

Ending Homelessness in Jacksonville



Photograph by David DePhillips

A BLUEPRINT FOR THE FUTURE

Ending Homelessness in Jacksonville: A Ten-Year Plan

Mr. William Scheu, Chairman, Task Force to End Homelessness

Report produced by



900 University Blvd N, Suite 405
Jacksonville, FL 32211
Wanda Lanier, Executive Director
Telephone (904)247-5112 Fax (904)242-9077
E-mail wandalanier@bellsouth.net

December 2004

This project was funded by:

United Way of North Florida
The Jessie Ball duPont Fund
The Florida Department of Children and Families
The Weaver Family Foundation
The Dubow Family Foundation

Ending Homelessness in Jacksonville
A BLUEPRINT FOR THE FUTURE

	Page
I. ENDING HOMELESSNESS IN JACKSONVILLE A BLUEPRINT FOR THE FUTURE	
EXECUTIVE SUMMARY	iii.-vi.
A. Introduction	1
B. State of Homelessness in Jacksonville	1
C. Cost Impact of Homelessness	3
D. Long-Term or Chronic Homelessness	6
E. The Blueprint to End Homelessness	8
1. The Impetus to Develop the Blueprint	8
2. The Blueprint Development Process	9
3. Guiding Principles	9
4. Current Conditions and Barriers	10
II. TEN YEAR STRATEGIC PLAN	
A. Prevention	12
1. Goal	13
2. Strategy	13
3. Action	13
(a) For Families in Crisis	13
(b) For Institutionalized Persons	14
(c) For Youth Aging out of Foster Care	15
(d) Policy Considerations	15
B. Temporarily or Situationally Homeless Population	15
1. Goal	16
2. Strategy	16
3. Actions	16
4. Policy Considerations	17
C. Long-Term or Chronic Homeless Population	19
1. Goal	19
2. Strategy	19

3.	Action	19
(a)	Develop Sufficient Supportive Housing over 5-10 years	19
(b)	Trust-Building and Outreach	20
III.	SUPPORTIVE HOUSING PLAN	
A.	Introduction	23
B.	Supportive Housing Models	24
C.	Two Approaches for Creating Supportive Housing	25
1.	Non-Development Approach	25
2.	Development Approach	26
3.	Operating Costs for Development Approach	27
D.	Service Strategies and Cost Assumptions	28
1.	Intensive Services	28
2.	Limited Services	28
3.	Capacity	29
E.	Public Policy Initiatives	31
F.	Initial Implementation Activities	32
G.	Implementation	34
H.	Conclusion	35
I.	Attachments	
•	Attachment 1 – Blueprint Task Force Members	38
•	Attachment 2 – Composition of Homeless Population	42
•	Attachment 3 – Current Costs of Homelessness	46
•	Attachment 4 – Case Study: John	48
•	Attachment 5 – The Corporation for Supportive Housing	49
•	Attachment 6 – Duval County Need by Zip Code	50
•	Attachment 7 – Strategy Matrices	51
•	Attachment 8 – Estimated Costs and Financing Scenarios	65
•	Attachment 9 – Economic Impact of Supportive Housing In Jacksonville, Florida	76

Executive Summary

Background

The **Emergency Services and Homeless Coalition of Jacksonville (ESHC)** has been in existence for more than 17 years as a grassroots organization, but established itself as a non-profit membership organization in 2000 as a result of its designation as the lead organization (by state and federal government) for planning for homeless services and receipt of public funding. The Coalition develops an annual “**Continuum of Care**” plan that identifies the needs and gaps related to homeless services, prioritizes those needs and services and outlines strategies to meet those needs. The Coalition oversees or directly receives and distributes in Duval/Clay counties approximately \$5 million annually for homeless prevention, housing and supportive services.

Since the Coalition began collecting data in 1987 on the number and characteristics of the homeless population in Jacksonville, the community has experienced increasing numbers of homeless individuals and families, and those who are at risk of homelessness. **Last year in Duval County, more than 17,500 persons experienced homelessness at some point in Jacksonville – an increase of 86% since 2000.** At least 2,800 persons are estimated to be homeless on any given day. 40% of our homeless neighbors are families. One-fourth of all homeless persons in our community are children. Emergency shelters are filled beyond capacity every night, and more than 600 people each day call the street their “home”.

Faced with the realization that permanent and bold solutions are needed to reverse this trend, the ESHC established the **Task Force to End Homelessness** in December 2003. The Task Force has developed a comprehensive 5-10 year plan or “Blueprint” with specific goals and strategies for housing production, and designed a service delivery system that will prevent homelessness, accelerate the entrance into affordable housing of individuals and families who do become homeless, and reduce repeat incidences of homelessness.

The plan is based on solid research and community consensus-building with key stakeholders, including the City of Jacksonville, Jacksonville Sheriff’s Office, Jacksonville Housing Authority, Jacksonville Housing Commission, Florida Department of Children and Families, United Way of Northeast Florida, Downtown Vision, Inc, nonprofit and faith-based organizations.

The current situation

- The number of homeless persons continues to increase in Jacksonville/Duval County; there are insufficient beds or housing units to address the existing and increasing need.
- Homelessness is a complex issue that is primarily caused by a lack of affordable housing and adequate income and supports for very low-income individuals and families; as well as release of individuals from institutions, i.e., jails and prisons, psychiatric facilities and foster care.
- We have developed a system to “manage” homelessness over the years, i.e., a system of “emergency” services or short-term solutions, i.e., shelters, meals/food, clothing, etc. **This service delivery system is costing our community more than \$27 million annually**, with poor results. Additionally, other systems are significantly impacted, i.e.,

jails, mental health and substance abuse treatment programs and emergency rooms.

These ancillary systems, funded by public dollars, **are spending at least \$8 million per year**; they cycle homeless individuals through expensive institutional care and release them back to a homeless situation. **The total local impact is \$35 million annually.**

- Persons who are long-term or chronically homeless, and typically have mental illness and/or substance addiction, represent about 30% of the homeless adult population, but consume about 50-80% of the resources.
- Long-term, strategic solutions are needed i.e., prevention of homelessness and permanent (supportive) housing that will lead to the reduction and elimination of homelessness.

The goal of the Blueprint or 10-year plan

The Blueprint considered strategies for three distinct populations: individuals and families at risk of homelessness, those who are temporarily or situationally homeless, and those who are long-term or chronically homeless. The Task Force adopted a bold **vision**: *Safe, decent, affordable housing for every child, woman and man on the First Coast.* The **mission**: *To assist individuals and families to maintain current housing or to obtain safe, affordable housing while providing supportive services that are centered on personal needs and choices.* The **goals** of the Blueprint are the following:

- **Prevent** individuals and families from becoming homeless by ensuring timely access to resources that will enable them to maintain or obtain affordable, decent housing.
- **Minimize** the length of time individuals and families are homeless and the number of times they become homeless by ensuring rapid exit of emergency shelters, rapid entry into permanent housing with supportive services, and timely access to mainstream programs and employment.
- **Stabilize** persons who are chronically or long-term homeless by ensuring timely access to appropriate permanent supportive housing; and to income sources through public benefits programs and employment.

The overall strategy of the plan is based on evidence that “**Housing First**” is the most effective approach. The key elements of this approach are:

Close the Front Door ⇒ prevent people from becoming homeless

Open the Back Door ⇒ quickly re-house people who become homeless

The strategies proposed to reduce homelessness (highlights)

1. **Develop a neighborhood and/or faith-based system in zip code areas with the greatest need to identify and assist people who are at risk of homelessness.** Provide care management and supportive services and sufficient temporary financial assistance to stabilize families and keep them in their homes, including assistance with rent and utility payments, for 1- 6 months.
2. **Provide discharge planning and assistance in locating housing prior to an individual’s release from jail, prison, foster care, psychiatric and medical hospitals, and treatment programs.** Temporary financial assistance for rent, utilities, and deposits will be provided, as well as care management and supportive services.
3. **Rapidly assess homeless families entering shelters and transitional housing programs and place them in stable housing,** providing temporary financial assistance,

care management and supportive services for approximately 6 - 12 months or until each family is stabilized. A uniform assessment tool will be developed and adopted.

4. **Establish a Housing Resource Center or Services** that will identify and cultivate relationships with property owners/managers who will be willing to rent at below fair market rents, and to persons with criminal histories, etc. The Housing Resource Center/Services will maintain a list of available housing, and will assist in placing individuals and families in housing.
5. **Develop/acquire 800 units of service-enriched permanent housing** over 5 years; 2300 units over 10 years. This housing will target youth aging out of foster care, individuals with mental illness and/or chronic substance addiction, and families who are repeatedly homeless. This housing will require an approach based on respect of client choices. Residents will pay 30% of their income toward rent.
6. **Build an aggressive, coordinated effort of outreach and engagement** to get long-term homeless people off the street and into housing.
7. **Increase income of homeless individuals and families** by increasing access to training/jobs and public benefits programs, i.e., SSI/SSDI and Medicaid.
8. **Establish one or more drop-in centers** with day time hours, including weekends, providing showers, restrooms, phones, seating, assessment and referral.
9. **Create a funder's consortium or collaborative** to oversee the housing development and implementation of the strategies. The ESHC is recommended by the Task Force to be the lead entity to implement the Blueprint.

The cost of implementing this plan

- The cost of developing 800 units of permanent supportive housing over 5 years is estimated to be \$89 million. The sources to finance the capital, operational costs and supportive services costs of the housing include federal, state and local government, as well as foundations.
- \$1 – 2 million per year in additional funding for prevention activities, including financial and legal assistance, staff training, etc.
- Approximately \$500,000 to establish the Housing Resource Center/Services, a drop-in/day center, and to support the implementation of the Blueprint

The expected outcomes or results of the new strategies

- \$38.4 to \$55.4 million will be generated locally in new economic activity through the development of new housing units
- Reduced need for shelter beds and transitional housing beds
- Reduction in the number of arrests and days served by homeless persons in the jail
- Decreased demand on public health services
- Reduced daily street homeless population in downtown Jacksonville and Beaches
- Improved and more attractive downtown business and residential environment
- Increased stability of individuals and families who are at risk of homelessness, or who become homeless

Recommended public policy changes that should be considered and implemented in order for the Blueprint to succeed

1. The City of Jacksonville should implement incentives to encourage private developers to build very low income housing, e.g., density bonuses and inclusionary zoning.
2. Funders must shift resources from ineffective strategies, programs and services to those that have demonstrated success and cost effectiveness, and hold providers accountable for positive outcomes.
3. The City of Jacksonville should investigate revenue-generating sources to help fund some of the initiatives, especially the housing development and supportive service costs, e.g., a local housing trust fund, bed tax, and/or bond issue.
4. The Jacksonville Housing Authority should be encouraged to increase its use of project-based vouchers to support the permanent housing to be developed.
5. The City of Jacksonville should reinforce/support the ESHC request for Shands to change its policies regarding access to primary health care services based on continuous residency in one location.
6. The Jacksonville Housing Commission should reconsider its priorities in order to increase funding to support a full continuum of affordable housing development.
7. The City of Jacksonville and Florida Department of Children and Families should ensure that mental health and substance addition treatment services are prioritized for the chronically homeless population. The treatment plan must include housing placement upon discharge.
8. The Jacksonville Sheriff's Office should include discharge planning as part of its "intake" process in the jail and prison; persons should be released to housing, not shelters.
9. Funders, including the City of Jacksonville, must be flexible with funding to allow assistance to be tailored to meet client needs, not established caps. Funders may need to "pool" funding with Housing Resource Center and/or lead entities to piece assistance together from sources with regulatory restrictions.
10. The Jacksonville Electric Authority and other public utilities should develop a public education campaign regarding the Neighbor-to-Neighbor utility assistance program in order to increase the revenue generated by this program.
11. Clay, Nassau and Baker County officials must be involved in the Blueprint implementation to ensure that their residents are assisted through locally generated sources.

Conclusion

Through decisive and systematic implementation of this plan, Jacksonville can become a community in which individuals and families are not forced into homelessness. It can be a city in which our streets do not become "home" to individuals who are mentally ill and/or substance addicted. Business, entertainment and residential districts can be vibrant and inviting because residents perceive them as safe and clean. Our jails, emergency rooms and treatment services can reverse the trend of increasing demand on their costly systems, thus allowing them to invest their scarce resources in more effective ways. Children will perform better in school because their families are living in a safe, decent and stable home.

Ending Homelessness in Jacksonville: A Blueprint for the Future

Introduction

The *Blueprint to End Homelessness in Jacksonville* is a comprehensive ten-year plan that identifies the strategies that our community must implement over the next decade in order to reverse the unacceptable trend of increasing numbers of people who become homeless, and significantly reduce the numbers of people who are homeless. Over the past two decades our community and others throughout the nation have developed a system to manage the problem, relying on a patchwork of emergency services. The human cost of homelessness is profound – the loss of home can be devastating, demoralizing and isolating. Many homeless individuals and families cycle in and out of costly shelters, jails, treatment programs, and hospital emergency rooms. The public cost of this system is dramatic – tens of millions of dollars are being spent each year to manage homelessness in our community, with limited positive results.

If effectively and systematically implemented, this plan will close “the front door” to prevent individuals and families from becoming homeless, and “open the back door” to provide affordable housing opportunities for those who find themselves homeless. A significant element of this plan identifies the development of new permanent housing units for homeless individuals and families. The impact of this new development is estimated to be as much as \$55 million in new economic activity in Jacksonville. As people move into permanent housing they secure jobs and income and demand less from costly public safety and health and human service systems. Retail and residential districts can become more vibrant and inviting, and help the community as a whole become more attractive to employers and residents.

This plan primarily covers Jacksonville/Duval County, Florida. Its success depends on the political and community will to embrace and implement an approach that is based on permanent solutions, not emergency responses. The Task Force to End Homelessness concluded that the plan should also consider regional needs, with the support and endorsement of the surrounding counties that impact the provision of housing and services in Duval County. These counties include Clay, Nassau and Baker.

The State of Homelessness in Jacksonville

Last year more than 17,500 of our neighbors in Jacksonville experienced homelessness. 40% of our homeless neighbors were families. One-fourth of them were children. Since just 2000, the number of people who have experienced homelessness in our community has almost doubled (increased by 86%). As the number of homeless persons grows each year, filling our shelters and showing up on our streets, the community and the nation have grown weary, intolerant and critical of the individuals and families who find themselves in this situation.



Homelessness is a phenomenon that began to get attention in the 1980's: in 1978 there were approximately 375,000 persons who experienced homelessness in the US. In 2002, there were more than 3 million persons in the US who experienced homelessness, more than a 700% increase over a 25- year period. Comparatively, the US population grew by 30% since 1978. At

the same time, since 1978, there has been a 57% reduction in federal HUD funding for housing for very low-income persons.

There are three major **systemic causes** of homelessness:

- **Lack of affordable housing** to meet the needs of people of very low incomes – we continue to lose both subsidized and unsubsidized units (through gentrification and urban revitalization) for very low income people
- **Changes in mainstream institutions** (i.e. fluctuations in prison releases, reduction in bed number at psychiatric facilities)
- **Lack of safety nets** for poor persons, i.e., health care, public assistance, affordable child care

One of the most noted researchers regarding homelessness in the country, Dennis Culhane, Ph.D., University of Pennsylvania, has focused his research on two cities (New York and Philadelphia) over the past ten years. He concluded that the two major factors that impact the numbers of homeless people are unemployment and housing costs. The third most important factor was changes in larger social welfare and mainstream systems, specifically corrections and foster care. He concluded that a rise in unemployment and housing costs could drive increases in family homelessness in particular, regardless of reforms in the homeless assistance systems.

For individuals and families living at or below the poverty level, finding and maintaining housing that is affordable, safe and decent can be an overwhelming challenge. The generally accepted measure for housing affordability is that a household pays no more than 30% of its adjusted gross income for rent or mortgage. According to the Jacksonville Community Council, Inc. (JCCI) Affordable Housing Study (2000), the fair market rent for a one-bedroom apartment in Jacksonville is \$605 per month (this amount represents the lower 50% of apartment stock, most one-bedroom apartments cost more.). According to the Shimberg Center for Affordable Housing at the University of Florida, the minimum hourly wage required to rent a one-bedroom apartment is \$10.79. The hourly wage needed to afford a two-bedroom apartment is \$12.98 per hour. Disabled persons receiving Supplemental Security/Disability Income (SSI/SSDI), typically \$552 monthly, can afford rent of only \$166 per month, while the fair market rent for a one-bedroom apartment is \$605. Very low income and disabled persons often pay more than 50% of their income for housing. A medical or other crisis is enough to send them into a spiral that can result in their loss of housing – and homelessness.

Homelessness is often a complex issue. In addition to loss of housing several other factors frequently come in to play. Of the 2,580 adults who are homeless in our community on any given day, they cite the following reasons for their homeless situation:

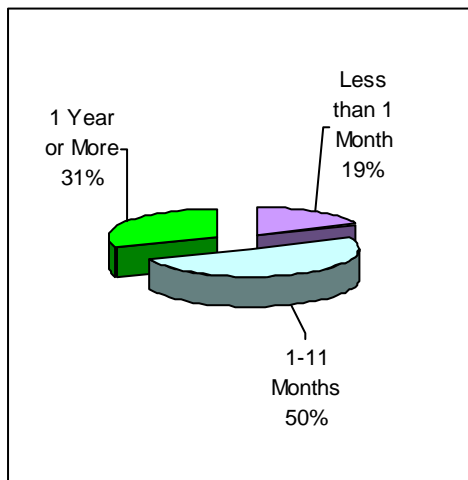
- 80% cite **employment problems**; one-half indicate that they need **job training**;
- 30% report **family problems**, i.e., domestic violence;
- one-half have recently experienced **mental health problems**;
- 58% have **substance addiction problems**;
- 25% have **co-occurring disorders of mental illness and substance addiction**;
- 50% have **health problems**; most have no health insurance and rely on costly emergency room care.

Despite the myriad and complex factors that result in an individual or family becoming homeless, there are several things that almost all homeless persons have in common:

- they are **very poor** - the median income of a homeless individuals or households in Jacksonville is \$7,000 per year, compared to \$40,000 for households in Duval county;
- they **lack support networks**, such as family and friends to assist during a crisis;
- they **lack a sense of community** or belonging and are often isolated.

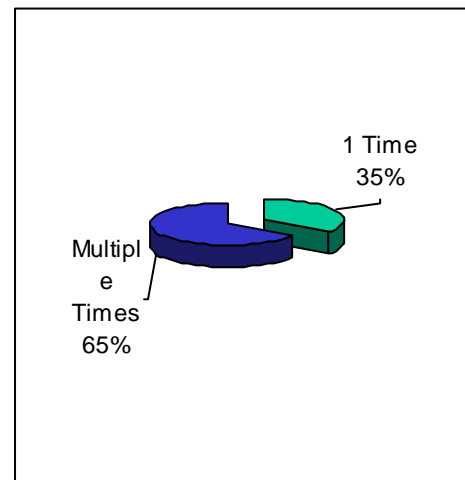
Additional **characteristics** of homeless people in our community are the following:

- one-fourth are unsheltered;
- 75% consider Jacksonville their home;
- despite the common stereotype that most homeless persons are transients, 71% have lived in Jacksonville for more than one year; one-half for more than five years;
- one-third have experienced homelessness for the first time; 65% have been homeless multiple times;
- one-third have been homeless for more than one year;
- almost one-fourth have been repeatedly homeless throughout their adult life;
- 25% are veterans;
- 40% work part time or full time.



Length and Frequency of Homelessness

(Source: Emergency Services and Homeless Coalition 2002 Homeless Census and Survey)



See Appendix, Attachment 2 for further information on the local homeless population.

Cost Impact of Homelessness

The human cost of homelessness can be profound – the loss of home and one’s personal belongings can be devastating; life on the streets and in shelters can be demoralizing and lead to hopelessness, and ostracization by the community. Inevitably, homelessness takes its toll on the personal dignity and self-respect of the people it affects. The longer someone experiences homelessness, the more difficult it becomes to integrate back into the community.

The financial cost of the current system established to manage this issue, however; is disconcerting and its results are not good. Fewer than one-half of the people in Jacksonville who

are fortunate enough to find a bed in a shelter are able to find housing once they leave. Many return to a homeless situation.

An analysis of the funding expended over the past 20 years to manage homelessness reveals that we have built an emergency response system that is not solving the problem of homelessness. Current predictive data indicates that homelessness will worsen over the next decade if significant changes are not made in the way that we deal with this crisis. Emergency services such as food, shelter, clothing and temporary financial assistance are helpful measures that meet basic human needs, but they do not offer a permanent solution to stabilizing individuals and families.

During a recent twelve-month period, a conservative estimate of the annual funding spent on emergency shelter, housing and other services totaled approximately **\$27 million** in Jacksonville. Of that amount, only 12% was spent to *prevent* homelessness, and 16% was spent on *permanent housing*, including service-enriched permanent housing. 72% of the funding was spent on emergency shelter, short-term housing, food/meals, health care, outreach and other services that resulted in fewer than 50% of the individuals or families moving into permanent housing. This analysis reveals that Jacksonville is spending its resources in the provision of short-term help that neither closes the front door nor opens the back door. Consequently, the number of homeless persons is increasing exponentially in comparison to our general increase in population.

The cost impact of homelessness, however, extends beyond that of direct service providers. With one-half of homeless persons experiencing mental illness and/or substance addiction, the cost of treatment, detoxification, crisis stabilization unit beds and other public services is significant for a population that has no stable home in which to recover. The Florida Department of Children and Families District 4 Alcohol, Drug Abuse and Mental Health Program Office spent more than **\$3.215 million** in a recent twelve-month period to provide services to homeless adults. More than one-half of that amount (\$1.85 m) was spent on Crisis Stabilization Unit (CSU) beds and Detoxification services, at a cost of \$360 and \$217 per day, respectively. The most important factor in understanding the impact of this treatment is that the individuals were typically released back to a homeless situation after 24-72 hours in care.

The most significant impact, however, was on the Duval County corrections system. In the most recent twelve-month period, 1,564 arrests of homeless persons were made at a cost of \$764 per arrest. The most common crime for which these individuals were charged was trespassing. At a conservative cost of \$59 per day for jail time, these individuals cost the Jacksonville Sheriff's Office a total of more than **\$5 million** to incarcerate. Again, the most important factor in understanding the impact of this response is that the individuals were released back to the street or shelters upon discharge.

One of the other "systems" often significantly impacted by homelessness is that of emergency room, hospitalization and psychiatric hospital care. As of this writing, information is not available from Shands Jacksonville regarding the numbers of homeless persons served through these hospital departments. Shands Jacksonville is under contract with the City of Jacksonville to provide \$23.7 million of free or reduced primary health care to the indigent population in Duval County. Many homeless persons do not meet the strict residency requirements imposed

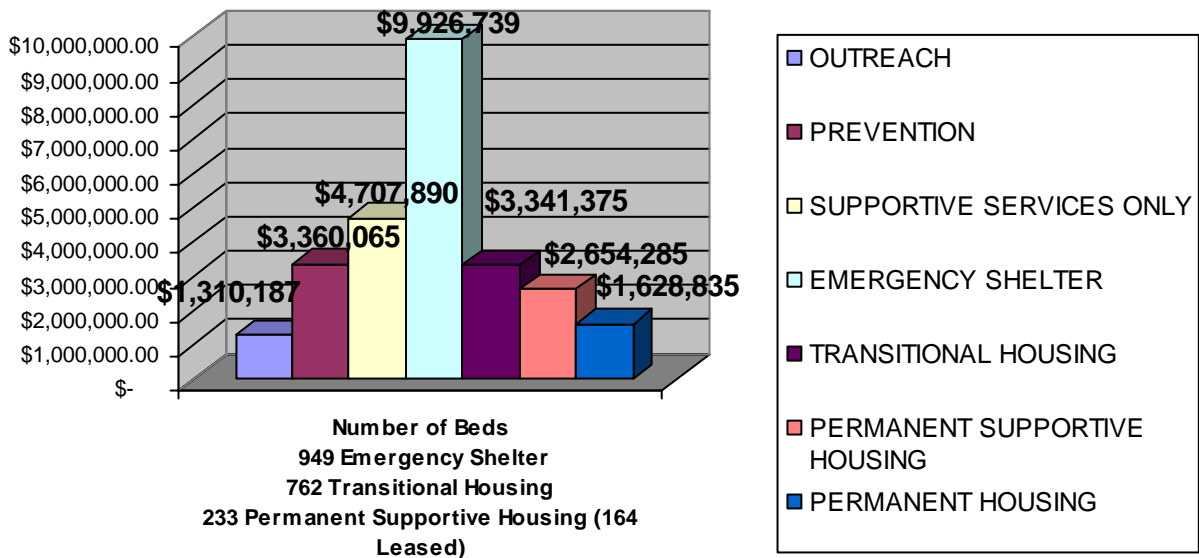
by Shands in order to be eligible for this affordable primary health care, and instead use the emergency room as their source of health care.

The conservative estimate of the total financial impact of homelessness in Jacksonville is more than \$35 million annually. This includes the costs of prevention, shelter, outreach, transitional housing, permanent supportive housing, supportive services, i.e., food and health care, mental health, alcohol and drug treatment services, and incarceration. This estimate does not consider the cost of emergency room, hospitalization and hospital psychiatric care for homeless individuals, who again, are released to the streets or shelters upon discharge.

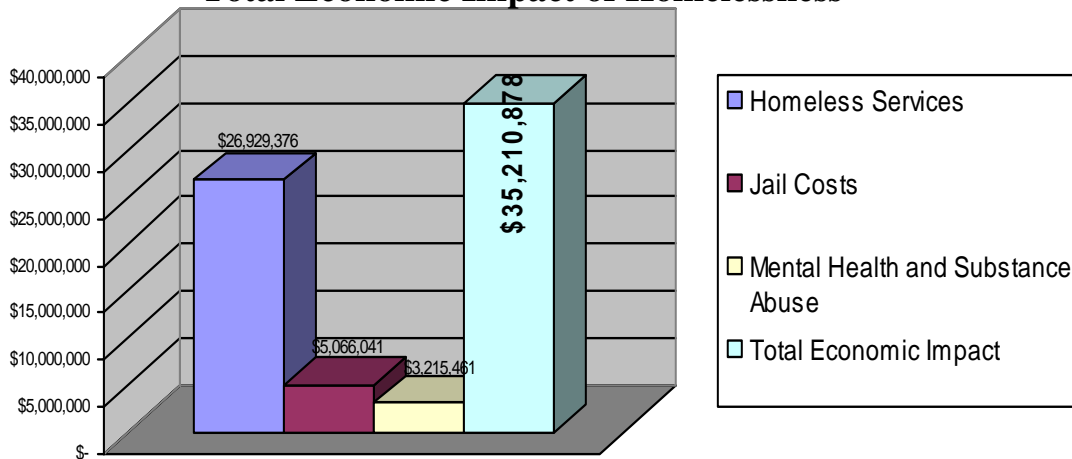
Total Spending, All Homeless Services \$26,929,376

Source: Jacksonville/Duval and Clay County 2003 Continuum of Care Plan

One 12 Month Period



Total Economic Impact of Homelessness



See Appendix, Attachment 3 for additional information regarding public costs of homelessness.

Long-term or Chronic Homelessness

The federal Interagency Council on Homelessness, a consortium of twenty federal agencies or departments, has made its priority the elimination of chronic homelessness by 2012. In line with that goal, strategies that relate to ending chronic homelessness are the focal point of this Blueprint. However, this plan is more comprehensive in that it also addresses the prevention of homelessness, as well as those persons who are temporarily homeless.



Persons who are chronically, or long-term, homeless are defined in this plan as adults who have been homeless for more than a year, including those who have been repeatedly homeless over a period of years, and are also disabled. Typically, the disability is related to a severe and persistent mental illness and/or substance addiction. The population of long-term homeless persons represents approximately 30% of the total adult homeless population in Jacksonville. One of the most

significant challenges facing mentally ill persons living on the streets is access to medications that will help manage their illness so that they may function.

A significant issue related to chronic or long-term homelessness is **the disproportionate cost of these individuals on the emergency response systems.** An analysis was conducted in February 2004 of the cost impact of 38 chronically homeless individuals living on the streets of downtown Jacksonville, the majority of whom were mentally ill. These individuals represented a sample of the estimated 200 chronically homeless people living on the streets in Jacksonville each day, although it was not a random sample. Over a period of one year, these 38 individuals were arrested an average of 2.3 times, spending an average of 22 days in jail, at a cost of \$171,447 to the Jacksonville Sheriff's Office. The total amount spent per person was \$4,512.

A cost analysis of the utilization of mental health and substance abuse treatment services for one year for these same 38 individuals was also conducted. A total of \$753,624 was spent on these individuals, one-third of which was for CSU and detoxification services. Although the 38 individuals represented only 2% of the number of homeless persons served through programs funded by the Department of Children and Families Alcohol, Drug Abuse and Mental Health program, they consumed 25% of the cost of services. The total amount spent per person on mental health and substance addiction treatment services for these 38 individuals was \$19,832. *See Appendix, Attachment 3 for data regarding mental health and substance addiction services.*

The total cost of incarceration and treatment services was \$24,344 per person for these 38 long-term homeless persons. This cost estimate does not include emergency health and psychiatric care, shelter or other services. However, a case study of one chronically homeless man (John) living on the streets of Jacksonville reveals that the emergency room and hospital

costs of John totaled more than \$15,000 during a seven-month period. If John is typical of many of the severely mentally ill individuals living on the streets, then the projected emergency hospital costs for just these 38 individuals could total more than \$500,000. The total cost of emergency shelter, emergency room and crisis treatment services for John during the seven-month period was more than \$40,000. In comparison, a home for John would have cost \$90,000 to build. *See Appendix, Attachment 4 for case study of John.*

The revolving door of incarceration, emergency room, CSU, detoxification and other crisis services is a costly one. In the US Department of HUD Report: “Strategies for Reducing Chronic Street Homelessness” (Jan. 2004), the Urban Institute studied cities throughout the country that have developed and/or implemented strategies to reduce chronic homelessness (Birmingham, AL; Boston, MA; Columbus, OH; three programs in Los Angeles, CA; Philadelphia, PA; San Diego, CA; and Seattle, WA). The major findings of the report were that:

1. There was a paradigm shift from emergency approaches to long-term strategies.
2. The cities/programs studied set clear goals for reducing chronic street homelessness.
3. The cities/programs studied committed to a community-wide level of organization.
4. Significant resources from mainstream public agencies were applied to the plan.
5. There was significant involvement of the private sector.
6. There was commitment and support of mayors and other local elected officials.
7. A mechanism was put in place to track progress, provide feedback, and support improvements.
8. There was a willingness to try new approaches to services.
9. Strategies to handle and minimize negative NIMBY (Not in My Backyard) reactions were implemented.

Research around the county over the past five years is encouraging about the overall effectiveness and cost-effectiveness of supportive housing as a solution to chronic homelessness.

The annual cost per person for permanent supportive housing is \$18,732 – this includes a rental subsidy and intensive supportive services designed to help individuals maintain their housing. The “New York, New York Agreement Cost Study”, conducted by Dennis Culhane, Ph.D., with the University of Pennsylvania Center for Mental Health Policy and Services Research, concluded that:

- ❑ Homeless mentally ill individuals used an average of \$40,449 of publicly funded services over a one year period;
- ❑ Initially, it cost \$1,908 per year more to provide service-enriched housing to mentally ill persons than it did to keep them homeless;
- ❑ Once in supportive housing, homeless mentally ill individuals reduced use of publicly funded services by an average of \$12,145 per year;
- ❑ Shelter use decreased by more than 60%, saving an additional \$3,779 for each housing unit built.

Additionally, *Pathways to Housing*, a New York, New York Supportive Housing Program, is a convincing example of the benefits of supportive housing for long-term street homeless persons. The program offers “street” homeless persons with dual (and more) diagnoses immediate access to independent apartments with intense supportive services; the residents pay 30% of their income for rent. Pathways was one of the premier programs using a “Housing First” and an

engagement approach in which service participation by residents is voluntary, not mandatory, and consumer-driven. Through a rigorous 3-year longitudinal study, using a control group that followed the conventional continuum of care service paradigm, the study found that:

- 75% of *Pathways* clients remained housed vs. 40% of control group;
- *Pathways* clients used significantly fewer psychiatric and substance addiction treatment services;
- *Pathways* clients used less alcohol, and had about the same level of drug use compared to the control group;
- The cost for *Pathways* clients was significantly less than that of control group.

The results of this study, and others that followed, challenged the long held assumptions regarding the ability of seriously mentally ill persons to maintain an apartment of their own.

The Blueprint to End Homelessness

The **Emergency Services and Homeless Coalition of Jacksonville (ESHC)** has been in existence for more than 16 years as a grassroots organization. It established itself as a non-profit membership organization in 2000 as a result of its designation as the lead organization (by state and federal government) for planning for homeless services and receipt of public funding. The ESHC develops an annual “**Continuum of Care**” plan that identifies the needs and gaps related to homeless services. Further, the ESHC prioritizes those needs and services and outlines strategies to address those needs. The ESHC oversees, or directly receives and distributes, approximately \$5 million annually for homeless prevention, housing and supportive services in Duval/Clay counties. The ESHC has an active membership of 70 organizations and individuals, including local government, faith based organizations, service providers, funders and consumers. *The mission of the ESHC is to provide a collaborative community response to the needs of people living in crisis.*

In December 2003 the ESHC initiated *A Blueprint for the Future: Ending Homelessness in Jacksonville*. The Blueprint Task Force adopted a bold vision – **safe, decent affordable housing for every child, woman and man on the First Coast**. The Task Force has developed a comprehensive ten-year plan with specific goals and strategies for housing production, and has recommended the redesign of the current service delivery system into one that will prevent homelessness, accelerate the entrance into affordable housing of individuals and families who become homeless, and reduce recidivism. The ten-year strategic plan was based on solid research and community consensus -building with more than 50 key stakeholders.

The impetus to develop the Blueprint

- The number of homeless persons has increased 86% in Jacksonville/Duval County since 2000; there are insufficient shelter beds or housing units to address the existing need.
- The revitalization of downtown Jacksonville and the adjoining Springfield neighborhood has brought higher-end housing and businesses, which has resulted in a higher visibility of street homeless persons and increasing intolerance of them.
- The Interagency Council on Homelessness, the U.S. Conference of Mayors and the National Alliance to End Homelessness have led a national effort to encourage the 100 largest cities in the U.S. to develop ten-year plans to end (chronic) homelessness.

- Several communities around the country have developed similar Blueprints, such as Columbus, Ohio, Chicago, Illinois and Philadelphia, Pennsylvania, based on a “Housing First” approach; Philadelphia has experienced significant reduction in its street homeless population.

The Blueprint development process

- A 23-member task force of community leaders, chaired by attorney and community trustee, William (Bill) Scheu, lead the planning process over a period of 11 months. The Task Force consisted of key stakeholders and funders who could ensure the implementation of the Blueprint. These members included the CEO’s or key leaders of the City of Jacksonville, Florida Department of Children and Families, United Way of Northeast Florida, Jacksonville Sheriffs Office, Jacksonville Housing Commission, Jacksonville Housing Authority, IM Sulzbacher Center for the Homeless, and the Jacksonville City Council. Additionally, key leaders representing faith-based and nonprofit organizations, downtown business owners, financial institutions, and a formerly person served on the Task Force. *See Appendix, Attachment 1 for a list of Task Force members.*
- The ESHC staffed the planning process, utilizing national and local consultants; the City of Jacksonville provided in-kind support.
- The Corporation for Supportive Housing (CSH)- national intermediaries with expertise in strategic planning and supportive housing development for homeless persons – provided direction and assistance to the Task Force in the development of affordable permanent housing with supportive services; *(see Appendix, Attachment 5 for description of CSH)*
- Research was conducted on best practices nationally that have effectively addressed homelessness, and local data was collected on the extent and cost of homelessness;
- Key Task Force members and staff visited Minneapolis, Philadelphia and Columbus, Ohio to learn first-hand about the strategies that have been effectively employed in those communities to reduce their chronic/homeless population;
- Three workgroups of the Task Force provided recommendations to the Task Force regarding strategies to prevent homelessness, to address persons who are chronically or long-term homeless and those who are temporarily homeless; these workgroups consisted of stakeholders, i.e., public and community-based service providers, formerly homeless persons, business owners, clergy, etc.

Guiding Principles

The Task Force developed its plan in consideration of the following guiding principles:

- Homelessness is a community issue, not just a social service issue, and requires a community response that addresses permanent solutions, not temporary solutions that attempt to manage or control the problem;
- Although there are myriad and complex factors that contribute to the homeless situation of individuals and families, homelessness is not as much about the result of failures of individuals who need to be “fixed”, instead it is a failure of mainstream systems that need to be responsive to very low income, disabled and/or institutionalized people;
- Safe, affordable decent housing – a home - is the first and most important basic need that must be addressed in order for individuals and families to thrive;

- Reintegrating individuals and families who become homeless as quickly into the community is the most effective way to ensure their stability;
- People who experience homelessness should not be isolated through shelters and other housing “programs”, but should have the same opportunities as other people in our community to choose where they live and to participate in services;
- Individuals and families who are at risk of homelessness or who become homeless may need supportive services to help them acquire and/or maintain their housing;
- Solutions to reverse the trends of homelessness may require funders and mainstream programs to redirect resources to strategies demonstrated to be cost/effective, as significant new funding from the local, state and federal level does not appear to be a likely scenario;
- Funders, housing developers and service providers must collaborate in ways that avoid issues of proprietary battles over money, programs and services in order to accomplish the goals identified in this plan;
- Funders, housing developers and service providers must be held accountable for outcomes and results of their programs, i.e., stable housing for the beneficiaries.

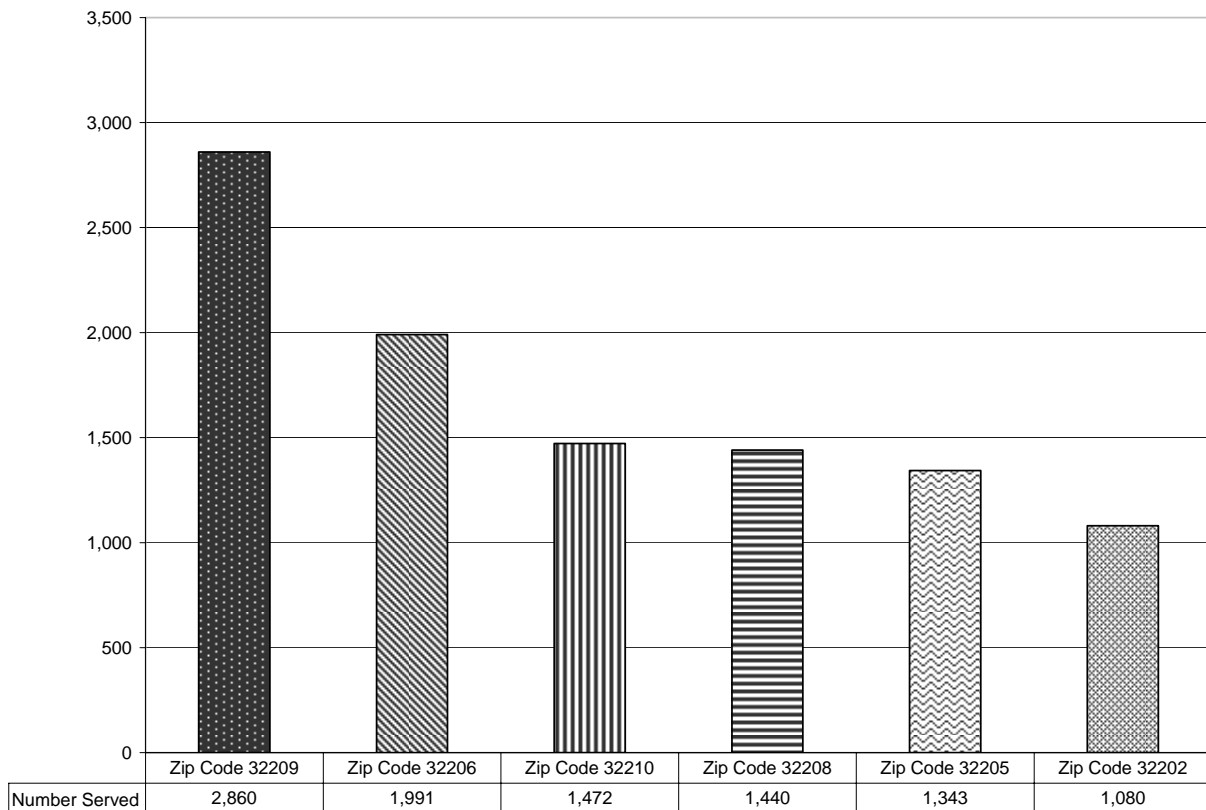
Current Conditions and Barriers

The Blueprint Task Force identified trends over the next 5 years that are expected to impact the homeless situation in northeast Florida due in part to the following factors:

- Population increase in northeast Florida (older, more diverse);
- Government funding for social services will continue to be unreliable;
- Funding streams will be more directed to services that are effective;
- There will be increased collaboration among service providers and funders;
- The gap between the haves and have-nots will widen as we move to a service-based economy;
- Advances in technology will enable us to better track problems and help us better direct our resources;
- Our overall health care “crisis” will continue, including an under funded and inadequate mental health system;
- The affordable housing crisis will continue to worsen, placing a greater cost burden on families and individuals who live at or below the poverty level.

Although thousands of individuals end up homeless in our community each year, many more find themselves at risk of homelessness due to a financial or other crisis. In 2003, there were 12,742 evictions and 4,648 foreclosures filed with the Duval County courthouse. **The demand for emergency financial assistance in Duval County to prevent eviction or utility loss currently exceeds available resources by at least 4.5 times.** More than 63,000 persons requested emergency financial assistance last year in Duval County from the three major providers (the City of Jacksonville, Catholic Charities Bureau and Jewish Family and Community Services), and of those, 14,077 were assisted. The amount spent last year by these providers in direct financial assistance was \$3.36 million. There are many times more people who are believed to need the help; however, due to the overwhelmed appointment lines of the major providers, many are not even able to connect to a person in order to request assistance. Last year, the United Way 211 information and referral service received 32,000 calls for financial assistance to prevent an eviction or loss of utilities, shelter and housing.

The following zip code areas had the highest concentrations of individuals and households who were provided assistance by the emergency financial assistance in the most recent 12 month period (highest to lowest): 32209, 06, 10, 08, 05, and 02. (See Appendix, Attachment 6 for a map of the areas). Not surprisingly, these zip codes have the highest concentrations of households living below the poverty level. A recent report of guests of the largest emergency shelter in Jacksonville, the I. M. Sulzbacher Center for the Homeless, reveals that these zip code areas are also the place of origin of the majority of individuals and families the agency serves. Additionally, five of these zip code areas have the highest concentrations of uninsured people in the county.



As indicated previously, persons leaving institutional care, such as jail/prison and foster care, significantly impact the homeless population. **More than 1,500 individuals exited the Duval County jail system last year and had no listed address to which to go upon release.** Approximately 50 local youth will automatically exit the foster care system at age 18 this year. Approximately 550 youth have aged out of the foster care system and return to Family Support Services for assistance until they reach the age of 23, the maximum age at which they may receive assistance. These youth are assisted in locating housing in the community, however, the majority do not have adequate supports. The 1995 National Alliance to End Homelessness study “Web of Failure: The Relationship between Foster Care and Homelessness” found that there is an over-representation of homeless people with a history in foster care.

The current system of housing options, or “Continuum of Care”, for persons who become homeless in our community is described as a linear process:

Emergency Shelter ⇒ Transitional Housing ⇒ Permanent (Supportive) Housing ⇒
Permanent housing (with no supports)

This current orientation is based on the assumption that homeless persons must be “ready” for housing before they can live independently, and must proceed through a process of temporary housing with “rehabilitative” and/or instructional services in order to secure housing. The problem with this assumption is that this “continuum” also assumes that there will be sufficient affordable housing to which these individuals and families can move. However, in Duval and Clay counties there are currently 1,921 emergency shelter and transitional housing beds, and 615 permanent/permanent supportive housing beds to which they can transition. **The primary source of affordable housing for very low-income people, the HUD Section 8 program, currently maintains a waiting list of more than 2,000 households (approximately 2 years) in Duval County.**

Ten-Year Strategic Plan

The planning for the Blueprint was based on the premise that in order to significantly impact homelessness, a *Housing First* approach would be most effective for all populations. Research shows that this is a less costly and more effective approach; it is based on keeping people in their homes or moving them into affordable housing as quickly as possible. When homeless adults staying at local shelters were asked through a focus group if this approach would work in Jacksonville, the overwhelming response was favorable. They stated that a “home” is important to self-esteem, stability and “clear-thinking”, and that this approach would be empowering, respectful of individuals and their choices. The key elements of a *Housing First* approach are the following:

- ❑ **Close the Front Door** ⇒ prevent people from becoming homeless.
- ❑ **Open the Back Door** ⇒ quickly re-house individuals and families who becomes homeless.

The planning process thus considered three areas in which to focus its strategy development, understanding that each population requires different approaches:

- ❑ **Prevention for persons at risk of homelessness,**
- ❑ **the temporarily or situationally homeless population and**
- ❑ **the long-term or chronic homeless population.**

The Task Force adopted an ambitious vision: *Safe, decent, affordable housing for every child, woman and man on the First Coast.* A consensus was achieved regarding the goal of the Blueprint: *To assist individuals and families to maintain current housing or to obtain safe, affordable housing while providing supportive services that are centered on personal needs and choices.*

Prevention: includes strategies to forestall homelessness for individuals and families at imminent risk of homelessness, including:

- ❑ short-term rent/mortgage and utility assistance and coordination of emergency assistance;
- ❑ legal assistance programs, i.e., landlord/lender intervention;
- ❑ housing resource and placement services;
- ❑ institutional discharge planning (jails/prisons, foster care, hospitals, mental health and substance addiction treatment facilities);
- ❑ care management;
- ❑ targeting crisis intervention in neighborhoods that have a high number of people seeking shelter or financial assistance.

Goal

Prevent individuals and families from becoming homeless by ensuring timely access to resources that will enable them to maintain or obtain affordable, decent housing.

Strategy

Strategies will be based on a *Housing First* approach and will be tailored for distinct populations:

1. Families who are in crisis due to:
 - ❑ Financial/job loss
 - ❑ Illness
 - ❑ Domestic violence
2. Persons who are institutionalized and will be discharged from:
 - ❑ Prison/jail
 - ❑ Hospital
 - ❑ Mental health facilities (Crisis Stabilization Unit/state mental hospital)
 - ❑ Substance addiction treatment programs
 - ❑ Foster care



Actions

For Families in Crisis

1. Develop a uniform screening “intake”/assessment tool to be used by all service providers. This tool will be based on housing barriers, and households will be prioritized based on greatest barriers/risks.
2. Establish lead service providers (“hubs”) that serve as a first point of contact, a *care* manager and a resource to link households to community and mainstream resources. The *Network of Care* program developed by Catholic Charities Bureau will serve as the model for care management.
3. Develop a coordinated grass roots/neighborhood effort that leverages faith-based and community-based organizations (“satellites”), based on the St. Vincent DePaul Society model. Use existing neighborhood initiatives, i.e., Parenting Partner, Community Partnership for the Prevention of Child Abuse, Literacy Initiative, and Full Service Schools. Target neighborhoods in zip code areas with the greatest need.

4. Coordinate and strengthen existing informal systems, i.e., neighborhood and faith-based organizations. Provide training to staff/volunteers and connect them with the formal “hub” service agencies. Develop a training guide or “handbook” for neighborhood and faith-based organizations to use for their staff and volunteers.
6. Develop a voucher system to serve as security deposits required by landlords to ensure that tenants are not wrongfully denied deposits when leaving housing.
7. Provide sufficient emergency financial assistance to stabilize families. Assistance can include 1 – 6 months rent/mortgage assistance, utility assistance and security deposits.
8. Legal intervention will be provided as necessary to prevent eviction - informally through the neighborhood/faith-based organizations (i.e., congregation members), and formally through Jacksonville Area Legal Aid (JALA). JALA will provide education and advocacy to tenants who have been wrongfully denied security deposits.
9. Develop a community awareness/education campaign regarding Jacksonville Electric Authority “Neighbor to Neighbor” program, as well as Beaches and Clay County utility assistance programs, to raise additional funding for utility assistance.
10. Expand the Prosperity Campaign to educate low-income households regarding the Earned Income Tax Credit; include financial counseling.

For Institutionalized Persons

1. The uniform screening/assessment tool will be used within 1-3 days of short-term institutionalization.
2. An independent entity/program (i.e., Housing Resource Services) will complete and assess housing needs and support services needs. Coordinate efforts with the Jail Link program with the Jacksonville Sheriffs Office.
3. The Housing Resource Services staff will develop a housing plan and coordinate services and housing placement.
4. Provide 1 – 3 months’ rent assistance, security deposits, furniture, etc. Link to the Jacksonville Reentry Program for ex-offenders.
5. For long-term institutionalized persons, the Housing Resource Services staff will meet with county corrections inmates 3 months prior to release (coordinate with Corrections/Community Helping Incarcerated Population Succeed – CCHIPS- program). For state correctional inmates and patients of Northeast Florida State Hospital, the Housing Resource Services will serve as the first point of contact. Coordination will occur with state corrections and mental hospital to request that housing plan be developed within 6 months of release. For sex-offenders, housing options will be identified.

6. The Housing Resource Services staff will identify and cultivate relationships with property managers who will be willing to accept jail/prison releasees, including sex offenders.
7. Resources/services may be provided to families for up to 1 year (those impacted because a head of household is institutionalized), based on needs identified through uniform housing assessment tool.
8. The Jacksonville Housing Authority will activate its preference for homeless families. It is recommended that a waiver of the “one strike and you are out” policy be granted to allow housing opportunity for persons who can demonstrate completion of treatment programs and/or adequate support system.

For Youth Aging out of Foster Care

1. Develop safe, secure, low demand housing, i.e., foyer model, or community setting with supports.
2. Screen at least 6 months prior to discharge (age 18 is automatic discharge) and develop housing plan for transition to community, using the uniform assessment tool.
3. Family Support Services will provide follow up care up to age 23.

Policy considerations:

1. Funders must be flexible with funding to allow assistance to be tailored to meet client needs, not established caps. May need to “pool” funding with Housing Resource Services program and/or lead entities to piece assistance together from funding sources with regulatory restrictions.
2. **Discharge planning from institutional care must be systemic at the local and state level;** institutions must be required to discharge to housing, not to emergency shelters or other service providers.
3. All participating entities must be networked through the Northeast Florida Information Network (NEFIN) to ensure accurate data collection, avoid duplication and ensure coordination.
4. Assistance must be based on level of need, not on “first come first serve”.
5. Lead entities, satellite agencies and the Housing Resource Services program, must allow for walk-in clients.
6. Outlying counties should contribute financially to fund assistance to their residents.

Temporarily or Situationally Homeless Population: strategies will shorten the length of homelessness for persons who experience a single episode of relatively short duration. The majority of families and single adults who become homeless over the course of the year in Jacksonville (70%) are temporarily or situationally homeless and most become homeless due to a housing crisis. They generally do not have a disabling condition that requires intensive supportive services. The strategies include the following components:

- ☐ screening and needs assessment, crisis intervention, emergency services;

- ❑ access to permanent housing, including subsidies, and strategies to address barriers, including poor tenant histories, credit histories and criminal backgrounds;
- ❑ housing search/placement services to rapidly re-house people;
- ❑ care management services to link persons to services and ensure a source of income before and after housing placement.

Goal

Minimize the length of time individuals and families are homeless and the number of times they become homeless by ensuring rapid entry into permanent housing with supportive services, rapid exit of emergency shelters, and timely access to mainstream programs and employment.

Strategy



Different approaches will be employed using a *Housing First* model for distinct homeless populations:

- Families with children;
- Unaccompanied (runaway) youth;
- Single adults, primarily victims of domestic violence.

Actions

1. Establish a **Housing Support Services** “entity” or program (either an existing agency or a division/program of an agency) that manages the Housing First program. The program will employ and assign Housing Specialists/Care Managers to assist persons who enter shelters or other agencies. The program will provide sufficient financial assistance to subsidize rents for up to 12 months, and pay rent/utility security deposits. The program will establish and cultivate relationships with property managers, maintain a list of housing resources (i.e., Apartment finders); and complete background checks on potential tenants.
2. Cultivate relationships with property managers to gain acceptance regarding generally accepted protocols on criminal records, tenant credit and rental history. Develop, implement and monitor a cutting edge protocol, and create ways to reduce risk for landlords, i.e., security bonds and co-signing of leases.
3. Develop a separate, formalized intake and assessment process for use within 72 hours of entry into shelter/transitional housing. A uniform assessment tool will be used to determine housing needs and barriers, i.e. criminal backgrounds, poor credit history, poor tenant history, and available resources.
4. Residents/guests will be assigned a care manager who coordinates with the existing shelter and transitional housing system to facilitate rapid assessment and placement into stable housing (0-3 months). Care Managers will link residents to necessary and requested services while in stable housing, i.e., employment, income assistance programs, counseling, financial counseling, child care, etc.

5. Build a transition period of approximately two years to enable impacted service providers to manage the change process, e.g., transitional housing and shelter providers. Provide training, technical assistance and planning support to impacted agencies during transition to the *Housing First* approach through organizations like the Non Profit Center (Jacksonville) and Beyond Shelter (Los Angeles).
6. Assess Youth Crisis Center (YCC) program effectiveness as an appropriate model for temporary homeless youth. Evaluate the need for increased outreach to runaway youth (e.g., Beaches). If necessary, grow outreach capacity with YCC.
7. Investigate and implement public policy changes that would support an increase in affordable housing development. Evaluate city government's ability to finance or incentivize affordable housing through means such as the following:
 - Bed or Food and Beverage Tax
 - Density bonuses
 - Tax Credits
 - Other incentives
 - Local housing trust fund
 - Inclusionary zoning

Policy considerations:

1. The success of the Blueprint strategies is dependent on the availability of affordable, safe, decent housing in neighborhoods throughout Duval and Clay Counties – that is also in proximity to decent jobs and public transportation. **Policies and practices must be implemented at the local and state level to encourage private developers to build housing targeted at the very low-income population.**
2. Consider coordination of the staff employed by existing programs/agencies and whose job responsibilities include placement of homeless persons into housing.
3. Involve Clay, Nassau and Baker County officials to ensure that their residents are assisted through locally generated sources.
4. Local residents should be given priority for services.
5. Implement protocols that will avoid the unintended consequence of individuals and families becoming homeless in order to obtain housing assistance.

"Housing First" for Persons who are Temporarily Homeless

(examples of) Points of Entry

↓
Individual/Family
Direct

↓
Emergency
Shelter

↓
Domestic
Violence Shelter

↓
Alcohol/Drug
Treatment

↓
Transitional
Housing

↓
While in temporary housing, client is referred to...

Housing Resource Services

Intake and Enrollment

- Screening for housing and health and human service needs
 - Action plan developed
 - Linkage with housing made

↓
Individual/Family moves to permanent housing

(preferably) from 0 – 3 months

After individual/family moves, provision of
Home-Based Care Management Support

(preferably) from 6 to 12 months

- | | |
|---|--|
| <input type="checkbox"/> Tenant education | <input type="checkbox"/> Child abuse/neglect intervention and prevention |
| <input type="checkbox"/> Household management | <input type="checkbox"/> Child care resources |
| <input type="checkbox"/> Money management | <input type="checkbox"/> Child care subsidies |
| <input type="checkbox"/> "Survival skills" counseling | <input type="checkbox"/> Basic medical care |
| <input type="checkbox"/> Welfare advocacy | <input type="checkbox"/> Job readiness program |
| <input type="checkbox"/> Legal advocacy | <input type="checkbox"/> Career counseling |
| <input type="checkbox"/> Family/individual counseling | <input type="checkbox"/> Job training and placement |
| <input type="checkbox"/> Liaison with schools | <input type="checkbox"/> Basic remedial education |
| <input type="checkbox"/> Parenting education | <input type="checkbox"/> Early literacy programs |
| <input type="checkbox"/> Health/nutrition counseling | <input type="checkbox"/> Substance abuse prevention/treatment |
| <input type="checkbox"/> Address children's special needs | |

Individual/Family integrated into community with stable housing and improved social and/or economic well being

Adapted from Beyond Shelter, Los Angeles, CA

Long-term or Chronic homeless population: strategies address the provision of housing and supportive services for persons who are chronically homeless, i.e., those with extended period of homelessness (generally more than one year). The population is more likely to have a serious mental illness, sometimes with co-occurring substance addiction disorders and/or physical disabilities, unstable employment histories, histories of hospitalization and/or incarceration. Included in this population are persons who are episodically homeless, i.e., they experience recurrent periods of homelessness. This population is usually younger and uses the shelter system more sporadically. Approximately one-third of the total homeless population is chronically/episodically homeless in Jacksonville. The strategies for this population include the following:

- ❑ Housing and supportive services (long-term / permanent housing), including engagement/low-demand housing models;
- ❑ Outreach to get people off the street and into housing;
- ❑ Access to mainstream income sources, i.e., Supplemental Security Income (SSI), and representative payee services.

Goal

Stabilize persons who are chronically or long-term homeless by ensuring timely access to appropriate permanent supportive housing; and to income sources through public benefits programs and employment.

Strategy

A *Housing First/Supportive Housing* approach will be used as the underlying premise for efforts to minimize the length and frequency of homelessness. Direct placement from streets and shelters will be emphasized. Residents will pay 30% of their income for rent. Services that help the tenants maintain their housing will be an integral, but separate, component of the housing. A sufficient stock of affordable housing must exist to accomplish this result (see “Supportive Housing Plan”).



Actions

- 1. Develop/acquire sufficient supportive housing units over 5 – 10 years:**
 - a. Develop 145 units in two years as identified in Supportive Housing development plan.
 - b. Develop 800 units in 5 years as identified in Supportive Housing development plan.
 - c. Develop 2300 units in 10 years.
 - d. Current and potential providers will be trained on the types of supportive service strategies to which chronically homeless persons respond best. Separation of services and housing operations will be the preferred strategy.

- e. Provide training and technical assistance to nonprofit organizations to build capacity for housing development targeting very low-income persons.
 - f. Implement a protocol and educational process that will reduce the opposition of supportive housing development in neighborhoods.
- 2. Build a coordinated program of engagement (trust-building) and outreach**
- a. Provide an initial focus (at least first two years) on seriously mentally ill and chronically drug addicted persons who are long term or repeatedly homeless persons. Develop a Safe Haven project to target this population to provide a safe, low demand environment.
 - b. Develop an alliance with those most affected by this visible population, e.g., downtown and beaches businesses to ensure that businesses contact outreach teams for assistance (vs. police).
 - c. Once a person is in the care system (CSU, hospital, jail, detox, shelter), he/she will be directed to the Housing Resource Services program. Placement in supportive housing programs will be given to persons referred by the Housing Resource Services.
 - d. As housing availability increases, increase “Street outreach teams” (for engagement and trust building). Utilize outreach teams as the first line of assessment. Build in a medical and psychiatric component into the outreach process.
 - e. Integrate outreach efforts among service providers, i.e., Quest and HOPE homeless outreach teams, Downtown Vision Ambassadors, Youth Crisis Center, and HIV/AIDS street outreach workers.
 - f. Coordinate outreach efforts/teams to cover all areas of the community, including Clay County, six days per week.
 - g. Outreach workers will be involved in the placement decision of chronically homeless persons in the supportive housing programs to ensure that those most in need are prioritized for selection/placement.
 - h. Secure funding from public and private sources to create financial incentives for projects to serve the “hardest to serve”. Premium payments may be made to projects for each long-term street person or frequent/long term shelter user.
 - i. Establish new drop in centers with day time hours, including weekends, in areas that have a high volume of chronically homeless persons, providing shower, rest rooms, phones, seating, assessment and referral.

- j. Shelters and Drop-in/Day Centers will conduct assessment and refer to the Housing Resource Services program within 72 hours of intake.
- k. Utilize new community service officers or law enforcement officers to support engagement and linkage to drop in centers instead of arrest/jail. Model after Broward County, Florida outreach efforts.

3. Increase access of chronically homeless persons to income sources through public benefits programs and employment.

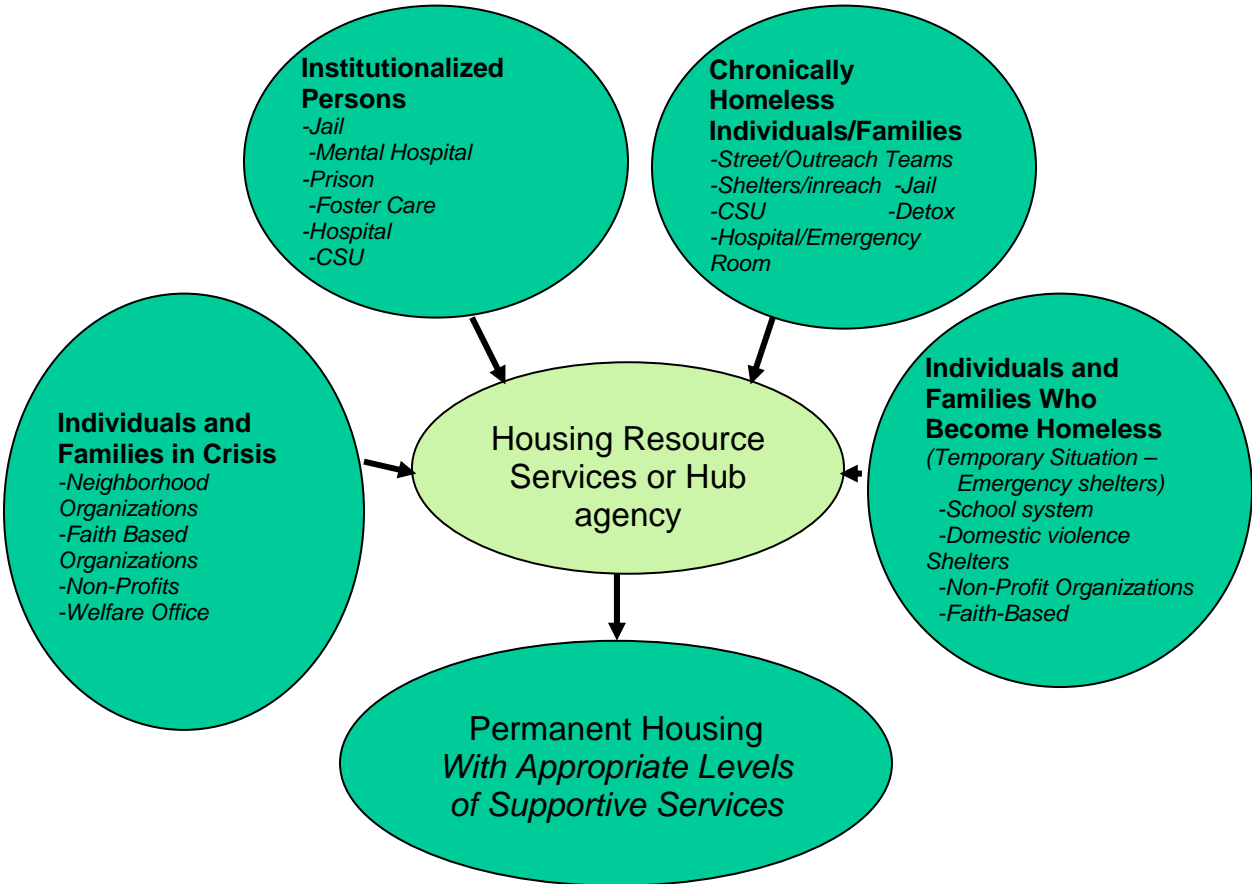
- a. SSI/Medicaid presumptive eligibility benefits may be granted for six months based on psychological assessment. Care managers will expedite documentation for eligibility for final SSI/Medicaid determination.
- b. Work with Jacksonville Sheriff's Office to develop a jail diversion program to keep chronically homeless persons out of jail, which allows them to maintain their Social Security income benefits.
- c. Involve Lutheran Social Services to serve as representative payee to manage funds of chronically homeless persons.
- d. Care managers will link those who are able to work with employment agencies, i.e., Vocational Rehabilitation. Organize and coordinate a database of various service providers with a centralized point of referral for jobs/positions/ training and vocational rehabilitation services. Utilize the Job Opportunity Consortium.

4. Initiate public policy changes regarding the chronically homeless population

- a. Implement incentives to encourage private developers to build very low income housing, e.g., density bonuses and inclusionary zoning.
- b. Develop and implement an SSI outreach project in which the Social Security Administration will implement a presumptive eligibility policy to expedite income benefits for mentally disabled persons.
- c. Encourage the Jacksonville Housing Authority to reconsider its policies that primarily affect chronically homeless persons with criminal records.
- d. Reinforce/support the ESHC request for Shands to change policies regarding primary care services based on continuous residency in one location.
- e. Request the Jacksonville Housing Commission to reorder its priorities to increase funding to support a full continuum of affordable housing development.
- f. Mental health and substance addition treatment services should be prioritized for the chronically homeless population. Treatment case managers will coordinate with Housing Resource Services upon a client's entrance in treatment, based on

uniform housing assessment. The treatment plan must identify housing placement upon discharge.

Note: See Appendix, Attachment 7 for detailed plan for each population.



SUPPORTIVE HOUSING PLAN

Introduction

The Emergency Services and Homeless Coalition and the Taskforce to End Homelessness consulted with the Corporation for Supportive Housing (CSH) to develop estimates for the number of supportive housing units necessary to make a significant impact on homelessness in Duval County. Supportive housing is permanent, affordable housing linked to a range of support services that enable tenants to live independently and participate in community life. The following plan outlines one potential scenario for creating and financing 800 units of supportive housing over a five-year period. The Task Force has also established a two-year goal of 145 units and a potential financing scenario for this initial effort is also provided. The projected cost of development, operations and supportive services for 800 and 145 fully operational units is \$89,809,300 and \$14,078,980, respectively. A range of supportive housing models matched to service strategies is offered. The two-year and five-year scenarios described in this plan were influenced by several factors:

- the profile of homelessness in Jacksonville/Duval County;
- the current capacity of local housing developers and service providers;
- the current rental market conditions;
- the potential sources and uses of financing for housing development, operations and service delivery.

Who lives in supportive housing

Supportive housing can help people with psychiatric disabilities, people with histories of addiction, formerly homeless people, frail seniors, families, young people aging out of foster care, individuals leaving correctional facilities and people living with HIV/AIDS to live independently with dignity in the community. Tenants of supportive housing typically fall into two or more of these categories.

What does supportive housing look like?

It is important—both for neighbors and tenants—that supportive housing fit into the neighborhood and have quality property management. Supportive housing can be integrated into affordable housing or mixed-use developments and can be a vital element in neighborhood revitalization efforts. While most supportive housing consists of apartments, in some locations, single-family homes or small multi-family buildings are the most appropriate housing type.

While the housing model will vary, quality supportive housing includes the following core features:

- *Landlord/tenant relationship:* Supportive housing should have a typical landlord/tenant relationship in which tenants hold leases or occupancy agreements with no maximum length of stay requirements. Tenancy should **not** be conditioned on acceptance of services.
- *Solid financing:* Supportive housing should have little or no conventional debt, fairly stable sources of operating subsidies, and ongoing service funding that comes primarily from government sources, not philanthropy.
- *Multidisciplinary partnerships:* Well-designed and managed supportive housing draws on the combined skills of people who understand housing development, people who are

experienced in property management, and people who know how to work with tenants with high service needs who have not had good outcomes in traditional shelter or housing settings.

- *Flexible services:* Quality supportive housing has service providers that are willing to do whatever is necessary to help tenants stay in the housing and get more involved in the community and work. Services typically include medical and mental health care, vocational and employment services, substance abuse treatment, and independent living skills training. Services may be offered on-site, in the community, or through a combination of both. Services need to be accessible, responsive to the needs of the tenants and focused on maintaining housing stability.

Supportive Housing Models

A variety of supportive housing models are used in the proposed development plan, including the use of existing housing as well as the development of single site supportive housing projects and a Safe Haven. The models are described briefing below.

Single site: A multi-unit building where formerly homeless individuals or families occupy all the units. Typically, services to support the tenants' recovery, employment activities and reintegration into the community are available on site.

Set aside rental units: Multiple units "set aside" for the formerly homeless tenants within a larger building, usually affordable housing owned and managed by a nonprofit or private market landlord. The supportive housing project may hold a master lease for the units and sub-let to the tenants, or the tenants may rent directly from the landlord in an arrangement facilitated by the supportive housing sponsor. Service strategies can vary and may include the provision of some services on-site.

Scattered site rental units: Single units that can be houses, a unit in a duplex, or one or more units in small apartment buildings, rented from a nonprofit or private market landlord. Wherever possible, scattered site units are geographically clustered within a neighborhood to achieve management and service economies of scale. The supportive housing project may hold a master lease for the units and sub-let to the tenants or the tenants may rent directly from the landlord in an arrangement facilitated by the supportive housing sponsor. Services usually include some home visits, but most service provision occurs outside the tenant's home.

Single site foyer model: A housing approach pioneered in Europe after World War II in response to the number of young people moving from rural areas into urban centers in search of work and housing. The model, typically in a single site, serves youth and young adults through the provision of affordable housing linked to education and training aimed at transitioning the young person to self-sufficiency and independent living. The foyer model typically features a more structured service program with the young people required to participate in either education or employment training. Some foyer projects deliberately mix higher functioning young people with those who have more complex service needs. Foyers may have congregate eating and bathroom facilities rather than self-contained apartments.

Safe Haven: A housing approach designed for "hard to reach" homeless individuals who are seriously mentally ill and/or suffer from chronic substance addiction and live on the streets.

Typically, these individuals, due to their illness, have been rejected or ejected from other types of shelters, housing and/or service programs. A Safe Haven provides entry to stable housing for these individuals through a 24-hour/7day residence with services. Safe Haven housing is most often at a single site but could be provided through set asides of units within a larger building. Safe Havens can be designed to serve as interim or permanent housing. The service strategy in a Safe Haven is sometimes described as “low demand” meaning that there are minimal behavioral expectations, generally linked to health and safety.

Two approaches for creating supportive housing

The scenarios for achieving the two-year and five-year supportive housing goals presented in this plan anticipate a mix of new construction, rehabilitation of existing properties – the “development approach” and access to subsidized private rental market units—the “non-development” approach.

Cost Estimate for the Development Approach

Cost estimates for the development of the housing identified in this plan are detailed in Charts 1 - 10 in *Appendix 8*. Chart 1 displays the initial cost projections for developing or rehabilitating 80 units in two years. Chart 2 contains this information for creating 565 supportive housing units through new development or rehabilitation over a five-year period.

Non-Development Approach

The scenario presented in this plan assumes access to 65 units of existing rental housing in the initial two years and 235 units of rental housing for the five-year period. These units would be financed through rental subsidy.

Securing these units may be difficult for several reasons. First, the rental market in Jacksonville and surrounding communities is tight, with a very low vacancy rate. Second, to the extent that access to these private market units will involve the use of a HUD Section 8 voucher, the units must meet the Housing Quality Standards, which are used to qualify rental units for this federally funded housing subsidy. The potential need for and cost of renovations necessary to meet HUD standards have not been factored into the cost estimates for the two scenarios using rental subsidies presented in this plan. If these costs proved necessary, there would likely be a substantial impact on the overall cost of and implementation timing for the proposed housing goals. Finally, for the first time in decades, the federal Section 8 Program faces an uncertain future. The current Administration has proposed a number of substantial changes to the program. Most observers agree that the net effect of these proposals, if implemented, will be to reduce both the number of units that can be subsidized and the dollar value of each subsidy.

The estimated annual rent subsidy costs are based on certain assumptions detailed below.

- It is presumed that the Fair Market Rent (FMR) is competitive with available market rents in Jacksonville. Average rents described in the Jacksonville 2000-2005 Consolidated Plan are reasonably close to 2004 FMRs. In addition, the Jacksonville Housing Authority reports a 100% utilization rate for both Project Based and Tenant Based Section 8 vouchers. This suggests that an adequate stock of qualified units with landlords willing to accept Section 8 subsidy is currently available.

- The modeling assumes the use of Project Based Section 8 vouchers issued by the Jacksonville Housing Authority (JHA). Project Based vouchers are those that are committed by a housing authority for specific projects and subsidize the rent of the tenant. JHA has an inventory of approximately 6,000 Section 8 vouchers, of which 14.5% are Project Based and may only be able to project based an additional 330 vouchers because HUD caps a housing authority's ability to project based vouchers at 20% of total voucher inventory. Therefore, because it may not be possible to obtain a total of 235 Project Based vouchers for the non-development approach, it will likely be necessary to secure some "Section 8 Type" vouchers – from sources such as HUD McKinney-Vento Homeless Assistance Programs (Shelter Plus Care and the Supportive Housing Program); to incorporate Section 8 Tenant Based vouchers, or obtain other agency subsidies structured to work in a similar manner. The financing scenarios presented in this plan do not include this possibility.
- The estimated cost of vouchers does not assume any tenant contribution of rent. Experience suggests that most supportive housing tenants—at least initially—have income levels at 10% or below the area median income. Many tenants rely exclusively on public benefit payments. As a result, in calculating the rental subsidy costs for supportive housing, the most conservative assumption about tenant income is used. In reality, some tenants may pay modest rents, which would reduce the cost of the voucher.

Chart 3 details the estimated annual rent subsidy cost of the vouchers by unit size for the two-year goals. Chart 4 shows the estimated annual rent subsidy cost of the vouchers by unit size for the five-year goals.

Development Approach

The production goals in this plan include a total of 565 units developed through new construction or the acquisition and rehabilitation of existing properties. In estimating the cost of new development and acquisition/rehabilitation, the following assumptions were used.

- All debt is structured as 0 percent, non-amortizing, mortgages. Unless subsidized on an annual basis, supportive housing does not typically generate sufficient cash flow to cover debt service costs.
- Affordable Housing Program (AHP) funds are assumed to come largely, but not exclusively, from the Federal Home Loan Bank of Atlanta. Local banks or financial institutions from other regions may provide some support. These funds are assumed at \$5,000 per unit, although some regional banks may routinely make awards at higher levels.
- The cost estimates assume each project features a single housing model. Actual projects may include a mix of individual and family housing in a single building,
- Low Income Housing Tax Credit (LIHTC) equity is calculated to be approximately 45% of the total development cost.
- Single site supportive housing apartments are assumed to be of square footage and include amenities consistent with local market rate units.

- Single site foyer model housing assumes one-bedroom apartments with bath and kitchenette, and common areas within the structure. If the building features congregate eating and bathroom facilities, development costs may be lower.
- Single site Safe Haven housing assumes one-bedroom apartments with bath and kitchenette and common areas – which may accommodate a drop-in center in some cases.

Chart 5 presents a potential capital financing scenario for 80 units of supportive housing over two years and Chart 6 provides this information for 565 units over a five-year period.

Operating Costs for Development Approach

To determine the operating costs of the new supportive housing units in the development approach, certain assumptions were made:

- Project income increases at a slower rate than operating expenses. Rent and subsidies are assumed to increase at two percent per year, while operating expenses increase four percent per year.
- Project expenses exceed income in most supportive housing projects. An individual receiving SSI would typically pay just over \$2,000 annually for an apartment that could cost \$4,000 to operate. Operating subsidies make the project solvent. The underwriting standards of investors and funders, and the potential risk to sponsors of supportive housing projects, often dictate the form of subsidy used. In most cases, only those subsidies guaranteed in writing from reliable sources are accepted, and only for the period specified. This may exclude the use of subsidies that are likely, but not guaranteed for the duration of the project, such as government grants, or short-term Section 8 vouchers and similar rental subsidies.
- The projects included in the development approach assume there is no permanent source of rental subsidy. The projected operating losses cover a 15-year period of time. A deficit operating reserve is established to cover that expense, added to the project's total development cost and financed as a development cost. Thus, no additional subsidies are needed through the project period.

Note that if a project does receive an annual subsidy guarantee that can be underwritten for all or part of the project period the development costs can be reduced by as much as \$30,000 to \$40,000 per unit, depending on the project budget. As an alternative, the savings could be used to extend the affordability period of the project as supportive housing beyond the initial 15 years.

Chart 7 details an operating subsidy financing scenario for the two-year production goals using the development approach and Chart 8 presents the subsidy financing scenario for the five-year development approach.

Economic Impact of Supportive Housing Development

CSH secured the services of Bay Area Economics (BAE) in Berkeley, California to estimate the economic impact of developing 565 supportive housing units. BAE used the RIMS II (Regional Industrial Multiplier System II), an input/output model developed by the Bureau of Economic

Analysis, to estimate the economic impact. **The analysis concluded that the addition of these units would generate between \$38.4 to \$55.4 million in new economic activity. This level of economic activity would translate into \$9.9 to \$14.3 million in earnings among local businesses and residents.** BAE concluded that supportive housing can also have a much broader impact on the local economy. As people move into permanent housing they demand less from public safety and health systems. Furthermore, retail districts can become more vibrant and inviting, and help the community as a whole become more attractive to employers and residents. *See Appendix, Attachment 9, “Economic Impact of Supportive Housing”.*

Service Strategies and Cost Assumptions

Based on knowledge and experience of what service strategies have worked well in other cities, varying levels of services are generally offered to residents and matched to the needs of individuals and families within the context of certain housing models. It should be noted that, in reality, there is a continuum of service strategies ranging from limited to intensive. These “end points” of the service strategy continuum are described briefly below.

Intensive Services

- On-site service provider(s) for single site housing model.
- Service provider(s) makes home visits to scattered site housing as often as necessary.
- Services include access to health and dental care, mental health and substance use treatment, prevocational and vocational services, parenting skills classes, age-appropriate services for children in families, transportation and recreational programs, and services to support housing retention.
- Lead service provider has frequent face-to-face contact, conducts assessment and coordinates all direct services and links to community-based services.
- Residents have 24 hour/7 day per week access to lead service provider/service team.
- Service providers are typically separate (organizationally or structurally) from the housing provider.

Some supportive housing projects serving tenants with the most complex needs use Assertive Community Treatment—ACT teams—or a similar approach. The Florida version of this model is called FACT. ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to tenants who receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. Typically ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation.

Limited services

- Lead service provider completes assessment and provides linkages and referrals to community-based services within 45 days.
- Lead service provider coordinates with another service provider responsible for securing access to rental units.

- Typically, the lead service provider visits the tenant weekly for six months and at less frequent intervals for the remainder of a one-year period to support tenant connections to community-based services.

Chart 9 present estimates for the cost of services for each housing model/service strategy described in the proposed two-year goals. Chart 10 provides the estimates for the five-year goals.

These cost estimates are based on experience with service costs in multiple locations around the country and are provided to illustrate the probable scale of the service costs associated with supportive housing. As with the development estimates, these service cost estimates are based on certain assumptions.

- The cost will vary according to the type and frequency of services provided, with intensive services being the most costly and limited services being the least expensive.
- The cost will vary according to two basic housing models—single site or scattered site—with services delivered to a single site typically less expensive because the service provider may be on site or can serve multiple clients with one trip to the site.
- Service costs will vary depending upon whether the tenant household is a single youth, adult or family, with services to a family typically costing more because each family member receives services.
- These estimates include the value of services that may already exist — such as mental health services currently available and provided to eligible tenants—as well as the cost of services that do not currently exist and will need to be created.
- The service cost estimates are “point in time” and represent the potential total annual cost of services for the units. These estimates do not take into account the reality that both the housing and the services will be phased in over a two or five-year period and that, while some tenants will require on-going services, other tenants may use services intermittently or for a limited time.

Capacity

Currently there are a number of social service organizations and nonprofit housing developers that serve and house homeless persons in Jacksonville and surrounding counties. A limited supply of permanent supportive housing exists and providers are struggling to meet the complex needs of those who have been homeless for the longest period. Other communities committed to ending homelessness have faced similar circumstances and experience suggests that **a systematic, sustained effort to increase the capacity of service providers and housing developers is critical to successful implementation of the Jacksonville Blueprint.** The essential role of property managers must also be acknowledged. Even management companies with affordable housing portfolios will need additional training, tools and support to partner effectively with supportive housing project sponsors.

The Emergency Services and Homeless Coalition, serving as the lead implementation agency for the Blueprint, should move quickly to develop and initiate an organized process for engaging housing developers and service providers to gauge their interest in supportive housing. The current capacity of these organizations to house and serve the high need target population should be assessed. A self-assessment approach, using existing tools adapted to local conditions is recommended. This approach, paired with the provision of skill building sessions, relevant materials including case studies, sample funding applications, project pro formas, procedures and policies can significantly increase both readiness and willingness to house the hardest to serve.

There are several options for achieving an adequate supply of property managers for supportive housing.

- The ESHC should assess the capacity of local property management organizations to provide cost-effective, quality services to the planned supportive housing projects. A self-assessment and skill building process similar to the one for housing developers and service providers, described above, is suggested.
- Provide financial and technical assistance to one or more nonprofits to enable or improve the organizations ability to effectively manage their own properties.
- Seed the creation of one or more new “mission driven” property management companies dedicated to managing supportive housing owned by nonprofits.

While each of these options is likely to require an infusion of initial working capital, this third option would require a public/private partnership to provide capital for start up and fund an operating subsidy to ensure cash flow until the organization has stabilized its operations and is economically self-sustaining.

Once initial assessment and capacity building efforts are underway, the ESHC, drawing on the resources of agencies participating in the implementation collaborative, should develop a plan to ensure that on-going quality technical assistance is made available to developers, property managers, project sponsors, service providers, and landlords. Much of this assistance can be provided by local organizations, using materials and tools developed in other locations and by national organizations including the National Alliance to End Homelessness, The Technical Assistance Collaborative and the Corporation for Supportive Housing. Use of consultants and trainers from other communities and national organizations can complement local expertise. Site visits to successful operational supportive housing projects are very effective for demonstrating practical, nuts and bolts information that can be immediately applied by service providers and sponsors of projects in development or newly opened.

The following types of technical assistance have proven to be necessary and effective in other communities:

- Helping potential sponsors shape the project concept including housing model, service strategy and target tenants.
- Preparing financing models that blend various sources of federal, state, local, and private capital funding sources.
- Helping to identify and secure operating subsidies and sources of funding for the array of supportive services described in this plan.
- Providing advice on locating and securing sites and building community support for site acquisition and development.

- Completing a feasibility analysis of site options: location, size, structure, cost, etc.
- Forging relationships among development team partners.
- Creating a support services plan that addresses the service needs of the high-risk individuals and families that are the targeted tenants of the housing.
- Identifying potential partnerships and negotiating collaborative agreements among key service providers in the community.
- Establishing an effective partnership between the property manager and the primary supportive services provider.
- Orienting key staff on the characteristics and service needs of youth, adults and families who are homeless.
- Specific assistance in designing vocational and employment services that incorporate innovative approaches to quickly connecting tenants to work—including the “standing offer of work” and strategies to build a community culture—“vocalionalize the housing” so that each supportive housing project encourages and supports work for all tenants.

Public Policy Initiatives

The Taskforce to End Homelessness in Jacksonville has identified a number of public policy changes that would make it easier to develop and operate supportive housing for homeless individuals and families with the most complex needs.

Presumptive eligibility for Supplemental Security/Disability Income (SSI/SSDI)

Efforts to secure presumptive SSI/SSDI eligibility for homeless individuals with serious physical and mental health problems should be complemented by a concerted effort to streamline the process and timeline for collecting the documentation necessary to apply for SSI/SSDI. Many homeless people with disabilities are overwhelmed by the application process and not readily able to secure the documentation necessary to support a successful application such as psychiatric treatment records, physical exams etc. In a number of communities around the country, service providers have secured foundation or local government funds to hire “entitlement specialists” who establish positive working relationships with the local Social Security Administration office and organizations serving homeless individuals. These specialists do the legwork to collect the necessary documentation, including taking clients to necessary medical exams or other evaluations. Typically, these specialists set up arrangements with medical and mental health providers who have experience with and are sensitive to the needs of homeless individuals. Some specialists may have legal or advocacy training and are thus able to help the client successfully negotiate the appeal process if their application is initially denied.

Prioritize access to public housing and rental subsidies administered by the Jacksonville Housing Authority

When considering how to prioritize scarce and valuable resources such as public housing or rental subsidy, issues of equity are naturally raised and must be addressed. Additionally, it is important not to inadvertently create “perverse” incentives. For example, establishing a policy that gives homeless families priority to public housing may have the unintended effect of forcing families to become homeless in order to secure decent, affordable housing. The process for establishing priorities for the Jacksonville Housing Authority resources should seek to balance the interests of the different populations who need these resources to achieve housing stability. In some jurisdictions, designating a percentage of the resources to several priority populations,

establishing waiting lists and then using a lottery to actually allocate the resource—a rental voucher or housing unit—achieves this balance. A portion of the resources is then reserved for “non special needs” households who are income eligible for public housing. When crafting this type of approach, it is essential to take into account state and federal fair housing laws and regulations.

Use existing local discretion and flexibility to reduce the number of homeless people barred from public housing or denied rental subsidy due to criminal history, drug usage etc.

The Jacksonville Housing Authority has policies in place—sometimes referred to as “One Strike” policies—that make many homeless individuals ineligible for JHA resources. Under existing law and regulations, JHA has the discretion to allow people with criminal records and/or a history of drug use to live in public housing or receive a rental subsidy—if it can be determined that the individual is engaged in or has completed a relevant treatment program.

Develop and implement discharge planning protocols

One important way to address long-term homelessness is to prevent it from occurring in the first place. It is well documented that individuals exiting correctional facilities, drug treatment programs, psychiatric hospitals and other institutional settings are at high-risk of becoming homeless. Many were in fact homeless prior to entering the institutional setting. Communities around the country are developing and implementing discharge planning protocols with local, state and federal institutions located in their jurisdiction. A first step in this process is to determine which institutions are “discharging to homelessness”. This requires data collection at emergency shelters, day programs, and street outreach programs etc. to ascertain where the homeless person was living prior to becoming homeless. Once the institutions are identified, local officials and service providers can partner with the institution to develop and implement appropriate discharge policies. Resources necessary to implement and monitor effective discharge planning must also be identified and committed. HUD has placed a high priority on the development of discharge planning and CSH currently has a technical assistance contract with HUD to identify and document best practices in this area.

Initial implementation activities

A number of potential tactics are recommended, which are geared to achieve early success and build momentum for Blueprint implementation.

Early impact through targeting

- Develop a plan to identify homeless individuals and families who are frequent users of costly emergency systems—including emergency room, jails, detox centers, mental health crisis services.
- Tailor the first several supportive housing projects to meet the needs of these high cost, high use individuals and establish a process to prioritize their access to the newly created housing.
- Use “pre and post” tracking data to compare the public cost of this initial target group before and after they move into supportive housing and contrast that with the public investment in permanent supportive housing.

Building Community and Political Support

The supportive housing development plan will not move forward without significant community and political support. A variety of tactics should be employed to garner the needed support from different sectors in Jacksonville/Duval County.

- Mount an effort to build citizen understanding and acceptance for the Task Force Blueprint and the proposed supportive housing.
- Design and launch a campaign to engage political, community, religious and business leaders whose support will be needed to bring together sufficient resources and civic energy to advance this plan.
- Devise, implement and maintain a data collection system that tracks local, state and federal expenditures as well as philanthropic investments in the supportive housing development plan in order to demonstrate how local investments leverage other public and private financing. Data on cost avoidance resulting from decreased use of expensive emergency and institutional services should also be captured, compared to the costs for developing and operating supportive housing and published on a regular basis.

Collaborate with the Jacksonville Housing Commission

A review of the Strategic Framework Plan prepared for the Jacksonville Housing Commission suggests a number of ways that the work of the Taskforce to End Homelessness could be integrated into the larger effort envisioned in that plan.

- Emphasize that supportive housing can be a key element of a comprehensive neighborhood revitalization effort. In other communities, when supportive housing was created through new construction or high-quality rehabilitation of a dilapidated property, the project spurred additional development and investment in the neighborhood. Contrary to conventional wisdom, quality supportive housing does not decrease surrounding property values.
- Supportive housing units can be incorporated into mixed income developments, which the plan recommends as a priority. Financing sources available for “homeless” development can be blended with other affordable housing and market rate development funding streams, thereby increasing the total resources available for neighborhood revitalization.
- Supportive housing projects can be designed to include facilities valued by the neighborhood—a child care center, meeting space for youth activities such as the Girl and Boy Scouts, a Workforce Development One-Stop office etc. The Neighborhood Resource Center suggested in the plan could be located on the ground floor of a supportive housing project.
- The housing needs of Jacksonville’s homeless citizens should be taken into consideration when designating the three to five neighborhoods for targeted investment as well as the specific projects selected for development.
- A “supportive housing toolbox” could be developed—to complement the toolboxes described in the plan. This toolbox could include information about financing, developing and

operating supportive housing together with case examples of projects which included supportive housing for homeless or other high risk populations in a mixed income development.

- Link the Commission’s efforts to increase the capacity of Community Housing Development Organizations/Community Development Corporations (CHDO/CDC) organizations with the capacity building work described earlier in this report.
- In partnership with the Jacksonville Housing Commission, develop a “good neighbor” agreement approach—modeled on the successful work done in Columbus, OH—to build community support for siting supportive housing.

Jump start housing developer, property management and service provider interest

The capacity of local housing developers, property managers and services providers to house and serve long term homeless persons is critical to the success of the proposed supportive housing development plan. Four potential tactics for “jumpstarting” this interest are described below.

- Secure philanthropic support to sponsor several tours of successful supportive housing projects, which use a “housing first” approach. Invite emergency shelter operators and their staff and street outreach workers on these tours, which should feature an opportunity to see the actual operations. This can be an effective strategy for overcoming skepticism about whether the “hardest to serve” can be successfully moved directly into housing from the street or a homeless shelter.
- Pair local organizations with a developer, property manager or service provider in another community for mentoring, coaching, encouragement. Use philanthropic funding to pay the “mentor” organization a modest stipend to partially defray staff costs associated with mentoring role. Provide similar financial support to the “mentored” organization, structuring disbursements to specific milestones in their organizational development.
- Secure public and private resources to offer financial incentives to take on the initial projects for the “hardest to serve”. Funds should be for specific uses that can be tied to the risks and costs associated with being “first” and housing/serving long-term homeless persons. Uses could include costs of staff training, staff recognition—movie tickets, a nice dinner, an extra day off, or flexible funds for staff to use for tenant engagement. Consider a “premium” payment per tenant to the project for each street homeless or long term/frequent emergency shelter user housed. Premiums could be calibrated to “degree of difficulty” based on the tenant’s history and length of homelessness.
- Tie Jacksonville Housing Commission operating dollars for Community Housing Development Organizations/Community Development Corporations (CHDO/CDC) organizations to incorporating a percentage of supportive housing units into new projects.

Implementation

The Task Force to End Homelessness has determined that the best organization to lead the implementation of the Blueprint is the Emergency Services and Homeless Coalition of Jacksonville. While lead responsibility for implementation will rest with the ESHC, a

collaborative effort involving the major stakeholders and staffed by ESHC, will develop recommendations to and provide oversight of the this lead organization. Representatives from the City of Jacksonville, Jacksonville Housing Commission, Jacksonville Housing Authority, Jacksonville Children’s Commission, Florida Department of Children and Families, United Way of Northeast Florida, local businesses and corporations, philanthropic organizations, faith based organizations, community groups and formerly homeless persons should be considered for this collaborative. A chairperson of the collaborative should be appointed, i.e., a prominent business leader.

Potential benefits of this collaborative structure for implementation

- The collaborative can serve as an efficient forum for identifying and committing the various sources of funding needed to develop and operate supportive housing, particularly if a single process or “joint application” for all sources of funding is in place.
- The collaborative can establish a uniform set of standards and criteria for supportive housing investment that can assure funders that their resources are being used effectively. In addition, a common set of expectations about projects and sponsors can convey what it will take to develop and operate a project, promoting a consistent level of quality across projects.
- A collective process for assembling information about sponsors and potential projects can streamline the review and assessment of requests for funding.
- The collaborative can attract resources including staff and funding from other nonprofits and government entities interested in investing “wholesale” in a supportive housing development agenda rather than “retail” funding for separate pieces of individual projects.
- The collaborative approach can serve as a forum to identify and address policy and statutory constraints related to using certain funds to support housing development.
- The collaborative can collectively craft and implement an effective outreach, education and public relations strategy to build community support for the supportive housing development agenda.
- The collaborative can introduce standardized data collection to support fiscal monitoring, reporting to federal, state and local funders as well as the evaluation of the impact of the supportive housing projects developed.

Conclusion

The *Blueprint to End Homelessness* lays out an agenda that is based on a “Housing First” approach to keep people who are at risk of homelessness in their homes, and to quickly move people who become homeless into housing and back into the community. The plan identifies the creation of 800 units of supportive housing over the next five years and other strategies. The plan is ambitious but achievable. The estimated cost is significant and emphasizes shifting the way we spend our money rather than increasing the money we spend. The leadership—public and private sector—required to implement the changes recommended in this plan must be committed, courageous and sustained. While the cost and commitment required to move forward

may seem daunting, it is important to remember the cost of the status quo. A conservative estimate of the cost of homelessness for one year in Jacksonville is \$35,210,878. The current approach to homelessness in Jacksonville is costly and providing very poor results. Evidence is mounting from around the country that a Housing First approach, including the provision of supportive housing, is a cost effective, successful intervention that can prevent and end homelessness, providing a much better return on the investment of local, state, federal and philanthropic dollars.

Through decisive and systematic implementation of this plan, Jacksonville can become a community in which individuals and families are not forced into homelessness. It can be a city in which our streets do not become “home” to individuals who are mentally ill and/or substance addicted. Business, entertainment and residential districts can be vibrant and inviting because residents perceive them as safe and clean. Our jails, emergency rooms and treatment services can reverse the trend of increasing demand on their costly systems, thus allowing them to invest their scarce resources in more effective ways. Children will perform better in school because their families are living in a safe, decent and stable home.

Credits and Acknowledgement

Funding for this project was provided by the United Way of Northeast Florida, Jessie Ball duPont Fund, the Florida Department of Children and Families, the Weaver Family Foundation and the Laurie DuBow Family Foundation. Leadership was provided by William E. Scheu, Task Force Chairman. The Emergency Services and Homeless Coalition and Blueprint Task Force appreciate their valuable contribution to this monumental effort, and the visionary leadership exemplified by their investment in this plan to end homelessness in our community.

The project was made possible with the consultation and support provided by the Corporation for Supportive Housing and Performance Consulting. Appreciation is expressed to Ann O'Reilly, Steve Thomas and the numerous staff members of the Corporation for Supportive Housing that provided the knowledge, expertise, guidance and inspiration to the staff and Task Force members. The expertise and skill of Jim Dixon with Performance Consulting enabled the work of the Task Force to stay on task and on time.

The time, expertise and information provided by the Task Force and Workgroup members was the significant element that made this process one that resulted in a Blueprint that will guide the direction of the community and its leadership in the decade ahead. The contribution of the more than fifty Task Force and Workgroup members is appreciated.

Thanks to Mr. David DePhillips for the photographs on the cover and to the I. M. Sulzbacher Center for the Homeless for the photographs that appear in the body of this report.

For information, contact:

Wanda Lanier, Executive Director
Emergency Services and Homeless Coalition of Jacksonville
900 University Blvd. N., Suite 405
Jacksonville, FL 32211
(904) 247-5112
wandalanier@bellsouth.net

William (Bill) Scheu, Task Force Chairman
Attorney, Rogers Towers
(904) 398-3911

I.

ATTACHMENTS

Blueprint Task Force Members

- ❖ **William (Bill) Scheu, Chair** – Attorney, Rogers Towers
- ❖ **Charles Allen** – Formerly homeless
- ❖ **Gordon Bass** – Director, Department of Corrections, Jacksonville Sheriff’s Office
- ❖ **Jeanette Ghioto** – Director of Development, Catholic Charities Bureau
- ❖ **Bill Beitz** – Executive Director, Catholic Charities Bureau
- ❖ **Sherry Burns** – President, I.M. Sulzbacher Center for the Homeless
- ❖ **Laurie DuBow** – HMS Sales & Marketing, Inc.
- ❖ **John Edwards, Vice Chair** – Executive Director, Northeast Florida Community Action Agency
- ❖ **Ronnie Ferguson** – Director, Jacksonville Housing Authority
- ❖ **Rev. Dr. Gabe Goodman** – Member, Beaches Ministerial Association
- ❖ **Barbara Harrell** – Commission member, Jacksonville Housing Commission
- ❖ **Connie Hodges** – President, United Way of Northeast Florida
- ❖ **Councilman Kevin Hyde** – Group Four Councilman at Large, Jacksonville City Council
- ❖ **Rev. Pete Jackson** – Chief Community Officer, Mayor’s Office, City of Jacksonville
- ❖ **Linda Lanier** – Executive Director, Jacksonville Children’s Commission
- ❖ **Wally Lee** – President, Jacksonville Regional Chamber of Commerce
- ❖ **Terry Lorraine** – Executive Director, Downtown Vision, Inc.
- ❖ **Audrey Moran** – Attorney, Moran Mediation and Litigation Group
- ❖ **Kristen Packard** – President, Packard Consulting
- ❖ **Jeff Quaritius** – Managing Director, Wachovia Bank Wealth Management

- ❖ **Jim Stivers/Joe Infantino** – Program Manager, Alcohol, Drug Abuse and Mental Health Program, Florida Department of Children and Families
- ❖ **Brad Thoburn** – Director of State and Federal Affairs, Mayor’s office, City of Jacksonville
- ❖ **Dr. Delphia Williams** – Director, City of Jacksonville Community Services Department
- ❖ **Sidney Simmons** – Chairman, Emergency Services and Homeless Coalition
- ❖ **Wanda Lanier** (staff) – Executive Director, Emergency Services and Homeless Coalition

Blueprint Work Group Members

- ❖ **Jeanette Ghioto*** – *Co-Chair, Prevention Workgroup*
Development Director, Catholic Charities Bureau
- ❖ **Jeff Quaritius*** - *Co-Chair, Prevention Workgroup*
Managing Director, Wachovia Bank Wealth Management
- ❖ **Gordon Bass*** - *Chair, Chronic Homeless Workgroup*
Director, Department of Corrections, Jacksonville Sheriff’s Office
- ❖ **Dr. Delphia Williams*** - *Co-Chair, Temporary Homeless Workgroup*
Director, City of Jacksonville Community Services Department
- ❖ **Ronnie Ferguson*** - *Co-Chair, Temporary Homeless Workgroup*
Director, Jacksonville Housing Authority
- ❖ **Bill Beitz*** - Executive Director, Catholic Charities Bureau
- ❖ **Rev. Pete Jackson*** - Chief Community Officer, Mayor’s Office, City of Jacksonville
- ❖ **Ju’Coby Pittman-Peele** - Executive Director, Clara White Mission
- ❖ **Pat Heinrichs** – Family Support Services
- ❖ **Yvette Jones** – Florida Department of Children and Families
- ❖ **Michael Figgins** – Executive Director, Jacksonville Area legal Aid
- ❖ **Lois Chepenik** – Executive Director, 21st Century Challenge
- ❖ **Stephanie Sloan-Butler** - Chief, Department of Corrections, Jacksonville Sheriff’s Office
- ❖ **Rhonda Poirier, PhD.** – President, JaxCare
- ❖ **Iris Young** - Executive Director, Jewish Family and Community Services

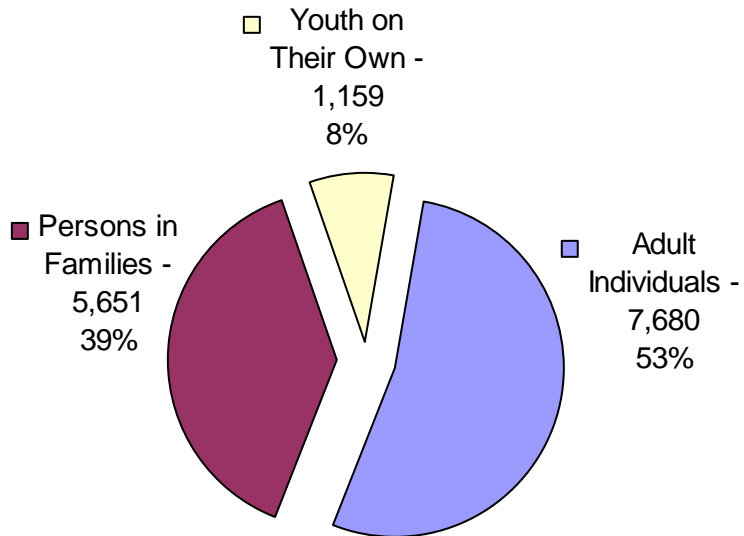
- ❖ **Ruth Ann Hepler** – Office of Public Defender
- ❖ **Kristen Packard*** - President, Packard Consulting
- ❖ **Sidney Simmons*** - Attorney, Stoneburner, Berry and Simmons
- ❖ **Connie Hodges*** - President, United Way of Northeast Florida
- ❖ **Deborah Young** - Individual
- ❖ **Rev. Dr. Gabe Goodman*** - Member, Beaches Ministerial Association
- ❖ **Brad Thoburn*** - Director of State and Federal Affairs, Mayor's office, City of Jacksonville
- ❖ **Patrick Hayle** - Executive Director, City Rescue Mission
- ❖ **Tom Joyner** - Chief, City of Jacksonville Mental Health and Welfare Division
- ❖ **Terry Lorraine*** - Executive Director, Downtown Vision, Inc.
- ❖ **Mary-Parker Lamm** - Executive Director, Families First
- ❖ **Gene Costlow** - Florida Department of Children & Families, Alcohol, Drug Abuse and Mental Health Program Office
- ❖ **Randy Jennings** – Senior Vice President, Operations, Gateway Community Services
- ❖ **Shannon Nazworth** - Executive Director, Grove House
- ❖ **Sherry Burns*** - President, I.M. Sulzbacher Center for the Homeless
- ❖ **Fred Sarkees** - Mental Health Resource Center
- ❖ **Lawrence Dubow*** - HMS Sales & Marketing, Inc.
- ❖ **Vicki Hitzing** – Director of Program Development and Corporate Compliance, River Region Human Services
- ❖ **Charles Allen*** - Individual
- ❖ **Barbara Harrell*** - Commission member, Jacksonville Housing Commission
- ❖ **Janice Ancrum** – Associate Director, Community Connections of Jacksonville
- ❖ **Jim Stivers** – Substance Abuse and Mental Health Program Administrator, Florida Department of Children and Families
- ❖ **Joe Infantino** – Substance Abuse and Mental Health Operations Manager, Florida Department of Children and Families
- ❖ **Jim Wadsworth** – Vice President, Workforce Development, Goodwill of North Florida
- ❖ **Linda Lanier*** - Executive Director, Jacksonville Children's Commission
- ❖ **Joni Foster** - Executive Director, Local Initiatives Support Corporation
- ❖ **Jan Flager** - Executive Director, Mission House

Attachment 1

- ❖ **John Edwards*** - Executive Director, Northeast Florida Community Action Agency
- ❖ **Maj. James Seiler** – Area Commander, The Salvation Army, Northeast Florida Area Command
- ❖ **Rev. Gene Pruett** - Executive Director, Trinity Rescue Mission
- ❖ **Charles Mims** - Individual
- ❖ **Joe Snowberger** – Individual
- ❖ **Mindy Middleton** – Prevention Case Manager, JASMYN

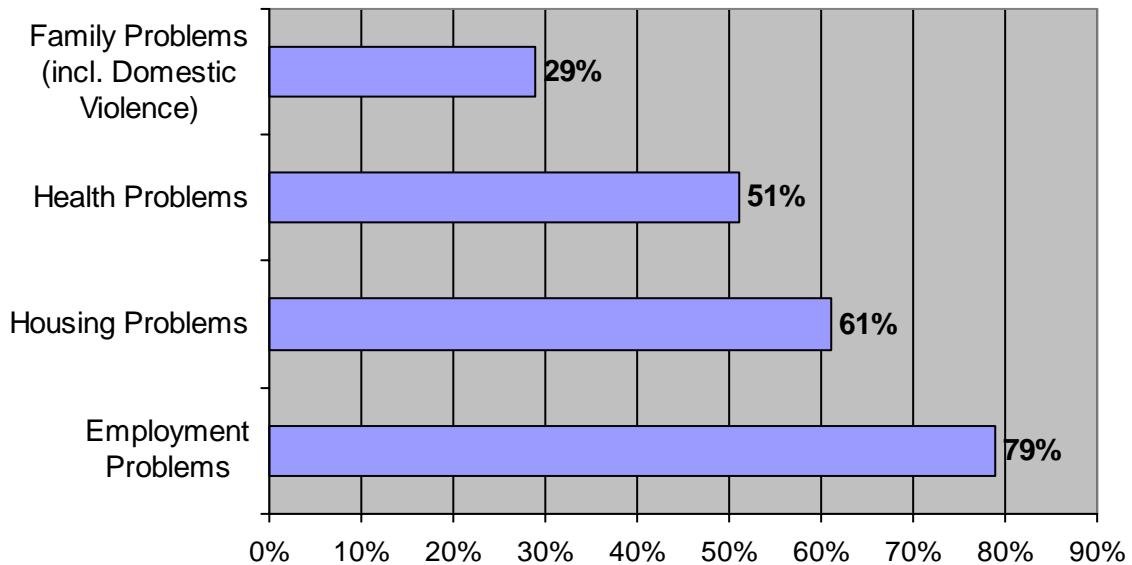
Composition of Homeless Population Duval County 2002

Children and Youth represent
25% of Total Population



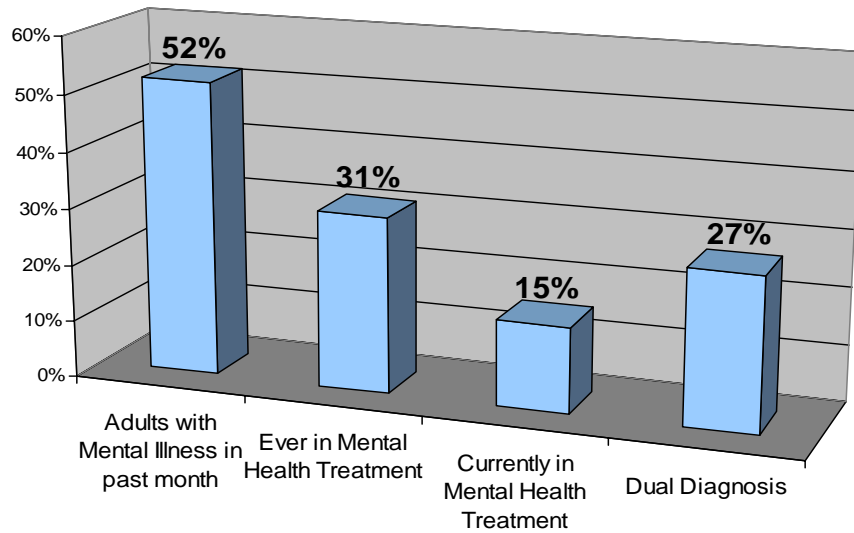
Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

Causes of Homelessness



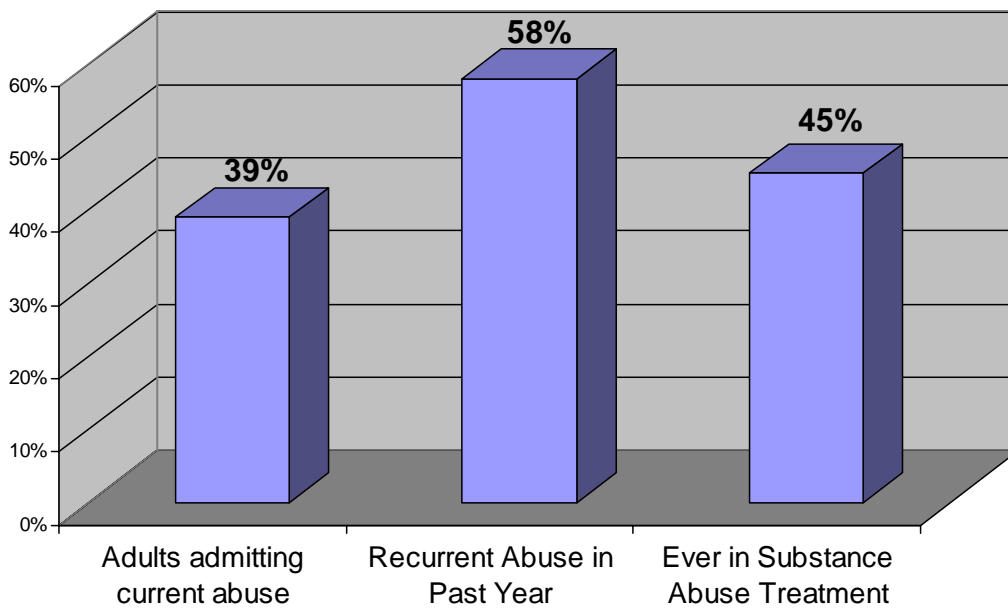
Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

Mental Illness



Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

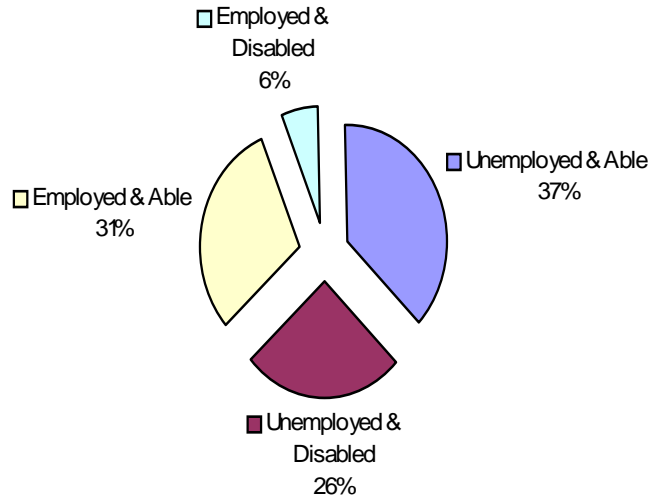
Substance Abuse



Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

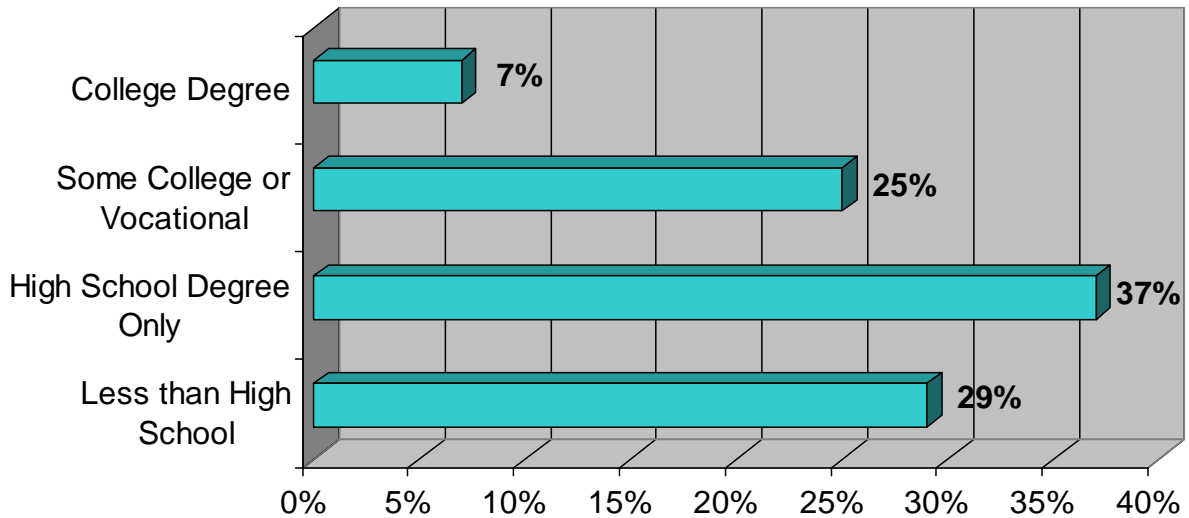
Disability

31% of all respondents report being disabled



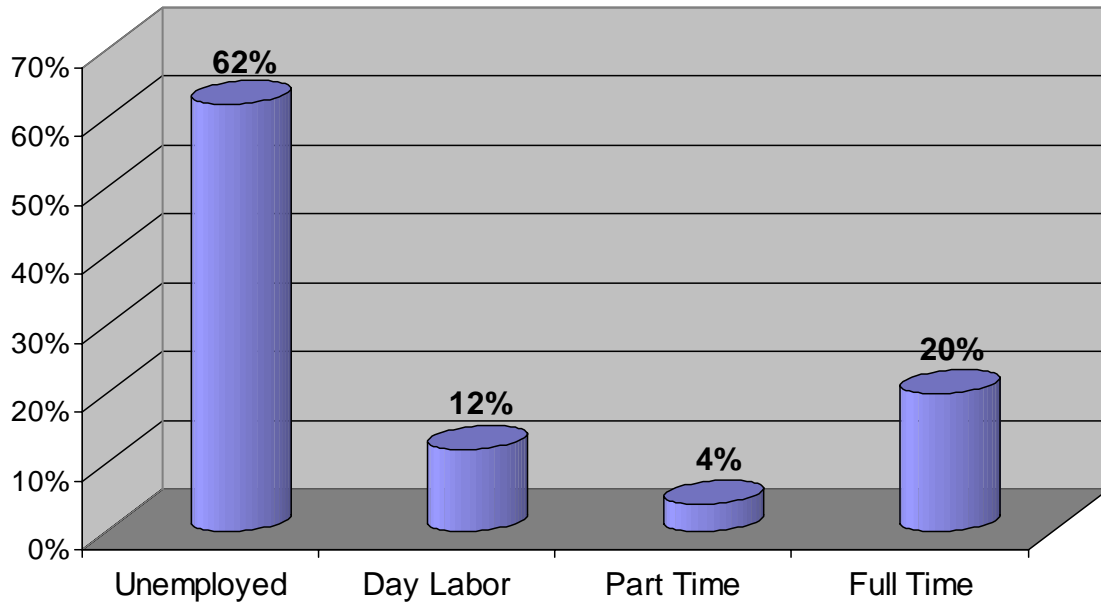
Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

Level of Education



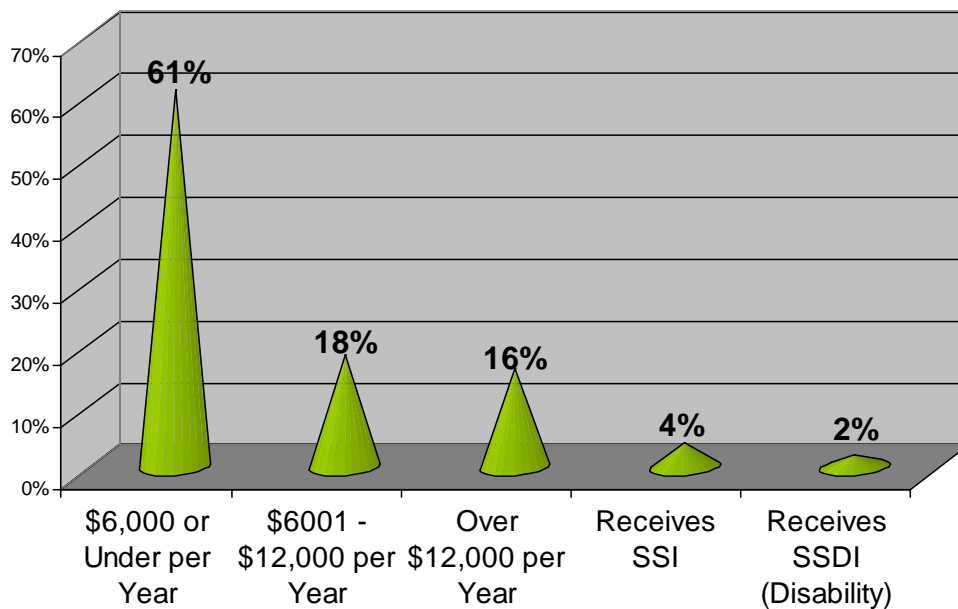
Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

Employment History



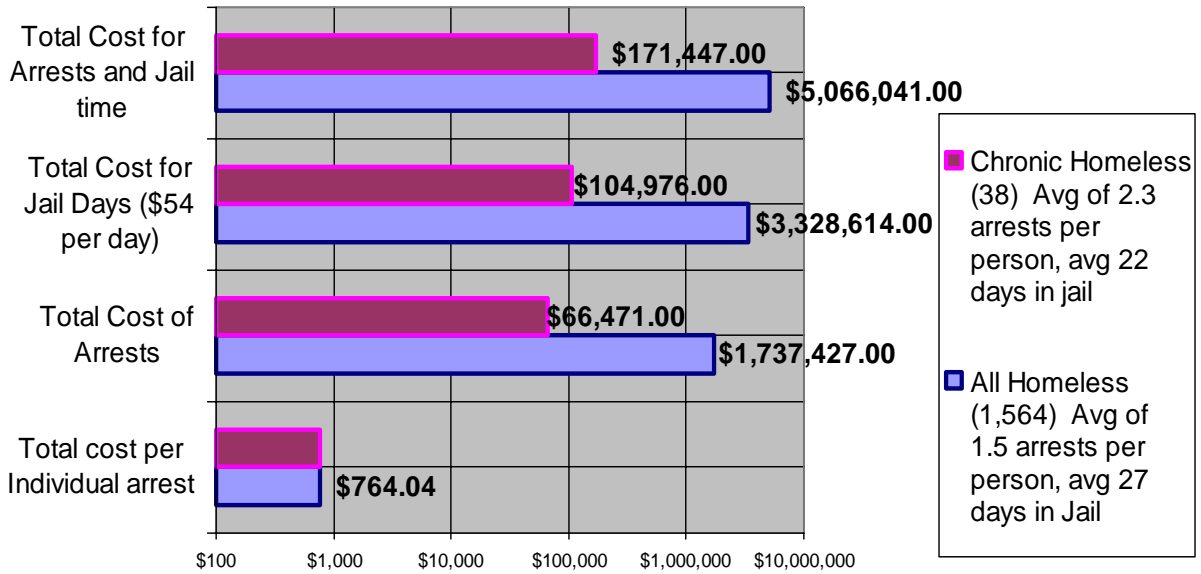
Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

Income



Source: Census and Survey of Jacksonville/Duval County's Homeless Population, 2002

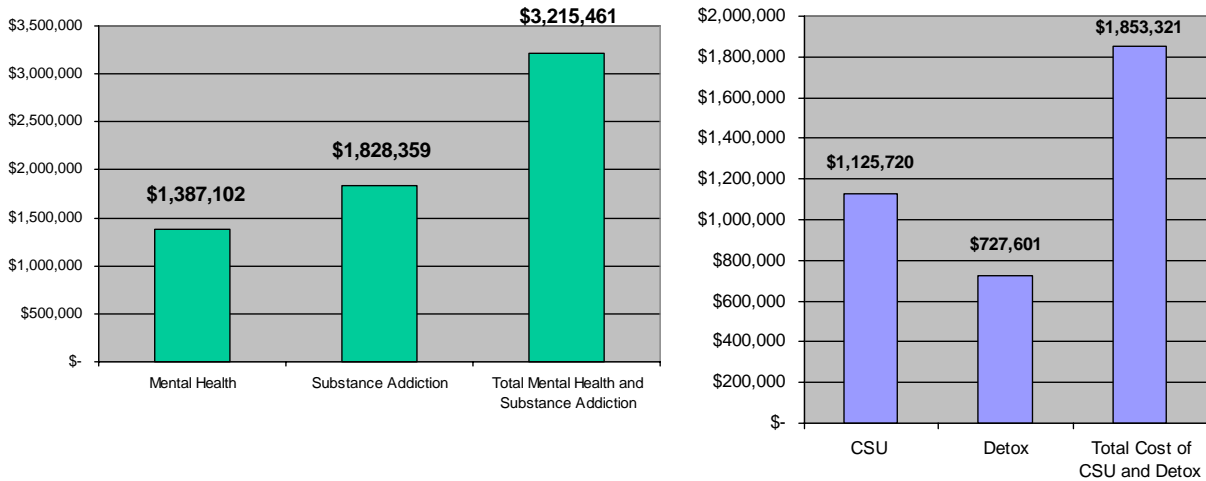
Duval County Jail Costs over a 12-Month Period



Top Three Arrest Charges: Trespassing, use of drugs or possession with intent to use, petit theft
 Total Jail Costs, All Homeless \$5,066,041

Source: Jacksonville Sheriff's Office

Adult Mental Health & Substance Addiction Services All Homeless (12 Months)



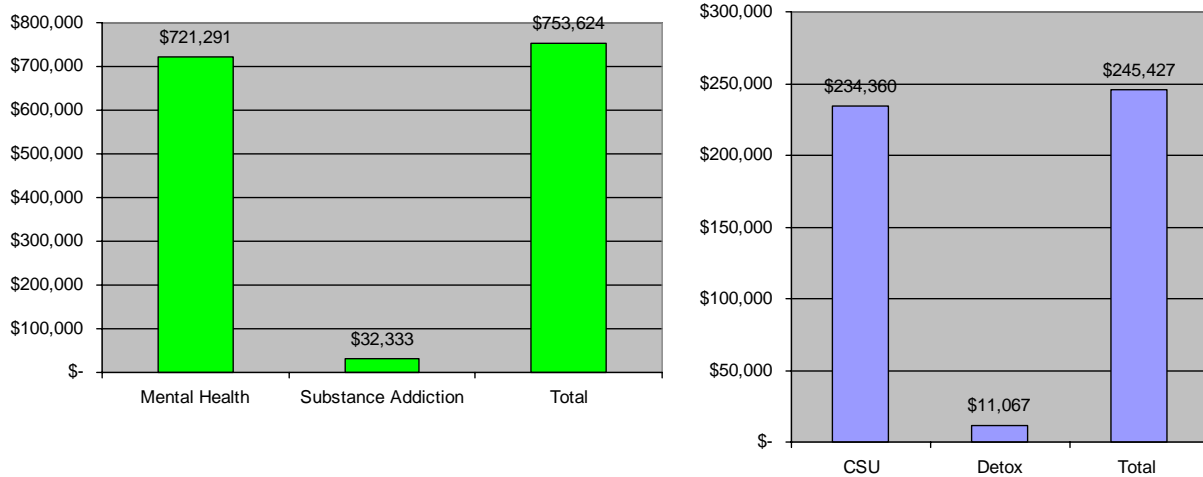
N=1,285 MH / 1,877 SA

Total Cost of Crisis Stabilization Unit (CSU)/Detoxification Services = 58% of Total Mental Health and Substance Addiction costs

CSU = \$350 per day; Detox = \$217 per day

Source: Florida Department of Children and Families Alcohol, Drug Abuse, Mental Health Program Office, District IV

Adult Mental Health & Substance Addiction Services For Chronic Homeless (12 Months)

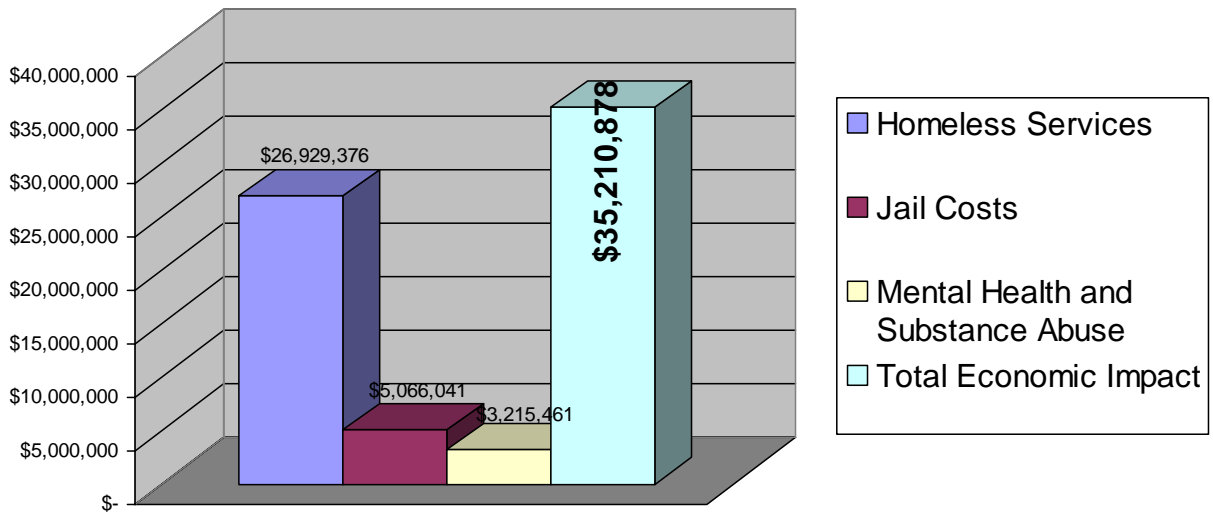


N=38

Total Cost of CSU/Detox = 33% of Total Mental Health and Substance Addiction costs

Source: Florida Department of Children and Families Alcohol, Drug Abuse, Mental Health Program Office, District IV

Total Economic Impact of Homelessness



John: 35 year old chronically homeless male, with bi-polar disorder and alcoholism

Admitted to CSU @ Mental Health Center of Jacksonville for 5 days	Shands ER for back injury working day labor	Attempted suicide; found unconscious on sidewalk. Jax Fire & Rescue resuscitated ; transported to Shands ER. In ICU for 3 days.	Feb. 24	Feb. 27	March 3	March 7	June 9	June 14	June 16	June 19	July 27
\$2,000	\$1,200	\$15,315	\$2,000	\$5,660	\$154	\$3,200	\$90	\$10,706	\$1,620	\$1,600	
<p>Crisis Stabilization Unit (CSU) = \$400 per day Emergency Room = \$1,200 per visit Jail = \$800 per arrest/\$54 per day for jail Emergency Rescue = \$456 per incident Intensive Care Unit (ICU) = \$4,953 per day Emergency Shelter = \$22 per night</p> <p>Total cost for John for 7 months = \$43,545 Total cost of Permanent Supportive Housing for 12 months (rental subsidy & intensive supportive services) = \$18,732 Cost of 365 nights of shelter with limited supportive services (Sulzbacher Center) @ \$22 per night = \$8,030 Total Cost to BUILD a permanent housing unit (1 BR) = \$90,000</p>											

WHAT IS THE CORPORATION *for* SUPPORTIVE HOUSING?

HISTORY

Founded in 1991, the Corporation for Supportive Housing (CSH) is a national Financial and technical assistance intermediary dedicated to helping nonprofit organizations develop and operate service-enriched permanent housing for homeless and at-risk families and individuals with special needs, including mental illness, HIV/AIDS and substance abuse issues. CSH currently carries out its programs in ten states and localities with offices in: California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York City, Ohio and Rhode Island. As a local intermediary, CSH convenes community-based stakeholders, brings relevant research and data to the table, works with networks of providers and government from planning through implementation and makes grants and loans. Its goals are to expand the supply of supportive housing, build new constituencies and local capacity for reform, help networks take advantage of funding opportunities, and provide assessment of the efficacy of new initiatives.

MISSION

Help communities prevent and end homelessness for the most vulnerable and marginalized people in this country by expanding the supply of supportive housing.

WHAT IS SUPPORTIVE HOUSING? WHO LIVES THERE?

Supportive housing is a successful and cost-effective combination of affordable housing with services that help people live more stable and productive lives. Supportive housing works well for people who face the most complex challenges – individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance abuse, mental illness and HIV/AIDS.

VISION AND ROLE

CSH strives for a day when homelessness is no longer a routine occurrence and supportive housing is an accepted, understood, and easy-to-develop response. In coordination with broader national efforts to end homelessness, CSH will help communities create 150,000 units of supportive housing during the next decade. To reach this goal, CSH will provide direct assistance to community-based nonprofit organizations, government agencies and others working to create supportive housing.

In the next ten years, CSH will help to create more supportive housing nationwide by:

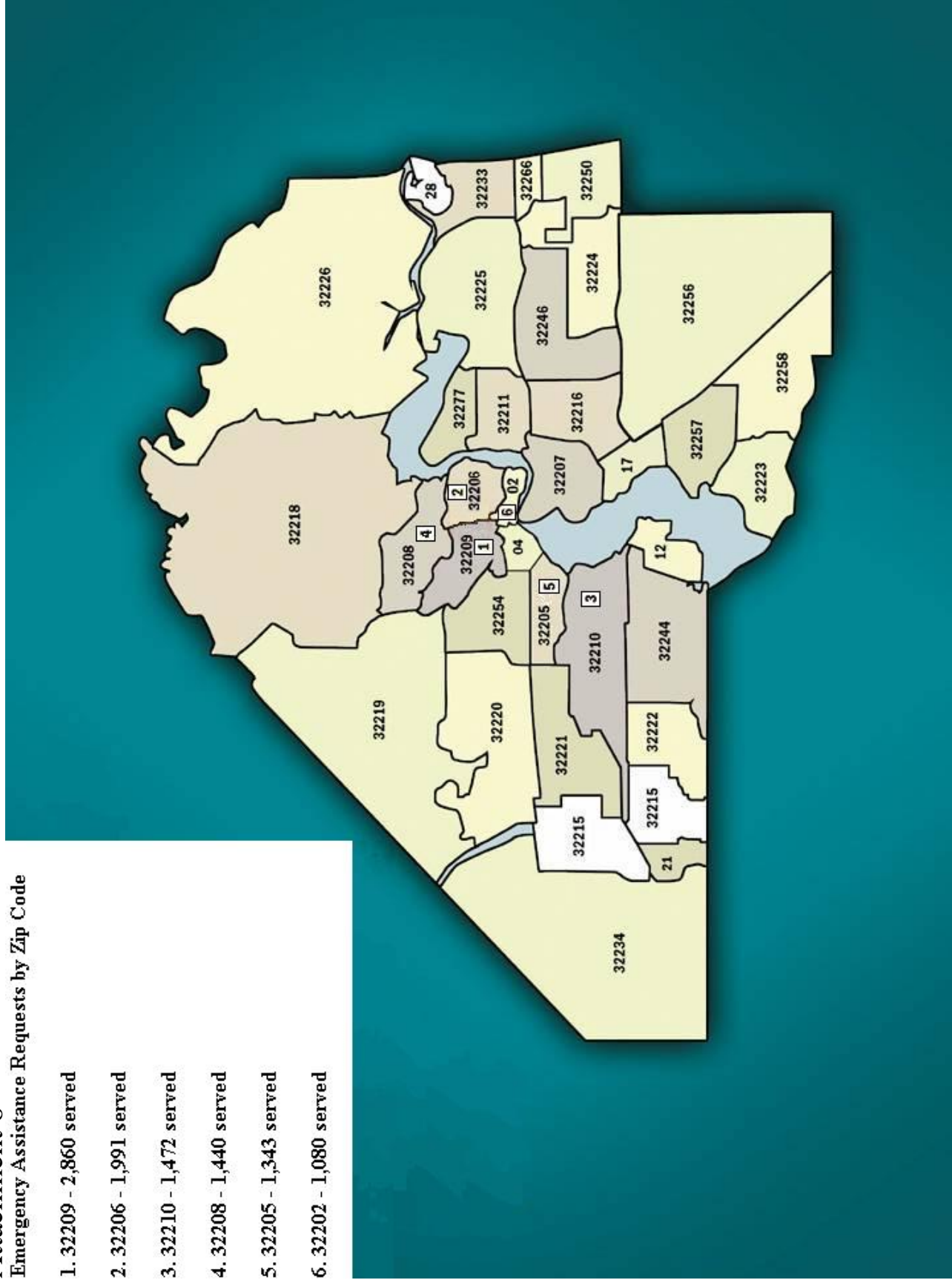
- Building political will for policy reforms and coordinated systems that make supportive housing easier to develop and operate.
- Providing financial and technical assistance to our partners to expand the supply, availability, and variety of supportive housing.
- Enhancing the supportive housing industry's skills and knowledge, so that the field has a greater capacity to deliver high-quality housing and services over the long term.
- Documenting and publicizing supportive housing's positive impacts on tenants, communities and neighborhoods, as well as how it effectively uses public resources.

STATISTICS

With ten offices around the country and a staff of about 100, CSH has, to date, worked with a network of nonprofit partners across the country by assisting in the various stages of development of over 9,000 supportive apartments, with over 8,000 more in the current pipeline. As of June 30, 2001, CSH had invested more than \$50.5 million in these nonprofit community-based partners to help them develop more, and better, supportive housing for homeless and disabled people. In addition, CSH, working with the National Equity Fund, has funneled more than \$216 million in corporate investment into 62 projects encompassing some 4,917 units through tax syndication programs.

Attachment 6 Emergency Assistance Requests by Zip Code

1. 32209 - 2,860 served
2. 32206 - 1,991 served
3. 32210 - 1,472 served
4. 32208 - 1,440 served
5. 32205 - 1,343 served
6. 32202 - 1,080 served



Initiative: *Blueprint to end Homelessness in Northeast Florida*

Prevention

Goal(s):	Objective(s):	Action Steps	Timeline	Responsible Entity
<p><i>Prevent individuals and families from becoming homeless</i></p>	<p><i>Ensure timely access to resources that will enable them to maintain or obtain affordable, decent housing.</i></p>	<p><i>For Families in Crisis</i></p> <ol style="list-style-type: none"> 1. Develop a uniform screening “intake” / assessment tool to be used by all service providers. This tool will be based on housing barriers, and households will be prioritized based on greatest barriers/risks. 2. Establish lead service entities (“hubs”) that serve as a first point of contact, a care manager and a resource to link households to community and mainstream resources. <i>The Network of Care</i> program developed by Catholic Charities Bureau would serve as the model for care management. 3. Develop a coordinated grass roots/neighborhood effort that leverages faith-based and community based organizations (“satellites”), based on the St. Vincent DePaul Society model. Use existing neighborhood initiatives, i.e., Parenting Partners, Neighborhood Partnership for Protection of Children, Literacy Initiatives and Full Service Schools. Target neighborhoods in zip code areas with the greatest need. 	<p>4/05</p> <p>7/05 12/05 – Housing Resource Center</p> <p>6/05 – Identify 3-4 targeted neighbor- hoods</p>	<p>Emergency Services and Homeless Coalition (ESHC) with Catholic Charities, Jewish Family & Community Services, City Mental Health & Welfare Division, NFCAA. Consult with Minneapolis program</p> <p>ESHC – Requests for Qualifications to determine lead entities</p> <p>ESHC with these partner organizations</p>

<p><i>Prevent individuals and families from becoming homeless</i></p>	<p><i>Ensure timely access to resources that will enable them to maintain or obtain affordable, decent housing</i></p>	<p>4. Coordinate and strengthen existing informal system of neighborhood and faith-based organizations. Provide training to staff/volunteers and connect them with the formal “hub” emergency service agencies. Develop a training guide or “handbook” for neighborhood and faith-based organizations to use for their staff and volunteers.</p> <p><i>For Families in Crisis, continued</i></p> <p>5. Develop a voucher system to serve as security deposits required by landlords to ensure that tenants are not wrongfully denied deposits when leaving housing.</p> <ol style="list-style-type: none"> One person per agency serves as the escrow agent Sponsor city of Jax legislation to establish Secure funding to reinforce the voucher. <p>6. Provide sufficient emergency financial assistance to stabilize families. Assistance can include 1 – 6 months rent/mortgage assistance, utility assistance, security deposits.</p> <p>7. Legal intervention will be provided as necessary to prevent eviction - informally through the neighborhood/faith-based organizations (i.e., by congregation members), and formally through Jacksonville Area Legal Aid (JALA). JALA will provide education and advocacy to tenants who have been wrongfully denied security deposits.</p> <p>8. Develop a community awareness/education campaign regarding JEA Neighbor to Neighbor program, as well as Beaches and Clay County utility assistance programs, to raise additional funding for utility assistance.</p>	<p>7/06 – expand to at least 1 additional neighborhood each year thereafter</p> <p>12/05</p> <p>7/05</p> <p>9/05</p> <p>6/05</p>	<p>ESHC</p> <p>ESHC with Jacksonville Area Legal Aid</p> <p>ESHC and funders (United Way, City, DCF) – evaluate how current funds are spend and determine how funds can be shifted, restrictions altered</p> <p>Lead and satellite agencies; Jacksonville Area Legal Aid.</p> <p>JEA – PSA’s on TV, radio, JTA buses, billboards Beaches & Clay County utility companies</p>
--	--	--	--	--

Initiative: Blueprint to end Homelessness in Northeast Florida

Prevention

<p>Prevent individuals and families from becoming homeless</p> <p><i>Ensure timely access to resources that will enable them to maintain or obtain affordable, decent housing</i></p>	<p>9. Expand the Prosperity Campaign to educate low-income households regarding the Earned Income Tax Credit; include financial counseling</p>	<p>1 – 4/05 1st quarter of each year</p>	<p>Prosperity Campaign</p>
	<p>For Institutionalized Persons</p> <p>1. The uniform screening/assessment tool will be used within 1-3 days of short-term institutionalization</p>	<p>Timeline 4/05</p>	<p>Responsible Entity Who to coordinate with Duval County jails, Mental Health Resource Center, Public Defender?</p>
	<p>2. An independent entity/program (i.e., Housing Resource Center) will complete and assess housing needs and support services needs. Coordinate efforts with Jail Link program with the Jacksonville Sheriff’s Office.</p>	<p>7 – 12/05</p>	<p>Housing Resource Center</p>
	<p>3. The Housing Resource entity staff will develop a plan and coordinate services and housing placement.</p>		
	<p>4. Provide 1- 3 months rent assistance/ security deposits, furniture, etc. Link to Jacksonville Reentry Program for ex-offenders.</p>		
	<p>5. For long-term institutionalized persons, Housing Resource Center staff will meet with county corrections inmates 3 months prior to release (coordinate with CCHIPS program). For state correctional inmates & patients of Northeast Florida State Hospital, the Housing Resource Center will serve as the first point of contact. Coordination will occur with state corrections and mental hospital to request that housing plan be developed within 6 months of release. For sex-offenders, identify housing options.</p>		

<p><i>Ensure timely access to resources that will enable them to maintain or obtain affordable, decent housing</i></p>	<p>6. The Housing Resource Center staff will identify and cultivates relationships with property managers who will be willing to accept jail/prison releases, including sex offenders.</p> <p>7. Resources/services may be provided to families for up to 1 year (impacted because head of household is institutionalized), based on needs identified through uniform housing assessment tool.</p>	<p>Housing Resource Center</p>
<p>Prevent individuals and families from becoming homeless</p>	<p>For Institutionalized Persons, continued</p> <p>8. The Jacksonville Housing Authority will activate its preference for homeless persons. It is recommended that a waiver of the “one strike and you are out” policy be granted to allow housing opportunity for persons who can demonstrate completion of treatment programs and/or adequate support system.</p> <p>For Youth Aging out of Foster Care</p> <ol style="list-style-type: none"> 1. Develop safe, secure, low demand housing, i.e., foyer model, or community setting with supports. 2. Screen at least 6 months prior to discharge (age 18 is automatic discharge) and develop housing plan for transition to community, using the uniform assessment tool. 3. Follow up care will be provided by Family Support Services up to age 23. 	<p>Jacksonville Housing Authority – preference for homeless families with supports exists, can be activated</p> <p>ESHC, DCF, Family Support Services</p> <p>Housing Resource Center</p> <p>Family Support Services</p>
<p>Policy considerations:</p> <ol style="list-style-type: none"> 1. Funders must be flexible with funding to allow assistance to be tailored to meet client needs, not established caps. May need to “pool” funding with Housing Resource Center and/or lead entities to piece assistance together from funding sources with regulatory restrictions. 2. All participating entities must be networked through Northeast Florida Information Network (NEFIN) to ensure accurate data collection, avoid duplication. 3. Assistance must be based on level of need, not “first come first serve”. 4. Lead entities, satellites, Housing Resource Center, must allow for walk-in clients. 5. Outlying counties should contribute financially to fund assistance to their residents 	<p>1/06</p>	<p>1/06</p>

Policy considerations:

1. The success of the Blueprint strategies is dependent on the availability of affordable, safe, decent housing in neighborhoods throughout Duval & Clay counties – that is also in proximity to decent jobs and public transportation. Policies must be implemented at the local and state level that encourage private developers to build housing targeted at the very low-income population.
 2. Consider coordination of the existing staff who are employed by existing programs/agencies and whose job responsibilities include placement of homeless persons into housing.
 4. Involve Clay, Nassau and Baker Counties officials to ensure that their residents are assisted through locally-generated sources.
 5. Local residents should be given priority for services.
 6. Implement protocols that will avoid the unintended consequence of people becoming homeless in order to obtain affordable housing.
-

Goal(s):	Objective(s):	Action Steps	Timeline	Responsible Entity
<p>Stabilize persons who are long-term or chronically or long-term homeless</p>	<p><i>Ensure timely access to appropriate permanent supportive housing; and to income sources through public benefits programs and employment.</i></p>	<p>8. Develop, acquire sufficient supportive housing over 5-10 years</p> <ul style="list-style-type: none"> a. 145 units in two years as identified in Supportive Housing development plan. b. 800 units in 5 years as identified in Supportive Housing development plan. c. 2300 units in 10 years. d. Current & potential providers will be trained on the types of supportive service strategies to which chronically homeless persons respond best. Separation of services and housing will be the preferred strategy. e. Provide training & technical assistance to nonprofit organizations to build capacity for housing development, targeting very low-income persons. f. Implement a protocol and educational plan that will increase neighborhood and community support of supportive housing development. 	<p>By 7/07</p> <p>By 7/12</p> <p>By 7/15</p> <p>2/05 – 12/05</p> <p>1/05 – 12/06</p> <p>4/05</p>	<p>Emergency Services and Homeless Coalition (ESHC) will be the lead entity to oversee implementation of the development plan. A “Funders Consortium” or collaborative will be established to ensure implementation of the plan and address barriers, oversee quality of the housing and services. Consortium to include, but not limited to, Jacksonville Housing Commission, City of Jacksonville Planning & Development Department, Florida Department of Children & Families, LISC, United Way, Jacksonville Housing Authority.</p> <p>Local Initiatives Support Corporation (LISC), Corporation for Supportive Housing</p> <p>ESHC</p>

Initiative: Blueprint to end Homelessness in Northeast Florida

Chronic Homeless

<i>Stabilize persons who are chronically or long-term homeless</i>	<i>Ensure timely access to appropriate permanent supportive housing; and to income sources through public benefits programs and employment.</i>	<p>9. Initiate public policy changes regarding the chronically homeless population</p> <ul style="list-style-type: none"> a. Implement incentives to encourage developers to build very low income housing, e.g., density bonuses and inclusionary zoning. b. Develop and implement an SSI outreach project in which the Social Security Administration will implement a Presumptive eligibility policy to expedite income benefits for mentally disabled persons. c. Encourage the Jacksonville Housing Authority to reconsider its policies that primarily affect chronically homeless persons with criminal records. d. Reinforce/support the ESHC request for Shands to change policies regarding primary care services based on continuous residency at one address. e. Request Jacksonville Housing Commission to increase funding to support a full continuum of affordable housing development. f. Mental Health and substance addiction treatment services will be prioritized for chronically homeless population. Treatment Case Managers will coordinate with Housing Resource Center upon client's entrance in treatment, based on uniform housing assessment. Treatment plan must identify housing placement upon discharge. 	Timeline	Responsible Entity
			1/06	City of Jacksonville – Planning and Zoning Department, Jacksonville City Council
			In progress – by 1/05	ESH, SSA, Jacksonville Area Legal Aid, DCF, Agency for Health Care Administration and other partners.
			1/05	Task Force, Jacksonville Housing Authority
			In progress	ESH, Jacksonville City Council
			6/05	City of Jacksonville, Jacksonville Housing Commission
			12/05	Florida Department of Children and Families, City of Jacksonville Mental Health and Welfare Division. -Gateway Community Services -River Region Human Services -Mental Health Resource Center

Initiative: Blueprint to end Homelessness in Northeast Florida

Chronic Homeless

<p><i>Stabilize persons who are chronically or long-term homeless</i></p>	<p><i>Ensure timely access to appropriate housing; and to income sources through public benefits programs and employment.</i></p>	<p>10. Build coordinated program of engagement and outreach a. Provide an initial focus (at least first two years) on seriously mentally ill and chronically drug addicted persons who are long-term or repeatedly homeless persons. Develop a Safe Haven project to target this population to provide a safe, low demand environment</p>	<p>By 7/07</p>	<p>ESHC to identify through Request for Qualifications or Proposal</p>
		<p>b. Develop an alliance with those most affected by this visible population, e.g., downtown / beaches businesses, to ensure that businesses contact outreach teams for assistance rather than the police.</p>	<p>7/05</p>	<p>I.M. Sulzbacher Center, Mental Health Resource Center</p>
		<p>c. Once a person is in the care system (CSU, hospital, jail, Detox, shelter), he/she will be redirected to the Housing Resource Center. Placement in supportive housing programs will be given to persons referred by the Housing Resource Center.</p>	<p>1/06</p>	<p>Service providers</p>
		<p>d. As housing availability increases, increase “Street Outreach Teams” (engagement and trust building). Utilize outreach teams as the first line of assessment. Build a medial and psychiatric component into the outreach process.</p>	<p>2008</p>	<p>ESHC</p>
		<p>e. Integrate outreach efforts among service providers, i.e., Quest, HOPE team, Ambassadors, Youth Crisis Center, and HIV/AIDS street outreach workers.</p>	<p>In progress & ongoing</p>	<p>ESHC, City of Jacksonville, Outreach Providers</p>

Initiative: Blueprint to end Homelessness in Northeast Florida

Chronic Homeless

<p>Stabilize persons who are chronically or long-term homeless</p>	<p>Ensure timely access to appropriate permanent supportive housing; and to income sources through public benefits programs and employment.</p>	<p>f. Coordinate outreach efforts/teams to cover all areas of the community, including Clay County, 6 days per week.</p>	<p>1/05</p> <p>ESHC, City of Jacksonville - Mental Health Resource Center - IM Sulzbacher Center</p>
	<p>g. Shelters and Drop-in/Day Centers will conduct assessment and refer to the Housing Resource Center within 72 hours of intake.</p>		<p>1/06</p> <p>Clara White Mission, Mental Health Resource Center, Shelter providers</p>
	<p>h. Outreach workers will be involved in the placement decision of chronically homeless persons in the supportive housing programs to ensure that those most in need are prioritized for selection/placement.</p>		<p>5/05 (If Shelter + Care Project implemented)</p> <p>Jacksonville Housing Authority Housing Resource Center</p>
	<p>i. Secure Funding from public and private sources to create financial incentives for projects to serve the “hardest to serve.” Premium payments may be made to projects for each long-term street person or frequent/long-term shelter user.</p>		<p>1/07</p> <p>ESHC</p>
	<p>j. Establish new drop in center(s) with day time hours, including weekends, in areas that have a high volume of chronically homeless persons, providing the following services: (1) Showers (2) Rest Rooms (3) Phones (4) Seating (5) Referral and Assessment</p>		<p>1/07</p> <p>ESHC through RFQ/RFP</p>

<p>Stabilize persons who are chronically or long-term homeless</p>	<p><i>Ensure timely access to appropriate permanent supportive housing; and to income sources through public benefits programs and employment.</i></p>	<p>k. Utilize new community service officers and law enforcement officers to support engagement, i.e., training, by taking homeless persons to drop in centers instead of jail. Model after Broward County outreach efforts.</p>	<p>6/05</p>	<p>Jacksonville Sheriff's Office</p>
<p>11.</p>	<p>Increase access of the chronically homeless to income sources through public benefits programs and employment.</p>	<p>a. SSI/Medicaid presumptive eligibility benefits may be granted for six months based on psychological assessment. Care Manager will expedite documentation for eligibility for final SSI/Medicaid determination.</p>	<p>Timeline</p>	<p>Responsible Entity</p>
<p>b.</p>		<p>Work with Jacksonville Sheriff's Office to develop a jail diversion program to keep chronically homeless persons out of jail, which allows them to keep Social Security benefits.</p>	<p>7/05</p>	<p>ESHC – Jacksonville Sheriff's Office</p>
<p>c.</p>		<p>Involve Lutheran Social Services to serve as representative payee to manage funds of chronically homeless persons.</p>	<p>4/05</p>	<p>ESHC – Lutheran Social Services</p>
<p>d.</p>		<p>Care Managers will link those who are able to work with employment agencies, i.e., Vocational Rehabilitation. Organize & coordinate a database of various service providers with a centralized point of referral for jobs/positions/training and vocational rehabilitation. Utilize the Job Opportunity Consortium.</p>	<p>Ongoing</p>	<p>Housing Resource Center</p>

Long-Term Measures/Success	Short-Term Measures/Success	Immediate Measures/Success	Cost & Source
<p><u>By 2015:</u> Reduction of shelter bed utilization by chronically homeless persons by 50%</p> <p>Reduction of number of jail days served by chronically homeless persons by 50%</p> <p>Reduction of the number arrests of chronically homeless persons by 75%</p>	<p>By 12/05 - 10% reduction of daily street homeless population in downtown Jacksonville & Jacksonville Beaches</p> <p>By 12/06 – 25% reduction of daily street homeless population in downtown Jacksonville & Jacksonville Beaches</p> <p>90% of Permanent Supportive Housing (PSH) residents will maintain housing for 12 months</p>	<p>Numbers of long-term homeless persons with greatest needs are targeted for existing and new permanent supportive housing programs. Retention rate, length of stay increases.</p> <p>Nonprofit and for-profit developers demonstrate an interest and knowledge in developing housing</p> <p>Property Managers identified that are interested in supportive housing operations, or create new nonprofit management company</p>	<p>Cost of housing identified in “Creating Supportive Housing” report by the Corporation for Supportive Housing:</p> <ul style="list-style-type: none"> - 2 years = \$14,078,090 - 5 years = \$89,809,300 <p>SSI Outreach Project = \$150,000</p> <ul style="list-style-type: none"> - Project Director (PT) - Entitlement Specialists - Administrative Support <p>Day Center = \$150,000</p> <ul style="list-style-type: none"> - Program Manager (PT) - Care Manager - Receptionist - Facility operations
<p>Reduction of number of CSU intakes of seriously mentally ill homeless persons by 50%</p> <p>75% reduction of daily street homeless population in Duval County</p> <p>75% of permanent supportive housing residents will maintain housing for more than 3 years</p>	<p>85% of PSH residents will maintain housing for 24 months</p> <p>80% of PSH residents will maintain housing for 36 months</p> <p>85% leaving PSH will move into permanent housing (not requiring Supportive Services)</p>	<p>SSI demonstration project implemented</p> <p>City of Jacksonville, Jacksonville Housing Authority, Jacksonville Housing Commission implement policy changes</p> <p>Outreach efforts integrated more fully</p>	<p>Blueprint Implementation = \$120,000</p> <ul style="list-style-type: none"> - Project Director - Data manager (PT) - Evaluator (PT) - Training <p>Technical Assistance = \$10,000</p> <p>Financial Incentives = \$25,000</p>

**Jacksonville Housing Production Goals
Years 1 – 5**

Household type	Housing/Service Strategy	Projected Goals		Priority tenants will be those who have frequent involvement with shelters, jails, mental health system, or all.
		5-year goal	2 year goal	Type of housing
Long term and street Homeless adults	<ul style="list-style-type: none"> single site supportive housing w/intensive services for mentally ill (propose partial funding by the Florida legislature in 2006) 	275	20	New Construction or rehab
	single site supportive housing w/intensive services for early release from chronic misdemeanor "program" of jail		20	New Construction or rehab
	<ul style="list-style-type: none"> set asides of private market, scattered site units w/ intensive services for chronic homeless with mental illness ("Shelter Plus Care project proposed for the 2004 HUD competition; sponsor is Jacksonville Housing Authority) 	85	22	Leasing/subsidized units
	set asides of private market, single site apartment building for mentally ill (jail diversion)		23	Leasing/subsidized units
	<ul style="list-style-type: none"> single site safe haven (low demand) model w/intensive services for chronic substance abusers 	50	15	New Construction or rehab
Long term homeless families	<ul style="list-style-type: none"> single site supportive housing w/intensive services 	50	25	New Construction or rehab, ie., townhome project
	<ul style="list-style-type: none"> set asides of private market units w/intensive services 	20	0	
Adults in shelters	<ul style="list-style-type: none"> single site supportive housing w/intensive services 	150	0	
	<ul style="list-style-type: none"> set asides of private market units w/ intensive services 	95	20	Leasing/Subsidized units
Families in shelters	<ul style="list-style-type: none"> set aside of private market units with limited services 	35	0	Leasing/Subsidized units
Youth	<ul style="list-style-type: none"> Single site foyer model with intensive services 	40	0	New Construction or rehab
Total units	Approved by Blueprint Task Force	800	145	

Chart 1: Jacksonville Supportive Housing
Total Development Cost for 2-year Production Goals

	No. of Units	Unit Breakdown			Estimated per unit Development Cost			Total Development Cost
		1BR	2BR	3BR	1BR	2BR	3BR	
Single site supportive housing with intensive services	65	40	18	7	\$90,000	\$105,000	\$120,000	\$6,330,000
Single site safe haven model with intensive services	15	15	0	0	\$80,000			\$1,200,000
Set aside of private market units with intensive services	65	65	0	0	\$0			\$0
Totals	145	120	18	7				\$7,530,000

- Production occurs over a 2-year period.
- 80 units developed through new development or acquisition/rehab.
- 65 units created through "set asides" in new or existing housing development

Chart 2: Jacksonville Supportive Housing
Total Development Cost for 5-year Production Goals

	No. of Units	Unit Breakdown			Estimated per unit Development Cost			Total Development Cost
		1BR	2BR	3BR	1BR	2BR	3BR	
Single site foyer model with intensive services	40	40	0	0	\$75,000			\$3,000,000
Single site supportive housing with intensive services	475	425	35	15	\$90,000	\$105,000	\$120,000	\$43,725,000
Single site safe haven model with intensive services	50	50	0	0	\$80,000			\$4,000,000
Set aside of private market units with intensive services	200	180	14	6	\$0			\$0
Set aside of private market units with limited services	35	35	0	0	\$0			\$0
Totals	800	730	49	21				\$50,725,000

- Production occurs over a 5-year period.
- 565 units developed through new development or acquisition/rehab.
- 235 units created through "set asides" in new or existing housing development
- Development costs contain no rental subsidy reserve funds or other form of operating subsidy.

Chart 3: Jacksonville Supportive Housing

Annual Rent Subsidy Cost for Private Market Units-- 2-year goals

ESTIMATED ANNUAL RENT SUBSIDY COST								
	1 bedroom		2 bedroom		3 bedroom		Totals	
# of vouchers	cost of vouchers	# of vouchers	cost of vouchers	# of vouchers	cost of vouchers	Total Units	Total Cost	
Section 8 Project Based Vouchers	65 \$ 437,580	0	\$ -	0	\$ -	65	\$ 437,580	

• Cost of vouchers is based on 2004 Fair Market Rents;\$561 for 1 bedroom; \$675 for 2 bedroom; 892 for 3 bedroom.

Chart 4: Jacksonville Supportive Housing Annual Rent Subsidy Cost for Private Market Units--- 5-year goals

	1 bedroom	2 bedroom	3 bedroom	Totals
# of vouchers	# of vouchers	# of vouchers	# of vouchers	Total Units
cost of vouchers	cost of vouchers	cost of vouchers	cost of vouchers	Total Cost
Section 8 Project Based Vouchers	215	14	6	235
	\$ 1,447,380	\$ 113,400	\$ 64,224	\$ 1,625,004

• Cost of vouchers is based on 2004 Fair Market Rents;\$561 for 1 bedroom; \$675 for 2 bedroom; 892 for 3 bedroom.

Chart 5: JACKSONVILLE SUPPORTIVE HOUSING Capital Financing Scenario for 2-year Production Goals

145 Unit Strategy	LIHTC	SAIL	HOME/CDBG	FHLB/AHP	SHIP	McKinney (SHP, HOPWA)	HUD 811	Foundations	Total
Single site supportive housing with intensive services	\$ 2,830,000	\$ 1,700,000	\$ 700,000	\$ 650,000	\$ 450,000	\$ -		\$ -	\$ 6,330,000
Single site safe haven model with intensive services			\$ 600,000				\$ 600,000		\$ 1,200,000
TOTAL	\$ 2,830,000	\$ 1,700,000	\$ 1,300,000	\$ 650,000	\$ 450,000	\$ -	\$ 600,000	\$ -	\$ 7,530,000

- Capital financing scenario for development of 80 units over a 2-year period and additional 65 units to be created by set asides in new or existing developments.
- Capital financing scenario is development costs only. Development costs contain no rental subsidy reserve funds or other form of operating subsidy.
- LIHTC is assumed to be approximately 45% of the total development cost of projects using this source.
- FHLB/AHP is assumed to be \$5,000 per unit when included in a project budget.
- It is further assumed that all projects will include less than the maximum allowed per project of \$500,000. by FHLB

Chart 6: JACKSONVILLE SUPPORTIVE HOUSING Capital Financing Scenario for 5-year Production Goals

800 Unit Strategy	LIHTC	SAIL	HOME/CDBG	FHLB/AHP	SHIP	McKinney (SHP, HOPWA)	HUD 811	Foundations	Total
Single site foyer model with intensive services			\$ 1,000,000				\$ 2,000,000		\$ 3,000,000
Single site supportive housing with intensive services	\$ 20,000,000	\$ 12,000,000	\$ 4,800,000	\$ 2,375,000	\$ 3,500,000	\$ 600,000		\$ 450,000	\$ 43,725,000
Single site, low demand SRO housing with limited services									\$ -
Single site safe haven model with intensive services			\$ 2,000,000				\$ 2,000,000		\$ 4,000,000
TOTAL	\$ 20,000,000	\$ 12,000,000	\$ 7,800,000	\$ 2,375,000	\$ 3,500,000	\$ 600,000	\$ 4,000,000	\$ 450,000	\$ 50,725,000

- Capital financing scenario for development of 565 units over a 5-year period and additional 235 units to be created by set asides in new or existing developments.
- Capital financing scenario is development costs only. Development costs contain no rental subsidy reserve funds or other form of operating subsidy.
- LIHTC is assumed to be approximately 45% of the total development cost of projects using this source.
- FHLB/AHP is assumed to be \$5,000 per unit when included in a project budget.
- It is further assumed that all projects will include less than the maximum allowed per project of \$500,000. by FHLB

Chart 7: JACKSONVILLE SUPPORTIVE HOUSING Operating Subsidy Financing Scenario for 2-year New Development/Rehab Production Goals

	No. of Units	Section 8 Project Based Vouchers	SHP or S + C	HUD 811	Jacksonville Rental Subsidy Reserve Fund	Total
Single site supportive housing with intensive services	65	\$ 1,514,700	-	-	\$ 1,500,000	\$ 3,014,700
Single site safe haven model with intensive services	15		-	\$ 1,055,700		\$ 1,055,700
TOTAL	80	\$ 1,514,700	-	\$ 1,055,700	\$ 1,500,000	\$ 4,070,400

- Jacksonville Rental Subsidy Reserve Fund costs are the projected difference between rents to be paid by tenants, and the anticipated operating expenses for their units, over fifteen years. A capitalized Rental Subsidy Reserve Fund of some type is established as part of the overall development budget.
- All operating subsidies are calculated to provide rental subsidies over a fifteen-year period of time.
- Calculations regarding Section 8 Project Based Vouchers and HUD 811 subsidy are based on 2004 FMR rates, with no allowance for increases over the fifteen period. HUD 811 subsidy includes deduction of tenant rent based on SSI income.
- Rental Subsidy Reserve Fund calculations assume a 2% increase in tenant rents, and a 4% increase in operating expenses, over a fifteen-year period of time.
- To date, no such entity as the Jacksonville Rental Subsidy Reserve Fund exists. It is shown on the chart, without specifics as to sources of funding, by request from Jacksonville. Its function is identical to project specific Rental Subsidy Reserve Funds in existence in New York, Connecticut, Michigan and other states, whose supportive housing operating expenses exceed rental income. Typically, a Funding and Disbursement Agreement is drawn up which defines who holds the fund (can be financing authority), sources and payments schedule for the fund, payout schedules, and provisions for re-sizing the fund periodically.
- Per unit operating subsidies are higher from sources such as Section 8 (market based) than rental subsidy reserve funds (underwriting standard and budget based). Higher income levels from Section 8 are often used to stabilize projects with unanticipated expenses, provide more intensive management services, or extend the affordability period beyond the planned fifteen years.

Chart 8: JACKSONVILLE SUPPORTIVE HOUSING Operating Subsidy Financing Scenario for 5-year New Development/Rehab Production Goals

	No. of Units	Section 8 Project Based Vouchers	SHP of S + C	HUD 811	Jacksonville Rental Subsidy Reserve Fund	Total
Single site foyer model with intensive services	40	\$ -	\$ -	\$ 2,815,200	\$ -	\$ 2,815,200
Single site supportive housing with intensive services	475	\$ 9,593,100	\$ -	\$ -	\$ 11,400,000	\$ 20,993,100
Single site safe haven model with intensive services	50	\$ -	\$ -	\$ 3,519,000	\$ -	\$ 3,519,000
TOTAL	565	\$ 9,593,100	\$ -	\$ 6,334,200	\$ 11,400,000	\$ 27,327,300

- Jacksonville Rental Subsidy Reserve Fund costs are the projected difference between rents to be paid by tenants, and the anticipated operating expenses for their units, over fifteen years. A capitalized Rental Subsidy Reserve Fund of some type is established as part of the overall development budget.
- All operating subsidies are calculated to provide rental subsidies over a fifteen-year period of time.
- Calculations regarding Section 8 Project Based Vouchers and HUD 811 subsidy are based on 2004 FMR rates, with no allowance for increases over the fifteen period. HUD 811 subsidy includes deduction of tenant rent based on SSI income.
- Rental Subsidy Reserve Fund calculations assume a 2% increase in tenant rents, and a 4% increase in operating expenses, over a fifteen-year period of time.
- To date, no such entity as the Jacksonville Rental Subsidy Reserve Fund exists. It is shown on the chart, without specifics as to sources of funding, by request from Jacksonville. Its function is identical to project specific Rental Subsidy Reserve Funds in existence in New York, Connecticut, Michigan and other states, whose supportive housing operating expenses exceed rental income. Typically, a Funding and Disbursement Agreement is drawn up which defines who holds the fund (can be financing authority), sources and payments schedule for the fund, payout schedules, and provisions for re-sizing the fund periodically.
- Per unit operating subsidies are higher from sources such as Section 8 (market based) than rental subsidy reserve funds (underwriting standard and budget based). Higher income levels from Section 8 are often used to stabilize projects with unanticipated expenses, provide more intensive management services, or extend the affordability period beyond the planned fifteen years.

Attachment 8

- Jacksonville Rental Subsidy Reserve Fund costs are the projected difference between rents to be paid by tenants, and the anticipated operating expenses for their units, over fifteen years. A capitalized Rental Subsidy Reserve Fund of some type is established as part of the overall development budget.
- All operating subsidies are calculated to provide rental subsidies over a fifteen-year period of time.
- Calculations regarding Section 8 Project Based Vouchers and HUD 811 subsidy are based on 2004 FMR rates, with no allowance for increases over the fifteen period. HUD 811 subsidy includes deduction of tenant rent based on SSI income.
- Rental Subsidy Reserve Fund calculations assume a 2% increase in tenant rents, and a 4% increase in operating expenses, over a fifteen-year period of time.
- To date, no such entity as the Jacksonville Rental Subsidy Reserve Fund exists. It is shown on the chart, without specifics as to sources of funding, by request from Jacksonville. Its function is identical to project specific Rental Subsidy Reserve Funds in existence in New York, Connecticut, Michigan and other states, whose supportive housing operating expenses exceed rental income. Typically, a Funding and Disbursement Agreement is drawn up which defines who holds the fund (can be financing authority), sources and payments schedule for the fund, payout schedules, and provisions for re-sizing the fund periodically.
- Per unit operating subsidies are higher from sources such as Section 8 (market based) than rental subsidy reserve funds (underwriting standard and budget based). Higher income levels from Section 8 are often used to stabilize projects with unanticipated expenses, provide more intensive management services, or extend the affordability period beyond the planned fifteen years.

**Chart 9: Jacksonville Supportive Housing
Estimated Annual Services Cost for 145 Units--2-year Production Goals**

HOUSING MODELS	No. of Units	Annual service cost per unit	Total Annual cost per model
Single site supportive housing with intensive services-singles	40	\$12,000	\$480,000
Single site supportive housing with intensive services-families	25	\$20,000	\$500,000
Single site safe haven model with intensive services	15	\$17,000	\$255,000
Set asides of private market units with intensive services-singles	65	\$12,400	\$806,000
Totals	145		\$2,041,000

**Chart 10: Jacksonville Supportive Housing
Estimated Annual Services Cost for 800 Units--5-year Production Goals**

HOUSING MODELS	No. of Units	Annual service cost per unit	Total Annual cost per model
Single site foyer model with intensive services	40	\$8,000	\$320,000
Single site supportive housing with intensive services-singles	425	\$12,000	\$5,100,000
Single site supportive housing with intensive services-families	50	\$20,000	\$1,000,000
Single site safe haven model with intensive services	50	\$17,000	\$850,000
Set asides of private market units with intensive services-singles	180	\$12,400	\$2,232,000
Set asides of private market units with intensive services-families	20	\$21,000	\$420,000
Set asides of private market units with limited services	35	\$6,000	\$210,000
Totals	800		\$10,132,000



**Economic Impact of Supportive Housing
in Jacksonville, FL**

Submitted to:
The Corporation for Supportive Housing (CSH)

Submitted by:
Bay Area Economics (BAE)

November 2004

Introduction

Purpose of Report

In 2004, the Corporation for Supportive Housing (CSH) estimated that approximately 800 additional units of supportive housing would be necessary to make a significant impact on homelessness in Duval County. As part of its study for the Emergency Services and Homeless Coalition, CSH outlined a five-year plan for creating and financing these units, and estimated that 565 would be developed via new construction or rehabilitation of existing structures. The balance would be provided through the rental of existing apartment units.

To help build local support for the provision of these units, CSH then contracted with Bay Area Economics (BAE) to estimate the economic impact of developing supportive housing in Jacksonville. This report summarizes the methodology and findings of BAE's analysis, and demonstrates to local policymakers and community members the potential value of supportive housing construction to Duval County's economy.

Methodology

BAE used RIMS II (Regional Industrial Multiplier System II), an economic input-output model developed by the Bureau of Economic Analysis (BEA), to estimate the economic impact generated by the development of supportive housing units in Jacksonville. This analysis focuses specifically on the 565 new and rehabbed units, as these will create the construction activity that will contribute to the local economy.

RIMS II is well respected as an industry standard for projecting impacts of specific economic "events." In the public sector, for example, the Department of Defense uses RIMS II to estimate the regional economic impacts of military base closures. In the private sector, analysts use RIMS II to estimate the regional impacts of a variety of projects, such as the development of shopping malls or entertainment complexes.

Economic Impact Analysis

This section describes the methodology and findings of BAE’s economic impact analysis. The impacts described here include the dollars and jobs that would result in Duval County, Florida from the construction of 565 supportable housing units in Jacksonville.

Methodology

Overview of RIMS II

RIMS II estimates the impact on a region's economy from an initial change in sales, income, or jobs created by a particular economic event. Specifically, RIMS II estimates economic output, earnings, and employment that result from the event. Output is defined as additional economic activity and spending in a region; earnings includes the wages earned by individuals in the region; and employment refers to the number of jobs.¹

In essence, RIMS II models a given area's economy for a calendar year and calculates the “economic multiplier” effect created by a particular event. As an example of an economic multiplier effect, the construction of an apartment building creates demand for laborers, architects, city planners, construction materials, real estate agents, fuel for machinery, etc. The project affects many other parts of the regional economy beyond the construction industry. Each dollar spent in the apartment construction industry actually generates spending and jobs in other industries as well. The economic multipliers in the RIMS II model quantify this economic multiplier effect.

Within the RIMS II model, the economy is divided up into sectors, so that any economic activity is in one and only one of these sectors. The development of supportive housing, for example, would fall under the construction sector. The sectors are then arranged in a matrix, with all of the sectors as rows and columns. The numbers in the dollar-flow matrix are the sum of all the transactions between those sectors in that geographic area for one year. It is possible, by mathematical manipulations of this dollar-flow matrix, to formulate multipliers which estimate the total economic impacts on a region resulting from an initial change in one sector.

For example, RIMS II shows that for every \$1.00 spent in the Construction sector in Duval County, approximately \$0.12 are spent in the Real Estate, Rental and Leasing sector, \$0.16 are spent in the Manufacturing sector, and \$0.11 are spent in the Retail sector. The RIMS II model consists of 20 sectors, which are aggregates of 473 detailed industries. By summing up the original dollar’s effects on the 20 sectors, the total impact on the regional economy can be estimated.

¹ For clarity’s sake, this report refers to economic “output” as economic “activity.” The official BEA definition of “earnings” includes the sum of wages and salaries, proprietors’ income, directors’ fees, and employer contributions for health insurance less personal contributions for social insurance.

Geographic Boundary

The economic multiplier effect generated by supportive housing development in Jacksonville extends beyond the city limits, as the businesses and industries that support the local construction industry are located throughout Duval County and beyond.

Therefore, when using RIMS II, one must also decide on a geographic boundary for the analysis. Each geographic area has a different set of economic multipliers. A dollar spent in Jacksonville has a smaller impact on Duval County alone, than it would have on Baker, Clay, Duval, Nassau, and St. John's Counties as a whole.²

For the purposes of this analysis, Duval County was selected as the geographic boundary. Therefore the economic output, earnings, and jobs generated by supportive housing development in Jacksonville are all discussed in the context of Duval County.

Construction Cost Estimates

BAE developed the construction cost estimates used for this analysis through in-depth interviews with supportive and affordable housing developers throughout Florida. Developers provided per unit construction cost estimates for recently completed or planned projects, and in many cases submitted detailed pro-formas to BAE. Table 1 summarizes the findings from these interviews, and presents the basis for the cost estimates used in this analysis.

It is important to note that the cost estimates used in this analysis only capture "hard costs." These include building construction and site preparation activities (e.g., demolition, grading, landscaping, etc.). The analysis does not include land or building acquisition costs, since these dollars do not contribute to the construction industry's economic multiplier effect in the region. "Soft costs" such as permits and fees, architect and engineering contracts, and financing costs are also excluded because they fall outside of the construction sector. In any case, the RIMS II multipliers will account for dollar flows from the construction sector to the professional, financial, and technical services sector, which includes architects, engineers, and other services associated with soft costs.

The proposed 565 supportive housing units in Jacksonville will be a mix of new construction and rehabilitated structures. Typically, new construction costs more on a per unit basis than rehabilitation. This distinction matters because the cost of construction will ultimately determine the economic impact. To account for the varying cost structures, this analysis presents a range of impacts, and assumes that construction costs will fall between \$34,000 and \$49,000 per unit, representing both new units and rehab projects. This range is based on the weighted average of new construction and rehab costs outlined in Table 1.

² These five counties make up the Jacksonville Metropolitan Statistical Area (MSA), a geography used by the U.S. Census and other demographic reporting systems as a unit of analysis.

Findings

Table 2 contains the results of the economic impact analysis for Duval County as a whole.

The RIMS II model indicates that the addition of 565 new supportive housing units in Jacksonville would generate between \$38.4 million to \$55.4 million in economic activity in Duval County. Note that the original construction makes up approximately half of this economic activity, and the remainder is generated via the economic multiplier effect. This level of economic activity translates into \$9.9 million to \$14.3 million in earnings among Duval County businesses and residents, and between 300 to 400 jobs. These impacts would occur over the same period of time as the construction process.

Table 3 shows the impact on sectors of the Duval County economy that are particularly linked to the Construction industry. These include Manufacturing, Real Estate, Rental, and Leasing, Retail, and Professional, Financial, and Technical Services (i.e., architects, lenders, engineers, etc.).

The RIMS II model indicates that the construction of an additional 565 new supportive housing units in Jacksonville would generate approximately:

- \$3.0 to \$4.4 million of economic activity in the manufacturing industry; and
- \$2.2 million to \$3.2 million of economic activity in the real estate, rental, and leasing industry;
- \$2.2 million to \$3.2 million of economic activity in the retail industry;
- \$2.0 to \$2.9 million of economic activity in the professional, financial, and technical services industry.

Together, these four sectors would receive one quarter of all the economic activity generated in Duval County by the supportive housing development. Other sectors that also experience notable impacts include Finance and Insurance, Wholesale Trade, Health Care and Social Assistance, and Transportation and Warehousing. Appendix A shows the economic output across all sectors.

Table 1: Supportive Housing Project Costs

<u>Project Name and Address</u>	<u>Date Built</u>	<u>Type of Housing</u>	<u># of units</u>	<u>Hard Costs (Net of Land) (a)</u>	<u>Hard Costs/Unit</u>
<u>New Construction</u>					
Independence Village 900 Bridier Street Jacksonville	2003	Dormhouse	56	\$2,699,984	\$48,214
900 Bridier Street Jacksonville	Apr-05	Permanent supportive	40	\$1,872,480	\$46,812
Little Haiti Gateway Miami	Nov-03	Efficiency units for formerly homeless	79	\$2,662,584	\$33,704
Palmetto Breeze Apts. 2426 1st Ave. South St. Petersburg	Jun-04	Supportive	12	\$608,229	\$50,686
128 Place 2744 1st Ave North St. Petersburg	May-04	Supportive	18	\$1,178,900	\$65,494
Lakewind Place 836 34th Ave South St. Petersburg	2003	Supportive	14	\$903,700	\$64,550
Dome District Apts. 1029 Burlington Ave. N. St. Petersburg	2001	Affordable housing	18	\$904,397	\$50,244
St. Petersburg, FL	Under construction	Supportive	12	\$705,510	\$58,793
Stuart, FL	Under construction	Supportive	20	\$700,000	\$35,000
Miami, FL	2000	Supportive	56	\$3,607,591	\$64,421
				<i>Weighted Avg Cost Per Unit</i>	<i>\$48,749</i>
<u>Rehab</u>					
City View 8240 NE Fort Place Miami	Nov-04	Permanent supportive	66	\$2,050,942	\$31,075
Liberty Center IV Jacksonville	2004	SRO	100	\$3,497,418	\$34,974
Royalton Hotel 131 SE First Street Miami	Jun-06	Permanent supportive	100	\$4,366,718	\$43,667
Sunsouth Place 530 Meridian Ave Miami Beach	Jun-05	Permanent supportive	70	\$1,566,000	\$22,371
				<i>Weighted Avg Cost Per Unit</i>	<i>\$34,170</i>

Notes:

(a) Hard Costs include construction costs and on-site costs (including demolition)

Source: Bay Area Economics, 2004.

Table 2: Economic Impact of Supportive Housing Construction in Duval Co.

	<u>Low Cost Estimate</u>	<u>High Cost Estimate</u>
Number of Supportive Housing Units (a)	565	565
Construction Cost per Unit (b)	\$34,000	\$49,000
Total Construction Cost (c)	\$19,210,000	\$27,685,000
<i>Economic Multiplier</i>		
Output (dollars) (d)	2.0014	2.0014
Earnings (dollars) (e)	0.5168	0.5168
Employment (jobs) (f)	16.2971	16.2971
<i>Impact on:</i>		
Output (g)	\$38,447,000	\$55,409,000
Earnings (h)	\$9,928,000	\$14,308,000
Jobs (i)	300	400

Notes:

- (a) Based on CSH estimate of Jacksonville need for supportive housing. Only includes new or rehabbed units.
- (b) Based on interviews with supportive and affordable housing developers in FL. Only includes hard costs. See Table 1.
- (c) Row c = a * b
- (d) Output multiplier represents the total dollars spent in all industries for each dollar spent in the Construction industry in Duval County.
- (e) Earnings multiplier represents the total earnings in all industries generated by a dollar spent in the Construction industry in Duval County.
- (f) Employment multiplier represents the total jobs in all industries generated by every \$1.0 million spent in the Construction industry in Duval County.
- (g) Row g = c * d. Rounded to nearest \$1,000. Includes original dollars from Total Construction Cost.
- (h) Row h = c * e. Rounded to nearest \$1,000.
- (i) Row i = (c * f) / 1,000,000. Rounded to nearest 100. Also, for the jobs analysis, construction costs are adjusted to 2001\$ using the US CPI for All Urban Consumers because the employment multipliers are based on 2001 data.

Source: Corporation for Supportive Housing; Bureau of Economic Analysis, RIMS II Multipliers; BAE, 2004.

Table 3: Economic Impact of Supportive Housing Construction: Key Sectors

	<u>Low Cost Estimate</u>	<u>High Cost Estimate</u>
Number of Supportive Housing Units (a)	565	565
Construction Cost per Unit (b)	\$34,000	\$49,000
Total Construction Cost (c)	\$19,210,000	\$27,685,000
MANUFACTURING		
Economic Multiplier (d)	0.1600	0.1600
Output (e)	\$3,074,000	\$4,430,000
REAL ESTATE & RENTAL & LEASING		
Economic Multiplier (d)	0.1169	0.1169
Output (e)	\$2,246,000	\$3,236,000
RETAIL TRADE		
Economic Multiplier (d)	0.1149	0.1149
Output (e)	\$2,207,000	\$3,181,000
PROF., FINANCIAL, & TECH. SRVCS.		
Economic Multiplier (d)	0.1055	0.1055
Output (e)	\$2,027,000	\$2,921,000
TOTAL FOR KEY SECTORS		
Total Output	\$9,554,000	\$13,768,000
% of Total Output in Duval Co. (f)	25%	25%

Notes:

- (a) Based on CSH estimate of Jacksonville need for supportive housing. Only includes new or rehabbed units.
- (b) Based on interviews with supportive and affordable housing developers in FL. Only includes hard costs. See Table 1.
- (c) Row c = a * b
- (d) Output multiplier represents the total dollars spent in respective sector for each dollar spent in the Construction sector in Duval County.
- (e) Output equals Economic Multiplier for the respective sector, multiplied by Total Construction Cost.
- (f) See Table 2 for Duval Co. Total Output.

Source: Corporation for Supportive Housing; Bureau of Economic Analysis, RIMS II Multipliers; BAE, 2004.

Conclusions

This analysis suggests that the development of 565 supportive housing units in Jacksonville would generate up to \$55.4 million in new economic activity, \$14.3 million in earnings, and 400 jobs in Duval County.

It is important to note that the economic impacts described in this report only stem from the construction activity associated with the new supportive housing units. However, supportive housing can also have a much broader impact on a local economy. As homeless people move into transitional and permanent housing, they gain better access to employment, health, and other services. All these factors can translate into fiscal benefits for local governments as people secure jobs and demand less from public safety services and health systems. Furthermore, housing the homeless can help retail districts become more inviting and vibrant, and help the city as a whole become more attractive to new employers and residents.

Appendix A: Total Output Generated by Supportive Housing Construction

Sector	Economic Output Multiplier (a)	Low Cost Estimate Output (b)	High Cost Estimate Output (c)	% of Total Output
Construction	1.0061	\$19,327,000	\$27,854,000	50.3%
Manufacturing	0.16	\$3,074,000	\$4,430,000	8.0%
Real estate and rental and leasing	0.1169	\$2,246,000	\$3,236,000	5.8%
Retail trade	0.1149	\$2,207,000	\$3,181,000	5.7%
Professional, scientific, and technical services	0.1055	\$2,027,000	\$2,921,000	5.3%
Finance and insurance	0.1026	\$1,971,000	\$2,840,000	5.1%
Wholesale trade	0.0704	\$1,352,000	\$1,949,000	3.5%
Health care and social assistance	0.064	\$1,229,000	\$1,772,000	3.2%
Transportation and warehousing	0.0507	\$974,000	\$1,404,000	2.5%
Information	0.046	\$884,000	\$1,274,000	2.3%
Administrative and waste management services	0.0392	\$753,000	\$1,085,000	2.0%
Other services	0.0366	\$703,000	\$1,013,000	1.8%
Accommodation and food services	0.0274	\$526,000	\$759,000	1.4%
Management of companies and enterprises	0.0245	\$471,000	\$678,000	1.2%
Utilities	0.0213	\$409,000	\$590,000	1.1%
Arts, entertainment, and recreation	0.0062	\$119,000	\$172,000	0.3%
Educational services	0.0057	\$109,000	\$158,000	0.3%
Agriculture, forestry, fishing, and hunting	0.0032	\$61,000	\$89,000	0.2%
Mining	0.0002	\$4,000	\$6,000	0.0%
Total	2.0014	\$38,447,000	\$55,409,000	100.0%

Notes:

(a) Output multiplier represents the total dollars spent in respective sector for each dollar spent in the construction sector in Duval County.

(b) Equal to Total Construction Cost (low cost estimate) in Table 2 multiplied by Economic Output Multiplier.

(c) Equal to Total Construction Cost (high cost estimate) in Table 2 multiplied by Economic Output Multiplier.

Source: Corporation for Supportive Housing; Bureau of Economic Analysis, RIMS II Multipliers; BAE, 2004.