



# **Development of 10-Year Plans to End Homelessness**

## **Case Study: Gainesville, FL**

October 2007 FCH/FSHC Conference

# What Are 10-Year Plans?

- A narrative of the work advocates, providers and municipalities have done, are doing, and plan to do over the next decade to end homelessness
- Community participation and buy-in to the efforts
- Focus is primarily permanent supportive housing for “chronically homeless” individuals
- Overlap of all other issues with lack of affordable housing necessitates a strong housing focus

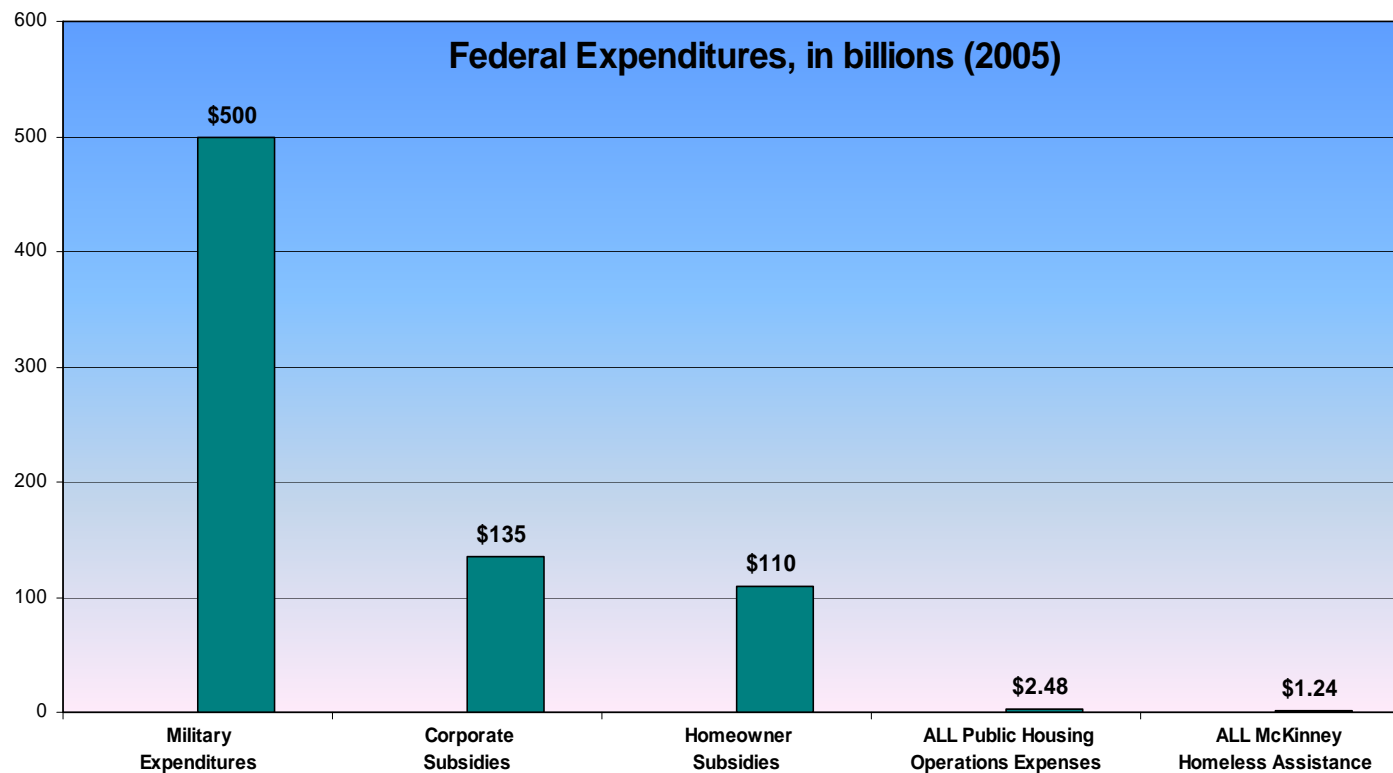
# What Are 10-Year Plans Not?

- 10-year plans are not a solution to the systemic root causes of homelessness, including:
  - Reduction/near elimination of federal funding for building, maintaining and subsidizing affordable housing
  - Urban renewal
  - Deindustrialization and increase in poverty
  - Shifting federal funding priorities
  - Lack of a living wage

# Housing is Critical Centerpiece, But...

- HUD's budget has been slashed by 65% since 1978, to \$29 billion in 2006 (constant dollars)
- In the six years from 1976 to 1982, HUD built 755,000 new public housing units
- In the 24 years since 1983, HUD has only built a total of 255,000 new units
- 200,000 private sector affordable units lost annually

# Where Are the Housing Dollars?



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- In the past 10 years, HUD has spent \$0 on the development of new public housing, while more than 100,000 public housing units have been lost to sale, demolition, or other removal
- 2004: 61% of federal housing subsidies went to households earning more than \$54,788. Only 27% went to households earning under \$34,398

# Gainesville...

- 120,000 residents, in a County of 250,000
- Poverty rate nearly twice the state & national averages
- Home to University of Florida, and a number of highly respected hospitals
- Long-standing Homeless Coalition, Continuum of Care
- VA Hospital, services, warm weather
- Countless past homelessness meetings, task forces, Blue Ribbon committees, working groups, etc.

# Key Program Goals: 2006-2016

- Provide 350 beds for homeless individuals and families
- Increase access to medical care, supportive services and housing referrals through a One-Stop Center
- Prevent people from losing their housing in the first place through rent/mortgage assistance, education & services
- Reduce unnecessary criminal justice expenditures and discharges into homelessness from jails, hospitals, etc.
- Increase faith-based initiatives to help the homeless
- Educate the public about the true nature of homelessness

# Successes of the 10-Year Plan (2006)

## First 15 months

- 20% reduction in all homelessness
- 20% reduction in chronic street homelessness

## Housing

- Housing Trust Fund under development
- \$125,000 state grant to house 15 disabled homeless individuals
- \$750,000 federal grant to increase affordable housing by 40 beds
- \$125,000 in City funds for Winter Shelter

## Prevention

- \$200,000 state grant for employment services and assistance, including housing

# Successes of the 10-Year Plan (2006)

## Implementation

- \$140,000 in City/County/Private dollars to fund Office on Homelessness for 2 years
- **Executive Director** hired to oversee implementation of Plan and seek additional funds
- **Expanded** local Homeless Management Information System (HMIS) to cover more than half of local emergency, transitional and supportive housing beds

## Supportive Services

- \$100,000 in State funds to various programs/agencies
- \$10,000 in city funds to reunite homeless individuals with families back home

# First Step: A Catalyst to Action

- Panhandling
- High-visibility downtown homelessness
- Hate crimes against homeless people
- Criminalization of homelessness
- General realization that current solutions aren't solving the problem

# Gainesville's Process

- Homelessness Summit – March 31, 2005
- 6 months of research, planning and cost studies, involving 200 key stakeholders, including the homeless
- Monthly Steering Committee oversight meetings
- Adopted by City/County Commissions Dec 15, 2005
- Recognized nationally and throughout Florida for innovative strategies, research and implementation

# Moving Toward Action: Community Summit I

- Defined the growing problem to people who had little experience with homeless people
- Co-chaired by Mayor and County Commissioner
- Presentations on effective solutions, model programs
- Details of current costs of homelessness to community
- Committee designations and appointments split key stakeholders into five committees: Housing, Services, Health, Public Safety, and a Steering Committee

# Staffing & Committee Work

- Facilitator, Researcher/writer/staffer, City Block Grant Manager, County Poverty Reduction Program Manager
- 6 months of work, with monthly report-backs to Steering Committee
- Committees all had homeless representation, though primary homeless input came through poverty speak-outs and homeless-specific forums

# Working with Committees

- Constant provision of accurate information
- Highlight local successes
- Local data, best practices/models, news coverage
- Ensure they understand Housing First vs. CoC
- Meet misinformation head-on
- Listen to homeless people!

# Listening to the Experts

- No amount of research, studying, analyzing or measuring makes anyone more of an expert on homelessness than the people living it
- Expect frustration – another 10 years!?
- Struggling for survival sometimes means you miss a meeting or two
- Speakouts, forums (not debates)
- Immediate Needs Subcommittee?

# Committee Chairs

- Housing: Downtown developer, PHA Executive Director
- Services: State SA/MH Program Manager, ED of key SA/MH/CSU service provider
- Services: Neighborhood advocate, Homeless Coalition Chair
- Public Safety: State Attorney, Sheriff
- Eliminate as many barriers to the top as possible

# Dealing with Opposition

- Bring key opponents into the planning process
- Focus on existing costs of homelessness
- Find a common ground

# Finding the Common Ground

- “I don’t like seeing homeless people in front of my business”
- “There are too many homeless people downtown”
- “I don’t like that people are sleeping in the parks I want to take my children to”
- “I don’t want my tax dollars spent on people who won’t help themselves”
- Common thread: “I don’t like seeing homeless people on the streets of my community”
- We don’t want people to have to live on the street either

# Making It Relevant: Dollar Signs

- First local cost study identified \$9 million in expenses related to providing services and care to homeless people in one year. More than half of this was related to public safety and public health costs
- 46% of homeless adults reported having used a hospital ED for basic medical care in past year, costing one local hospital over \$3 million in unpaid charges
- Local CSU found homeless patients stay 1-2 days longer than non-homeless patients, at a cost of roughly \$500 per patient, per Tx. This additional time also costs 120 days of services not provided (at ~\$400/day), or 30 clients left unserved annually

# Data: What's Already There?

- Abundance of state and national data. HCH, NAEH, SAMHSA, The Urban Institute, NCH Fact Sheets
- Cost comparisons: Housing subsidy vs. shelter vs. PSH vs. jail/prison
- Local health planning councils, homeless coalitions, behavioral health providers

# Local Data: What's Already There?

- Hospitals
- Crisis Stabilization/Detox Units
- Fire Rescue/Emergency Transport
- MH, SA & Incarceration (Public Safety)
- Veterans Affairs Medical Center
- Point-in-Time Surveys: Past & Future

# Local Data: Hospitals

- **Source:** Finance Departments of local hospitals, particularly those charged with providing indigent care.
- Shands Health Care analyzed care given to homeless individuals in 2004. In one year:
- \$2.5 million in uncompensated emergency department care to homeless individuals
- \$625,000 in uncompensated physician charges

# Local Data: CSU/Detox Units

- **Source:** Finance Dept., Program Directors, Executive Directors
- Meridian CSU: Homeless patients stay 5 days in the CSU versus 3 to 4 days for non-homeless patients.
- Extra length of stay costs roughly \$500 per patient, per Tx
- This additional time also costs 120 days of services not provided (at ~\$400/day), or 30 clients left unserved, because of the lack of a stable environment into which CSU staff can discharge patients

# Local Data: Fire Rescue/EMS

- **Source:** Fire Chief, Program Directors, Combined Communications Centers
- Alachua County Fire Rescue spent, in FY2002, \$69,151.25 transporting homeless individuals from encampments to emergency rooms.
- Of this, \$47,460.08 was eventually “written off” as uncollectible.

# Local Data: Public Safety

- In Gainesville, public safety officials spend over \$1 million a year dealing with homelessness, specifically SA/MH issues. Much of this expense could be avoided with adequate mental health and substance abuse treatment beds for the homeless
- Alachua County Sheriff's Office spent \$466,000 incarcerating homeless people in one year. Based on avg. cost of response of \$675, and an average stay of 17.3 days in jail at a cost of \$63 per day

# Local Data: Public Safety

- **Source:** Analysis of Public Arrest Records
- Review of all arrests of homeless people by GPD in 2005 found 460 arrests. Of these:
  - 25.55% were for Open Container Violations
  - 5% were for Possession of Alcohol in City Park
  - Total of 30% of all homeless arrests were for possession of alcohol

# Local Data: Public Safety

- Open Container arrests: 8 individuals received 46% of 117 open container violations
- Possession in Parks: 8 individuals received 60% of 23 Possession of Alcohol in a City Park violations
- In all, 10 individuals received 51.4% of all alcohol violations
- \$50,000 in arrest costs alone for 10 individuals. Add to that number of days in jail \* cost of jail per day and the expense grows (and grows and grows)

# Local Data: VAMC

- **Source:** Program directors, HCHV Coordinators, addiction/recovery programs
- **FY2004:** Outpatient SA Tx: \$256k; Intensive Outpatient SA Tx: \$511k; Ambulatory Detox: \$390k
- **Note:** Not all programs were 100% homeless
- If the VAMC is not in your area, check with admissions/billing or HCHV to find what % of clients originate in your ZIP code

# No Data? No Problem

- Establishing baseline data is significant
- Work with local agencies, hospitals, public safety, jails, and mental health and substance abuse treatment providers to begin tracking housing status of clients
- Opens up additional funding streams and allows provider to assess discharge planning needs, treatment follow-ups, etc.
- Before you accept “No” for an answer, check: shelter addresses, no address, “transient” or other labels

# Local Data: Point-in-Time Surveys

- How many people have health issues? Did they cause the stint of homelessness? What types of income do people w/ disabilities have? What service needs do *they* say they have? What about veterans?
- Are people using hospital emergency departments to get access to basic medical care?
- Are people being discharged from hospitals, mental health facilities or CSUs with nowhere to go?

# Local Data: Point-in-Time Surveys

- 46.3% of homeless adults reporting having used a hospital ED for basic medical care in past year
- Access to shelter correlates with a strong reduction in law enforcement contacts, particularly among SA/MH
- Overall, 60.9% self-report having some physical, medical or mental health issue
- Among all w/ SA problem, only 35% reported need for Tx. MH: 33.3% reported need for treatment

# Cautions

- PIT: Street-level data is self-reported
- Line items are not easily transferable
- Avoid “paralysis by analysis,” *but*, if you are estimating, check back in with program manager to insure she or he agrees with your estimate
- Large amounts of money are relative to program budgets

# Winding Down

- Provide structure to committees
  - Outline for each section: Current Situation, Mission/Charge  
Vision, Goals/Objectives, Actions
- Do initial prioritization, low-hanging fruit first
- Committee Chairs submit final reports to staff for revision and consolidation
- Staff submits draft report to Steering Committee & Subcommittees for final review

## Toward Action: Community Summit II

- Media coverage!
- Take care to show *local* costs vs. *grant-funded* costs
- Include homeless people, but don't tokenize
- Highlight links to 300+ other community efforts to do this to avoid the "If you build it..." phenomenon
- Begin implementation immediately – this sometimes requires budget talks while plan is being written

# Implementation

- Move the plan from paper to action – be sure the first goal is the establishment of an oversight body
- Chairs from each committee, homeless coalition
- Keep key figures involved
- The plan is not “done” when it is done being written
- A “living document”

# Questions & Answers

Project GRACE: The Gainesville/Alachua County 10-Year Plan to End Homelessness is available online:

<http://www.alachuacounty.us/government/bocc>

Please feel free to get in touch with questions, comments, suggestions, etc.

Jon DeCarmine

[jd@acha-fl.com](mailto:jd@acha-fl.com)

352.372.2549