COME HOME
A roadmap to end homelessness in Volusia and Flagler Counties

> "Homelessness is a disgrace. Whether it's a systems failure or a personal failure, no one should be left out on the cold streets of our communities. No child should be consigned to a shelter. No veteran should be eating out of a dumpster. We cannot allow ourselves to be anesthetized to the Skid Rows of our communities. We cannot accept them as intractable elements of the social landscape. In doing so, we would betray the promise of America and compromise our sense of moral right."

Philip Mangano.
Remarks from a speech delivered
at the San Francisco HUD Regional Office
February 6, 2003.

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II. Message from Chamber Committee on Homeless Issues/10-Year Plan Committee:

The Halifax Daytona Chamber of Commerce (The Chamber) was asked by the Volusia/Flagler County Coalition for the Homeless, (Coalition) to serve as an initial reviewing body of the Coalition's research results and first versions of a written plan to end homelessness in Volusia and Flagler Counties. The Coalition's intent in seeking the Chamber's input of the initial work, is that the plan meet the same realistic, achievable criteria as any Business Plan, including measurable outcomes. The Coalition is the author of the plan, and the Chamber Committee role has been limited to active involvement in review and comment. The Coalition has accepted and has made all changes recommended by the Chamber. The Chamber Board has reviewed this draft and voted unanimously to assist in presenting this draft for general community-wide comment. The Chamber recognizes the cost and impact of homelessness on our communities and is committed to finding cost effective ways to deliver services that will help to end homelessness in Volusia and Flagler Counties.

As a result of our review of this plan, we have learned that the "face" of homelessness is not what we imagined. It is the face of children, of Veterans who have served their country, it is the faces of women and children who have experienced violence and abuse, the face of elderly and medically needy, of those experiencing serious mental illness and substance abuse addiction, and increasingly, the face of those who have lost jobs and can no longer afford housing. Those who choose homelessness are a small segment – less than 10% of all homeless. The efforts of service providers and community resources are not targeted at those who choose to live outside society's rules, but are exclusively targeted at those who want help to end homelessness.

It is our hope that we can show that "face" of homelessness to the citizens of Volusia and Flagler Counties. Our communities and their leadership will need to overcome the stereotypes that prevent us from achieving solutions that are needed to help individuals and families who are experiencing homelessness regain economic independence.

The Coalition has gathered data to help make informed decisions. The data includes the cost to our communities and businesses of NOT funding services that can be used to end homelessness. It is clear that the cost of homelessness has huge impacts on tax payers, residents and the business community. It is much less expensive to build a network of services that ends homelessness quickly, than to continue to fund endless trips to the emergency room, to the courts and jail, to build more cells and hire more police officers and prison guards – all of which do nothing to end the cycle of homelessness, but return people to the streets time and time again. Economic development is critical to the well being of our communities. Ending homelessness is a major component of economic development strategy.

It is our hope that this initial "plan for a comprehensive plan" and our demonstrated commitment to work together to develop and enact it will provide the impetus to mobilize our communities and achieve real, measurable success to end homelessness. Instead of managing homelessness, it has been our objective to develop and agree upon performance measures; to identify specific outcomes and funding sources as well as bodies responsible for implementation of each strategy through this plan. With this clarity of purpose, commitment of will and resources we mean to close the front door through which people become homeless, and open the back door, through which people already homeless can exit, and come home.

List of Contributors and Planning Partners

Special thanks go to Ed Williams, the 2007 Chairman of the Board of the Halifax Chamber of Commerce, for adopting this project as his priority for his year of Presidency. Ed Williams and Larry McKinney, President and CEO, formed a committee, Chaired by Bo Brewer, The People Business, and staffed by Jim Cameron, Vice President of Government Affairs, and with Bob Williams preparing a PowerPoint Presentation of the materials for public presentation of the draft.

Members of the Committee included: John Anthony; Ross Baird; Big John; Kelly Borich; Bo Brewer, The People Business; Joni Casillas, Salvation Army; Chris Challis, Cobb & Cole; Randy Croy, Serenity House; Bob Davis, Hotel Motel Association; Mike Gentry, Florida Hospital; Tony Grippa; Sally Ann Groody, Serenity House; Diego Handel, Esq.; Claris Mac'Kie, Family Renew Community; Lindsay Roberts, Coalition for the Homeless; Al Smith, Angel and Phelps; Naomi Weiss, Daytona Beach Partnership Association; Sam Willett, Bank of America; Bob Williams, Daytona Beach College; Ed Williams, Coca Cola; Jim Winkler.

III. Executive Summary

Although homelessness as we know it today began its upward spiral in the 1960's and 1970's with deinstitutionalization of mentally ill people and loss of affordable housing stock, wide-spread homelessness did not emerge until the 1980's. Several factors have affected its growth over the last two decades. Lack of affordable housing is compounded by the increased demand for it as earnings from employment and from benefits have not kept pace with the cost of housing for low income and poor people. Basic services required by every family have become harder for very poor people to afford or find.

In addition to these systemic causes, social changes have exacerbated the personal problems of many poor Americans, leading them to be more vulnerable to homelessness. These social trends have included new kinds of illegal drugs, more single parent and teen-headed households with low earning power, and thinning support networks.

The nation has developed infrastructure to try and deal with the problem of homelessness and is spending $2 billion per year in the effort, and yet, tonight, one million Americans will be homeless.

The causes of homelessness must be addressed. People who are homeless must be helped, and the current system does this reasonably well for many of those who become homeless. But the current homeless assistance system can neither prevent people from becoming homeless nor change the overall availability of housing, income, and services that will truly end homelessness.

Mainstream social programs, on the other hand, do have the ability to prevent and end homelessness. These programs include welfare, health care, mental health care, substance abuse treatment, and veterans' assistance, but they are over-subscribed.

Ending Homelessness in Ten Years

The Halifax Area Chamber of Commerce and the Board of Directors of the Volusia/Flagler Coalition for the Homeless join with the Board of Directors of the National Alliance to End Homelessness in believing that, in fact, ending homelessness is an attainable goal. Incentives in mainstream systems can be reversed, so that rather than causing homelessness, they are preventing it. The homeless assistance system can be made more outcome-driven by tailoring solution-oriented approaches more directly to the needs of the various sub-populations of the homeless population. Resources can be shifted from incarceration and emergency medical services to treatment and prevention. If these changes can be made, homelessness can be ended within ten years.

To achieve the goal of ending homelessness in ten years, the following four steps should be taken, simultaneously:

Plan for Outcomes

Our communities must plan how to end homelessness, instead of managing it. New data shows that we can help homeless people much more effectively by changing the mix of assistance we provide. We are committed to collect much better data at the local level – data that must include more information about the needs of clients, the cost of services and avoided costs and the outcomes for clients, so we can better target services and document success. A second step involves enhancing the planning process that focuses on the outcome of ending homelessness by bringing mainstream state and local agencies and organizations to the table, not just the homeless assistance providers.

Close the Front Door

The homeless assistance system ends homelessness for thousands of people every day, but they are quickly replaced by others. People who become homeless are almost always clients of public systems of care and assistance. These include the mental health system, the public health system, the welfare system, and the veterans system, as well as the criminal justice and the child protective service systems (including foster care). The more effective the homeless assistance system is in caring for people, the less incentive these other systems have to deal with the most troubled people and the more incentive they have to shift the cost of serving them to the homeless assistance system.

This situation must be reversed. The flow of incentives can favor helping the people with the most complex problems. As in many other social areas, investment in prevention holds the promise of saving money on expensive systems of remedial care. The Florida Department of Corrections estimates that if 16,880 inmates and probationers received substance abuse treatment, the cost avoidance in capital outlay would save $277,613,065 in one year!

Open the Back Door

Most people who become homeless enter and exit homelessness relatively quickly. Although there is a housing shortage, they accommodate this shortage and find housing. There is a much smaller group of people which spends more time in the system. The latter group—the majority of whom are chronically homeless and chronically ill—virtually lives in the shelter system and is a heavy user of other expensive public systems such as hospitals and jails.

People should be helped to exit homelessness as quickly as possible through a Housing First approach. For the chronically homeless, this means permanent supportive housing (housing with services)—a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults, it means getting people very quickly into permanent housing and linking them with services. People should not spend years in homeless systems, either in shelter or in transitional housing.

Build the Infrastructure

While the systems can be changed to prevent homelessness and shorten the experience of homelessness, ultimately people will continue to be threatened with instability until the supply of affordable housing is increased; incomes of the poor are adequate to pay for necessities such as food, shelter, and health care and disadvantaged people can receive the services they need. Attempts to change the homeless assistance system must take place within the context of larger efforts to help very poor people.

Taking these steps will change the dynamic of homelessness. While it will not stop people from losing their housing, it will alter the way in which housing crises are dealt with. While it will not end poverty, it will require that housing stability be a measure of success for those who assist poor people. The Halifax Area Chamber of Commerce and the Volusia/Flagler Coalition for the Homeless believe that these adjustments are necessary to avoid the complete institutionalization of homelessness. We also believe that if we implement these changes in our community, over time, they can lead to an end to homelessness within ten years.

IV. The Cost of Homelessness

For mayors, city councils, and even homeless providers it often seems that placing homeless people in shelters, while not the most desirable course, is at least the most inexpensive way of meeting basic needs. This is deceptive. The cost of homelessness can be quite high, particularly for those with chronic illnesses. Because they have no regular place to stay, people who are homeless use a variety of public systems in an inefficient and costly way. Preventing a homeless episode or ensuring a speedy transition into stable permanent housing can result in a significant cost savings.

Homelessness affects the Community as a whole. What is the cost? What investment is needed to result in a desired outcome/benefit? These are the questions that must be addressed as we move forward with our efforts to develop a plan to end homelessness. Cost examples for eleven key categories are reflected in the following chart.

The Cost of Homelessness

ENTITY	CURRENT EFFECT OF HOMELESSNESS	COST/ IMPACT	INVESTMENT	BENEFIT/ OUTCOME
Hospitals	Increased costs due to high usage of emergency rooms; cumulative cost of indigent care.	$1,029 av. Cost/visit to ER x 3,500/year = $3.6 m[1] Av. add'l 4 day stay @ $6,548 x 250 patients = $1.31 m[2]	$300k in clinic plus meds. $100,000 in temp. shelter w/ nursing assist.	Savings of $1.1m Results from diversion of 1,000 from ER = net savings (1,000 x $1,029) - $300k = $729k + On-time release of 80 patients = net savings (80 x $6,548) - $100,000 = $424 k
Local Businesses / Economic Development	Loss of traffic/patronage due to visible vagrancy; may limit area's ability to attract viable businesses .	$68 million lost retail and jobs for London, Ontario (with 337,000 pop.)[3] Est. leakage of retail sales tax = $1.3m (.0025 of $463m retail sales tax in Volusia Co. and $53m in Flagler Co.)[4]	$1m in supportive housing Downtown Streets Teams in 4 cities, $200k	$5.8 million in additional retail (10% increase - $1m in supportive housing) $206k net savings (7% of additional retail sales - $200k)
Criminal Justice System	Cost of incarceration vs. treatment; recidivism.	$306.4m in jail construction[5]	$28.7m in substance abuse treatment	$277.6m savings in avoided cost outlay for prisons; Diversion of treated individuals from jail allows fast economic independence
Law Enforcement	Efforts directed at homelessness, vagrancy and panhandling versus crime prevention.	DB= 15% of cost of 104 Patrol Officers = $650,520 DeLand = 15% of cost of 40 Patrol Officers = $235,110 County of Volusia =		

[1] Wellmark, Blueshield average ER visit 7/07 $1,029
[2] Lewin Group, Costs of Serving Homeless Individuals in Nine Cities, 11/19/2004 prepared for Corp. for Supportive Housing
[3] Ivey School of Business, University of Western Ontario, 5/17/03
[4] Labormarketinfo.com
[5] Florida Dept. of Corrections Substance Abuse vs. Prison Diversion 1/10/08

		pending Total = $885,630[6]		
Cities/Counties	Loss of taxpayer revenue, use of law enforcement and other resources that could be directed elsewhere, image.	*See Local Bus/Econ Development/Law Enforcement*	*See Local Bus Econ Devel./Law Enforcement*	*See Local Bus/Econ Development/Law Enforcement*
ENTITY	**CURRENT EFFECT OF HOMELESSNESS**	**COST/ IMPACT**	**INVESTMENT**	**BENEFIT/ OUTCOME**
Communities	Perceived compromise of safety and security; potential reduction in home values.	*Pending housing value data*	*Pending housing value data*	*Pending housing value data*
Employers	Lost productivity, turnover, theft, image.	*See Local Business/Econ Development*	*See Local Business/Econ Development*	*See Local Business/Econ Development*
Schools	Compromised test scores. Increased cost of special ed services	$1.4m (125 homeless children in special ed at an additional cost of $11,060/yr)[7] National Average Per Pupil Cost = $8,922) $2.67 meal cost per homeless pupil, per day. $100k grant to fund Homeless Liaison; $50K Title I expenditures supplies[8]	$65K Annual Cost of Homeless Childrens' Case Manager	
Tourism	Conveys negative image and may be perceived as unsafe environment.	*See Local Business/Econ Development*	*See Local Business/Econ Development*	*See Local Business/Econ Development*
Non-Governmental Organizations	Inadequate funding; difficulty in sustaining existing funding;	$4,496,714 total grant funds for 577 beds ($7,793/bed/year)	$1.2m = 25% match	Sustainable existing beds/services

[6] City of DB Annual Report 2005 (from City website); DeLand Police website, total officers 60, "2/3 patrol"; County of Volusia pending
[7] Substance Abuse and Mental Health Association CB-E1/measure
[8] Pam Woods, Homeless Liaison and Center For Education Reform Web Site

Homeless Individuals	Loss of self-respect and dignity; inadequate housing; job loss and/or financial strain may lead to increases in domestic violence, illness, substance use and abuse or emotional breakdown.	$28,045/person service costs for 99 homeless individuals[9]	$27,101/person housed, with supportive services	$994 net savings in supportive services per person; plus a total of $940,365 in avoided costs (59% savings in health care 41% savings in mental h/c 62% savings in ER care 62% savings in jail costs 66% savings in ambulance costs)

[9] Corp. for Supportive Housing; Cost of Homelessness, State of Maine – Greater Portland, 9/2007

Following are some of the ways in which homelessness can be costly.

Hospitalization and Medical Treatment

People who are homeless are more likely to access costly health care services.

- According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than comparable non-homeless people. This extra cost for 1992 was approximately $2,414 per hospitalization, is attributable to homelessness.[1] The Lewin Group reports in 2004, that a day in hospital costs $1,637 in Atlanta, GA, so the four additional days in hospital costs tax payers $6,548.[10]
- A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and $4 million in admission cost. Their rate of psychiatric hospitalization was over 100 times their non-homeless cohort. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was $3.5 million or about $2,000 per person.[2]
- Homelessness both causes and results from serious health care issues, including addictive disorders.[3] Treating homeless people for drug and alcohol related illnesses in less than optimal conditions is expensive. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.
- Physician and health care expert Michael Siegel found that the average cost to cure an alcohol related illness is approximately $10,660. Another study found that the average cost to California Hospitals of treating a substance abuser is about $8,360 for those in treatment, and $14,740 for those who are not.[4]

Prisons and Jails

People who are homeless spend more time in jail or prison—sometimes for crimes such as loitering—which is tremendously costly.

- According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers $14,480 per year, primarily for overnight jail.[5]
- A typical cost of a prison bed in a state or federal prison is $20,000 per year[6]
- Florida Department of Corrections identified 65% of the inmate population as being in need of substance abuse treatment services as of July 1, 2007 – a total of 60,387 people. The Department also estimates that if 28% of those were treated and diverted from prison, the cost of treatment would be $28,776,935 but the cost avoidance of fixed capital outlay for prison construction, would result in a net saving to taxpayers of $277,613,065.[11]

Emergency Shelter

Emergency shelter is a costly alternative to permanent housing. While it is sometimes necessary for short-term crises, it too often serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately $8,067[7] more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate).

Lost Opportunity

***Template provided by National Alliance to End Homelessness, with additions made by VFCCH, Inc.**

Perhaps the most difficult cost to quantify is the loss of future productivity. Decreased health and more time spent in jails or prisons, means that homeless people have more obstacles to contributing to society through their work and creativity. Homeless children also face barriers to education.

Dr. Yvonne Rafferty, of Pace University, wrote an article which compiled earlier research on the education of homeless children, including the following findings:

- Fox, Barnett, Davies, and Bird 1990: 79% of 49 homeless children in NYC scored at or below the 10th percentile for children of the same age in the general population.
- 1993: 13% of 157 students in the sixth grade scored at or above grade level in reading ability, compared with 37% of all fifth graders taking the same test.
- Maza and Hall 1990: 43% of children of 163 families were not attending school.
- Rafferty 1991: attendance rate for homeless students is 51%, vs. 84% for general population.
- NYC Public Schools 1991: 15% of 368 homeless students were long-term absentee vs. 3.5% general population.[8]
- Because many homeless children have such poor education experiences, their future productivity and career prospects may suffer. This makes the effects of homelessness much longer lasting than just the time spent in shelters.
- Economic development efforts, both retention of existing business as well as recruitment of new business, is impacted by unsheltered homeless who are more visible and engage in pan-handling; loitering, vagrancy, litter and intimidate shoppers or business clients.[12]

Entity	**Total # Per Year**	**Cost/Person/Year**	**Total Cost/Year**	**Cost Differential Treatment vs. Jail or Outpatient vs. Hospital**
Jail	1,068	$20,805/person	$22,219,740	$17,526,474
Treatment Bed	664	$7,068.18	$4,693,266	
Hospital	2071	$2,414/person	$5,000,000	$3,757,4000
Outpatient Meds; Clinic Care	2071	$600	$1,242,600	

This chart requires some explanatory blurb and source.

V. PRELIMINARY FINDINGS and CONCLUSIONS

Our ultimate task in preparing a Ten Year Plan, is to accomplish the well-documented national goals which are the means to effect change and end homelessness.

- Planning for Outcomes;
- Closing the Front Door;
- Opening the Back Door;
- Building Infrastructure;
- Eliminating Barriers.

As we reviewed the data available, some immediate findings and conclusions became apparent for each of the four core areas that underpin homeless services.

I. PREVENTION

Prevention is the means by which a "front door" must be set in place -- that ends the downward spiral into homelessness for people who live on the bottom of the economic ladder by keeping them in housing. Prevention represents a method for saving funds, offering a less expensive means of intervention and assistance, rather than the far greater resources that will be required to serve people once they become homeless, and still more resources that will be necessary to recreate housing once people have lost it and spent time living on the street or in shelters.

A. Findings

In Volusia and Flagler Counties, prevention activities consisting of access to mainstream social service programs, payment of one-month of rent and/or utilities and food-bags, fall into three categories:

1. State-coordinated mainstream benefits include Temporary Assistance for Needy Families (TANF); Food Stamps; Medicaid; Emergency Food and Housing Assistance Program (EFAHP);
2. County-funded and lead community services, for which Emergency Shelter Grant funds are expended; and
3. Faith-based activities, which may be funded by County Emergency Shelter Grant Funds or by United Way, and donations from individuals.

B. Conclusions

1. Funding is inadequate to meet the need.
2. Enhanced coordination/collaboration between agencies is paramount.
3. Negligible keeping or sharing of data, and therefore, no concerted effort to eliminate duplication of effort/service.
4. Limited tracking to determine effectiveness of assistance given; limited consolidation of outcomes to share information about what works and what does not.

C. Recommendations

1. Identify all sources of funding now available and provided to all Volusia and Flagler County agencies for prevention services.
2. Review funding entities and criteria for allocations; work collaboratively to establish unified criteria and tie funding to client outcomes.
3. Allocate funding for case managers.
4. Use the HMIS database for all client records and for all available services.
5. Expand the 211 First Call for Help capacity for accessing HMIS data and using the data to refer clients to existing services.

6. Establish consistent policy for all agencies, regarding allocation of funds for rent and utility assistance.
7. Eliminate duplication of services.

II. EMERGENCY SHELTER

The place for people who find themselves immediately homeless; admits without preconditions; provides short term stay with no or limited supportive services. Changes in structure and delivery of emergency shelter services can result in shortening the time that people are homeless and can create a "back door" that can more rapidly lead people out of homelessness.

A. Findings

1. There is adequate emergency shelter for victims of domestic violence who are single women or women with children in both counties.
2. Emergency shelter for housing families intact is non existent.
3. Emergency shelter for single men and women is non existent in Flagler; West Volusia and Southeast Volusia
4. There are a total of 36 beds in East Volusia, all at the Salvation Army in Daytona Beach, an immediate shortfall of 151 beds. The facilities at the Salvation Army are inadequate to address need – there are no handicapped accessible facilities; no means of sheltering families intact; the maximum stay is seven nights per month, only one night is provided free and the cost for the remaining six nights is $60.
5. Case management is not available to single men and women in the emergency shelter system, so the opportunity for connections to service providers and resources to end homelessness is often missed by clients who then remain homeless longer.
6. Outreach is a preventative measure that can close the front door. It is also a first-line intervention methodology for opening back doors for people quickly, once they become homeless, getting them off the street and into a program that will get them "home".

"The relationship between the homeless and the social service community marks a border where the disenfranchised by homelessness meet the mainstream of society (Rowe, 1999). The outreach worker crosses back and forth across that border, weaving the connections and laying the groundwork for the homeless person to also "cross over". The outreach worker is a specialist, working with various sub-populations, including those who are mentally ill, people with substance abuse problems, people with co-occurring disorders, the economically disadvantaged, alcohol abusers, people with AIDS/HIV, the employment disadvantaged, people with physical disabilities and the developmentally disabled. Currently our system is a patchwork of paths traversing that border – some failing, some intangible in terms of our goals to end homelessness. There are successes, but again, lack of coordination of efforts precludes opportunities to replicate success, or capitalize on the knowledge.

B. Conclusions

1. Accessible 24/7 point-of-entry is needed for those seeking emergency shelter.
2. Outreach teams are needed to assess, refer and place homeless people with service providers.

3. A centralized assessment process to coordinate the needs of the outreach team with the resources of the service providers.
4. HMIS use must become mandatory – not just for HUD-funded providers, but for all providers who deliver services to the homeless. HMIS gives us the perfect conduit for making a seamless cross-over from the street to services. With the consent of the client, the homeless client's HMIS data will be accessible to all providers, who will have a much deeper insight into the client's overall needs as the client travels through the system toward his or her goal of self sufficiency.
5. Create sufficient emergency shelter for single men and women and for families with children so that they are off the street immediately.
6. Shelter must be available in the four quadrants of the Continuum's region – Flagler, West Volusia; Southeast Volusia and East Volusia.
7. Access to Case Management must be available at the emergency shelter level, to allow clients to begin the process of accessing mainstream benefits.

C. Recommendations

1. Identify all sources of funding now available and provided to all Volusia and Flagler County agencies for emergency services.
2. Review funding entities and criteria for allocations; work collaboratively to establish unified criteria and tie funding to client outcomes.
3. Allocate funding for outreach workers and case managers.
4. Use the HMIS database for all client records and for all available services.
5. Expand the 211 First Call for Help capacity for accessing HMIS data and using the data to refer clients to existing services.
6. Relocate the Salvation Army emergency shelter from Ballough Road or rehab existing facility.
7. Create emergency shelter capacity in West Volusia first; then Flagler; followed by Southeast Volusia.
8. Establish policy to ensure that clients remain in emergency shelter until they are connected to transitional or permanent shelter.

III. TRANSITIONAL SERVICES/HOUSING

A. Findings

1. Maximum effort has been applied by agency service providers in this arena but it has been primarily focused on 5 sub-sets of homeless clients:

    a. Those fleeing Domestic Violence
    b. Substance Abuse
    c. Families with Children
    d. Veterans
    e. Those with jobs

2. Nothing exists in the way of transitional services for single men and women who do not fall into one of the five categories above.
3. Data is not recorded in HMIS for clients who are not in HUD funded beds, so much data regarding services to those who are homeless is not recorded or tracked and is unavailable for analysis.

4. Minimal sharing of data on homeless clients has been occurring between agencies which has been allowing potential duplication of services and certainly duplication of effort.
5. Inadequate planning for discharge is occurring, with clients frequently leaving transitional facilities without mainstream benefits, income or permanent housing identified.
6. Follow up is not being done consistently at all levels by all agencies for discharged clients to track outcomes.
7. Agency rules for participation in programs are sometimes inflexible and lead to early discharge from programs for clients who have no options or alternatives.
8. Some agency programs are so narrowly designed that additional service needs of clients are not addressed and clients are discharged without resolution of all needs, which places them at extreme risk of repeated homeless episodes.
9. Case management skills vary widely, with many agencies having case managers who are not skilled in accessing mainstream benefits for clients. The result has been low rates of approval on applications, significantly delaying receipt of benefits, or leaving clients without benefits that they may be entitled or eligible to receive.

B. Conclusions

1. Priority must be given to establishing transitional services for single men and women.
2. All data must be recorded in HMIS for all homeless clients, whether HUD funded services are provided to them or not.
3. All data must be shared – with client permission.
4. Discharge planning, starting with admission, is essential, so that people who leave jails, hospitals and foster care, or any homeless service provider's care, do not exit to the street.
5. Follow up and tracking of outcomes is essential. No evaluation of effectiveness of service is possible without tracking.
6. Every effort should be made to ensure that all agencies provide sufficient support to clients to assist them to succeed in completing programs, and accessing the full array of services necessary to resolve issues that have lead them to homelessness.
7. Every effort should be made to ensure that all agency rules for program participation are as flexible as possible, to allow maximum opportunity to benefit from the services and permit them to exit to permanent housing.

C. Recommendations

1. Review funding entities and criteria for allocations; work collaboratively to establish unified criteria and tie funding to client outcomes.
2. Funding prioritization should be services for single men and women to reduce the large numbers of street homeless.
3. All funding should be contingent on full utilization of HMIS.
4. All funding should require sharing of data.
5. All funding should require discharge planning that includes jails, hospitals and foster care agencies.
6. All funding should require post-release tracking and evaluation of service outcomes.
7. Agencies should review policies and supportive services to maximize opportunities for clients to succeed.

IV. PERMANENT HOUSING

Creation of permanent supportive housing and new affordable housing is ultimately the key to ending homelessness. Without more accessible permanent housing for all subgroups of homeless, the plan cannot succeed. Housing opportunity represents the back door. To achieve the goal, the community must invest in elimination of barriers to the creation of this infrastructure.

A. Findings

1. There are a total of 66 beds of Permanent Supportive Housing, half (32 beds) being earmarked for those who meet HUD's definition of Chronically Homeless and the remaining 34 beds being earmarked for families with children. All the beds are provided by Serenity House or Stewart Marchman.
2. There is extremely limited affordable housing in the commercial market and little community planning to fund or coordinate it.
3. There is no connection at all to any housing through the Public Housing Authority which has elected not to participate in the Continuum of Care, despite repeated efforts to engage them.
4. Use of County, City and State CHDO funds has been the principle vehicle for adding small numbers of permanent housing beds over a period of years, with HUD's bonus funds providing the sole opportunity for new permanent beds for Chronically Homeless.
5. There is an immediate shortfall of 125 beds of permanent housing for chronically homeless individuals.

B. Conclusions

1. Chronic homelessness cannot be resolved without the addition of large numbers of permanent housing.
2. Aggressive community efforts are needed to plan and coordinate and incentivize the construction of affordable permanent housing.
3. The Public Housing Authority must become engaged in the process.
4. Additional funding must be identified and earmarked for permanent housing including local match funds to meet the HUD 50% match requirement for PH bonuses.

C. Recommendations

1. City and County should collaborate to establish goals for numbers of affordable housing units, and if necessary, use regional inclusionary zoning as a method to ensure that the units are constructed.
2. Mandate set-asides of 30% of Public Housing units for those exiting homeless shelters with 30% or less of median income.
3. Determine and establish regional funding stream earmarked for the generation of homeless services.
4. Identify a single allocation body for all funding allocations.
5. Use the HMIS database for all client records and for all available services

SUMMARY OF OVERALL RECOMMENDATIONS

General

- ***SUSTAINABILITY*** of existing funding is paramount

- Coordination – to reduce the potential for duplication; overcome the current non-regional focus; and end the practice of serving the first in the door who may not necessarily be the neediest.
- Data gathering – HMIS must be mandatory, as a condition of any funding; all client data should be entered, not just data for those in HUD funded beds.
- Outcome monitoring must be implemented to track if the assistance provided is preventing homelessness.
- Funding data is difficult to compile and evaluate, but it is clear that existing resources are completely inadequate and that the funding is eroding. The region must have long-term, stable, predictable revenue with an administrative component built-in.
- Provision of funding by all governmental agencies should be conditioned on participation by all recipients in the Continuum and upon all recipients meeting outcome measures.
- There is almost nothing in the pipeline in the way of expansion of services and it has become very difficult to sustain existing services. Money must be provided to both sustain existing services and build infrastructure to meet gaps in service.
- Single men and women must be the priority for new services.
- Housing First is a national model that has had demonstrated success in assisting those who are homeless for economic reasons to quickly regain independence. The savings to the community and to tax payers, and the outcomes for clients who are assisted through Housing First programs make this a priority for implementation in this region.
- All cities and both counties must participate in developing policies that allow the creation and sustenance of adequate Affordable Housing. Homelessness cannot be ended without this component.
- Public Housing Authority must participate in the program to end homelessness and must provide some set-asides for people exiting homeless shelters.
- Discharge planning is ESSENTIAL – jail, hospital and foster care agencies must participate.

Data

- Fully implement the Homeless Management System (HMIS) for all Continuum of Care Programs
- Develop interface with other databases such as United Way, hospitals, Corrections System, One-Stop Career Center, churches, FEMA and Veteran's Administration
- Utilize HMIS to identify trends and opportunities for preventive intervention, to track outcomes and to identify recidivists

Emergency Prevention

- Develop a triage system for services to persons facing eviction and maintain information on at-risk households in HMIS
- Improve accessibility to services through strategies such as reducing wait times for prevention assistance and review need versus adequacy of available assistance
- Establish a resource/referral network among providers
- Provide in-house prevention-centered casework
- Systems Change is needed to improve access to Mainstream Resources for ex-offenders, youth aging out of foster care, persons being discharged from hospitals and mental health facilities
- Expedite benefits enrollment by SSA, VA and any other mainstream benefits provider such as Food Stamps, TANF, Child Care.
- Expand discharge protocol with local, County and State mental health facilities, health care facilities, foster care agency to eliminate discharge to the street.

Street Outreach

- Provide expanded information on homeless services through 211 hotline
- Design, develop and implement central Homeless Assessment Centers similar to the North Street facility in West Volusia; Flagler and East Volusia
- Shorten the time people spend homeless.
- Centralize and professionalize the mainstream benefit application process to improve outcomes and speed up the process.
- Reduce barriers to shelter admission and retention.
- Early in the process, assess those appropriate for rapid re-housing.
- Standardize assessment for consistent intake and analysis.

Rapid Re-housing

- Create a Housing Specialist position for each centralized Homeless Assistance Center (HAC) that is established.
- Identify and refer eligible candidates at first point of contact through centralized assessment
- Create and maintain inventory of available affordable housing
- Identify and assist in elimination/reduction of barriers to housing such as credit, discrimination, criminal history
- Provide follow-up services
- Promote greater collaboration among providers through contracts and memoranda
- Increase number and utilization of new and existing Permanent Supportive Housing programs within the CoC
- Expand peer-centered programs and services to assist clients succeed in housing.
- Increase client choice for housing and services through a voucher program
- Expand services to address gaps in CoC

Permanent Affordable Housing

- Foster partnership and coordination among County and Cities.
- Develop 500 units of permanent affordable housing, plus 125 units targeted to the chronically homeless, based upon the 2007 assessment of need. This will require support, in various ways, from federal, state and local governments and agencies, including law enforcement and corrections, hospital districts, the School Boards of both counties. Participation from private entities such as the faith community, private landlords, developers and businesses will also be necessary.
- Utilize publicly owned land for development by not-for-profits.
- Create mandatory inclusionary zoning for both counties on a consistent basis that does not disadvantage any municipality, or either of the two counties.
- Reduce development cost of housing by standardizing and streamlining the development process.
- Create new funding streams such as commercial document surtax, bond issue, and general fund contributions to fund affordable housing.
- Improve education, job readiness, and job training.
- Encourage homeless service providers to work more closely with job training providers.
- Engage the Business Community.
- Address the difficulty in obtaining identification.

- Address the issue of corrections and hospitals having weak links and often discharging people without medications.
- Re-evaluate admissions criteria for housing.
- Address the need for more transportation.
- Address the need for child care.

VI. THE TEN YEAR PLAN GOALS FOR VOLUSIA AND FLAGLER

2007 GOALS

1. Continuum and Halifax/Daytona Chamber Collaborate to develop a draft Ten-Year Mast Plan to End Homelessness in Volusia and Flagler Counties by 2016.
2. Continue and Halifax Daytona Chamber do outreach to include other business organizations

2008 GOALS

1. Identify current funding/services for all homeless services in the two-County area and complete final draft of Ten-Year Plan.
2. Collaborate with area funding agents to develop/establish unified criteria to better meet Continuum goals and track outcomes:
3. Document current use by homeless service provider agencies of Homeless Management Information System (HMIS) and expand use of HMIS to increase data availability for agency sharing.
4. Document current discharge policies and practices for all agencies discharging homeless clients, including transitional programs; jails; hospitals and foster care.
5. Increase Permanent Housing bed capacity by a minimum of 6 beds.
6. Pilot a housing-first model for chronically homeless.
7. Identify funding for piloting centralized case management to increase client access to mainstream benefits.

2009 GOALS

1. All funding agencies approve Ten-Year Plan.
2. Expand United Way First Call for Help 211 capacity for accessing HMIS data and using data to refer clients to homeless services.
3. Establish consistent policy for all funding agencies for allocation of funds for rent and utility assistance.
4. Identify funding for centralized case management to increase client access to mainstream benefits.
5. Increase Permanent Housing bed capacity by a minimum of 6 beds, using data from Housing-First pilot.
6. Connect client receiving emergency shelter with Transitional or Permanent Housing and end the practice of discharge of homeless clients from Emergency Shelter to the street.
7. Develop data system for tracking client outcomes following exit from Transitional and Permanent Housing programs.
8. Identify a West Volusia location for service delivery.

2010 GOALS

1. Relocate Salvation Army Shelter from Ballough Road or rehab existing facility.

2. Shift funding priorities to expand services for single men and women, especially chronically homeless.
3. Increase permanent housing capacity by a minimum of 6 beds, using data from the Housing-First pilot.
4. Ten-Year Plan and Comprehensive Plans Homeless and Housing Components for Counties and Entitlement Cities are in conformance.
5. Establish Regional funding stream earmarked for homeless services.
6. West Volusia service delivery is expanded.

2011 GOALS

1. At this half-way mark, review data, policies; procedures and revisit overall Ten-Year Plan to evaluate goals. Amend Ten-Year Plan as necessary.
2. Provide half-way report to stakeholder groups.
3. Complete relocation of Salvation Army or rehab of existing facility.
4. Increase Permanent Housing bed capacity by a minimum of 6 beds, using data from Housing-First pilot.
5. Identify Flagler location for service delivery.

2012 GOALS

1. Flagler service delivery is expanded
2. Increase Permanent Housing bed capacity by a minimum of 6 beds, using data from Housing-First pilot.
3. Public Housing Authority creates set-aside goal of 30% of Public Housing units for those exiting homeless shelters with 30% or less of median income.
4. Develop interface between HMIS and other databases such as United Way, hospitals, Corrections System, One-Stop Career Center, churches, FEMA and Veteran's Administration
5. Utilize HMIS for longitudinal data analysis to identify trends and opportunities for preventive intervention, to track outcomes and to identify recidivists

2013 GOALS

1. Expand discharge protocol with local, County and State jails and mental health facilities, health care facilities, foster care agency to eliminate discharge to the street.
2. Increase Permanent Housing bed capacity by a minimum of 6 beds, using data from Housing-First pilot.
3. Identify South East Volusia location for service delivery

2014 Goals

1. Create a Housing Specialist position for each centralized Homeless Assistance Center (HAC) that is established.
2. Create and maintain inventory of available affordable housing
3. Identify and assist in elimination/reduction of barriers to housing such as credit, discrimination, criminal history
4. Provide follow-up services
5. Expand peer-centered programs and services to assist clients succeed in housing.

2015 GOALS

Eighty-percent marker – evaluate data to evaluate progress; re-evaluate remaining goals and revise Ten-Year Plan to ensure achievement of objectives, including identification of remaining gaps; elimination of any remaining duplication of services.

2016 GOALS

Implement final revised goals

Ten Year Plan Goal Table for Volusia/Flagler Continuum of Care

2007

GOAL	Category*	Task 1	Task 2	Task 3	OUTCOME
1. Continuum and Halifax Chamber collaborate to develop a draft Ten-Year Master Plan to End Homelessness in Volusia and Flagler Counties by 2016	ES; TH; PH; PV	Continuum to provide data on status homelessness in Volusia and Flagler Counties, as required by the Halifax Chamber	Halifax Chamber Committee on Homelessness review initial data and drafts	Continuum prepares Preliminary Findings and Conclusions	• Halifax Chamber provides direction for development of Ten Year Goals • Continuum prepares Chart of Goals
2. Continuum and Halifax Chamber to do outreach to include other business organizations	ES; TH; PH; PV	Halifax Chamber to coordinate meeting with South East Volusia Chamber	Involve Daytona Beach Partnership Association	Involve Ormond Beach Chamber; Port Orange; West Volusia and Flagler Chambers	Build business consensus of support for Ten Year Planning effort

* Category describes the target area that outcomes are intended to address
ES = Emergency Shelter
TH = Transitional Housing Program
PH = Permanent Housing Program
PV = Prevention Activity

2008

GOAL	Category	Task 1	Task 2	Task 3	OUTCOME
1.Identify current funding/services for all homeless services in the two-County area and complete final draft of Ten Year Plan	ES; TH; PH; PV	Continuum to survey all providers of homeless services in Volusia/Flagler to determine: • Bed capacity • Funding amounts and sources • Supportive service availability	• Continuum to prepare final Ten-Year Plan to include results of survey. • Halifax Chamber to review/approve final draft	Halifax Chamber and Continuum to share report with Volusia/Flagler funding agents and providers of homeless services and then with other elected bodies in Volusia and Flagler Counties.	• Data available to document current capacity and cost of services • Determine gaps or duplication of service • Permit review and approval by all of the final version of Ten Year Plan
2.Collaborate with area funding agents to develop/establish unified criteria to better meet Continuum goals and track outcomes.	ES; TH; PH; PV	Continuum to revise scoring criteria for HUD SHP grant to achieve goals identified by HUD and meet local priorities	Continuum to convene a meeting with representatives of all funding agents to share revised scoring criteria and local priority assessment	Establish unified scoring criteria for CDBG; ESG; United Way; and HUD SHP applications.	Unified criteria permits use of funds to achieve local priorities and meet State/Federal goals
3.Document current use by homeless service provider agencies of Homeless Management Information System (HMIS) and expand use of HMIS to increase data availability for agency sharing	ES; TH; PH; PV	HMIS Systems Administrator to complete agency-by-agency analysis of quantity and quality of data currently being entered into HMIS	HMIS User Group to Review/Revise policies and procedures for HMIS participation to ensure 100% of client data is entered by each agency and data quality is high.	HMIS Sys Admin to provide HMIS training to agency staff and regular reporting to agency Executives	• Increased client outcome measurement • Increased data for analysis • Increased score on HUD SHP Exhibit 1
4. Document current discharge policies and practices for all agencies discharging homeless	ES; TH; PH; PV	Continuum to survey all agencies discharging homeless clients, to accumulate date on current	Continuum to prepare a report on results	Continuum to convene a meeting with representatives of all agencies	Real data available to permit revisions in policy and practice, to eliminate

clients, including transitional programs; jails; hospitals and foster care		practices		discharging, to begin development of consistent policies and practices	discharge to the street
5. Increase PH bed capacity by a minimum of 12 beds	PH				Increase PH bed capacity to meet identified gaps in services for clients; meet HUD/State goal
6. Pilot a housing-first model	ES; TH; PH; PV	Identify agency partner to pilot a housing-first model	Gather data on cost/benefits	Review/share data on cost/benefits, including avoided costs	Use data to develop guidelines for future housing-first programs
7. Identify funding for piloting centralized case management to increase client access to mainstream benefits	ES; TH; PH; PV	Continuum to apply for CIBR to fund dedicated case management position for mainstream benefits for clients			Long-term improvement in access to resources for clients; reduced cost of serving homeless

2009

GOAL	Category	Task 1	Task 2	Task 3	OUTCOME
1. All funding agencies approve Ten-Year Plan	ES; TH; PH; PV	Public presentations			By March of 2009, all funding agencies to review and approve final Ten-Year Plan
2. Expand United Way First Call for Help 211 capacity for accessing HMIS data and using data to refer clients to services	PV; ES	United Way & First Call for Help establish policy for using/entering HMIS database to refer clients	First Call for Help staff receive training; begin using HMIS data base		Increased access to information and services for people who are homeless
3. Establish consistent policy for all funding agencies for allocation of funds for rent and utility assistance	PV	Continuum to survey all agencies to accumulate date on current practices	Continuum to prepare a report on results	Continuum to convene a meeting with representatives of all agencies providing rent/utility assistance to establish consistent policy	• Real data used to create coordinated approach to prevention activities • Cost/benefit improvements for use of resources • Enhanced outcomes for clients who receive assistance
4. Identify funding for centralized case management to increase client access to mainstream benefits	ES; TH; PH; PV	Continuum to apply for CIBR and/or Hospital assistance in accessing HHS grant funds to fund (continue to fund) case management for mainstream benefits for clients			Long-term improvement in access to resources for clients; reduced cost of serving homeless; prevention of homelessness

5. Increase PH bed capacity by a minimum of 12 beds, using data from Housing-First pilot	PH				• Increase PH bed capacity to meet identified gaps in services for clients • Continuum meets HUD/State goals
6. Connect clients receiving emergency shelter with TH or PH; end practice of discharge from ES to homelessness	ES; TH; PH; PV	Continuum to convene a meeting with representatives of all agencies discharging from ES, to begin development of consistent policies and practices	Agencies agree on and establish consistent policy that clients remain in emergency shelter until they connect with TH or PH – end discharge from ES to the street		Maximize resources for clients entering the system to achieve end of homelessness for clients entering front-door emergency services
7. Develop data system for tracking client outcomes following exit from TH and PH	TH; PH	Continuum to survey/review current agency policy/practices	Continuum to convene meeting with representatives ofl agencies providing rent/utility assistance to establish consistent policy		• Real data used to inform program management • Cost/benefit improvements for use of resources
8. Identify West Volusia location for service delivery	ES; TH; PH; PV	West Volusia Committee and Continuum to complete plan			Expand service capability in West Volusia

2010

GOAL	Category	Task 1	Task 2	Task 3	OUTCOME
1.Begin relocation of Salvation Army Shelter from Ballough Road or rehab existing facility.	ES; TH	Salvation Army acquires property and receives City approval	Continuum applies for State HHAG to fund construction		• Reduced impact of homelessness on downtown • Cost effective service delivery through enhanced collaborative use of facilities • Expanded capacity to house/serve clients
2.Shift funding priorities to expand services for single men/women, especially CH	ES; PH	Funding agencies shift scoring matrix for grants to prioritize expanded services for SMF, especially CH			• Reduced street homelessness • Reduced costs for communities (jails/hospital costs) • Continuum meets HUD/State goals
3. Increase PH bed capacity by a minimum of 12 beds, using data from Housing-First pilot	PH				• Increase PH bed capacity to meet identified gaps in services for clients • Continuum meets HUD/State goals
4. Ten-Year Plan and Comprehensive Plans for Counties and Entitlement Cities are in conformance	ES; TH; PH; PV	Continuum participates with all Cities and Counties in preparing CP homeless and housing sections			Counties, Cities and Continuum planning is congruent; plans include affordable housing goals; all funding is tied to priorities
5. Establish regional funding stream earmarked for homeless	ES; TH; PH; PV	Continuum to work with government entities to agree on proportional share for	Continuum to work with government entities to agree on		Regional funding stream supports achievement of goals; provides leverage

services		funding agreed upon goals	mechanism for generating funds		for State/Federal funding
6. West Volusia service delivery is expanded	ES; TH; PH; PV	Space acquisition; funding completed			Expand service capacity in West Volusia

2011

GOAL	Category	Task 1	Task 2	Task 3	OUTCOME
1.Halfway-mark • review data; policies; procedures • revisit overall plan to evaluate goals • amend as needed	ES; TH; PH; PV	Halifax Chamber and Continuum review; revisit; amend			Updated Ten-Year Plan
2. Halfway-report to stakeholder groups	ES; TH; PH; PV	Presentations to stakeholder groups and funding agents			Renewed commitment from stakeholder groups and funding agents
3. Completion of Salvation Army relocation or rehab of existing facility.	ES; TH				• Reduced impact of homelessness on downtown • Cost effective service delivery through enhanced collaborative use of facilities • Expanded capacity to house/serve clients
4. Increase PH bed capacity by a minimum of 12 beds, using data from Housing-First pilot	PH				• Increase PH bed capacity to meet identified gaps in services for clients • Continuum meets HUD/State goals
5. Identify Flagler location	ES; TH; PH; PV	Flagler Committee and Continuum to complete plan			Expand service capability in Flagler

2012

GOAL	Category	Task 1	Task 2	Task 3	OUTCOME
1.Flagler service delivery is expanded	ES; TH; PH; PV	Space acquisition; funding completed			Expand service capacity in Flagler
2. Increase PH bed capacity by a minimum of 12 beds, using data from Housing-First pilot	PH				• Increase PH bed capacity to meet identified gaps in services for clients • Continuum meets HUD/State goals

2013 - 2016

GOAL	Category	Task 1	Task 2	Task 3	OUTCOME
1.Expand housing and treatment capacity for the two-county Continuum area to equal one-day point in time count by 2016	ES; TH; PH; PV	Capacity in all four quadrants of the service region – east, west Volusia; Flagler and southeast Volusia.			Sufficient bed capacity to meet point in time need
2.Establish stable funding to maintain housing and treatment programs to meet one-day point in time need by 2016	ES; TH; PH; PV				Sustainable housing and treatment capacity to meet point in time need
3.Establish policies to ensure that discharge is made from institutions to treatment and housing programs, so that clients are not discharged to the street by 2016	ES; TH; PH; PV				No discharge to the street of homeless clients exiting institutions in Volusia and Flagler Counties
4.100% of clients exiting TH programs have PH	TH; PH	Housing specialist position			Open the back door

and employment and/or mainstream benefits at point of exit					
5.Implement coordinated prevention and outreach programs to assist those at risk of homelessness and prevent homelessness	PV				Close the front door

VIII. Data / Resources

Overview of Available Resources to Fund Services
Funding Overview:

- Volusia and Flagler Counties are eligible for HUD Supportive Housing Program Pro Rata Need share (PRN) based on the current population estimates for Volusia and Flagler Counties and population within the consolidated plan cities located in the two counties. Last year, this was $960,000 – down 5% in the past couple of years. Funds have been siphoned from HUD to assist with Katrina recovery. There is no way to increase the PRN. Continuums with scores below the cut line receive no dollars. The cut line score is determined annually, but the score has been increasing annually.
- The State of Florida makes available the Homeless Housing Assistance Grant with a maximum of $750,000 to any one Continuum per year for construction of new transitional or permanent beds. This is a competitive grant. In 2007, 10 applications out of a total of 28 were funded. 100% of the funds must be expended within the fiscal year in which the grant is received, which may be as short as 6 months following the signing of the contract. This means only projects that are 100% ready to proceed and can be completed within the 6 -8 month period will ever get funded.
- The State also makes available the Challenge Grant – a competitive operating grant. The maximum to any one Continuum is $150,000 and only 4 grants of this size are made by the state per year. Additionally, there are 12 grants available at $100,000 and 4 at $60,000. Again, 100% of the funds must be spent within the State fiscal year in which the funds were awarded, which may be a period as short as 6 months following the signing of the contract.
- Community Development Block Grants (CDBG) – federal funds passed through Counties and Consolidated Plan Cities, have been the primary source for homeless funding from most cities and counties, and these funds are shrinking. The maximum award to any one agency has been less than $100,000.
- FEMA Emergency Shelter Grant funds are also shrinking – Volusia/Flagler total was down $40,000 this year, for a total of less than $200,000
- United Way does provide local funding. The list of eligible agencies has been frozen for more than 5 years but United Way has added the Star Center shelter this year.
- SAMHSA, HOPWA; VA funds are available, but these funding sources are not limited to homeless providers, so there is more competition for these funds nationwide. Serenity House and Stewart Marchman have been successful in gaining access to some funds from these sources.

Data

VOLUSIA/FLAGLER POINT IN TIME SURVEY DATA FOR 2007

Population	Emergency	Transitional	Unsheltered	Total
1. Number of Households **with** Dependent Children:	9	209	86	304
1a. Total Number of Persons in these Households (adults and children)	31	335	258	624
2. Number of Households **without** Dependent Children**	70	133	546	749
2a. Total Number of Persons in these Households	70	133	651	854
Total Persons (Add Lines 1a and 2a):	101	468	909	1478

Part 2: Homeless Subpopulations **below**)	Sheltered	Unsheltered	Total
a. Chronically Homeless	***	184	184
b. Severely Mentally Ill	87	139	226
c. Chronic Substance Abuse	332	531	863
d. Veterans	23	317	340
e. Persons with HIV/AIDS	0	11	11
f. Victims of Domestic Violence	128	*	128
g. Unaccompanied Youth (Under 18)	1	*	1

2009 Survey Results Volusia/Flagler County Coalition for the Homeless

2009 Survey included 830 unduplicated written surveys completed by street homeless and those receiving services from service providers during the 24-hour period from noon 1/28/09 through 11:59 a.m. 1/29/09.

2007 Survey included 721 unduplicated written surveys, completed noon 1/21/07 through 11:59 a.m. 1/22/07; data analysis assistance provided by Dr. Naim Kapucu and students at University of Central Florida.

2006 Survey included 599 unduplicated written surveys, completed noon 1/23/06 through 11:59 a.m. 1/24/06

2005 Survey included 589 unduplicated written surveys – 381 used short forms, and 208 used long forms, completed between noon 1/25/05 and 11:59 a.m. 1/26/05. Data was compiled using a State of Florida excel spreadsheet.

Question	Detail	2005	2006	2007	2008	2009
1. Do you have a regular place to stay right now?	Yes	38%	14%	32%	32%	36%
	No	62%	86%	68%	68%	64%
2. Where did you stay last night?	Shelter	19%	8%	15%	7%	7%
	Transitional Housing	5%	11%	17%	17%	15%
	Jail	12%	9%	4%	2%	1%
	Friend/Relative's Place	13%	15%	7%	12%	17%
	Street	21%	36%	30%	22%	31%
	Hospital	0.3%	4%	3%	7%	3%
	Own Home		1%	3%	4%	2%
	Treatment Facility	5%	15%	20%	20%	6%
	Motel	5%	14%	4%	6%	2%
	Car, Boat, Other Vehicle		36%	4%	10%	9%
3. Will you be forced to leave the place you stayed within the next week	Yes	42%	39%	33%	42%	35%
	No	58%	61%	67%	58%	65%
3a. If yes, will you have a place to stay or money to get a place to stay?	Yes	15%	17%	12%	18%	19%
	No	86%	83%	88%	82%	81%
4. Gender	Male	67%	64%	64%	65%	72%
	Female	33%	36%	36%	35%	28%
5. Age Group	Under 18	3%	19%	16%	18%	10%
	18-30	12%	13%	12%	12%	14%
	30-40	21%	21%	19%	15%	15%
	40-50	37%	32%	34%	27%	31%
	50-60	20%	13%	16%	23%	25%
	60+	7%	3%	4%	5%	5%
6. Mean Age		44		42	38	40
7. Race	White	73%	73%	72%	73%	75%
	American Indian	2%	3%	2%	7%	3%
	Black	19%	23%	25%	24%	21%
	Hispanic	5%	7%	7%	8%	10%
	Asian	0%	0%	0%	1%	.13%
8. Military Service	Yes	22%	20%	23%	18%	22%
	No	78%	80%	77%	82%	77%
9. Education – Highest Level Completed	Grade School <8th Grade	4%	7%	12%	14%	10%
	Some High School	19%	24%	22%	20%	18%
	High School Diploma or GED	39%	39%	35%	39%	38%
	Some College	25%	19%	20%	16%	19%
	College Degree	12%	7%	7%	9%	9%
	Vocational/Trade School	1%	3%	4%	1%	6%

Question	Detail	2005	2006	2007	2008	2009
10. How many times have you been without a regular place to stay, including right now?	1 time	37%	49%	49%	48%	58%
	2-3 times	27%	27%	35%	35%	20%
	4 or more times	36%	25%	16%	17%	21%
11. How long since you last had a regular place to stay?	1 week or less	19%	7%	6%	13%	7%
	1 month or less	9%	8%	11%	12%	9%
	1-3 months	23%	19%	19%	18%	17%
	3 months to 1 year	19%	23%	27%	22%	26%
	more than a year	30%	43%	37%	35%	40%
12. How long have you been staying in Volusia/Flagler County?	less than 1 week	9%	2%	5%	4%	4%
	1 week – 1 month	6%	5%	4%	4%	4%
	1 – 6 months	19%	7%	5%	6%	9%
	6 months – 1 year	15%	12%	12%	8%	13%
	More than a year	52%	74%	74%	78%	70%
13. Reason for coming to Volusia/Flagler County?	Born here	7%	16%	17%	12%	18%
	Family/Friends here	27%	26%	31%	31%	26%
	Thought/heard jobs here	34%	15%	14%	18%	14%
	Good weather	20%	12%	8%	13%	10%
	Thought/heard good services	4%	2%	4%	1%	4%
	Visited, decided to stay	9%	10%	8%	7%	8%
	Stranded		8%	14%	18%	6%
14. Number of children under 18 staying with you now?						
	1 child		40%	44%	53%	51%
	2 children		36%	42%	26%	26%
	3 children		13%	6%	9%	13%
	4 children		9%	8%	7%	10%
	Grand total of children	112	108	113	149	156
15. Are you single or married?	Single, never married	42%	41%	37%	39%	45%
	Divorced/Separated	44%	49%	53%	53%	48%
	Married or have partner	14%	11%	10%	8%	7%
16. What caused you to become homeless?	Unemployed/lost job	Question not on Survey	37%	34%	29%	43%
	Not enough income for basic needs		28%	30%	30%	19%
a) Employment or financial reasons	Welfare benefits ended/needed		1%	1%	0%	1%
	Lack of job training or educ			6%	5%	6%
	Money Mgmt. problems		11%	7%	4%	3%
	No jobs		12%	10%	23%	23%
b) Housing	Evicted for not paying rent	Question not on Survey	18%	23%	12%	22%
	Temp. arrangement ended		16%	21%	16%	10%
	Unsafe housing		10%	11%	13%	8%
	Released from jail hospital or treatment facility		13%	14%	10%	16%
	Left shelter or other program		5%	4%	5%	6%
c) Medical/Disability	Physical/medical problems	23%	29%	28%	28%	22%
	Mental health/emotional probs	25%	13%	15%	19%	19%
		11%	52%	61%	48%	56%

	Alcohol/drug problems HIV/AIDS	2%	1%	1%	1%	1%
d) Family	Break-up, divorce, separation Moved out to escape abuse Police/Court ordered to leave Left/ran away form home	Question not on Survey	25% 11% 4% 8%	24% 10% 9% 8%	53% 23% 9% 15%	52% 17% 12% 18%

Question	Detail	2005	2006	2007	2008	2009
e) Other Factors	lack of child care	Question not on Survey	4%	1%	6%	2%
17. Are you employed now?	No Yes, full time (not day labor) Yes, part time (not day labor) Yes, day labor	68% 4% 7% 21%	65% 35% 14% 51%	61% 43% 20% 36%	73% 42% 23% 35%	80% 30% 36% 34%
18. Do you have a Disabling Condition?	Yes No	47% 53%	72% 28%	70% 30%	77% 23%	85% 15%
19. What type of disabling condition do you have?	Physical/Medical Mental/emotional Alcohol/Drug HIV/AIDS	36% 39% 17% 4%	42% 33% 64% 3%	33% 25% 69% 1%	26% 17% 60% 1%	24% 20% 55% .08%
20. Do you or anyone staying with you have income?	SSI/SDI Food stamps Child Support Unemployment Income from work Welfare Relatives/friends not with you None Veterans	Question not on Survey	15% 11% 2% 37% 3% 31% 2%	14% 7% 2% 1% 41% 3% 31% 2%	11% 9% 1% 3% 35% 3% 34% 2%	9% 23% 1% 3% 18% 3 37% 3%
21. Total of income you and everyone in your family received last month?	Less than $1 $1-$250 $251-$500 $500-$1000 $1000-$2000 $2001 +	23% 17% 19% 30% 6% 5%	28% 22% 14% 26% 9% 2%	28% 22% 14% 24% 11% 2%	31% 16% 14% 24% 12% 2%	44% 20% 11% 17% 6% 2%
22. Have you stayed in public housing in the past year?	Yes No	22% 78%	11% 89%	7% 93%	2% 98%	5% 95%
23. Have you had a child/children taken away in past year?	Yes No	8% 92%	6% 94%	8% 92%	3% 97%	3% 97%
24. Gone to hospital emergency room for basic medical care in past year?	Yes No	68% 32%	37% 63%	30% 70%	22% 78%	28% 72%
25. Had Medicaid or other health insurance coverage in past	Yes No	Question not on Survey	24% 76%	16% 84%	16% 84%	13% 87%

year?						
26. Been arrested because you had nowhere to stay in past year?	Yes No	32% 68%	24% 76%	17% 83%	12% 88%	17% 83%
27. Been in jail or prison in past year?	Yes No	68% 32%	37% 63%	34% 66%	23% 77%	28% 72%
28. Been in Detox or Crisis Unit in past year?	Yes No	31% 69%	24% 63%	24% 76%	7% 93%	19% 81%
29. Used Emergency Shelter in Volusia/Flagler in past year?	Yes Really need this right now	Question not on Survey	46% 37%	26% 37%	22% 18%	31% 24%
30. Used Transitional Housing in Volusia Volusia/Flagler in past year?	Yes Really need this right now	Question not on Survey	27% 32%	17% 36%	10% 22%	16% 26%
31. Used Permanent Housing in Volusia/Flagler in past year?	Yes Really need this right now	Question not on Survey	29% 31%	19% 36%	14% 18%	13% 22%
32. Used Education or training in Volusia/Flagler in past year?	Yes Really need this right now	Question not on Survey	17% 19%	10% 17%	7% 8%	11% 16%

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
ACT Corporation				X		X			X	X		X	X			X		X
Central Manor Senior Housing (PHA)		X	X						X									
Community Legal Services of Mid Florida					X													
Community Outreach Services						X								X				
County of Flagler Community Services	X	X	X	X				X	X	X			X		X			X
County of Volusia Community Services	X	X	X	X				X	X	X			X		X			X
DASMYN				X		X								X	X			
Daytona Beach Public Housing Authority		X																
Domestic Abuse Council				X	X				X	X			X		X		X	X
Early Learning Coalition															X		X	
Family Life Center				X	X				X	X			X		X		X	X
Family Renew Community									X	X	X	X	X	X	X	X	X	X
First Call for Help, United Way				X											X			
First United Methodist Church, Agape Club						X			X	X	X	X	X					
Flagler County Public Health Dept.						X			X				X	X	X			
Goodwill Self Sufficiency Center										X					X	X		
Halifax Medical Center									X		X	X	X					
Halifax Urban Ministries	X	X	X			X			X									X
Homeless Assistance Corporation									X	X	X	X	X	X	X	X		X
House Next Door				X					X	X		X			X			
Interfaith Caregivers						X												
Jewish Federation of Volusia/Flagler Co		X	X						X									
Mental Health Association						X				X		X			X			
Mid Florida Housing Partnership	X				X				X						X			

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Neighborhood Center of West Volusia	X	X	X						X									
Palmetto Place Advocates		X									X							
Salvation Army	X	X	X	X		X			X	X	X							
Serenity House				X		X			X	X	X	X	X	X			X	X
Stewart Marchman				X		X			X	X	X			X			X	X
Travelers Aid																		X
Volusia County Public Health Dept.						X			X				X	X	X			
Volusia/Flagler Co Coalition for the Homeless		X	X	X					X						X			X

National Homeless Data:

- According to NAEH's most recent estimate, approximately 744,000 people are homeless on any given night.
- During the course of a year, up to one percent of the population of the United States experiences at least one night of homelessness – that is 3.5 million Americans who are homeless for some part of each year.
- Most – 80 percent, exit homelessness within one month, but 10 percent are homeless for two or more months, and another 10 percent are "chronically homeless" HUD's definition for chronically homeless means homeless for more than 1 year or homeless more than 4 times in 3 years and single (families by HUD definition are never homeless) and have a disability (which may be mental or physical, and includes mental illness and substance abuse addiction.)
- Women and children are the fastest growing segment of the homeless population, and this fact has been noted by the US Conference of Mayors each year for the past several years.
- Although the need for affordable housing is exploding, the number of housing units affordable to extremely low income households fell by almost 1 million between 1999 and 2001. Nothing since then has changed, so we must assume that we are losing about half a million affordable units per year.

Local data:

- One third of the homeless work – in Volusia County, 37 percent work, but they do not earn enough money to pay for rent, or the work is not consistent, or they cannot afford a first month, last month and security deposit, or they may have arrest records that make landlords reluctant to rent to them.
- The median monthly income for a homeless person is $300.
- 66 percent of the homeless have mental health and/or substance abuse issues.
- 23 percent are Veterans.
- 26 percent have acute health problems – like TB.
- 46 percent have chronic health problems – like diabetes.
- 80 percent of the women are victims of abuse.
- 11,000 meals per month served at North Street by Halifax Urban Ministries to an average of 1,200 individuals each month.

Families
Most families become homeless because they are having a housing crisis. Their primary, immediate need is for housing. Certainly they are likely to have other needs, for services and to increase their incomes. However, these needs are best met, once the family is in permanent housing—not while they are temporarily housed in shelter or transitional housing. Most homeless families get themselves back into housing as quickly as they can after they become homeless.
About half of the individuals who experience homelessness over the course of a year live in family units.3
About 38% of people who are homeless in the course of a year are children.4

Most people in homeless families have personal problems to overcome, but these problems are not appreciably different from those of poor, housed families. 5
Services delivered in the homeless system seem to have little effect on eventual stability of these families in housing.6
Homeless families report that their major needs are for help finding a job, help finding affordable housing, and financial help to pay for housing. The services they most often receive, however, are clothing, transportation assistance, and help in getting public benefits. Only 20% of families report that they received help finding housing.7
In cases in which a family is fleeing from a domestic violence situation or in which the head of household has been in residential treatment or detoxification for drug or alcohol abuse illness, a transitional period may be required prior to housing placement.

Single Homeless People
About half of the people who experience homelessness over the course of a year are single adults. Most enter and exit the system fairly quickly. The remainder essentially live in the homeless assistance system, or in a combination of shelters, hospitals, the streets, and jails and prisons.
80% of single adult shelter users enter the homeless system only once or twice, stay just over a month, and do not return. 9% enter nearly five times a year and stay nearly two months each time. This group utilizes 18% of the system's resources. The remaining 10% enters the system just over twice a year and spends an average of 280 days per stay—virtually living in the system and utilizing nearly half its resources.8
The main types of help homeless single adults felt they needed were help finding a job, help finding affordable housing, and help paying for housing. The major types of assistance they received were clothing, transportation, and help with public benefits. Only 7% reported receiving help finding housing. 9
There are also single homeless people who are not adults—runaway and throwaway youth. This population is of indeterminate size, and is often not included in counts of homeless people. One study that interviewed youth found that 1.6 million had an episode of homelessness lasting at least one night over the course of a year. 10

IX. Definitions

ACT Teams Assertive Community Treatment Teams: an approach that features the use of a team, rather than individual case managers, to provide continuous, ongoing service to clients who need high levels of support, especially those living with a disability

AMI Area Median Income: The income standard by which levels of poverty are established; e.g., 50% of AMI

ALF Assisted living facility

CDBG Community Development Block Grant: Entitlement funding from the Federal Department of Housing and Urban Development

CoC Continuum of Care: The HUD model for community planning carried out in our local community that strives to achieve a full and seamless system of services for homeless persons and families
Collaboration,
Cooperation
& Partnership

Collaboration Relationships that provide opportunities for mutual benefits and results beyond those any single organization or sector could realize alone

Copperation Informal relationships whereby entities exchange information, materials or services, but which does not have a commonly defined mission, structure or planning effort

Partnership Informal to formal contractual arrangements between entities with well defined roles and responsibilities that may include shared space and staff, shared authority and decision making

DCF Florida Department of Children and Families

HAC Homeless Assistance Center: Similar to a one-stop outreach and resource center (see below)

HCD Local government Housing and Community Development departments

HOME HOME Investment Partnership Program: Flexible affordable housing funds that can be used for a wide range of activities targeted to households earning eighty percent (80%) AMI and below

HUD U.S. Department of Housing and Urban Development

Lead Entity The group or organization responsible for coordinating and carrying out Community wide research, planning, prioritization, evaluation, etc., of homeless programs and services [The lead entity is that group which is recognized by HUD and Florida's State Office on Homeless as having and fulfilling these responsibilities. The lead entity serves as the funding conduit and/or administrator for federal and state homeless funds that come directly to the community.]

Leverage The amount of other funds that are invested in the financing of attainable housing projects

NAMI National Alliance to End Mental Illness

Navigator Employees or volunteers who serve as mentors to those needing assistance to navigate the human services system and to accessing housing/shelter and mainstream resources

NIMBY Not In My Backyard: A term that symbolizes neighborhood attitudes wanting to exclude certain people because they are homeless, poor, disabled, or because of their race or ethnicity

OIT Homeless Outreach Implementation Team

One-Stop Outreach
& Resource Center

A center that provides a full range of basic needs and support services to street homeless and others at risk-of being homeless

Recuperative Care
Center A facility for homeless persons who are released from hospitals that provides time to recuperate with medical support and to coordinate placement into housing

Safe Haven A residential program that serves hard to-reach homeless persons who have severe mental illness, are on the streets and have been unable or unwilling to participate in supportive services[Safe Havens provide 24-hour residence for an unspecified duration and may provide supportive services to eligible persons who are not residents, on a drop-in basis. Safe Havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals and will eventually be ready to move to more traditional forms of housing.]

SAIL State Apartment Incentive Loan: A program designed to stimulate production of affordable, multifamily rental housing for very-low income individuals and families, by leveraging state loan funds, local government contributions, developer equity and private bond financing
Section 8 A federally created program for low-income people who wish to live in privately owned housing and receive rental assistance, usually through a system of providing housing vouchers

SHIP State Housing Initiatives Partnership: A program dedicated state and local housing trust fund for affordable housing activities throughout Florida

SOT Street Outreach Team: A proposed collaborative model to provide comprehensive outreach to homeless citizens living on the street

VA Veterans Administration

http://www.endhomelessness.org/content/article/detail/1223

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