32304	**LEON, FRANKLIN, GADSDEN, LIBERTY, MADISON, TAYLOR, JEFFERSON, WAKULLA**
FL-507	**MARTHA ARE** **EXECUTIVE DIRECTOR** P – 407/893-0133 F – 407/893-5299 martha.are@hsncfl.org www.hsncfl.org	**HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA** 4065 L.B. McLeod Road Unit 4065-D Orlando, FL 32811	**ORANGE, OSCEOLA, SEMINOLE**

COC #	CONTACT	CONTINUUM OF CARE	COUNTIES SERVED
FL-508	**THERESA LOWE** **EXECUTIVE DIRECTOR** C/O Alachua Coalition for the Homeless and Hungry, Inc. P – 352/792-0800 tlowe@gracemarketplace.org www.ncfalliance.org	**NORTH CENTRAL FLORIDA ALLIANCE** 3055 NE 28th Drive Gainesville, FL 32609	**ALACHUA, PUTNAM, BRADFORD, LEVY, GILCHRIST**
FL-509	**LOUISE HUBBARD** **EXECUTIVE DIRECTOR** P – 772/778-4234 F – 772/567-5991 irhsclh@aol.com www.tchelpspot.org	**TREASURE COAST HOMELESS SERVICES COUNCIL, INC.** 2525 St. Lucie Avenue Vero Beach, FL 32960	**INDIAN RIVER, MARTIN, ST. LUCIE**
FL-510	**DAWN GILMAN** **CHIEF EXECUTIVE OFFICER** P – 904/354-1100 F – 866/371-8637 dgilman@changinghomelessness.org www.changinghomelessness.org	**CHANGING HOMELESSNESS, INC.** 660 Park Street Jacksonville, FL 32204	**DUVAL, CLAY, NASSAU**
FL-511	**JOHN JOHNSON** **EXECUTIVE DIRECTOR** P – 850/436-4646 F – 850/436-4656 john.johnson@ecoh.org www.ecoh.org	**ESCAROSA COALITION ON THE HOMELESS** P.O. Box 17222 Pensacola, FL 32522	**ESCAMBIA, SANTA ROSA**
FL-512	**KASSY GUY-JOHANESSEN** **DIRECTOR** P – 386/451-4939 homeagainstjohns2@gmail.com www.homeagainsj.org	**HOME AGAIN ST. JOHNS, INC.** 93 Orange Street St. Augustine, FL 32084	**ST. JOHNS**
FL-513	**MARK BROMS** **EXECUTIVE DIRECTOR** C/O Space Coast Health Foundation P – 321/652-2737 mbromsg@gmail.com www.brevardhomelesscoalition.org	**BREVARD HOMELESS COALITION** 6905 N Wickham Road, Suite 301 Melbourne, FL 32940	**BREVARD**
FL-514	**KAREN HILL** **EXECUTIVE DIRECTOR** P – 352/732-1380 F – 352/622-2975 karen@mchcfl.org www.mchcfl.org	**MARION COUNTY HOMELESS COUNCIL, INC.** 108 N. Magnolia Avenue, Suite 202 Ocala, FL 34475	**MARION**
FL-515	**YVONNE PETRASOVITS** **EXECUTIVE DIRECTOR** P – 850/481-5446 director@doorwaysnwfl.org www.doorwaysnwfl.org	**DOORWAYS OF NWFL** P.O. Box 549 Panama City, FL 32402-0549	**BAY, CALHOUN, GULF, HOLMES, JACKSON, WASHINGTON**
FL-517	**BRENDA GRAY** **EXECUTIVE DIRECTOR** P – 863/314-8901 F – 863/314-8902 brendagray@highlandshomeless.com www.highlandshomeless.com	**HEARTLAND COALITION FOR THE HOMELESS, INC.** 134 N. Ridgewood Dr. Suite 12 Sebring, Florida 33870	**DESOTO, GLADES, HARDEE, HENDRY, HIGHLANDS, OKEECHOBEE**
FL-518	**RITA DOPP** **EXECUTIVE DIRECTOR** P – 386/752-5604 F – 386/752-0105 rita@unitedwsv.org www.unitedwsv.org	**UNITED WAY OF SUWANNEE VALLEY** 871 SW State Road 47 Lake City, FL 32025-0433	**COLUMBIA, HAMILTON, LAFAYETTE, SUWANNEE**

COC #	CONTACT	CONTINUUM OF CARE	COUNTIES SERVED
FL-519	**RAINE JOHNS** **EXECUTIVE DIRECTOR** P – 727/842-8605 F – 727/842-8538 rainejohns@pascohomelesscoalition.org www.pascohomelesscoalition.org	**COALITION FOR THE HOMELESS OF PASCO COUNTY, INC.** P.O. Box 757, New Port Richey, FL 34656	**PASCO**
FL-520	**BARBARA WHEELER** **EXECUTIVE DIRECTOR** P – 352/860-2308 F – 352/600-3374 mfhc01@gmail.com www.midfloridahomeless.org	**MID FLORIDA HOMELESS COALITION** 104 E Dampier Street Inverness, FL 34450	**CITRUS, HERNANDO, LAKE, SUMTER**
FL-600	**VICTORIA MALLETTE** **EXECUTIVE DIRECTOR** P – 305/375-1491 F – 305/375-2722 vmallette@miamidade.gov www.homelesstrust.org	**MIAMI-DADE COUNTY HOMELESS TRUST** 111 NW 1st Street, Suite 27-310 Miami, FL 33128	**MIAMI-DADE**
FL-601	**MICHAEL WRIGHT** **EXECUTIVE DIRECTOR** P – 954/357-6167 F – 954/357-5521 mwright@broward.org www.broward.org/homeless	**BROWARD COUNTY HOMELESS INITIATIVE PARTNERSHIP** 115 S. Andrews Avenue., Room A-370 Ft. Lauderdale, FL 33301	**BROWARD**
FL-602	**ANGELA HOGAN** **CHIEF EXECUTIVE OFFICER** P – 941/627-4313 F – 941/627-9648 angela.hogan@cchomelesscoalition.org www.cchomelesscoalition.org	**GULF COAST PARTNERSHIP** P.O. Box 380369 Murdock, FL 33938	**CHARLOTTE**
FL-603	**JEANNIE SUTTON** **GRANTS COORDINATOR** P – 239/533-7958 F – 239/533-7955 jsutton@leegov.com www.leehomeless.org	**LEE COUNTY CONTINUUM OF CARE** 2440 Thompson Street Fort Myers, FL 33901	**LEE**
FL-604	**JOHN VAN NORDEN** **EXECUTIVE DIRECTOR** P – 305/440-2315 john.vannorden@monroehomelesscoc.org www.monroehomelesscoc.org	**MONROE COUNTY HOMELESS SERVICES COC, INC.** P.O. Box 2410 Key West, FL 33045	**MONROE**
FL-605	**GEORGIANA DEVINE** **PROGRAM & CONTRACT MANAGER** P - 561/ 355-4778 F - 561/355-4801 gdevine@pbcgov.com www.homelesscoalitionpbc.org	**PALM BEACH COUNTY DIVISION OF HUMAN SERVICES** 810 Datura Street, Suite 350 West Palm Beach, FL 33401	**PALM BEACH**
FL-606	**CHRISTINE WELTON** **EXECUTIVE DIRECTOR** P – 239/263-9363 F – 239/263-6058 executivedirector@collierhomelesscoalition.org www.collierhomelesscoalition.org	**HUNGER & HOMELESS COALITION OF COLLIER COUNTY** P.O. Box 9202 Naples, FL 34101	**COLLIER**

APPENDIX VIII:
Council on Homelessness Members

AGENCY	REPRESENTED BY
Agency for Health Care Administration	Molly McKinstry
CareerSource Florida, Inc.	Jay Barber
Department of Children and Families	Ute Gazioch
Department of Corrections	Amy Datz
Department of Economic Opportunity	Isabelle Potts
Department of Education	Skip Forsyth
Department of Health	Laura Reeves
Department of Veterans' Affairs	Alene Tarter
Florida Association of Counties	Claudia Tuck
Florida Coalition for the Homeless, Inc.	Angela Hogan
Florida Housing Finance Corporation	Bill Aldinger
Florida League of Cities	Rick Butler
Florida Supportive Housing Coalition	Shannon Nazworth

EX-OFFICIO APPOINTEES	REPRESENTED BY
Children's Home Society Pensacola	Lindsey Cannon
US Department of Veteran Affairs	Nikki Barfield
Veterans Service Organization	Donna Barron

GOVERNOR'S APPOINTEES	
Andrae Bailey	
Frank Diaz	
Robert Dickinson	
Steve Smith	

APPENDIX IX:
Definitions of "Homeless"

Federal Definition of "Homeless" (24 CFR 578.3)

Homeless means:

1. **An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:**

   a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

   b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

   c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2. **An individual or family who will imminently lose their primary nighttime residence, provided that:**

   a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

   b. No subsequent residence has been identified; and

   c. The individual or family lacks the resources or support networks, e.g. family, friends, faith-based or other social networks, needed to obtain other permanent housing;

3. **Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:**

   a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

   b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

   c. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

4. **Any individual or family who:**

   a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

   b. Has no other residence; and

   c. Lacks the resources or support networks, e.g. family, friends, and faith-based or other social networks, to obtain other permanent housing.

State of Florida Definition of "Homeless" (F.S. 420.621(5))

"Homeless," applied to an individual, or "individual experiencing homelessness" means an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual who:

a. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;

b. Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations;

c. Is living in an emergency or transitional shelter;

d. Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;

e. Is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or

f. Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in paragraphs (a)-(e).

The terms do not refer to an individual imprisoned pursuant to state or federal law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a mental health and developmental disability facility, a residential addiction treatment program, or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing.

APPENDIX X:
Glossary

Affordable Housing – In general, housing for which the tenants are paying no more than 30% of their income for housing costs, including utilities. Affordable housing may either be subsidized housing or unsubsidized market housing. A special type of affordable housing for people with disabilities who need services along with affordable housing is "Permanent Supportive Housing."

Chronically Homeless – In general, a household that has been continually homeless for over a year, or one that has had at least four episodes of homelessness in the past three years, where the combined lengths of homelessness of those episodes is at least one year, and in which the individual has a disabling condition.

Continuum of Care (CoC) – A local geographic area designated by HUD and served by a local planning body, which is responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The terms "CoC Governing Body" or "CoC Board" have the same meanings. In some contexts, the term "continuum of care" is also sometimes used to refer to the system of programs addressing homelessness. The geographic areas for the Florida CoCs are provided in Appendix VI.

CoC Lead Agency – The local organization or entity that implements the work and policies directed by the CoC. In Florida, there are 27 CoC Lead Agencies, serving 64 of 67 Florida counties. The CoC Lead Agency typically serves as the "Collaborative Applicant," which submits annual funding requests for HUD CoC Program funding on behalf of the CoC. The contacts for the CoC Lead Agencies are provided in Appendix VII.

Coordinated Entry System – A standardized community-wide process to outreach to and identify homeless households, enter their information into HMIS, use common tools to assess their needs, and prioritize access to housing interventions and services to end their homelessness. Sometimes referred to as a "triage system" or "coordinated intake and assessment."

Council on Homelessness – The Council on Homelessness was created in 2001 to develop policies and recommendations to reduce homelessness in Florida. The Council's mission is to develop and coordinate policy to reduce the prevalence and duration of homelessness, and work toward ending homelessness in Florida.

Diversion – A strategy that prevents homelessness for people seeking shelter by helping them stay housed where they currently stay or by identifying immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Effectively End Homelessness – Effectively ending homelessness means that the community has a comprehensive response in place to ensure that homelessness is prevented whenever possible, or if it cannot be prevented, it is a rare, brief, and non-recurring experience. Specifically, the community will have the capacity to: (1) quickly identify and engage people at risk of and experiencing homelessness; (2) intervene to prevent the loss of housing and divert people from entering the homelessness services system; and (3) when homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing. (Source: USICH)

Emergency Shelter – A facility operated to provide temporary shelter for people who are homeless. HUD's guidance is that the lengths of stay in emergency shelter prior to moving into permanent housing should not exceed 30 days.

Emergency Solutions Grant (ESG) – HUD funding that flows through state and certain local governments for street outreach, emergency shelters, rapid re-housing, homelessness prevention, and certain HMIS costs.

Extremely Low-Income (ELI) – Household income that is 30 percent or less of the Area Median Income of the community.

Florida Housing Finance Corporation – Florida Housing was created by the Florida Legislature more than 25 years ago to help Floridians obtain safe, decent, affordable housing that might otherwise be unavailable to them. The corporation provides funds for the development of housing.

HEARTH Act – Federal legislation that, in 2009, amended and reauthorized the McKinney-Vento Homeless Assistance Act. The HEARTH/McKinney-Vento Act provides federal funding for homeless programs, including the HUD Emergency Solutions Grant and the HUD CoC Grant funding.

Homeless – There are varied definitions of homelessness. Generally, "homeless" means lacking a fixed, regular, and adequate nighttime residence and living in temporary accommodations (e.g. shelter) or in places not meant for human habitation. Households fleeing domestic violence and similar threatening conditions are also considered homeless. For purposes of certain programs and funding, families with minor children who are doubled-up with family or friends for economic reasons may also be considered homeless, as are households at imminent risk of homelessness. See Appendix IX.

Homeless Management Information System (HMIS) – A web-based software solution and database tool designed to capture and analyze client-level information including the characteristics, service needs, and use of services by persons experiencing homelessness. HMIS is an important component of an effective Coordinated Entry System, CoC planning efforts, and performance evaluation based on program outcomes.

Homelessness Prevention – Short-term financial assistance, sometimes with support services, for households at imminent risk of homelessness and who have no other resources to prevent homelessness. For many programs, the household must also be extremely low income, with income at or less than 30% of Area Median Income (AMI) to receive such assistance.

Housing or Permanent Housing – Any housing arrangement in which the person/tenant can live indefinitely, as long as the rent is paid and lease terms are followed. Temporary living arrangements and programs – such as emergency shelters, transitional programs, and rehabilitation programs – do not meet the definition of housing.

Housing First Approach – An approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible and, once the person is housed, then providing services to help the person remain stably housed. This approach is consistent with what most people experiencing homelessness need and want. Housing first is recognized as an evidence-based best practice, is cost effective, and results in better outcomes as compared to other approaches. The Florida Legislature encourages Continuums of Care to adopt the housing first

approach to reduce homelessness.

Housing Trust Funds – Florida's Sadowski Act Trust Fund receives funding from dedicated revenue from real estate doc stamps. In Florida, the Housing Trust Funds are used for affordable housing when appropriated for that use by the State Legislature. Housing Trust Funds may also be funded by general revenue and government bonds.

HUD – The United States Department of Housing and Urban Development, which provides funding to states and local communities to address homelessness. In addition, HUD supports fair housing, community development, and affordable housing, among other issues.

HUD CoC Funding – Funding administered by HUD through local CoC Collaborative Applicant (i.e. CoC Lead Agency) entities. Eligible uses for new projects include permanent supportive housing, rapid re-housing, coordinated entry, HMIS, and CoC planning.

Office on Homelessness – Created in 2001, the Office on Homelessness was established as a central point of contact within state government on matters related to homelessness. The Office coordinates the services of the various state agencies and programs to serve individuals or families who are homeless, or are facing homelessness. Office staff work with the Council on Homelessness to develop state policy. The Office also manages targeted state grants to support the implementation of local homeless service continuum of care plans. The Office is responsible for coordinating resources and programs across all levels of government, and with private providers that serve people experiencing homelessness.

Outreach – A necessary homeless system component that involves interacting with unsheltered people who are homeless in whatever location they naturally stay (e.g. in campsites, on the streets), building trust, and offering access to appropriate housing interventions.

Permanent Supportive Housing (PSH) – Safe and affordable housing for people with disabling conditions, with legal tenancy housing rights and access to individualized support services. PSH that is funded through HUD CoC funding should prioritize people who are chronically homeless with the longest terms of homelessness and the highest level of vulnerability/acuity in terms of health issues and services needs. **Point in Time (PIT) Count** – A one-night snapshot of homelessness in a specific geographic area. The PIT is required by HUD to be completed during the latter part of January each year. Various characteristics of homelessness are collected and reported.

Point in Time (PIT) Count – HUD requires Continuums of Care (CoCs) to count the number of people experiencing homelessness in their geographic area through the Point in Time (PIT) Count on a given day. Conducted by most CoCs during the last ten days in January, the PIT Count includes people served in shelter programs every year, with every other year also including people who are unsheltered. Data collected during the PIT Counts is critical to effective planning and performance management toward the goal of ending homelessness for each community and for the nation as a whole. The PIT Count data are presented in Appendix II.

Rapid Re-Housing (RRH) – A housing intervention designed to move a household into permanent housing (e.g. a rental unit) as quickly as possible, ideally within 30 days of identification. Rapid Re-Housing typically provides (1) help identifying appropriate housing; (2) financial assistance (deposits and short-term or medium-term rental assistance for 1-24 months), and (3) support services as long as needed and desired, up to a certain limit.

Services or Support Services – A wide range of services designed to address issues negatively affecting a person's quality of life, stability, and/or health. Examples include behavioral health counseling or treatment for mental health and/or substance abuse issues, assistance increasing income through employment or disability assistance, financial education, assistance with practical needs such as transportation or housekeeping, and connections to other critical resources such as primary health care.

Sheltered/Unsheltered Homelessness – People who are in temporary shelters, including emergency shelter and transitional shelters, are considered "sheltered." People who are living outdoors or in places not meant for human habitation are considered "unsheltered."

Transitional Program – A temporary shelter program that allows for moderate stays (3-24 months) and provides support services. Based on research on the efficacy and costs of this model, this type of program should be a very limited component of the housing crisis response system, due to the relative costliness of the programs in the absence of outcomes that exceed rapid re-housing outcomes. Transitional housing should be used only for specific subpopulations such as transition-age youth, where research has shown it is more effective than other interventions.

United Stated Interagency Council on Homelessness (USICH) – A federal Council that coordinates the federal response to homelessness, working in partnership with Cabinet Secretaries and senior leaders from nineteen federal member agencies.

APPENDIX XI:
References

[1] See 24 CFR 578.3, available at https://www.ecfr.gov/cgi-bin/text-idx?SID=6l5dc8ff6d6ba4aca55e267l40352478&mc=true&node=pt24.3.578&rgn=div5#se24.3.578_l3.

[2] Shinn, Gregory A. "The Cost of Long-Term Homelessness in Central Florida." Central Florida Commission on Homelessness. 2014. Available at http://rethinkhomelessness.org/wp-content/uploads/2014/11/Eco-Impact-Report-LOW-RES.pdf.

[3] National Alliance to End Homelessness. "Rapid Re-Housing: A History and Core Components." 2014. Available at http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components.

[4] National Health Care for the Homeless Council. "Homelessness & Health: What's the Connection?" 2011. Available at http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf.

[5] American Institutes for Research. "America's Youngest Outcasts: A Report Card on Child Homelessness." 2014. Available at http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf. In this report, Florida is ranked #33 among the states in terms of child homelessness and responses.

[6] It is estimated that there are 784,558 adults with serious mental illnesses in Florida. (Source: Florida Department of Children and Families. "Substance Abuse and Mental Health Services Plan 2014-2016." 2013. Available at http://www.dcf.state.fl.us/programs/samh/publications/2014-2016%20SAMH%20Services%20Plan.pdf.) Even if all adults identified as homeless in the 2016 Point in Time Counts were seriously mentally ill, which is not true, that would indicate that 97% of people with serious mental illness were housed – not homeless – in Florida. As reported in Appendix II Table 3, fewer than 18 percent of people who are homeless report substance abuse or mental health issues.

[7] Shimberg Center for Housing Studies, University of Florida. "2016 Rental Market Study." July 2016. Available at http://www.floridahousing.org/FH-ImageWebDocs/Newsroom/Publications/MarketStudies/2016/Full%20RMS%20final%20rev09_16.pdf.

[8] It should be noted that the Shimberg study defines "affordable" as any housing for which the household would pay housing costs no more than 40% of its household income. A more common criterion for "affordable" is that housing costs are equal or less than 30% of household income. Under that definition, Florida has only 22 affordable units for every 100 households with extremely low income.

[9] "Extremely-low income" (ELI) is defined as having household income at or below 30% of the community's Area Median Income (AMI).

[10] Affordable housing, as used here and in the Shimberg study, includes both unsubsidized market-rate rental units and rental housing that has been subsidized through government programs.

[11] Florida Housing Coalition. "Home Matters." 2017. Available at http://www.flhousing.org/?page_id=5915.

[12] National Low Income Housing Coalition. "Out of Reach 2016." 2016. Available at http://nlihc.org/sites/default/files/oor/OOR_2016.pdf.

[13] United Way of Florida. "ALICE Florida: 2017 Update." 2017. Available at http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres.pdf. "ALICE" is the acronym for "Asset Limited, Income Constrained, Employed."

[14] In 2007, 62% of personal bankruptcies were caused by medical debt. See study cited in National Health Care for the Homeless Council. "Homelessness & Health: What's the Connection?" 2011. Available at http://www.nhchc.org/wp-content/uploads/2011/09/Hln_health_factsheet_Jan10.pdf.

[15] The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 is the primary federal law governing federal programs related to homelessness. The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act, the initial overarching federal homelessness legislation. The provisions of the HEARTH Act provisions are reflected in 24 CFR 578 and other federal statutes. See https://www.ecfr.gov/cgi-bin/text-idx?SID=8ed95da3254c35cd41c95dfdd2aa239a&mc=true&tpl=/ecfrbrowse/Title24/24cfrv3_02.tpl#0.

[16] The terms "CoC Lead Agency" and "Collaborative Applicant" are often used interchangeably in Florida. The Collaborative Applicant is the CoC-designated organization, sometimes called the CoC Lead Agency, that submits funding proposals to HUD on behalf of the CoC. A Collaborative Applicant may be either a local government or a local non-profit organization. Further, in most communities the Lead Agency also assumes the responsibilities of the local "Homeless Coalition" described in State Statute, but

in some communities these responsibilities are divided between different entities. See F.S. 420.623 and 420.624, available at http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0420/0420PARTVIContentsIndex.html.

[17] See United States Department of Housing and Urban Development. "The 2016 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates." November 2016. Available at https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf.

[18] United States Interagency Council on Homelessness. "Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness." February 2017. Available at https://www.usich.gov/resources/uploads/asset_library/Vet_Criteria_Benchmarks_V3_February2017.pdf.

[19] The HUD definition is more specific than this general description. HUD requires documentation that the person (1) has a disabling condition and (2) has been homeless either continuously for at least one year or on at least four occasions in the previous three years where the combined length of homelessness in those occasions is at least twelve months. See https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf.

[20] This estimate is based on a cost of $30,000 per chronically homeless person annually. This cost estimate is conservative, given the research reports summarized previously in this report.

[21] A summary and update on the Florida Housing Finance Corporation PSH pilot projects is presented in Appendix IV.

[22] See United States Department of Housing and Urban Development. "The 2016 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates." November 2016. Available at https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf.

[23] American Institutes for Research. "America's Youngest Outcasts: A Report Card on Child Homelessness." 2014. Available at http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf.

[24] Bassuk, E., Murphy, C., Coupe, N., Kenney, R., & Beach, C. (December 2011). *State report card on child homelessness: America's youngest outcasts 2010* (PDF, 3.4MB). Retrieved from National Center on Family homelessness website.

[25] Section 721, Title IX, Part A, Every Student Succeeds Act

[26] United State Interagency Council on Homelessness. "What Does Ending Homelessness Mean?" 2017. Available at https://www.usich.gov/opening-doors.

[27] Florida Housing Coalition. "Building an Effective Homeless Crisis Response System." March 2017. Available at http://www.flhousing.org/wp-content/uploads/2017/03/Building-an-effective-homeless-crisis-response-system.pdf.

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