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

Gainesville Region/Alachua County Empowerment

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

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

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

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

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

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

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

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

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

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

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

Pegeen Hanrahan
Mayor,
City of Gainesville

Rodney J. Long
Alachua County
Board of Commissioners
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Presented to the Alachua County Board of County Commissioners and the Gainesville City Commission:

**December 15, 2005**

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

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

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

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

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

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

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

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

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

Through all that has happened in the past 30 months, if I could claim any success it would be going into the shelter, seeing my peers and being able to say, “But for the Grace of God there go I.”
The 10-year planning process will require long-term commitment, from the first planning steps to full implementation. It will require ongoing volunteer and staff time and energy.

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

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

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

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

It is essential to keep the momentum going.

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Why End Homelessness?

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

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

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

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

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

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

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

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

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

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

In Gainesville and Alachua County there are an estimated 1,000 homeless persons. Our community has ap-
proximately 350 shelter beds, which leaves 650 persons unsheltered each night.

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

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

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

Causes of Homelessness:

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

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

Contributing problems:

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

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

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

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

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

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

The Costs of Homelessness:

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

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

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

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

A handful of local organizations, primarily the Helping Hands and Equal Access clinics, provide urgent health
Who are the homeless in Alachua County?

LOCAL INFORMATION AND STATISTICS ON HOMELESSNESS

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

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

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

Using a lenient definition of shelter, such that it includes emergency & transitional shelters as well as temporary arrangements such as motel rooms, hospital beds, and the homes of friends and relatives, 52% of Alachua County’s homeless population was unsheltered on any given night in 2004.²

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

The U.S. Conference of Mayors’ most recent report on homelessness estimated that 30% of those without homes are afflicted with drug or alcohol addictions.⁵

 Persons reporting disabling conditions, January 2005⁴

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>23.5%</td>
</tr>
<tr>
<td>Drug/alcohol addiction</td>
<td>14.5%</td>
</tr>
<tr>
<td>Developmental</td>
<td>5%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2%</td>
</tr>
<tr>
<td>Mental health (including depression)</td>
<td>25.6%</td>
</tr>
</tbody>
</table>

Primary Causes of Homelessness¹

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed or lost job</td>
<td>17.5%</td>
</tr>
<tr>
<td>Alcohol or drug problems</td>
<td>14%</td>
</tr>
<tr>
<td>Mental health/emotional issues</td>
<td>13%</td>
</tr>
<tr>
<td>Income doesn’t meet basic needs</td>
<td>12%</td>
</tr>
<tr>
<td>Moved out to escape abuse</td>
<td>10%</td>
</tr>
<tr>
<td>Physical/medical problems</td>
<td>9%</td>
</tr>
<tr>
<td>Released from jail, prison, hospital</td>
<td>4%</td>
</tr>
<tr>
<td>Break-up/divorce/separation</td>
<td>4%</td>
</tr>
</tbody>
</table>

Hunger in Alachua County

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

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

Demographics¹

* (n=920)

**Gender:**
65% male; 35% female

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategies to Address Homelessness:

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

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

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

In the front door.

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

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

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

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

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

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

Effective intervention strategies ("Open the Back Door") include the provision of multi-disciplinary treatment; supportive housing for homeless persons with disabilities; and improved access to free health care, mainstream benefits (food stamps, Section 8 vouchers, etc.) and affordable housing.

**Ten-Year Planning Process:**

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

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

Alachua County Commissioner Rodney Long and City of Gainesville Mayor Pegeen Hanrahan co-chaired the Summit.

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

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

The committees included Public Safety, Supportive Housing, Services, Health (includes Mental Health, Substance Abuse and primary health care), and a Steering Committee. Since that time, two more committees were added: Finance and Faith-based.

Many communities have taken a year or longer to develop their 10-year plan. Our community chose to expedite the process in order to move quickly toward implementation.

The committees began meeting in June of 2005 and have met at least monthly since then.

The committee meetings provided a forum for broad community input. Several of the committees created subgroups to focus on specific issues.
The committees created strategies to address homelessness for each of their respective areas and reported to the Steering Committee on a bi-monthly basis.

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

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

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

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

Our program goals include:

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

The plan also calls for the creation of an Office of Homelessness to coordinate services, implement the Homeless Management Information System; seek funding, and facilitate the implementation of the 10-year plan.
There are nearly 350 beds (emergency, transitional, and permanent supportive) for homeless persons in Gainesville, Alachua County (see Appendix III).  

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

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

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

The Problem:  

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

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

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

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

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

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

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

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

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

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

Alachua County has more than 1,000 people on waiting lists for public housing. Currently, the city and county have a combined total of 1,700 Section 8 vouchers (U.S. HUD federally subsidized housing) and nearly 1,000 units of public housing.
The wait list for public housing is approximately 36-48 months.¹⁴

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

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

Existing Resources:

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

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

Current Resource Gaps:

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

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

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

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

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

The Vision:

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

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

Goals & Strategies:

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

2. **Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk persons from losing their housing.** Establish a Housing Support Team (HST) to help clients maintain housing (landlord/tenant relations; tenants’
For detailed goals and strategies, please refer to the Sustainable Housing logic model.

Health Care & Supportive Services

The Problem:

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

Limited resources lead to high caseloads and decreased effectiveness.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Quick Facts**

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

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

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

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

HIV/AIDS impacts 2% of homeless adults in Alachua County.

Donna spends a part of her afternoons at the Downtown Community Plaza. With no other place to go, many homeless people congregate at the Plaza.
Some clients respond well to the system’s design, which intends to move people from emergency shelters through transitional housing and into permanent housing.

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

**Existing Resources:**

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

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

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

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

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**For homeless people with substance abuse problems, housing stability is “essential for successful treatment and recovery. Without a stable place to live, recovery often remains out of reach.”**

*(Oakley and Dennis, 1996)*

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

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

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

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

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**Success Story: B.L.**

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

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

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

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

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

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

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

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

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

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

The Vision:

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

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

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

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

Goals & Strategies:

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

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

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

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

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

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

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

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

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

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

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

For detailed goals and strategies, please refer to the Services and Health logic model.
Homeless people also come into contact with public safety professionals as victims of crimes against a person (see side bar).

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

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

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

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

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

Current Resource Gaps:

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

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

The Vision:

• Unnecessary criminal justice and public social services expenditures are reduced
• Public safety services are provided fairly and consistently
• Discharge Planning is provided along with housing location assistance to individuals prior to institutional discharge, including the foster care system, mental health facilities, hospitals, clinics, prisons and jail.

Local Figures:

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

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

Nearly 40% of the offenses were for ordinance violations:

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

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

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

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

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

Implementation of the Ten Year Plan

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

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

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

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

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

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

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

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

Goals & Strategies of Implementation:

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

2. Seek funding for homeless programs outlined in the 10-year plan: Hire a grant writer to collaborate with city/county grant writers to identify po-
tential funding. The federal government has made ending homelessness a priority with additional funding targeted for homeless programs.

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

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

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

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

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

### What Can Our Community Expect?

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

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

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

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

4. Demonstrated success through supportive housing retention rates.

5. Inspiration and energy from working together to help our neediest neighbors.
<table>
<thead>
<tr>
<th>PRIMARY Time Frame</th>
<th>PUBLIC SAFETY</th>
<th>HOUSING</th>
<th>SERVICES</th>
<th>HEALTH</th>
<th>IMPLEMENTATION</th>
<th>PREVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHORT TERM</strong></td>
<td></td>
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</tr>
<tr>
<td>2006-2007</td>
<td>1. Increase awareness among public safety service providers regarding homelessness in Alachua County.</td>
<td>1. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families.</td>
<td>1. Increase faith-based initiatives to address homeless needs.</td>
<td>1. Create an Office of Homelessness.</td>
<td>1. Provide supportive services and other assistance for individuals at risk of homelessness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Reduce unnecessary criminal justice expenditures related to homelessness.</td>
<td>2. Explore feasibility of and work to reintroduce rooming houses.</td>
<td>2. Seek funding for homeless programs outlined in the 10-Year Plan.</td>
<td>2. Seek funding for homeless programs outlined in the 10-Year Plan.</td>
<td>2. Enhance educational, job training and employment related options for at-risk and homeless individuals and families.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Target existing tenant-based rental assistance to specific homeless populations (i.e. people with disabilities).</td>
<td>3. Create First Entry/One-Stop Center to ensure coordination of homeless services – PHASE ONE.</td>
<td>3. Implement the Homeless Management Information System (HMIS) at the system-wide level to facilitate coordination of services.</td>
<td>3. Target existing tenant-based rental assistance to specific homeless populations (i.e. people with disabilities).</td>
<td>3. Provide healthcare to very low-income and homeless persons to prevent medical circumstances that contribute to homelessness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Increase the inventory of affordable housing in Alachua County via coalitions and support of mixed-use housing communities.</td>
<td>4. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.</td>
<td>4. Enhance public awareness regarding the plight of the homeless.</td>
<td>4. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.</td>
<td>4. Enhance public awareness regarding the plight of the homeless.</td>
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<tr>
<td><strong>MID-TERM</strong></td>
<td>2008-2012</td>
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<tr>
<td></td>
<td>3. Improve Discharge Planning and housing location assistance to homeless individuals prior to discharge from services and institutions.</td>
<td>5. Facilitate the development of group homes for homeless people not needing intensive support services.</td>
<td>2. Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.</td>
<td>5. Facilitate the development of group homes for homeless people not needing intensive support services.</td>
<td>5. Facilitate the development of group homes for homeless people not needing intensive support services.</td>
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<tr>
<td></td>
<td>6. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk individuals from losing their housing.</td>
<td>3. Expand First Entry/One-Stop Center to better facilitate coordination of homeless services – PHASE TWO.</td>
<td>6. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk individuals from losing their housing.</td>
<td>3. Expand First Entry/One-Stop Center to better facilitate coordination of homeless services – PHASE TWO.</td>
<td>3. Expand First Entry/One-Stop Center to better facilitate coordination of homeless services – PHASE TWO.</td>
<td></td>
</tr>
<tr>
<td><strong>LONG TERM</strong></td>
<td>2013-2015</td>
<td>4. Expand First Entry/One-Stop Center to include housing OR transport to and from such housing - PHASE THREE.</td>
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</table>

[Last update 6/22/07]  
Shaded boxes indicate strategies and goals already in progress.
**Goal 1: Increase awareness among public safety service providers regarding homelessness in Alachua County.**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Steps:</th>
<th>Responsibility:</th>
<th>Expected Costs:</th>
<th>Expected Outcomes:</th>
<th>Resources:</th>
<th>Target Date:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHORT TERM 2006-2007</td>
<td>1. Create a “Homelessness Awareness” track at SFCC Academy of Public Safety &amp; an in-service training for veteran officers.</td>
<td>Santa Fe Community College; Alachua County Coalition for the Homeless and Hungry; (CCHH); Gainesville Alachua County Office on Homelessness (GACOH)</td>
<td>In-kind</td>
<td>Increased awareness and knowledge of homeless issues among public safety providers</td>
<td></td>
<td>Begin Fall semester 2006-2007</td>
<td>Seeking and reviewing models for existing “Homelessness 101” trainings.</td>
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<td></td>
<td>GPD (4/06): We do not believe it would be a proper course to include in police academy requirements.</td>
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<td></td>
<td>GFR (4/06): Specialty needs for this population are included in the curriculum for EMTs and Paramedics. Specific issues on the homeless can be included.</td>
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<td>County response (5/06): There are a number of ways to achieve this and County will explore them. If additional information needs to be included we are sure SFCC would be willing to do so, as are we.</td>
</tr>
<tr>
<td></td>
<td>2. Offer awareness training to court &amp; criminal justice personnel, EMS, Fire Rescue, and the general public.</td>
<td></td>
<td>In-kind</td>
<td></td>
<td>Ongoing</td>
<td>City response (04/06): Quarterly Paramedic Educational Sessions have all involved scenario-based discussion regarding the delivery of care. Many have specifically involved the low-income and homeless population as the medical follow-up and preventive health maintenance for this group is little to none. These sessions will continue as well as GFR intranet-based education sessions relating to specialty needs within this population.</td>
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<td>County response (05/06): The Office on Homelessness could be tasked with this work.</td>
</tr>
</tbody>
</table>

**Goal 2: Reduce unnecessary criminal justice expenditures related to homelessness.**

<table>
<thead>
<tr>
<th>Time Frame/Target Date</th>
<th>Action Steps:</th>
<th>Responsibility:</th>
<th>Expected Costs:</th>
<th>Expected Outcomes:</th>
<th>Resources:</th>
<th>Target date:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHORT TERM 2006-2007</td>
<td>1. Review City/County ordinances that may adversely affect the homeless population.</td>
<td>City/County attorneys; GPD; ASO, and policy group</td>
<td>In-kind</td>
<td>Reduced # of arrests for outstanding warrants</td>
<td>Staff time</td>
<td>City response (04/06): We believe it to be unconstitutional and discriminatory to exempt or to change a law to apply to one group. Laws apply to everyone.</td>
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<td>County response (05/06): County Attorney has done this.</td>
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<td></td>
<td>11/13/06 – Gainesville City Commission approved a recommendation by the Assistant City Manager to authorize the City Attorney to work with staff to review city ordinances, land use/zoning categories and enforcement approaches and bring recommendations to the City Commission.</td>
</tr>
<tr>
<td></td>
<td>2. Implement a regularly scheduled warrant clearance day for minor offenses.</td>
<td>State Attorney, ASO, GPD, Public Defender &amp; Court Clerk</td>
<td>In-kind</td>
<td></td>
<td>Staff time</td>
<td>Stated for discussion at upcoming Implementation Committee meeting (4/30/07).</td>
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<td>City response (4/06): Warrants are under the responsibility of the Alachua County Sheriff’s Office; however, GPD would be willing to assist, as applicable and within our jurisdiction, as long as the method is legally equitable. This is a good idea.</td>
</tr>
<tr>
<td></td>
<td>3. Review amount and appropriateness of current bond schedule.</td>
<td>Courts</td>
<td>In-kind</td>
<td>Affordable bonds; reduction in jail days for people w/bonds</td>
<td>Staff time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Create a graduated “Three-Strikes” fine policy.</td>
<td>Courts, State Attorney</td>
<td>In-kind</td>
<td>Affordable options/ Penalties</td>
<td>Staff time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Goal 2: Reduce unnecessary criminal justice expenditures related to homelessness (continued).

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Steps</th>
<th>Responsibility</th>
<th>Expected Costs</th>
<th>Expected Outcomes</th>
<th>Resources</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. Increase community service options in lieu of fines.</td>
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<tr>
<td></td>
<td>6. Incorporate appropriate homeless defendants into Mental Health Court or Drug Court.</td>
<td>Courts/Court Services</td>
<td>In-kind</td>
<td>Improved services for SMI or SA clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MID-TERM</td>
<td>7. Provide necessary public facilities.</td>
<td>City/County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>County response (5/06): County Administration restrooms are available to the public during regular operating hours. Additional public facilities are an option for City of Gainesville to consider.</td>
</tr>
<tr>
<td>2008-2012</td>
<td>8. Hire social worker to assist police with non-violent MH complaints.</td>
<td>City/County; GPD or ASO</td>
<td>&lt;$50,000/yr</td>
<td>Reduction in inappropriate arrests;</td>
<td></td>
<td></td>
<td>City of Gainesville Services/Security Team In place Spring 2007.</td>
</tr>
<tr>
<td></td>
<td>9. Create inebriation recovery center for publicly intoxicated individuals.</td>
<td></td>
<td>$150,000-$500,000</td>
<td></td>
<td>Law Enf. grants</td>
<td>2010-2012</td>
<td>More information needed.</td>
</tr>
<tr>
<td></td>
<td>10. Increase number of crisis stabilization unit (CSU) &amp; detox beds available in community.</td>
<td>Local Mental Health/SA providers</td>
<td>Mental Health:</td>
<td></td>
<td></td>
<td></td>
<td>County response (5/06): Good idea but planning among law enforcement agencies and treatment providers needs to occur to develop a plan and recommendations.</td>
</tr>
</tbody>
</table>

Anticipated Return on Public Investment: Reduction in arrests for old warrants; increased availability of community service workers (cleanups, staff assistance, surveys); improved services for individuals with disabilities;
### Public Safety

#### Goal 3: Improve Discharge Planning and Housing Location Assistance to Homeless Individuals Prior to Discharge from Services and Institutions

<table>
<thead>
<tr>
<th>Time Frame/ Target Date</th>
<th>Action Steps:</th>
<th>Responsibility:</th>
<th>Expected Costs:</th>
<th>Expected Outcomes:</th>
<th>Resources:</th>
<th>Target Date:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHORT TERM</strong> 2006-2007</td>
<td>1. Supply a Community Resource Guide to identified institutions for dissemination to individuals about to be released.</td>
<td>ACCHH, Jail, Hospitals, Mental Health/ Substance Abuse facilities</td>
<td>In-kind</td>
<td></td>
<td>Existing ACCHH budget for resource guides; in-kind office supply donations</td>
<td>In progress – ACCHH has supplied resource guides to the jail to date. Much, if not all, of this goal’s effectiveness is hinged upon access to and availability of shelter beds and/or relevant transitional housing programs.</td>
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<tr>
<td></td>
<td>2. Introduce principles of effective discharge planning to identified institutions; assist w/ policy development and implementation.</td>
<td>ACCHH; GACOH; discharge policy planning group (to be formed)</td>
<td>In-kind</td>
<td>Reduced # of people discharged into homelessness</td>
<td>Staff time</td>
<td>Have identified national Best Practices for discharge planning from institutions. In contact w/ State Office on Homelessness re: models. Supporting State Office efforts to address discharge planning at state level (current Florida statute suggests, rather than mandates, that institutions not discharge people into homelessness.)</td>
<td></td>
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<tr>
<td></td>
<td>3. Identify at intake individuals needing assistance to prevent homelessness upon release.</td>
<td>Criminal Justice system, MH &amp; other hospitals, foster care</td>
<td>In-kind</td>
<td></td>
<td>Staff time</td>
<td>Court Services Department and jail system currently identify such inmates upon contact with them. Slated for discussion at upcoming Implementation Committee meeting [4/30/07].</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Hire a Discharge Specialist to facilitate services for potentially homeless people in identified institutions.</td>
<td>County</td>
<td>&lt;$30,000</td>
<td></td>
<td>Grants; existing budgets, staff dedication</td>
<td>County response (5/06): Court Services has requested funding in the next year budget for a social worker to perform these duties in the law enforcement system, but other people in other institutions would not benefit from this. The Office on Homeless may address questions about funding, locations, services, etc.</td>
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</table>
### Sustainable Housing

#### 1. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families.

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Steps:</th>
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<th>Target Date:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHORT-TERM 2006-2007</td>
<td>1. Create a 501(c)3 non-profit Housing Trust, to be housed at the Alachua County Housing Authority until the Trust has staff and infrastructure to branch out on its own.</td>
<td>Housing Trust (HT) Committee (to be formed); ACHA;</td>
<td>$500 (IRS fee); In-kind</td>
<td>Creation of Housing Trust</td>
<td>Staff time</td>
<td></td>
<td>The GRACE Housing Trust Development Committee began meeting in June 2006, and is formalizing the policies and procedures necessary for the successful operation of the Housing Trust. Committee members have laid the groundwork for the Trust’s 501(c)(3) non-profit incorporation, and have received a $1,000 donation to cover initial start-up costs and operating expenses. Committee members worked with Attorney Tom Christman, through the Three Rivers Legal Services Pro Bono program, to finalize the documents needed to officially establish the Trust with a founding Board, and will begin recruitment of Board members in the near future. 6/1/07: Charter Board in place. PR efforts underway.</td>
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<tr>
<td></td>
<td>2. Recruit local attorneys to draft Housing Trust documents. Recruit professionals in banking, real estate, government, etc. to serve on the Board of Directors.</td>
<td>HT Committee; GACOH; Implementation Committee</td>
<td>In-kind</td>
<td></td>
<td>Staff time</td>
<td></td>
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<tr>
<td></td>
<td>3. Publicize the Housing Trust and solicit donations.</td>
<td>HT Committee; GACOH;</td>
<td>In-kind; cost of printing/advertising</td>
<td>Public awareness; donations</td>
<td>Donations; grants</td>
<td></td>
<td>The Office on Homelessness is working with local web designer Jeffrey Stevens, who has volunteered his company’s expertise to develop publicity materials for the Housing Trust and other 10-Year Plan-related entities.</td>
</tr>
<tr>
<td></td>
<td>4. Accept donations of land, housing, buildings and funds. Utilize donations to purchase property, renovate buildings, and for local match for grants.</td>
<td>HT Committee; ACHA; GACOH</td>
<td>In-kind</td>
<td>Increased housing options; improved leverage ratio for grant applications</td>
<td>Staff time</td>
<td></td>
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</tbody>
</table>

#### 2. Explore feasibility of and work to reintroduce rooming houses.

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<thead>
<tr>
<th>Time Frame</th>
<th>Action Steps:</th>
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</thead>
<tbody>
<tr>
<td>SHORT-TERM 2006-2007</td>
<td>1. Seek best practices/models for reintroduction of rooming houses into Alachua County.</td>
<td>GACOH</td>
<td>In-kind</td>
<td>Selection of model(s) to be implemented</td>
<td>Staff time</td>
<td></td>
<td>ACHA has partnered with U.S. Dept. of HUD internship program and has initiated research on this goal. City response (04/06): Rooming houses are already allowed in multi-family zoning districts. City staff would not support allowing them in single-family districts. County response (05/06): (1) Such facilities are allowed under current County Code (see Sections 404.38 and 404.39 for details). Economic forces, plus state regulation present the barriers to establishing “rooming houses.” (2) Existing legislation addresses public health, safety and quality of life issues and County Commission would need to study such in detail before lobbying for changes. (4) County SHIP funds are available and largely un-accessed for this purpose.</td>
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<tr>
<td></td>
<td>2. Review City/County policies regarding rooming/boarding houses. Lobby for needed changes.</td>
<td>ACHA; GACOH; City/County Housing Admins</td>
<td>In-kind</td>
<td>Ordinances that facilitate access to affordable housing</td>
<td>Staff time</td>
<td></td>
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<td></td>
<td>3. Compile lists of abandoned (City/County owned) properties sufficient for rehabilitation into rooming houses.</td>
<td>City/County</td>
<td>In-kind</td>
<td>Increase in Trust donations; increased housing options</td>
<td>Staff time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Encourage local landlords and housing providers to implement rooming/boarding house programs.</td>
<td>ACOH; City/County; GACOH</td>
<td>In-kind</td>
<td>Increased affordable housing options</td>
<td>Staff time</td>
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<td></td>
<td>5. Encourage local organizations that assist with housing to use existing funds for rooming houses in lieu of motels.</td>
<td>ACOH; GACOH;</td>
<td>Reallocation of existing funds</td>
<td>Better utilization of existing housing funds</td>
<td>Staff time; existing resources</td>
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</tbody>
</table>
### 3. Target existing tenant-based rental assistance to specific homeless populations (i.e. people with disabilities).

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</table>
| SHORT-TERM 2006-2007 | 1. Reallocate a portion of existing HOME tenant-based rental assistance (TBRA) funds for specific homeless populations (i.e. those employed and/or with a disability). | City of Gainesville Comm. Development Block Grant office | Reallocation of existing resources | Reduction in # of homeless people w/ disabilities | Staff time; existing federal funding streams | |-
| | | | | | |-
| MID-TERM 2006-2007 | 2. City/County Public Housing Authorities (PHAs) establish a preference for homeless individuals linked w/ select services (i.e. Better Jobs/Better Wages, Life Improvement Plan, etc.) on Section 8 waiting lists. | ACHA; GHA | | Reduction in shelter stay length, thereby freeing up existing shelter space for people on the streets. | Staff time; existing federal funding streams | |-

The Florida Dept. of Children & Families has secured $125,000 to fund a collaborative effort with the Alachua County Housing Authority to provide housing and intensive supportive services to 15 homeless individuals with disabilities.

City response (04/06): The only TBRA that the City currently funds is a rental deposit assistance program that is administered through Gainesville Community Ministry. This program could be expanded within the limits of available funding. However, due to the overall limited HOME funding, it is unrealistic to expect significant funding to be allocated for a full-fledged TBRA program, which would be similar to a Section 8 voucher program.

### 4. Increase the inventory of affordable housing in Alachua County via coalitions and support of mixed-use housing communities.

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</thead>
</table>
| SHORT-TERM 2006-2007 | 1. Establish a coalition of Homebuilder and Realtor associations, UF and City and County to develop a strategy to increase the number of affordable housing units. | GACOH; Implementation Committee; City/County; community partners | In-kind | Increased number of affordable housing units. | Staff time | |-

City response (04/06): There is already an Alachua County Affordable Housing Coalition, which could be the basis for furthering this goal if its membership were expanded.

County response (05/06): (1) The Alachua County Coalition for Affordable Housing already exists, has City and County staff membership, and previously had participation of homebuilders and realtors, for this purpose. Efforts to re-involve the homebuilders and realtors, and UF are underway by that Coalition. (2) County Code changes recently adopted actively does this in a number of ways. See Chapter 403, Article 7 Section 404.24 for details. These changes are consistent with recommendations of the Alachua County Affordable Housing Study completed in 2003.

2. Encourage development of mixed-use housing communities. | City/County | In-kind | Staff time |-

Staff time |-

-
### 5. Facilitate the development of group homes for homeless people not needing intensive support services.

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</thead>
<tbody>
<tr>
<td>MID-TERM</td>
<td>1. Review City/County Ordinances regarding group homes for homeless people who do not need intensive supportive services.</td>
<td>ACHA; GACOH; City/County Housing Admins</td>
<td>In-kind</td>
<td>Ordinances that facilitate access to affordable housing</td>
<td>Staff time</td>
<td>County response (05/06): “Community Residential Home – Small” (6 or fewer residents) is allowed in every residential zoning district. “Community Residential Home – Large” (7 to 14 residents) is allowed in multi-family zoning districts.</td>
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<tr>
<td>2008-2012</td>
<td>2. Lobby for zoning that allows facilities with 10 beds or less to be placed anywhere in the county, excluding single-family residential areas.</td>
<td>ACHA; GACOH; City/County Housing ImpCom</td>
<td>In-kind</td>
<td>Ordinances that facilitate access to affordable housing</td>
<td>Staff time</td>
<td>County response (05/06): County Commission must make any lobbying decisions.</td>
<td></td>
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</table>

### 6. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk individuals from losing their housing.

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<tbody>
<tr>
<td>LONG-TERM</td>
<td>1. Establish a Housing Support Team (HST) to help clients maintain housing (landlord relations; budget/life skills, etc.)</td>
<td>Service providers</td>
<td>Dependent on # of staff; In-kind</td>
<td>Increased stability once individuals find housing; reduction of new homeless</td>
<td></td>
<td>GCM STEPS program is a partial model for this goal, and highly successful.</td>
<td></td>
</tr>
<tr>
<td>2013-2015</td>
<td>2. Provide supportive services to at-risk households, including employment training, education, budgeting workshops, etc.</td>
<td>Service providers</td>
<td>Dependent on # of staff; In-kind</td>
<td>Increased stability once individuals find housing; reduction of new homeless</td>
<td></td>
<td>Currently in place via Gainesville Community Ministries, Alachua County Dept. of Social Services, and Central FL Community Action Agency. Each agency receives &gt; 1,000 calls/month for limited amount of aid.</td>
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<td></td>
<td>3. Reduce the number of forfeited deposits through training on tenant’s rights and responsibilities, legal guidance and liaison with landlords.</td>
<td>ACCHH; GACOH; local attorneys; GCM; CC; TSA</td>
<td>Reallocation of existing resources</td>
<td>Reduction in number of forfeited deposits</td>
<td>Recovered deposits would fund much of program</td>
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</table>

**Sustainable Housing**

<table>
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<td>Service providers</td>
<td>Dependent on # of staff; In-kind</td>
<td>Increased stability once individuals find housing; reduction of new homeless</td>
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<td>Service providers</td>
<td>Dependent on # of staff; In-kind</td>
<td>Increased stability once individuals find housing; reduction of new homeless</td>
<td></td>
<td>Currently in place via Gainesville Community Ministries, Alachua County Dept. of Social Services, and Central FL Community Action Agency. Each agency receives &gt; 1,000 calls/month for limited amount of aid.</td>
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**Anticipated Return on Public Investment:** Federal studies indicate every dollar spent to prevent homelessness from occurring results in a savings of six dollars that would be needed to help someone regain housing.
# Supportive Services

## 1. Increase faith-based initiatives to address homeless needs.

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<th>Target Date:</th>
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<tbody>
<tr>
<td>SHORT TERM</td>
<td>1. Encourage faith-based organizations to partner with Interfaith Hospitality Network (IHN).</td>
<td>Faith-based committee; IHN</td>
<td>In-kind</td>
<td>Increased number of homeless families provided with shelter, food, supportive services and fellowship.</td>
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<tr>
<td>2006-2007</td>
<td>2. Recruit congregation members to serve as volunteers with IHN.</td>
<td>Local pastors</td>
<td>In-kind</td>
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<td></td>
<td>3. Recruit churches to serve as host congregations for homeless families served by IHN.</td>
<td>Faith-based committee; IHN</td>
<td>In-kind</td>
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</table>

## 2. Create First Entry/One-Stop Center to ensure coordination of homeless services.

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<tr>
<td>SHORT TERM</td>
<td>1. Assist w/ obtaining State ID cards.</td>
<td>ACCHH; service providers</td>
<td>&lt;$10,000</td>
<td>Increased employment &amp; services access</td>
<td>Existing resources; grants; State</td>
<td></td>
<td>UPDATE: 11/06 – In partnership w/ FL DMV, Homeless Coalition &amp; Office on Homelessness’ “Homeless Night Out/Breakfast on the Plaza” featured free access to replacement IDs for those in need.</td>
</tr>
<tr>
<td>2006-2007</td>
<td>2. Locate site for One Stop Assistance Center, or locate temporary site until such time as a permanent site is agreed upon.</td>
<td>City/County; ImpCom; GACOH; ACCHH; providers</td>
<td>In-kind</td>
<td>Improved access to services; better coordination of services; reduction in service duplication; easier navigation of available services; reduced downtown visibility of homelessness</td>
<td>Staff time</td>
<td>Three-year site identified by Gainesville City Commission March 26, 2007. Site planning underway.</td>
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<td></td>
<td>3. Implement a One-Stop Assistance Center, including screening, referral and service linkage. Provide access to computers and case managers to assist in search for relevant and available services and benefits, and link individuals to those services.</td>
<td>GACOH; ACCHH; City/County</td>
<td>$TBA In-kind agency staff time</td>
<td></td>
<td>Local, State and Federal grants; City/County; private donations;</td>
<td>Office on Homelessness released RFP on 11/22/06. One response – GRACE Marketplace – representing full participation of key homeless service providers in area received by 1/12/07 due date. City/County Commissioners, on 1/29/07, gave conditional approval to Office on Homeless to award $360,000 to fund first year of GRACE Marketplace operations, contingent upon determination of location, and conditional approval of continuation funding for years 2 and 3, contingent upon suitable performance and other measures to be included within the contract. County response (05/06): Initiate a comprehensive joint City/County planning effort pursuant to this recommendation.</td>
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<td></td>
<td>4. Increase access to health services via van transportation and bus tokens.</td>
<td>City/County</td>
<td>$TBA</td>
<td>Reduction in inappropriate ER usages</td>
<td></td>
<td>County response (05/06): Currently being done by County Social Services Department and expansion is contingent on County Commission budgetary processes. County should not purchase vans and busses for this purpose. Ensure effective use of MV Transit the Transportation Disadvantaged Coordinating entity for Alachua County.</td>
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</table>
### 2. Create First Entry/One-Stop Center to ensure coordination of homeless services (continued)

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<tr>
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<tbody>
<tr>
<td></td>
<td>5. Facilitate/coordinate access to mainstream benefits (SSI, SSDI, food stamps, TANF, etc.)</td>
<td>GACOH; One-Stop staff; HMIS admin</td>
<td></td>
<td>Reduction in local costs of homeless</td>
<td>VoA and state and federal benefit programs</td>
<td></td>
<td>Volunteers of America (VoA) currently grant-funded to assist w/ SSI, SSDI applications. County response (05/06): County Social Services Department currently does this, but expansion into a more thorough case management approach and expansion of levels of service to assist access is contingent on funding through County Commission budgetary process. 2007: Homeless Coalition, using County CAPP funds, hires outreach staff person to link homeless people with mainstream resources.</td>
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<tr>
<td></td>
<td>6. Explore opportunities for supportive employment.</td>
<td>GACOH; ACCHH; providers</td>
<td>$TBD</td>
<td>Increase employment opportunities</td>
<td>Grants</td>
<td></td>
<td>New funding in place for training programs and employment subsidies. See Prevention (Goal 2, Step 1). County response (05/06): The County makes referrals to existing agencies for this purpose.</td>
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<td></td>
<td>7. Conduct coordinated, bi-monthly outreach at rotating sites.</td>
<td>GACOH; ACCHH; providers</td>
<td>In-kind</td>
<td>Increased # of homeless accessing services</td>
<td>Staff time</td>
<td></td>
<td>Local models in place include Breakfast on the Plaza and Veteran Stand-downs, both annual events. County response (05/06): County Social Services is expanding outreach services to rural areas of Alachua County. Bi-monthly outreach within Gainesville would be subject to Commission budgetary process, as this would require additional staff.</td>
</tr>
<tr>
<td>MID-TERM</td>
<td>8. Expand one-stop services to include medical care, child care, and other needed services as identified through customer surveys, point-in-time surveys and data collection and analysis.</td>
<td>GACOH; ACCHH; City/County</td>
<td>$TBA</td>
<td>Comprehensive array of services. Reduction in # of homeless without basic necessities</td>
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<tr>
<td>2008-2012</td>
<td>9. Provide skill training (i.e. medical adherence, social functioning, conflict resolution, stress management, budgeting, problem solving).</td>
<td>GACOH; ACCHH; providers; mentors</td>
<td>$TBD</td>
<td>Increased social and housing stability. Reduction in crisis situations.</td>
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<td>10. Provide one-on-one mentoring for homeless individuals on basic life issues, such as home management, relationship skills, hygiene, self-management in the workplace, dealing w/ bureaucratic systems, etc.</td>
<td>GACOH; ACCHH; providers; mentors</td>
<td>In-kind</td>
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<tr>
<td><strong>LONG-TERM</strong></td>
<td><strong>2013-2015</strong></td>
<td><strong>11. Create a Homeless Services ID card that can be tied to a life improvement plan; revoked in lieu of arrest for certain offenses and reinstated by a caseworker, and used to access resources by participating landlords, merchants, and employers.</strong></td>
<td><strong>GACOH; ACCHH; GPD/ASO</strong></td>
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<td></td>
<td><strong>GACOH; ACCHH HMIS committee</strong></td>
<td><strong>Improved accountability; reduction in arrests</strong></td>
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<tr>
<td><strong>12. Continue expansion of One-Stop services to provide emergency and/or transitional housing; or shuttle transport to/from such housing if located off-site.</strong></td>
<td><strong>GACOH; ACCHH; City/County</strong></td>
<td><strong>$TBD</strong></td>
<td><strong>Complete Continuum of Care under one roof. Increased service usage.</strong></td>
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<tr>
<td>SHORT TERM</td>
<td>1. Fund County Health Dept. to provide urgent care to homeless referred by EMS and 24-hr triage for EMS.</td>
<td>GACOH; ImpCom; City/County; Fire &amp; EMS stations; CHD</td>
<td>$TBD</td>
<td>Reduction in inappropriate ER visits; maximization of existing resources</td>
<td>Grants; Hospital partnerships</td>
<td></td>
<td>Must: explore funding for supplies; determine scope of services; collaborate on triage protocols; develop transition plan for primary care by Helping Hands clinic until funds become available.</td>
</tr>
<tr>
<td>2006-2007</td>
<td>2. Increase capacity of Helping Hands Clinic (primary care) to 3x/week. To include hiring administrative staff to recruit volunteers and screen clients; funds for dental clinic supplies.</td>
<td>Helping Hands Clinic</td>
<td>$60,000</td>
<td>Reduction in inappropriate ER visits; maximization of existing resources</td>
<td>Grants (inc. SAMHSA); Hospital partnerships</td>
<td></td>
<td>Will expand clinic to twice a week (from current 1x/wk). Site location to be determined; ultimate goal is expansion to 3x/wk.</td>
</tr>
<tr>
<td>2006-2007</td>
<td>3. Fund County Health Department to provide primary care to 100 homeless people.</td>
<td>County Health Dept.</td>
<td>$141,300</td>
<td>Improved health; reduced inappropriate ER visits</td>
<td></td>
<td></td>
<td>Develop triage protocol for assignment</td>
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<td></td>
<td>4. Expand Gainesville Community Ministry dental/vision services.</td>
<td>Gainesville Community Ministry</td>
<td>$35,000</td>
<td>Improved health; reduced inappropriate ER visits</td>
<td></td>
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<tr>
<td>MID-TERM</td>
<td>5. Expand We Care program to service eligible low-income residents.</td>
<td>We Care program</td>
<td>$75,000</td>
<td>Improved health; reduced inappropriate ER visits</td>
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<tr>
<td>2008-2012</td>
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<tr>
<td><strong>MID-TERM 2008-2012</strong></td>
<td>1. Expand Alachua County’s transitional and permanent housing for homeless people with disabilities (mental illness, substance abuse disorders or physical health problems)</td>
<td>ACCHH; GACOH; providers</td>
<td>$800,000</td>
<td>Reduction in number of homeless people with disabilities</td>
<td>Grants</td>
<td></td>
<td>Next step: prepare budget for Finance Committee to have information ready for grant proposals.</td>
</tr>
<tr>
<td></td>
<td>2. Increase substance abuse treatment beds by five to serve approximately 60 individuals per year.</td>
<td>Meridian Behavioral Healthcare</td>
<td>$320,000 See Status note</td>
<td>Reduction in substance abuse issues for people receiving Tx</td>
<td>Grants; capture of end-of-year state funding</td>
<td></td>
<td>$320,000 (5 beds) serves 60 clients a year = $64k/bed/year Due to staffing requirements, SA Tx beds should be increased in increments of 10 (the same # of staff are required for 1 bed or 10). Meridian currently has 15 funded beds and room for 20.</td>
</tr>
<tr>
<td></td>
<td>3. Increase mental health services for approximately 300 homeless individuals.</td>
<td>Meridian Behavioral Healthcare</td>
<td>$800,000 See Status note</td>
<td>Medical stabilization; reduced CSU visits</td>
<td>Grants; capture of end-of-year state funding</td>
<td></td>
<td>$800,000 serves 300 clients a year = $2667/client. Funding can be added in increments of 20, at an approximate cost of $53,340 per caseload.</td>
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<tr>
<td></td>
<td>4. Implement Mobile Medical Services Van program. 4a. Secure commitments of volunteer health professionals and graduate-level health profession students to staff van. 4b. Ensure charitable sovereign immunity for medical volunteers.</td>
<td>County Social Services</td>
<td>$500,000</td>
<td>Improved health; reduced inappropriate ER visits</td>
<td>Grants</td>
<td></td>
<td>Option needs further exploration to determine cost effectiveness; interim objective is to expand transportation options to allow greater access to existing services. City response (04/06): A hybrid of this has been discussed between COG/AC EMS, exploring the possibility of grant funding of a taxi-voucher transport system for those evaluated by Paramedics and not in need of ambulance transport but in need of minor medical attention. This would provide for transport of the low income/homeless population in non-life threatening minor medical situations. This effort is targeted to increase the availability of transport-capable EMS vehicles for time-critical emergencies. Exploration continues in this area.</td>
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### Implementation

#### Goal 1: Create an Office on Homelessness

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<tr>
<td>SHORT TERM</td>
<td>1. Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; coordinate with the Implementation Committee, Steering Committee, Housing Trust and other committees; search for funding; and recruit community volunteers.</td>
<td>City/County; ACHA</td>
<td>$50,000-$70,000/yr</td>
<td>Paid staff responsible for successful implementation of 10-year plan</td>
<td></td>
<td>Spring 2006</td>
<td>ACHA has hired Homelessness Administrator to meet goals outlined in 10-year plan.</td>
</tr>
<tr>
<td>2006-2007</td>
<td>2. Hire support staff and a grant writer.</td>
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<td>County response (05/06): This is addressed at the beginning of this report.</td>
</tr>
</tbody>
</table>

#### Goal 2: Seek funding for homeless programs outlined in the 10-year plan.

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<tr>
<td>SHORT TERM</td>
<td>1. Collaborate with City/County grant writers to identify potential funding.</td>
<td>GACOH</td>
<td>In-kind</td>
<td>Increased funding for projects</td>
<td>Staff time</td>
<td>Ongoing</td>
<td>Registered w/ eCivis and in constant communication w/ local service providers re: funding via ACCHH &amp; elsewhere</td>
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<tr>
<td>2006-2017</td>
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<td></td>
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<td>City response (04/06): The City will continue to make its grant-writing staff available to assist in seeking such grants. Where appropriate, the City can use the services of its state and federal lobbyists to obtain legislative support for grants where the City is a partner. Regarding “development funds”, the Community Redevelopment Agency (CRA) can use a portion of its funds (TIF) to develop programs/projects that demonstrate new and improved means of providing services, provided the funds generated within a redevelopment district are spent within that district. [There are currently four redevelopment districts.]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Direct lobbying efforts to seek federal and state funds for homeless programs.</td>
<td>City/County</td>
<td>In-kind</td>
<td></td>
<td>Staff time</td>
<td>County has requested $4 million each from state and federal governments.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Evaluate creative funding options such as an allocation of a portion of development funds for homeless initiatives.</td>
<td>GACOH; City/County; ImpCom</td>
<td>In-kind</td>
<td></td>
<td>Staff time</td>
<td>GRACE Housing Trust Development Committee continues to explore all funding sources successfully utilized by existing local and state Housing Trust Funds.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity</td>
<td>Responsible Parties</td>
<td>Type of Support</td>
<td>Description of Activity</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td>Approach Shands HealthCare and North Florida Regional Medical Center to assist with prevention and other health care programs for the homeless.</td>
<td>GACOH; City/County; ImpCom</td>
<td>In-kind</td>
<td>Reallocation of existing expenditures. Commissioner Long, Mayor Hanrahan and the Office on Homelessness have begun a dialogue with Shands HealthCare and North Florida Regional Medical Center to assist with prevention and other health care programs for the homeless.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Change governmental priorities so homeless issues receive more support, either monetarily or through staff dedication.</td>
<td>GACOH; ImpCom; City/County</td>
<td>In-kind</td>
<td>Staff time. Ongoing. County response (05/06): County Commission will consider May 23, 2006.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Implementation

<table>
<thead>
<tr>
<th>Goal 3: Implement the Homeless Management Information System (HMIS) at the system-wide level to facilitate coordination of services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Frame</strong></td>
</tr>
<tr>
<td>SHORT TERM 2006-2017</td>
</tr>
<tr>
<td></td>
</tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Goal 4: Enhance public awareness regarding the plight of the homeless.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Frame</strong></td>
</tr>
<tr>
<td>SHORT TERM 2006-2007</td>
</tr>
<tr>
<td>Goal 1:</td>
</tr>
<tr>
<td>Time Frame: SHORT TERM 2006-2007</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Resources:</td>
</tr>
<tr>
<td>Expected Outcomes:</td>
</tr>
<tr>
<td>Expected Costs:</td>
</tr>
<tr>
<td>Status:</td>
</tr>
<tr>
<td>Target Date:</td>
</tr>
<tr>
<td>Responsibility:</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Goal 2:</td>
</tr>
<tr>
<td>Time Frame: MID-TERM 2008-2012</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Resources:</td>
</tr>
<tr>
<td>Expected Outcomes:</td>
</tr>
<tr>
<td>Expected Costs:</td>
</tr>
<tr>
<td>Status:</td>
</tr>
<tr>
<td>Target Date:</td>
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<tr>
<td>Responsibility:</td>
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</table>
**Goal 2: Enhance educational, job training and employment-related options for at-risk and homeless individuals and families.**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Steps</th>
<th>Responsibility</th>
<th>Expected Costs</th>
<th>Expected Outcomes</th>
<th>Resources</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHORT TERM 2006-2007</td>
<td>1. Provide job coaches to at-risk citizens.</td>
<td>Providers; Alachua/Bradford Regional Workforce Board</td>
<td>$50,000+</td>
<td>Improved employment options for at-risk citizens</td>
<td>Grants</td>
<td>Currently in place through some area service providers, particularly St. Francis House through partnership with FloridaWorks. FloridaWorks recently secured $200,000 for employment services and assistance, including housing, to homeless people, in partnership with VETS/SPACE, the Alachua County Coalition for the Homeless &amp; Hungry and the Alachua County Housing Authority. City response (04/06): Good idea. Efforts begun at St. Francis House with Goodwill Job Junction should be continued and, as opportunities arise, expanded with self-funded efforts such as a thrift shop.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Promote awareness to local employers regarding flexible hours that are family-friendly and encourage childcare options.</td>
<td>GACOH</td>
<td>In-kind</td>
<td>Staff time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Promote literacy programs for post-school adults and enhance after-school reading programs.</td>
<td>School Board of Alachua County</td>
<td>In-kind</td>
<td>Increased literacy rates; improved job opportunities</td>
<td>Staff time; existing resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MID-TERM 2008-2012</td>
<td>4. Increase skilled apprenticeship programs.</td>
<td>SBAC; SFCC</td>
<td>In-kind</td>
<td>Staff time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Increase affordable transportation options.</td>
<td>City, County</td>
<td>$150,000+</td>
<td>Improved job opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Provide job skills training for middle and high school students.</td>
<td>SBAC</td>
<td>$150,000+</td>
<td>Reduction in # of people limited to minimum wage employment.</td>
<td>Grants; partnerships</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal 3. Provide healthcare to very low-income and homeless persons to prevent medical circumstances that contribute to homelessness.**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Action Steps</th>
<th>Responsibility</th>
<th>Expected Costs</th>
<th>Expected Outcomes</th>
<th>Resources</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MID-TERM 2008-</td>
<td>1. Contract with mental and primary health service providers, and the public health department, to provide care for very low-income citizens.</td>
<td>County</td>
<td>$500,000+</td>
<td>Reduction in number of people homeless due to medical circumstances</td>
<td>County response (05/06): Office on Homelessness may coordinate development of plans and recommendations regarding this. The $150,000 identified in the Blueprint for Implementation for such an increase would be subject to Commission budgetary processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>2. Provide subsidized care for people at 150% of poverty level who are not eligible for CHOICES program.</td>
<td>County Social Services</td>
<td>$500,000+</td>
<td>Existing CHOICES funding stream</td>
<td>County response (05/06): The County recognizes that significant numbers of citizens below 150% of the Federal Poverty Level are not eligible for CHOICES, and that the current budget in County Social Services is far below the $500,000 identified in the Blueprint as necessary for this service. Additional funding is subject to Commission budgetary processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Enroll homeless children and adults in Medicaid, KidCare, VA and social security programs.</td>
<td>GACHOH; providers</td>
<td>In-kind</td>
<td></td>
<td>Possible expansion of Services (Goal 1, Step 5) strategy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Increase preventative health care options and preventative health education for at-risk citizens.</td>
<td>Health Dept.; providers</td>
<td>$500,000+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendices

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

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

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

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

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

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

### Steering Committee

| Commissioner Rodney Long, Co-Chair | Alachua County Commission |
| Mayor Pegeen Hanahan, Co-Chair | Gainesville City Commission |

- Positive Banks Community Representative
- Chief Norman Botsford Gainesville Police Department
- Commissioner Bonnie Burgess Alachua County Commission
- Alfred Cason, Sr. Community Representative
- State Attorney Bill Cervone State Attorney’s Office
- Brent Christensen Gainesville Chamber of Commerce
- Commissioner Jack Donovan Gainesville City Commission
- Judge Walter Green Alachua County Courts
- Sol Hirsch Alachua Co. Library District
- Jack Hughes Gainesville Downtown Owners & Tenants Assoc.
- Tony Jones Gainesville Police Department
- Dr. Maggie Labarta, CEO Meridian Behavioral Healthcare, Inc.

| Dr. Sally Lawrence, Facilitator S.J. Lawrence Consulting |
| Judge Martha Lott Alachua County Courts |
| Fred Malphurs, Director Veterans Administration Medical Center |
| Commissioner John Martin Hawthorne City Commission |
| Commissioner John Martin Hawthorne City Commission |
| Dr. Ken McGurn McGurn Investment Co. |
| Gail Monahan Alachua County Housing Authority |
| Wanda Nelson Lazarus Restoration Ministries |
| Sheriff Stephen Oelrich Alachua County Sheriff’s Office |
| Rick Parker, Public Defender Public Defender’s Office, 8th Judicial Circuit |
| Commissioner Lee Pinkoson Alachua County Commission |
| Tina Pinkoson Alachua County School Board |
| County Manager Randall Reid Alachua County |
| Jackson Sassar, President Santa Fe Community College |
| Michelle Sherfield Office of State Rep. Ed Jennings |
| Jennifer Smith Alabaster Box Ministries |
| Cecil Talbot Dove World Outreach Center |
| Deborah Talbot Dove World Outreach Center |
| Ester Tibbs, District Admin. Florida Dept. of Children & Families |
| Rev. Father Gordon Tremaine Holy Trinity Episcopal Church |
| Elder Ted Welcome Church of God in Christ |
| Bev White, Program Admin. Florida Dept. of Children & Families Substance Abuse & Mental Health Program Office |
| Commissioner Bryan D. Williams High Springs City Commission |
| Janie Williams Porter Quarters Neighborhood Assoc. |

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

| State Attorney Bill Cervone, Chair State Attorney’s Office, 8th Judicial Circuit |
| Tom Barnes FL Dept. of Children & Families |
| Mary Belmore Shands at Vista |
| Chief Norman Botsford Gainesville Police Dept. |
| Florida Bridgewater-Alford UF Community Relations |
Thelma Clayton
Partnership for Strong Families

Judge Mary Day Coker
Alachua County Courts

Gerie Crawford
Alachua County Court Services

Sadie Darnell
Gainesville Police Department

Captain Mike Fellows
Alachua County Sheriff’s Office

Terry Fleming
Alachua County Coalition for the Homeless & Hungry

Judge Walter Green
Alachua County Courts

Joe Jackson
U.F. College of Law

Thomas Johnson
House of Hope

Tony Jones
Gainesville Police Dept.

Amber Kelly
Critical Resistance

Georgene Leighton
Formerly homeless, Fire of God Ministries

Capt. Wayne Mack
Alachua County Sheriff’s Office

Dr. Elizabeth McMahon
Private medical practice

Dr. Ken McGurn
McGurn Investment Co.

Steven Murphy, CEO
Partnership for Strong Families

Sheriff Stephen Oelrich
Alachua County Sheriff’s Office

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

Captain Caleb Prieto
Salvation Army

Laurie Reisman
Chrysalis Community

Lt. Lonnie Scott
Gainesville Police Dept.

Reverend David Swanson
The HOME Van

Cynthia Tyson
Florida Dept. of Children and Families

Willie Washington
Gainesville Police Dept.

Sam Clark, COO
Corner Drug Store

Thomas Cronk
Sunrise SRO/Community Rep.

Diane Dimperio
Alachua County Health Dept.

Miriam Welly Elliott
St. Francis House

Bob Ellenberg
The HOME Van

Ken Hardin
KenCare

Judge Martha Lott
Alachua County Family & Civil Courts

Vianne Marchese
VA Health Care for Homeless Veterans

Charlotte Matthews
Volunteers of America

Dr. Ken McGurn
McGurn Investment Co.

Cyndi Morton, Director
Alachua County Court Services

Bob Murphy, Director
VETSPACE

Bob Pate
Community Representative

Dr. Roberts
Shands at AGH Emergency Dept.

Randy Stacey
Helping Hands Clinic

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

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

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

Tom Belcuore, Director
Alachua County Health Dept.

Nadia Branham
Meridian Behavioral Healthcare, Inc.

Dr. Tony Campo
We Care Physician Referral Network
Supportive Services Committee

Rev. Dr. Gordon Tremaine, Chair
Alachua Co. Coalition for the Homeless & Hungry

Vivian Filer, Co-Chair
Springhill Community Neighborhood Assoc.

Loren Baker
ABM

Positive Banks
Community Representative

Alfred Cason, Sr.
Community Representative

Melody Cevelin
Seraphim Center

Judith Chase
Community Representative

Commissioner Chuck Chestnut
Gainesville City Commission

Robin Coen
Trinity United Methodist Church

Diane Dimperio
Alachua County Health Department

Commissioner Jack Donovan
Gainesville City Commission

Doug Fleming
Volunteers of America

Gina Gugliuzza
U.F. Shands

Dr. Theresa Harrison, CEO
Peaceful Paths

Sol Hirsch
Alachua County Library District

Tony Jones
Gainesville Police Dept.

Anna Lake
Holy Trinity Episcopal Church

Donna Lawson, Director
Interfaith Hospitality Network

Georgene Leighton
Interpreter for the Deaf/Fire of God Ministries/Community Representative

Fred Malphurs, Director
Veterans Administration Medical Center

Marilyn Maple
St. Francis House

Vianne Marchese
Veterans Administration Medical Center

Lenora Mazlaghani
Arbor House

Dan McCann
NCF Restaurant Association

Dr. Ken McGurn
McGurn Investment Co.

Melody Marshall
Holy Trinity Episcopal Church

Bob Murphy
VETSPACE

Beth O’Grady
Alachua Co. Coalition for the Homeless & Hungry

Jim Painter
Painter Masonry, Inc.

Deborah Rebmann
Florida Dept. of Children and Families

Laurie Reisman
Chrysalis Community

Wendy Shannon
Alachua County School Board

Jennifer Smith
Alabaster Box Ministries

Randy Stacey
Helping Hands Clinic

Vincent Washington
Lazarus Restoration Ministries

Rhonda Waddell
UF College of Health & Human Performance

Sustainable Housing Committee

Gail Monahan, Co-Chair
Alachua Co. Housing Authority

Dr. Ken McGurn, Co-Chair
McGurn Investment Co.

Tony Arvesu
IMS Corp.

Loren Baker
ABM

Positive Banks
Community Representative

Ed Baur
Ed Baur Management

Commissioner Mike Byerly
Alachua County Commission

Alfred Cason, Sr.
Community Representative

Judith Chase
Community Representative
Mike Conroy
University Corners LLC

Elizabeth Covell
Holy Trinity United Methodist

Thomas Cronk
Sunrise SRO/Community Rep.

Anna Lake
Holy Trinity Episcopal Church

Cain Davis
Gainesville Housing Authority

Donna Lawson
Interfaith Hospitality Network

Eric Leightman
University Homeless Council

Georgene Leighton

Jeanna Mastrodicasa
University of Florida

Lori McGriff
Alachua Co. Builders Assoc. of NCF

Andrew Mickle, Board Member
Gainesville Housing Authority

Bonnie Mott
Alachua Co. Assoc.of Realtors

Corlis Duncan Nelson
Sid Martin Bridge House

Beth O’Grady
Alachua County Coalition for the Homeless and Hungry

Bob Pate
Community Representative

Kenrick Pierre
Alachua County Planning & Development

Ishmael Rentz
S L Construction & Remodeling

Minnie Rolark
Partners for a Productive Community

Michelle Sherfield
Office of State Rep. Ed Jennings

Donna Summerall
Community Representative

Carol Thomas
NUBA

Kent Vann
St. Francis House

Elder Ted Welcome
Church of God in Christ

Commissioner Bryan D. Williams
High Springs City Commission

Helen Warring
ERA Trend Realty

Russell Welch
Community Representative

Michael Wright
Gainesville Community Ministry

Rev. John Cowart
Abiding Faith Christian Church

Pastor Larry Dennison
Compassionate Outreach Ministries

Pastor George Dix, Jr.
Passage Family Church

Reverend Bob Ellenberg
The HOME Van

Rev. Eugene Gainey

Dr. Freeman Gallmon
Mt. Moriah Baptist Church

Rev. Milford Griner

Pastor Eddie G. Hall
Bethel Seventh Day Adventists Church

Min. Sherwin Henry
Gateway Christian Center

Rev. Susie Horner
Southwest United Methodist Church

Rev. Samuel Jones, Jr.
Open Door Ministries

Pastor Willie King
Showers of Blessings Harvest Center

Pastor Ken Kleckner
First United Methodist Church of Alachua

Pastor Althaena Lenon
Pleasant Plain United Methodist Church

Rev. W. G. Mayberry
Pleasant Hill Baptist Church

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

---

**Faith-Based Community Committee**

**Elder Ted Welcome, Chair**
Church of God in Christ

Rev. Karl Anderson
Upper Room Church of God in Christ

Rev. Bobby Bradley
Mt. Pleasant United Methodist Church

Rev. Hones Brown
Friendship Baptist Church

Rev. Dr. G. L. Champion
Greater Bethel AME Church

---
Rev. J. McKenzie
Daysprings Missionary Baptist Church

Bishop James McKnight
Church of God by Faith

Pastor Horace Mingo
Jesus People Life Changing Church

Pastor Earl Parker
First United Methodist Church of Gainesville

Rev. Clifford Patrick
Bartley Temple United Methodist Church

Rev. Ida Rawls
Mt. Zion AME Church

Rev. Moses Simmons
Jesus People Life Changing Church

Rev. David Swanson

Rev. Adrian Taylor
Springhill Missionary Baptist Church

Pastor Kevin Thorpe
Faith Missionary Baptist Church

Rev. Dr. Gordon Tremaine
Holy Trinity Episcopal Church

Pastor Shirley Watts
Community Praise Center

Rev. Claude Williams

Dr. D. R. Williams
Williams Temple Church of God in Christ

Pastor Thomas Wright
Mt. Carmel Baptist Church

Pastor Aaron Young
Victory Temple Ministries Church of God in Christ

Finance Committee

Brent Christensen, Chair
Gainesville Area Chamber of Commerce

Judith Chase
Community Representative

John Cherry, Executive Director
Gainesville Housing Authority

Diane Dimperio
Alachua Co. Health Department

Dr. Ken McGurn
McGurn Investment Co.

Deborah Talbot
Dove World Outreach Center

Bev White
FL Dept. of Children & Families Substance Abuse & Mental Health Program Office
### Gainesville/Alachua County Housing for People Experiencing Homelessness as of November 2005

<table>
<thead>
<tr>
<th>Component: <strong>Emergency Shelter</strong></th>
<th>Provider Name</th>
<th>Facility Name</th>
<th>Target Population*</th>
<th>Bed Capacity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arbor House</td>
<td>New Beginnings</td>
<td>FC</td>
<td>N/A 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>St. Francis House</td>
<td>St. Francis House</td>
<td>FC</td>
<td>9 21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Salvation Army</td>
<td>The Salvation Army</td>
<td>SM</td>
<td>24 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interfaith Hospitality Network</td>
<td>(scattered facilities)</td>
<td>FC</td>
<td>N/A 15</td>
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<tr>
<td></td>
<td>Corner Drug Store</td>
<td>Interface Youth Shelter</td>
<td>YMF</td>
<td>20 N/A</td>
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<tr>
<td></td>
<td>Peaceful Paths</td>
<td>Gallenkamp Shelter</td>
<td>FC, DV</td>
<td>N/A 30</td>
<td></td>
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<tr>
<td></td>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td>53 70</td>
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<table>
<thead>
<tr>
<th>Component: <strong>Transitional Housing</strong></th>
<th>Provider Name</th>
<th>Facility Name</th>
<th>Target Population*</th>
<th>Bed Capacity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Francis House</td>
<td>Home &amp; Jobs</td>
<td>FC</td>
<td>N/A 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peaceful Paths</td>
<td>Transition House</td>
<td>FC, DV</td>
<td>N/A 10</td>
<td></td>
<td></td>
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<tr>
<td>Malcolm Randall Veterans Affairs Medical Center</td>
<td>Dogwood Bailey Village</td>
<td>SM, VET</td>
<td>9 N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meridian Behavioral Healthcare</td>
<td>Hope</td>
<td>SMF</td>
<td>5 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleasant Place</td>
<td>Pleasant Place</td>
<td>FC</td>
<td>N/A 16</td>
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<td></td>
</tr>
<tr>
<td>VETSPACE</td>
<td>The Mac House &amp; S.S.</td>
<td>FC, DV</td>
<td>N/A 16</td>
<td></td>
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<tr>
<td>Veterans Affairs Medical Center</td>
<td>Compensated Work Therapy</td>
<td>SM, VET</td>
<td>7 N/A</td>
<td></td>
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</tr>
<tr>
<td>Arbor House</td>
<td>Mom’s Place</td>
<td>FC</td>
<td>N/A 16</td>
<td></td>
<td></td>
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<tr>
<td>The PRESERVE</td>
<td>The PRESERVE</td>
<td>YM</td>
<td>5 N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chrysalis Community</td>
<td>Chrysalis Community</td>
<td>SF</td>
<td>4 N/A</td>
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<td></td>
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<tr>
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**Target Populations**
- FC: Families w/ Children
- SM/SM: Single Males/Females Only
- YMF: Unaccompanied Youth (Male/Female)
- DV: Domestic Violence Victims
- VET = Veterans

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**Section 8 Vouchers**

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

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

**Public Housing**

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

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

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

Housing Trust Funds: An Overview

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

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

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

Programs:

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

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

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

Most housing trust funds contain various components to help achieve specific objectives; basic programmatic issues are defined by ordinance, legislation, or by-laws. Staff and board members then develop the application cycle, program requirements and administrative rules. For example, they: may include programs to increase the capacity of nonprofit organizations so that they can better engage in housing development activities; often require that the units supported remain affordable to the intended beneficiaries for the longest possible period; and typically encourage leveraging of other public and private resources. Funds are made available as loans or grants through a competitive request for proposal process; projects then are ranked on a number of pre-established criteria.\(^6\)
Administration:
The Alachua County Housing Trust will function initially under the general direction of the Alachua County Housing Authority. As the fund’s assets increase, so too will the level of staff commitment necessary to maintain its daily operations. Ultimately, the trust could operate as a stand-alone non-profit organization, under the direct oversight of a Board of Directors comprising individuals with expertise in real estate, development, finance and/or service provision, as well as housing advocates, homeless/formerly homeless individuals, and members of the community.

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

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

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

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

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

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

Conclusion:
Lack of safe, affordable housing has an enormous impact on communities. High housing costs force families and individuals to choose between paying rent or other bills, and around the nation, the number
of families with “worst case” housing needs continues to grow, while the inventory of affordable housing shrinks.\textsuperscript{11}

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

\textbf{Citations:}


7. ibid.


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

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

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

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

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

Massachusetts Housing and Shelter Alliance Model for Discharge Planning: Massachusetts Housing and Shelter Alliance (MSHA) developed a model program for discharge of person from hospitals, community-based treatment facilities, incarceration, and foster care. The characteristics of an effective discharge planning service include a comprehensive needs assessment for each individual; effective matching of needs with post-discharge options, and a high level of coordination and collaboration between and among governmental agencies. The plan requires a designated discharge planner. For more information see: Moving Beyond Serving the Homeless to Preventing Homelessness (at the Interagency Council on Homelessness Web site) which contains a section on Characteristics of an Effective Discharge System
A Turning Point: Homeless & Substance Abuse Emergency Intervention Services:
The Turning Point is a 56-bed inebriate intervention facility and the largest provider in Pinellas County of stabilization and placement services to homeless persons with both substance-related and mental health conditions. It was created in response to the communities need to address the overwhelming numbers of individuals in St. Petersburg who were inebriated, mentally ill, and homeless. The program accepts clients from all over Pinellas County and attempts to case manage them and connect them with other treatment services or housing within the County.

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

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

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

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

Funding for the Pathways program comes in two parts: housing subsidies and services. Around 65 tenants have Section 8 vouchers, and the remainder are subsidized by grants from the HUD Shelter Plus Care program and the New York State Office of Mental Health. The latter also provides funding for the ACT teams. Each unit costs approximately $20,000 per year. Internal program evaluation data from 2000 showed that 88% of the program’s tenants remained housed after five years. http://www.pathwayslohousing.org
Clearwater Homeless Intervention Project (CHIP): Located in Pinellas County, Florida the facility includes a shelter, transitional housing facilities, a Clearwater Police Department substation and offices for various private, city and county groups that provide services on site. There is a soup kitchen next door and the Pinellas County mobile medical/dental van make regular stops at CHIP.

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

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

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

Homeless Emergency Project (HEP): Located in Clearwater, Florida this facility is a very large, state of the art facility that covers several blocks. HEP is operated by Everybody’s Tabernacle church. The facility includes: temporary shelter for singles, families and disabled, transitional housing and permanent housing (up to five years), a kitchen, community hall, dental clinic, vocational training, and a thrift store which generates income for the shelter (over $200,000.00 a year).
**Common Ground Community:** Common Ground is a recuperative care transitional residence that breaks the cycle of hospital recidivism and shelter use for the medically frail homeless in New York City. The program addresses the needs of homeless individuals who are ready to be discharged from the hospital, yet require additional medical care for complete recuperation. Length of stay will average 90 days to allow patients to achieve medical recuperation, secure available benefits, and engage in the exploration of transitional or permanent housing alternatives. The Respite Center takes a unique, integrated approach to recovery and the concept of health care for the homeless.

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

http://www.commonground.org/

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

Services provided include:
- Crisis Stabilization
- Intake, Assessment and Treatment Referral
- Drug and Alcohol Detoxification/Civil Protective Custody (CPC)
- Mental Health Evaluation and Treatment
- Homeless Outreach Services
- 24-hour Transportation Support System

Source of income/revenue: Local governments, hospitals and State of Nevada

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

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

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

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

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

Appendix VI: Glossary

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

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

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

Housing First: “Housing first” (HF) is an alternative to the current Continuum of Care system of emergency shelter/transitional housing, which proponents say tends to prolong the length of time that families remain homeless. The methodology is premised on the belief that vulnerable and at-risk homeless individuals and
families are more responsive to interventions and social services support after they are in their own housing, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these individuals and families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

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

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

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

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

Section 8 Housing Choice Vouchers:
Issued to tenants by Public Housing Authorities (PHAs) to allow individuals to find his/her own place to rent, using the voucher to pay for all or part of the rent. To be eligible, individuals can earn no more than the Housing Assistance Payments Program, authorized by the Housing and Community Development Act of 1974.

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

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

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

13. Out of Reach 2004. NLIHC.
16. ibid.
Background Materials:


Blueprint to End Chronic Homelessness in the Chattanooga Region in Ten Years. Chattanooga Homeless Coalition, 2003.


Homelessness in Alachua County: An Update. Presented to the Alachua County Board of County Commissioners by Gail Monahan, Executive Director, Alachua County Housing Authority. October 2004.


Town Meeting on Poverty. Community Forum hosted by the Alachua County Coalition for the Homeless and Hungry and Holy Trinity Episcopal Church, July 13, 2005.
