Snapshot:
A High-Level Review of the Regional Approach to Homelessness in Jacksonville, FL

June 22, 2020

Equitable access to opportunities and a sense of belonging are core to healthy, prosperous communities, and safe, affordable housing is one of the most foundational and critical human needs. We know from decades of research that stable housing improves health, education and economic outcomes for both children and adults, and begins to build a community where members feel they belong. We also know that communities must invest in implementing best practices to equitably provide stable housing, and that they must tailor housing solutions to the community's particular needs.

In 2018, the Jessie Ball duPont Fund, The Community Foundation for Northeast Florida, United Way of Northeast Florida and the Henri Landwirth Family Advised Fund began hosting a series of conversations on the state of housing and homelessness in our region, in response to concerns from across the community that despite much effort, homelessness was affecting a disproportionate number of Jacksonville's citizens.

It became clear, however, that while there is significant data on homelessness in Jacksonville, no one data set provided a complete picture of the reality of homelessness in our community. And more importantly, there was little agreement on the gaps and opportunities, nor a common understanding of how other communities have succeeded in meeting the needs of those experiencing homelessness.

In 2019, we engaged Barbara Poppe and Associates to conduct a high-level review of the Jacksonville system and to provide recommendations for improvement. With more than 30 years of experience working on combating homelessness, including as Executive Director of the U.S. Interagency Council on Homelessness, Ms. Poppe and her team were uniquely qualified to assess our current systems, and to provide a roadmap forward so that all members of our community can prosper.

There is good news to celebrate, and areas we must address. The research shows that between 2009 and 2019, our community outpaced national trends in moving several specific populations including veterans, families and people who were chronically homeless into more stable, affordable housing. But we also learned that Jacksonville's unsheltered, single adult population increased by 20 percent, while nationally, that population decreased seven percent. As a community, we must provide more affordable housing and support for that population, as we have done so successfully with others.

This report marks the beginning of what we hope will be a new series of conversations and - most urgently - actions that we will take as a community to ensure that all of our families, friends and neighbors have a stable place to live and thrive.

Sincerely,

Mari Kuraishi, President, Jessie Ball duPont Fund

Nina Waters, President, The Community Foundation for Northeast Florida

Michelle Braun, President and CEO, United Way of Northeast Florida

Lisa Ullmann, Henri Landwirth Family Advised Fund

It has been a long journey for Tiffany Adams and her three children. In 2008 financial concerns and loss of her banking job caused them to become homeless. They now live in permanent housing. Tiffany has a full time job and attends school full time and is on the board of Ability Housing. Photo courtesy of Ability Housing, Inc.

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GLOSSARY OF TERMS

Affordable Housing: Generally defined as housing that costs no more than 30 percent of a household's income. Paying more than 30 percent of household income on housing is considered a cost burden and may impede the household's ability to afford other necessities, including food, transportation, and medical care.

Chronic homelessness: Experienced by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Continuum of Care (CoC): A regional or local planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are enduring homelessness as they move to stable housing and maximum self-sufficiency. CoC refers to the system coordinating programs that address and prevent homelessness within a geographical region. The primary HUD funding to address homelessness is also known as Continuum of Care funding.

Coordinated Entry System (CES): CES is an integrated, community-wide process to provide outreach to and identify households enduring homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, a Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.

Diversion: Aimed at helping households stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to households who are most likely to be admitted to shelters or be unsheltered if not for this assistance.

Emergency Shelter: A facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Housing-focused supportive services provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.

Homelessness Management Information System (HMIS): HMIS is a computerized data collection tool designed to capture client-level and services-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. These data may be used for record keeping, coordinating services for households, and assessing system performance.

Homelessness —as defined by U.S. Department of Housing and Urban Development HUD): Households who lack a fixed, regular, and adequate nighttime residence and are living in temporary accommodations such as shelter or in places not meant for human habitation; or families who will imminently lose their primary nighttime residence; or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member (sometimes referred to as "literal homelessness").

Housing First: An approach to ending homelessness that centers on providing people enduring homelessness with housing as quickly as possible—and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

Housing Inventory Count (HIC): An inventory of beds and units dedicated to persons experiencing homelessness. This is completed each year during the last week in January, coinciding with the Point-in-Time Count.

Permanent supportive housing (PSH): Decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

Point-In-Time (PIT): A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Rapid Re-housing: Places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management. Rapid Re-housing is considered permanent housing since the tenant obtains a lease in their name.

Transitional Housing: A type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.

Unsheltered Homelessness: Individuals or families living in places not meant for human habitation, i.e. tents, cars and RVs, abandoned buildings, encampments, or sleeping on sidewalks, doorways, etc.

ABOUT THE AUTHORS

Barbara Poppe and associates
The collective for impact

Barbara Poppe is the founder and principal of Barbara Poppe and Associates and the former executive director of the United States Interagency Council on Homelessness. Ms. Poppe is a nationally recognized expert on homelessness and results-driven public-private partnerships.

Ms. Poppe served as the Executive Director of the United States Interagency Council on Homelessness from November 2009 to March 2014. During her tenure, Poppe oversaw the Federal response to homelessness by working with 19 Federal agencies to create partnerships at every level of government and with the private sector to reduce and end homelessness. In June 2010, Barbara Poppe and four Cabinet Secretaries announced Opening Doors, the nation's first-ever comprehensive Federal plan to prevent and end homelessness.

Ms. Poppe served as the executive director of the nationally recognized Community Shelter Board (Columbus, Ohio) from October 1995 to November 2009. She holds a Masters of Science degree in Epidemiology from the University of Cincinnati.

Ms. Poppe serves on the national board of the Enterprise Community Partners and the national advisory board for the Center for Evidence-based Solution to Homelessness.

Jill Spangler
Jill Spangler is a mastery-trained facilitator with a long record of success in collaborative program development and funding. She has a track record of strengthening organizational and system level capacity and effectiveness with results-based planning and evaluation, and multiple-partner visioning and accountability. Her practice is grounded in the belief in the inherent dignity and worth of all people.

Ms. Spangler contributes a practical approach to understanding qualitative and quantitative data, an expert knowledge of rules and funding trends, a deep understanding of best practice models and approaches, and years of experience in planning and outcome evaluation.

Ms. Spangler has worked with many cities, counties, states and nonprofit organizations. During an eight-year stint at Abt Associates (from 2010 to 2018) she served as Co-Chair of HUD's Continuum of Care Program Workgroup and answered questions for HUD's Ask-A-Question desk.

Ms. Spangler founded the Spangler & Associates consulting firm in 1997 as a flexible way to develop capacity, collaboration and impact in programs, organizations and communities working to end homelessness and other important issues of our time. In addition to her consulting work for Spangler & Associates and Barbara Poppe and Associates, she is currently a HUD Technical Assistance contractor through TDA, Inc.

Project Overview

The negative impacts of homelessness and housing instability have been well documented. Stable housing improves child, youth, and adult outcomes for health, education, and economic well-being. Communities which strive to ensure that all households are safely and stably housed will also achieve the ambitious goal of ending and preventing homelessness. To attain this vision, communities must implement and invest in best practices, tailor solutions to their community's specific assets and needs, and mobilize the broader community to stem the flow of families and individuals into homelessness and avoid entry into the homelessness response system. Policy that supports and encourages public-private strategies and investments is a critical ingredient for success.

In the fall of 2019, a group of local philanthropic organizations (see box) contracted with Barbara Poppe and Associates (BPA) to conduct a high-level review of Jacksonville's approach to homelessness.

1. How well is the homeless response system functioning according to available local data analyses and reports, as well as key stakeholders' perceptions, including elected leaders, philanthropy, community leaders, Continuum of Care (CoC) and provider leadership, people with lived expertise, and others?

2. What are the key issues identified and the patterns of recommendations from recent professional reports and evaluations conducted by consultants and technical assistance professionals?

3. How does the Jacksonville region compare to other similar communities? What are other communities doing to reduce homelessness that might be applied locally to this region?

The review was informed by Client Group experience and information; a deep read of five years of external consultant reports Jacksonville ; interviews with community leaders, including the City of Jacksonville and the Jacksonville Housing Authority; information from several people who have experienced homelessness and navigated the Jacksonville homeless system; a review of ten years of reports and information about the local CoC; visits to homeless assistance programs; and facilitated group dialogues about information gathered and to obtain ideas to accelerate progress in reducing unsheltered homelessness. (See Appendix for more detailed information on data sources.)

What Causes Homelessness in the United States?

Housing is Out of Reach	**Health Issues**	**Inadequate Income**	**Domestic Violence and Trauma**
Supply and Affordability	Chronic and Crisis	Chronic and Crisis	Recent and Lifetime

Receiving medical treatment at the Sulzbacher Downtown Health Center.

Photo provided by Sulzbacher Center.

Observations & Findings

We found that over the past decade the Jacksonville community has made steady progress to reduce overall homelessness by using new federal resources and shifting approaches to better meet the needs of people who experience homelessness. To accelerate progress, the community will need to work together even more effectively to address unmet needs, close gaps, and tackle missed opportunities.

- **Greatest progress:** Homelessness dropped significantly in Jacksonville between 2009 and 2019, exceeding progress made nationally in reducing homelessness.

- **Greatest unmet need:** The number of single adults living outside (unsheltered) INCREASED 20% during the same time period.

- **Greatest gap:** Limited access to affordable housing and supports to access and maintain housing, especially for non-veteran single adults.

- **Missed opportunity:** A comprehensive, community-wide response to homelessness that invests in proven solutions.

- **Missed opportunity:** Collecting and using data to understand needs and inform planning, performance management, and funding.

- **Missed opportunity:** Under-investment in proven solutions, especially system-wide diversion, rapid re-housing, permanent supportive housing.

GREATEST UNMET NEED: THE NUMBER OF SINGLE ADULTS LIVING OUTSIDE (UNSHELTERED) INCREASED 20% DURING THE SAME TIME PERIOD

There was one major exception to the downward trend – **people experiencing unsheltered homelessness increased by 20 percent.** This result was contrary to the seven percent average national reduction in unsheltered homelessness.

During the most recently published Point in Time (PIT) count (2019), **508 individuals were counted as unsheltered and homeless in Jacksonville**. Unsheltered people in Jacksonville are living in tents, in doorways, behind businesses, in abandoned and dangerous buildings, under pieces of cardboard, and in cars or other vehicles. In most situations they are living without access to electricity, running water, or sanitary toilets. These households have one or more of the following:
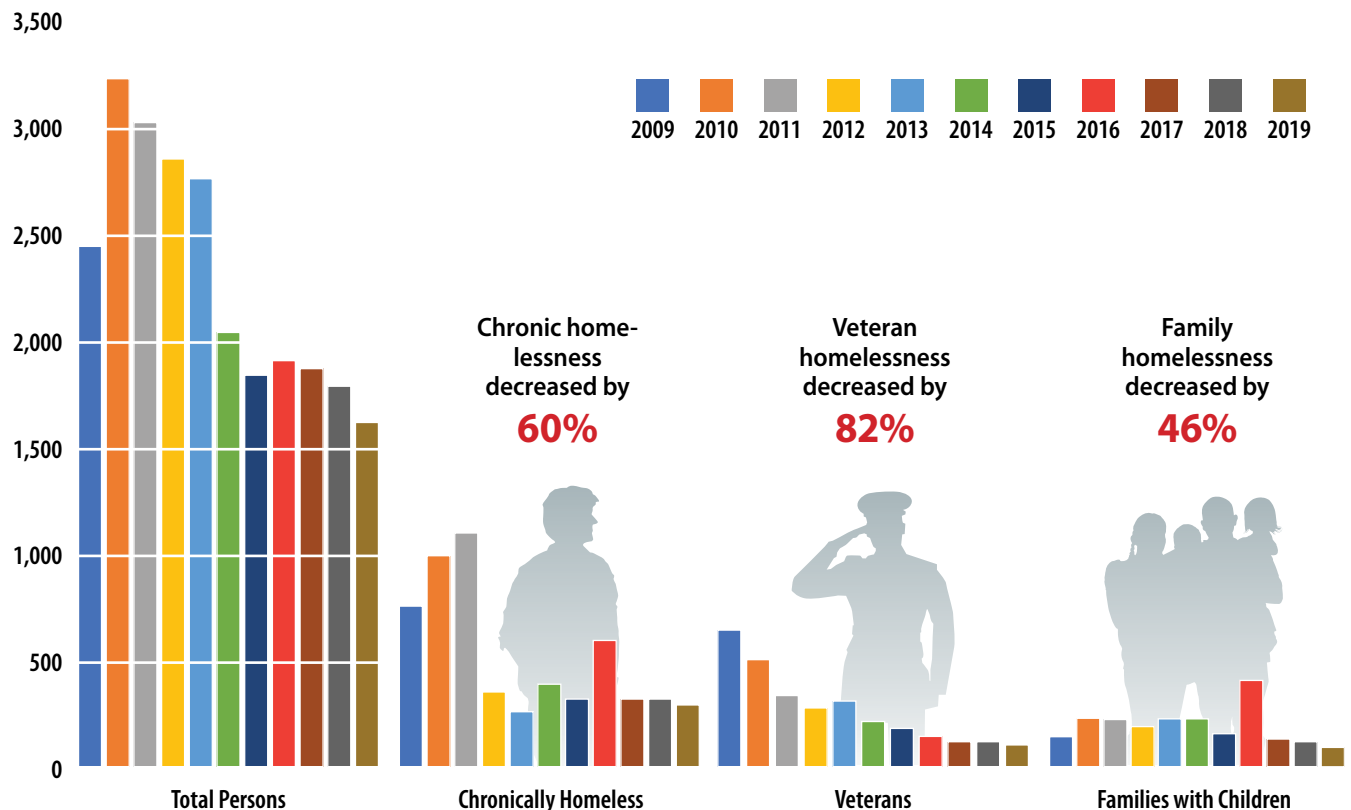
- limited positive interaction with services
- frequent experiences of trauma and violence

Greatest Progress

Homelessness dropped significantly in Jacksonville between 2009 and 2019, exceeding progress made nationally in reducing homelessness.

DUVAL COUNTY

Homelessness is Declining in Jacksonville[1]

Legend: 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Chronic home-lessness decreased by **60%**

Veteran homelessness decreased by **82%**

Family homelessness decreased by **46%**

Categories: Total Persons, Chronically Homeless, Veterans, Families with Children

1 These numbers come from annual Point in Time (PIT) counts conducted annually in the last week of January and required by HUD since 2005.

- problematic credit
- incarceration histories
- untreated health problems including substance use disorder and mental health issues.

Despite those challenges, they have friendships, significant others, pets, jobs, and the desire for a home.

The high rate and number of unsheltered homelessness in Jacksonville is particularly troubling and very visible. Resident and business frustration, frequent interaction with emergency responders and law enforcement, and the public impression that homelessness is on the rise and "out of control" can lead to punitive actions intended to force the homeless person to move rather than providing a means to exit homelessness.
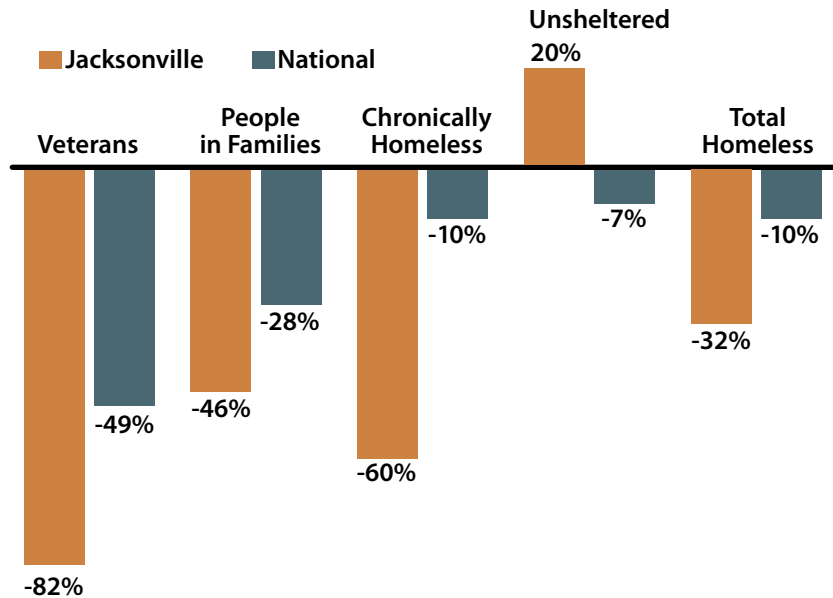
A newly published report by Barbara Poppe and Dr. Stephen Metraux, found "punitive measures do lots of harm and little good": [2]

*Citations come with fines and court appearances that, if missed, first lead to more penalties, new charges, and* bench warrants, *and may then become the basis for arrest and incarceration. The deepening legal complexity can interfere with housing, employment, health care, and services participation. Other harmful effects to those subjected to these punitive actions include trauma, frequent displacement, loss of personal property, and an increasing mistrust of community services.*

Percent Change in Homeless Numbers

From 2009-2019, Jacksonville outperformed the national averages for reducing homelessness in all but one category.

Legend: Jacksonville, National

Category	Jacksonville	National
Veterans	-82%	-49%
People in Families	-46%	-28%
Chronically Homeless	-60%	-10%
Unsheltered	20%	-7%
Total Homeless	-32%	-10%

Characteristics of People Who Experience Unsheltered Homelessness in Jacksonville, Florida

- Male — 75%
- Black/African American — 56%
- Unaccompanied Youth Ages 18-24 years — 10%
- Veterans — 6%
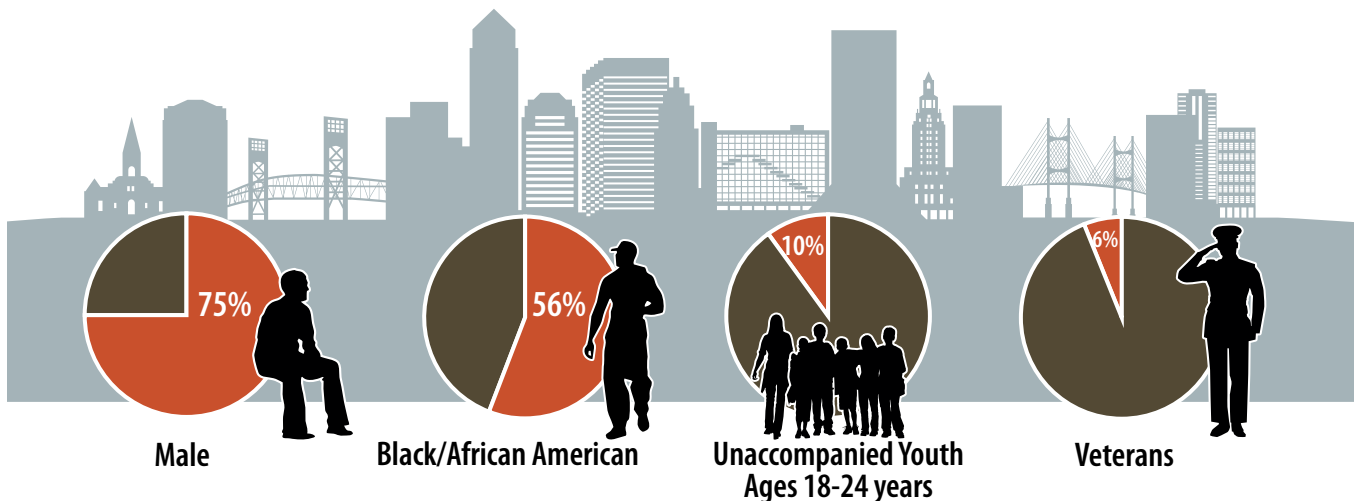
2 *Research and Results: human-centered solutions to unsheltered homelessness, Arnold Ventures, March 2020.*

Single Adult Needs Compared to PSH Beds [3]

Other Single Adults ... **Veterans**

Versus

Compared to...

Single Non-Veteran Adults | **Veterans**
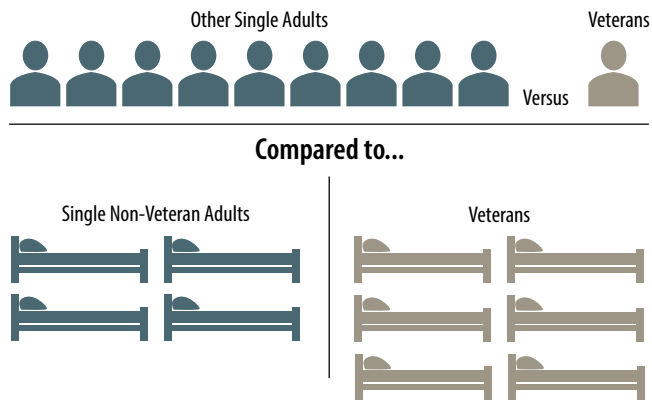
There is no evidence that punitive measures decrease homelessness. Instead, punitive measures clog local legal systems and take resources that could potentially be redirected to more enduring solutions.

GREATEST GAP: LIMITED ACCESS TO AFFORDABLE HOUSING AND SUPPORTS TO ACCESS AND MAINTAIN HOUSING, ESPECIALLY FOR NON-VETERAN SINGLE ADULTS

As of October 2019, 832 households were on the Coordinated Entry list awaiting a housing match. As only about 15 households move into housing each month, it would take more than four years to clear the list at the current rate of housing placement. This is due to a severe shortage of permanent supportive housing adhering to best practices, including Housing First, and very limited rapid re-housing for single adults and couples.

For Veterans (individuals and families with children) and non-Veteran families with children, there has been a major shift from solely investing in temporary responses (shelter and transitional housing) to significant new investment in permanent housing (permanent supportive housing and rapid re-housing) over the past decade. However, for non-Veteran single adults that shift has not occurred, and permanent housing is rarely available.

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> **Permanent housing is what ends homelessness. It is the platform from which people can continue to grow and thrive in their communities.**
>
> **— National Alliance to End Homelessness**

Federal resources and directives from the U.S. Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA) have driven these changes. The overwhelming majority of new permanent supportive housing (PSH) developed in the past ten years has been HUD-VA Supportive Housing (VASH). Most new rapid re-housing (RRH) has been funded through the VA (SSVF) and HUD (CoC and ESG).

Other indicators include:

- Limited affordable rental housing – only 8% rental units added in Northeast Florida have rents for $1,000 or less. [4]

- Low wages and high rents mean a growing number of people are at risk of homelessness – to afford the one-bedroom apartment, a worker needs to earn at least $16.85 per hour and work full time. [5]

- Most private landlords and the Jacksonville Housing Authority are very selective about admitting households with criminal histories, eviction records, or active behavioral health issues.

- While individual agencies are working with landlords, there is not a coordinated, collaborative strategy to recruit, engage, and maintain relationships with landlords that are willing to rent to households with histories of eviction or other barriers.

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3 HUD 2019 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report.
4 Northeast Florida's Affordable Rental Housing Needs: 2019 Update. Shimberg Center for Housing Studies at University of Florida.
5 National Low Income Housing Coalition Out of Reach 2019. https://reports.nlihc.org/oor/

MISSED OPPORTUNITY: A COMPREHENSIVE, COMMUNITY-WIDE RESPONSE TO HOMELESSNESS THAT INVESTS IN PROVEN SOLUTIONS

Approximately 25-30 organizations provide homeless assistance, e.g. outreach, homelessness prevention, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing, to individuals and families experiencing homelessness. Jacksonville homeless assistance providers are supported by a wide range of public funds and private donations.

Provider organizations generally make their own decisions about their project goals, who they serve, when they are open, where they are located, the types of assistance they provide, program rules and the number they serve. They generally have established independent relationships with the City of Jacksonville, public schools, Jacksonville Housing Authority, HUD, private philanthropy, and donors. There is networking among agencies but frequently no true collaboration to deliver services in an integrated manner. The Urban Rest Stop is an exception of this individualized approach, providing a wide range of services from a number of systems using many funding sources.

In addition to the ad hoc alliances of providers and funders, there are two coordinating bodies.

Continuum of Care (CoC) Board. As the local planning body responsible for overseeing funding criteria and decisions for the annual HUD CoC funding competition, it is mandated to coordinate homeless assistance housing and services, evaluate outcomes on a project and system-wide basis, and strategically work to fill in gaps and improve performance. Currently, the Board focuses almost exclusively on federal funding from two agencies (HUD and VA) and has no authority over or engagement with other public funds or philanthropic investments that are directed toward homelessness. Per HUD regulations, the Board must oversee the annual Point-In-Time (PIT) count; select

*S*unny Nelson thinks she's the oldest person living at Mayfair Village. A cancer survivor, she also takes care of a daughter who is disabled. Ability Housing has helped her, providing housing she can afford.

Photo courtesy of Ability Housing, Inc.

and annually evaluate the Collaborative Applicant and the Homeless Management Information System (HMIS) lead agency and approve the policies and entity that manages the Coordinated Entry System (CES). This study has concluded that the CoC Board is narrowly focused on HUD required activities rather than a broader community vision. Additionally, it is operating with inadequate data and analysis to inform decisions and without policies and practices to enforce accountability and appropriately evaluate all funded organizations.

Changing Homelessness was designated by the CoC Board to serve as the Collaborative Applicant for HUD CoC funding. In this role, Changing Homelessness develops and submits the annual CoC Registration, Application and Priority Listing, applies for CoC planning funds and manages the PIT and Housing Inventory Counts. The CoC Board also designated them to manage the HMIS, oversee the Coordinated Entry System, and staff the CoC committees and Board. Changing Homelessness has a national reputation of being extremely knowledgeable and successful in its CoC leadership and is the recipient of Supportive Services for Veterans Families (SSVF) funding from the VA. However, local views are mixed, with some organizations expressing appreciation for their leadership and other organizations viewing it as competitor for funding, conflicted as decision-maker since it also plays service provider role, and not able to recruit, engage and convene a wide range of stakeholders.

Mayor's Downtown Homelessness Task Force. The Task Force includes representatives from the business community, local government, sheriff's office, housing authority, faith based and other homeless assistance providers, and other interested parties. The Task Force focuses on two goals: 1) increasing service points to people experiencing homelessness during the day, and 2) increasing the capacity of services for the homeless population. [6] The Task Force is viewed as a good forum for sharing program information and developing relationships among stakeholders, but is not setting policy nor making funding decisions for Jacksonville. Generally, it is considered to be helpful in bringing a cross-sector of people together. Since it is intended as a time and geographically limited convening, it will not be able to drive long-term change to reduce unsheltered homelessness across Jacksonville/Duval County.

Additional indicators:

- Shortage of strategic system leadership possessing comprehensive understanding of local homelessness, homelessness research and best practices.

- Civic leaders are not fully engaged and providing meaningful leadership to develop strategies.

- Little or no local evaluation of what works, or assessing the impact of resources invested to address homelessness.

- No single planning entity with authority to grant and evaluate more than one funding stream

- No formal local evaluation of the current two planning bodies and collaborative applicant

- No unified effort to collect and utilize a complete set of quality data

- Punitive actions are taken by law enforcement (move-along orders, citations, and arrests) since there is not an effective response to unsheltered homelessness.

6 City of Jacksonville Mayor's blog from 2/21/19. https://www.coj.net/mayor/mayor-s-blog/february-2019/working-to-end-homelessness

508

people were found living outside, unsheltered, on a night in January 2019 (counted during the PIT count),

BUT ABOUT...

20%

of existing emergency shelter beds and transitional housing were empty.

MISSED OPPORTUNITY: COLLECTING AND USING COMPREHENSIVE DATA TO UNDERSTAND NEEDS AND INFORM PLANNING, PERFORMANCE MANAGEMENT, AND FUNDING

HUD requires the CoC to collect and analyze specified individual, program and system data through a Homeless Management Information System (HMIS). Ideally, all homeless assistance programs participate in HMIS to provide a comprehensive understanding of homelessness for planning and decision-making. The two homeless coordination bodies – the CoC Board and the Mayor's Downtown Homelessness Task Force – do not use HMIS data to inform planning decisions nor to evaluate performance of the system or programs. Generally, only organizations that receive federal funding and are mandated to participate in HMIS provide data into HMIS; other public and private funders have not required HMIS participation. About half [7] (52%) of Jacksonville's inventory of shelter beds and permanent supportive housing participate in HMIS; no data is collected from prevention and outreach projects.

Consequently, there is little empirical accountability on behalf of the projects and the system, and system planning is "best-guess", dependent on information from the funded agencies and projects. The lack of comprehensive HMIS participation undermines Jacksonville's ability to increase or even to maintain its HUD homeless assistance funding. Comprehensive HMIS

data, supported by data analysis, would enable improved cross-program and system partnerships since it would be possible to see how homeless households are served by multiple programs. This could help identify gaps, redundancies, and help the homeless assistance system become more efficient and effective. Finally, without reliable data for an objective evaluation, funding and planning decisions can appear to be driven by personality and anecdotes which creates mistrust among providers.

KEY INDICATORS THAT CANNOT BE MEASURED ACCURATELY WITHOUT COMPREHENSIVE HMIS DATA

- Number of people who experience homelessness
- Length of time individuals and families remain homeless
- Successful placement in housing or other types of exits
- Extent of returns to homelessness after exit
- Employment and income growth

MISSED OPPORTUNITY: UNDER-INVESTMENT IN PROVEN SOLUTIONS, ESPECIALLY SYSTEM-WIDE DIVERSION, RAPID RE-HOUSING, PERMANENT SUPPORTIVE HOUSING

Jacksonville has had great success reducing Veteran homelessness by 82 percent over the past decade as HUD and VA substantially increased housing assistance and services for eligible Veterans and changed criteria to make resources more accessible for Veterans with the greatest needs. Since 2012, Changing Homelessness has received several Supportive Services for Veteran Families (SSVF) awards from the VA. SSVF is the largest pool of funding for rapid re-housing in Jacksonville, but is restricted to Veterans only. During this same period, HUD CoC funding supported the conversion of transitional housing into PSH and RRH for families, and new funds have been awarded for rapid rehousing for
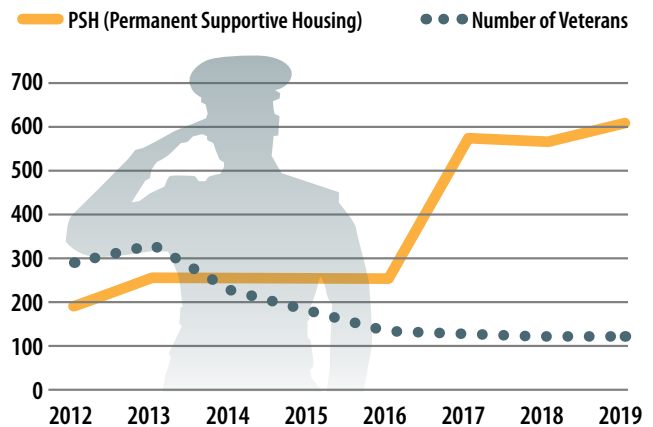
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7 Changing Homelessness was awarded an HMIS Capacity Building grant for FY2020 and 2021, provide training and assistance to incorporate data from Trinity Rescue Mission, City Rescue Mission and HUD-VASH data. At project completion, it is hoped that 86 percent of shelter and permanent supportive housing data and 82 percent of transitional housing data will be included in HMIS.

individuals and families fleeing domestic violence and for youth aged 18-24. HUD also funds about 600 units of Veterans Administration Supportive Housing (VASH) permanent supportive housing – a critical resource that is again limited to Veterans only.

There has NOT been significant investment – from any funding stream - in RRH or PSH for non-Veteran individuals, nor has there been investment in the most efficient means to prevent homelessness – Diversion.

Most private funding supports less effective interventions such as high barrier emergency shelters and transitional housing which screen out the most vulnerable people.

Increasing Investment in Permanent Housing Led to Fewer Homeless Veterans in Jacksonville (2012-2019)

Legend: PSH (Permanent Supportive Housing) — Number of Veterans

Chart axis values: 0, 100, 200, 300, 400, 500, 600, 700

Years: 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019

Chris was living in the woods with PTSD following deployment to Afghanistan. Now he has an apartment, a partner, and a job at a downtown law firm.

Photo from United Way of Northeast Florida.

Strategic Actions

KEY RECOMMENDATIONS

A network of providers and partners have contributed to the overall success in reducing homelessness in Jacksonville. Both public and private funders share a commitment to working with providers to create an even more effective and efficient community response to homelessness. We offer the following key recommendations to accelerate progress:

RECOMMENDATION 1: ORGANIZE…
Organize a more collaborative, comprehensive, community wide response to homelessness, so that no one falls through the cracks.

RECOMMENDATION 2: FOCUS…
Focus new resources on unsheltered individuals

RECOMMENDATION 3: SHIFT…
For all populations, shift from assessment to problem-solving at initial points of contact and emphasize diversion and rapid resolution

RECOMMENDATION 4: COMMIT…
Commit to preserving and expanding affordable rental housing for the lowest income households

RECOMMENDATION 5: INVEST…
Invest and align public and private funding to increase accountability, impact and results

RECOMMENDATION 1: ORGANIZE…
Organize a more collaborative, comprehensive, community-wide response to homelessness, so that no one falls through the cracks.

While Jacksonville homeless assistance agencies generally strive to work cooperatively, the programs set their own eligibility criteria and program requirements. Usually this means that people who need services must fit these requirements; and many do not fit. A seamless, integrated "person-centered" response that considers individuals' strengths and challenges would achieve better results and ensure that people do not fall through the cracks when their characteristics don't match specific program attributes.

To achieve more optimal results, funders, policymakers, and providers need to be aligned and committed to a comprehensive, community-wide response built on the current network of programs' strengths. Central to success will be convening all programs and agencies on a more regular basis for planning, coordination, and reviewing progress on key community metrics. Funders and policymakers should actively engage in working collaboratively with providers to achieve the following key shifts in practice and policy. The newly aligned homeless assistance system should address crisis response and housing stabilization – effectively engaging to prevent and more quickly end homelessness.

- **Commit to Housing First as the system's primary framework**, undertake a community process designed to understand readiness of all provider organizations to commit and operate within Housing First principles while also assuring a meaningful choice for people experiencing homelessness with substance use disorders who are in all stages of recovery.[8] This assessment should review all programs' success at connecting clients to stable housing as the primary outcome measure.

HOUSING FIRST, TRAUMA-INFORMED, AND HARM REDUCTION PRINCIPLES AND PRACTICES

A Housing First approach, which provides homeless households with the most direct route to permanent housing, necessitates that there are no mandated program participation, service compliance, or "housing readiness" requirements that impede receiving a housing placement. Trauma-informed practices promote a culture of safety, empowerment, and healing. With harm reduction approaches, which seek to reduce negative consequences associated with substance use, all persons are treated with respect and provided with equal access to services.

Research and Results: human-centered solutions to unsheltered homelessness, Arnold Ventures, March 2020

- **Adopt problem-solving as a system-wide first response** (see recommendation #3)

- **Offer immediate and low-barrier access to emergency shelter** to anyone facing unsheltered homelessness, including mixed gender families with teenage sons and/or fathers, anyone with physical or mental health issues, and people not interested in committing to religious practices or substance use "recovery." Discontinue the practice of daily queueing for shelter beds. This practice makes getting a bed in a shelter almost a full-time activity which interferes with people's ability to achieve permanent solutions, and means that people are lining up outside of shelters and resting nearby shelters during the day, exacerbating the view that homelessness is on the rise. Utilize

8 *The Recovery Policy Brief may be a good resource. https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/*

the shelter admission process to help people seeking shelter identify alternative options, collect HMIS data, and if appropriate, refer to other agencies that will better meet the household's needs.
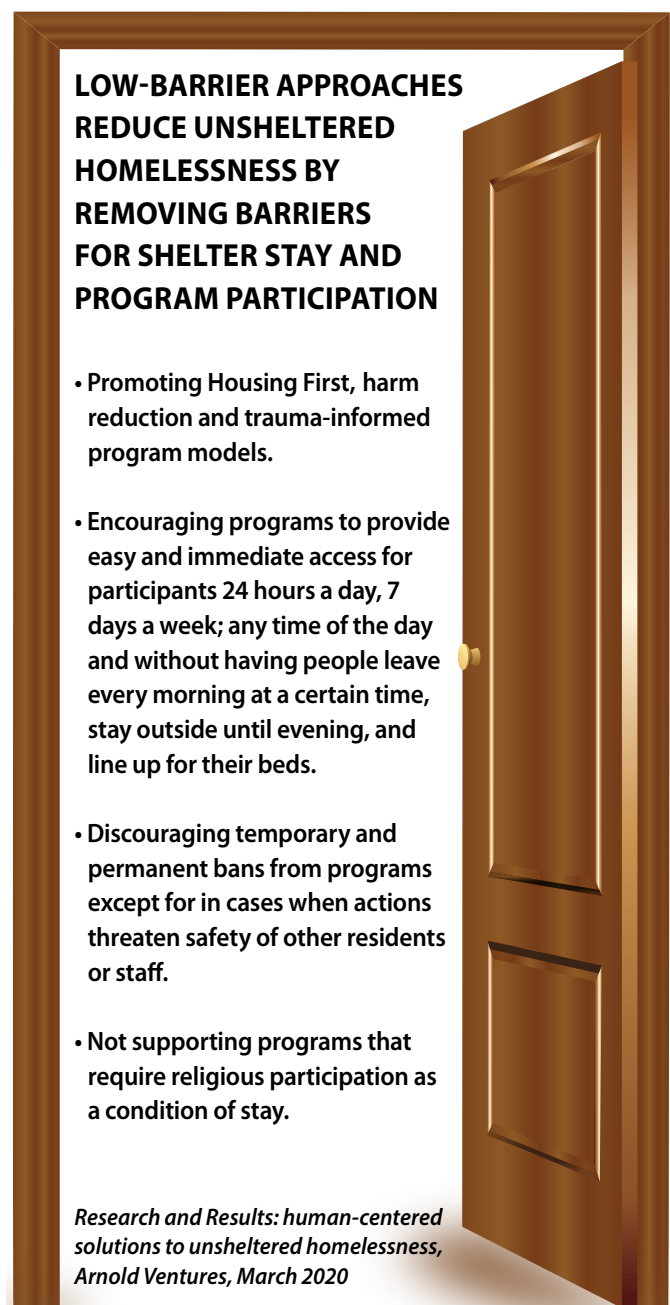
- **Develop bridge housing options** to complement the existing array of emergency shelters by providing individual, shared, or smaller congregate settings that can offer better trauma-informed approaches. Bridge housing would serve three purposes: provide immediate safety and meet basic needs of households who are awaiting housing placement; provide individuals and households not well-served by congregate shelters, e.g. transgender people, families with children, seniors, etc.; and increase medical respite care for people who are too ill or frail to recover from a physical illness or injury but not sick enough to be hospitalized.

- **Invest in one shot and rapid rehousing financial assistance to help more households quickly exit homelessness**. A centralized fund could be administered by a single nonprofit entity who partners with and establishes MOUs with organizations serving individuals/households enduring homelessness. Alternatively, multiple agencies could receive grants to administer decentralized flexible financial assistance.

  One-shot financial assistance covers the initial housing costs, e.g. application fees, moving costs, security deposit and first month's rent, for individuals who do not require assistance with housing location and home-based services.

  Rapid re-housing (RRH) quickly connects individuals experiencing homelessness to permanent housing through tailored, time-limited financial assistance and targeted supportive services from 3 to 24 months. There are three core components of RRH: **1)** housing identification; **2)** rent and move-In assistance; and **3)** RRH case management and services.

- **Invest in additional permanent supportive housing for individuals and families who experience chronic homelessness.** (see recommendation 4 on page 20)

LOW-BARRIER APPROACHES REDUCE UNSHELTERED HOMELESSNESS BY REMOVING BARRIERS FOR SHELTER STAY AND PROGRAM PARTICIPATION

- Promoting Housing First, harm reduction and trauma-informed program models.

- Encouraging programs to provide easy and immediate access for participants 24 hours a day, 7 days a week; any time of the day and without having people leave every morning at a certain time, stay outside until evening, and line up for their beds.

- Discouraging temporary and permanent bans from programs except for in cases when actions threaten safety of other residents or staff.

- Not supporting programs that require religious participation as a condition of stay.

Research and Results: human-centered solutions to unsheltered homelessness, Arnold Ventures, March 2020

- **Commit to operating a racially equitable system**. Conduct a comprehensive assessment of current disparities and disproportionality in all programs that provide homeless assistance. Remove possible bias in assessment and referral processes; include racial data in dashboard reports on performance.

- **Use the HMIS as the primary data system for planning, resource allocation, and tracking progres**s. All homeless assistance programs should provide timely, comprehensive and quality data into the HMIS. HUD's system and project level performance measures and benchmarks can form the foundation for system and program metrics, with locally defined measures and benchmarks added. HMIS should issue and explain performance reports, point out significant factors and results, and monitor data quality.

- **Offer training and technical assistance to all homeless assistance programs**. Increasing the capacity of agencies, programs, and staff to use best practices and have solid understanding of the homeless assistance system and community resources is necessary to build a comprehensive, collaborative community response.

> ### RECOMMENDATION 2: FOCUS…
> #### Focus new resources on unsheltered individuals

Given the growing number of unsheltered individuals and the negative consequences to these individuals and the community, the Jacksonville community should unite to identify and target new resources to reduce unsheltered homelessness. The following recommendations are adapted from new research on effective strategies to address unsheltered homelessness.[9]

- **Foster collaboration across sectors with a full range of partners.** Addressing the common goal of ending unsheltered homelessness should be the focal point for forming and strengthening partnerships across systems. The realigned, unified homeless assistance system (described above) should partner with multiple systems to comprehensively address unsheltered homelessness by including business organizations; faith-based and community advocates; Jacksonville justice systems including corrections, Jacksonville Sheriff's Office, other law enforcement, and courts; local health and behavioral health care providers; Jacksonville Housing Authority, and other housing providers; City of Jacksonville agencies that interact with homeless people, e.g. parks, libraries, code enforcement, etc.

- **Promote non punitive, low barrier practices within the homeless assistance system**. All Jacksonville homeless programs should ensure that the environment, activities, and policies are non punitive and do not further traumatize homeless individuals. A greater proportion of temporary program beds should be consistent with a low barrier approach for admission and discharge. Existing programs which provide recovery-oriented services should partner with low barrier programs to offer a pathway for individuals who are interested in treatment.

- **Have sufficient housing available using a Housing First approach.** Unsheltered homelessness

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9 Research and Results: human-centered solutions to unsheltered homelessness, Arnold Ventures, March 2020

will not decrease without a supply of permanent housing. Engaging in a Housing First approach enables lasting exits directly from unsheltered homelessness to permanent housing.

- **Reduce chronic homelessness.** Meaningful reductions in unsheltered homelessness cannot be attained without reductions in chronic homelessness. Individuals who experience chronic homelessness are over-represented among people experiencing unsheltered homelessness compared to their sheltered counterparts. The Jacksonville community should undertake a focused effort to achieve a functional end to chronic homelessness, similar to the Changing Homelessness' led collaboration for Veterans.

- **Maintain strong outreach services.** Sufficient coverage, resources, and skilled workers for outreach is essential to reducing unsheltered homelessness. Street outreach in Jacksonville is primarily provided by the Sulzbacher Center's HOPE team. Specialized teams for youth, veterans, and behavioral health are also doing essential outreach. These teams should have prioritized access to both temporary and permanent housing options for individuals who are at greatest risk of negative outcomes among those who are unsheltered. The team should be equipped to use problem-solving skills and have access to direct financial assistance for diversion and rapid resolution for people who are newly homeless and/or who can exit homelessness without PSH or RRH. Mission House, the Urban Rest Stop, and other day services can be critical partners by providing access to basic needs (restroom, shower, food, clothing, etc.) and a welcoming and supportive sanctuary from harsh unsheltered conditions.

RECOMMENDATION 3: SHIFT…**For all populations, shift from assessment to problem-solving at initial points of contact and emphasize diversion and rapid resolution**

The current homeless assistance system is organized on a stepwise, assessment, prioritization and matching approach. The result is a growing list of households that are awaiting housing placement that far exceeds available resources. A more efficient and effective approach would be to use a problem-solving approach that assists homeless people seeking emergency shelter by helping them identify immediate alternative housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Adopting a community-wide problem-solving approach can reduce the number of households that enter homelessness and help people who are unsheltered or sheltered to exit quickly to more stable settings, including permanent housing.

Problem-solving is sometimes described as

EVIDENCE FOR DIVERSION

Building Changes worked with several counties, nonprofits and philanthropies in the state of Washington to test Diversion as an approach for helping families that already are homeless. Results from two Diversion pilots show *about half of the 1,898 families that pursued Diversion found safe housing quickly,* averting the need for costlier interventions. Among the families successfully housed through Diversion, *the vast majority did not return to homelessness within a year.* Diversion is a process, not a program. It differs from homeless interventions that require intensive case management and sizable system resources. As a result, Diversion costs less to get families successfully housed. Building Changes has demonstrated that Diversion is an effective and efficient approach for resolving—not just preventing—the homelessness of some families.

diversion (prevention) or rapid resolution (exit from homelessness. The VA has been a pioneer in this approach, and it is one of the tools that has helped reduce homelessness among Veterans.

Jacksonville should shift to using diversion and rapid resolution based on a problem-solving conversation (rather than a fixed screening tool) to all who are seeking emergency shelter and/or unsheltered (rather than trying to determine eligibility for diversion).

To implement problem-solving as a primary community-wide approach:

- Inventory currently available resources for homelessness prevention assistance and similar activities. Determine level of additional funding needed.

- Raise the flexible funds necessary to expand assisted rapid resolution in a meaningful way (see below).

- Create a simple description of diversion to use with public communications (i.e. elevator speech).

- Work with street outreach and identify other organizations that can serve as access points to assisted rapid resolution services for families and individuals who are unsheltered or at imminent risk of being unsheltered.

- Organize cross-agency training on best practices for all outreach, shelter, and crisis response staff who provide direct assistance.

- Develop procedures to support administration of centralized diversion assistance funding.

- Add staff capacity for assisted rapid resolution services, as needed, at direct service organizations that receive a high volume of referrals for homeless assistance.

A centralized diversion/rapid resolution fund could be administered by a single nonprofit entity who partners with and establishes MOUs with organizations that serving individuals/households are experiencing homelessness. Alternatively, a competitive RFP could be issued for multiple agencies to receive grants to administer decentralized diversion/rapid resolution financial assistance.

DIVERSION IS THE MOST EFFECTIVE AND COST-EFFICIENT WAY TO ADDRESS HOMELESSNESS AND HAS ACHIEVED REMARKABLE SUCCESS IN MANY COMMUNITIES AND STATES.

Diversion and rapid resolution should be used with all populations including families with children, single adults, couples, youth and young adults, survivors of domestic and interpersonal violence, Veterans, and chronically homeless. Implement problem-solving approaches should have multiple access points, be nimble and responsive, and should not add stress for clients already living in a stressful situation.

Engaging and training the larger community and involving the faith community in a strategic way will enable resources to be most effective.

To truly reduce homelessness in Jacksonville, it is essential that are many more ways for people to exit homelessness. Housing is the only enduring solution to homelessness. By increasing housing options, the crisis response will be more effective and efficient. Investment in preservation, renovation, and new rental housing can also leverage significant public and private resources.

- Preserve and invest in new **deeply targeted rental housing** (priority for households who earn less than 30% of area median income) as high priority for the City of Jacksonville. This priority should be adopted and impact investment and planning decisions. Preservation of existing affordable rental housing should be a priority within neighborhood development plans.

- Explore ways to **reduce or slow evictions** due to code violations, landlord foreclosure and negligence.

- Working with the coordinated entry system, **expand landlord engagement and incentives** to assist households who are striving for rapid resolution, or have been matched to RRH and/or scattered site PSH access apartments.

- **Expand scattered site PSH units** by partnering with Jacksonville Housing Authority to provide special purpose and housing choice vouchers through the coordinated entry system. JHA will need to be willing to reduce eligibility barriers related to poor credit, history of evictions, and/or criminal histories. Nonprofit organizations can provide services

- **Create new PSH units and communities**

There are many different approaches to development, including, dedicate units within new affordable rental housing, rehab existing apartments and dedicate some/all units, motel conversion, purchase scattered site condos, new build on city owned or other free/low-cost land. Buildings could include a mix of both PSH and affordable rental units. Locating units close to other services, including culturally competent health services, should be a priority.

LANDLORD MITIGATION FUND

A mitigation fund is an added protection for landlords who are willing to reduce screening criteria to rent to someone with limited income, poor rental history, history as a survivor of domestic violence, etc. If there are excessive damages to the unit, lost rent, or legal fees beyond the security deposit, property owners can be reimbursed for damages up to a specific amount.
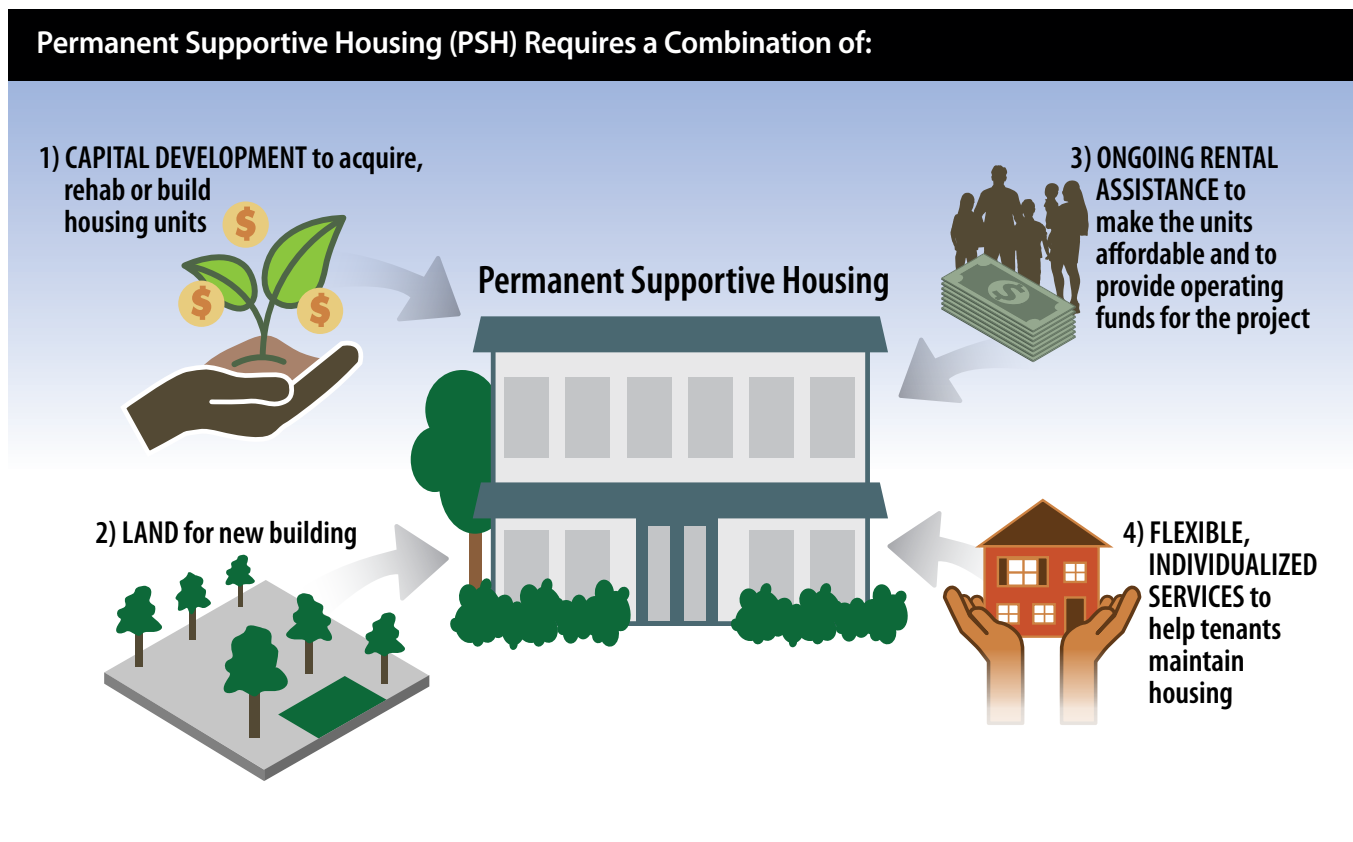
LANDLORD INCENTIVES AND MOVE-IN COSTS

Additional incentives for landlords who are willing to reduce screening criteria to rent to someone with limited income, poor rental history, history as a survivor of domestic violence, etc. and that are required beyond standard costs (e.g. first month's rent and security deposits). This may include a bonus for holding a unit during the inspection period, double security deposit, and rent guarantees.

The City of Jacksonville should Identify potential sites and provide land, aggressively expedite development and offer other incentives to incentivize PSH development. There are many potential partners for development of PSH and Bridge Housing.

These include:

- City of Jacksonville for federal and state pass-through and/or competitively awarded funds

- City of Jacksonville could prioritize donation of land and other incentives to nonprofits with mission/history of providing housing to the homeless, including PSH

- Florida Housing Coalition

- Florida Housing Finance Corporation (Florida Housing)

- Health systems and health centers

- Housing developers

- Jacksonville Housing Authority for project-based and tenant-based housing vouchers; use small area market rents, exception rents and other ways to bridge the gap between rising local rents and voucher payment.

- LISC/NEF and/or Enterprise to help raise private capital

- Philanthropy to invest in capital development and provide grants to equip units

- Advocate for an improved Medicaid plan to provide services in PSH and for Medicaid expansion. Both have been shown to reduce homelessness and contribute to improved outcomes.

Permanent Supportive Housing (PSH) Requires a Combination of:

1) CAPITAL DEVELOPMENT to acquire, rehab or build housing units

Permanent Supportive Housing

3) ONGOING RENTAL ASSISTANCE to make the units affordable and to provide operating funds for the project

2) LAND for new building

4) FLEXIBLE, INDIVIDUALIZED SERVICES to help tenants maintain housing

RECOMMENDATION 5: INVEST…
Invest and align public and private funding to increase accountability, impact and results

There appears to be a general lack of understanding by some community leaders and the general public about the causes and consequences of homelessness in Jacksonville. Many are unaware that there is a network of agencies working to address homelessness and that there are real solutions to homelessness.

Overlapping membership between the existing two coordinating bodies addressing homelessness in Jacksonville (the Continuum of Care Board and Mayor's Downtown Homelessness Task Force) enables some flow of information and coordination. However, it is not likely to produce the kind of results needed to achieve the goal of significantly reducing homelessness in Jacksonville. A strong unified, public-private partnership, acting with urgency and boldness, is required to accelerate progress through shared leadership and alignment of resources. Public, private, and nonprofit leaders, acting in

concert, can mobilize the community to be engaged in solutions, to set community goals and track progress and to scale up and disseminate best practices. A strong and comprehensive public-private partnership is required to identify funding for proven practices/programs and to test innovative approaches.

The Jacksonville philanthropic and donor community plays a key role, with approximately $30 million spent annually for homeless programs; private donations account for 58% of that funding. The philanthropic community can be key leaders in increasing support for and leveraging public funding, providing flexible dollars for new programs and filling the gaps in existing programs, and advancing overall impact. No public or private funder has the resources to end homelessness on their own, but there is power in speaking with one voice and moving together in

Public Sources Dedicated to Homelessness	Amount
FEDERAL	
HUD Continuum of Care (CoC) FY2018	$4,508,181
HUD ESG - State	$172,000
HUD ESG - Local via City of Jacksonville	$471,466
HUD CDBG via City of Jacksonville	$214,157
HHS - PATH	$245,917
Temporary Assistance for Needy Families (TANF) via State	$46,582
Department of Labor Homeless Veterans Reintegration Program	$231,750
Veterans Administration SSVF	$3,000,000
Veterans Administration VASH	$2,453,982
STATE State Challenge Grant	$148,500
LOCAL City of Jacksonville Public Service Grant	$918,469
TOTAL	**$12,411,004**

HHS - Health Care for the Homeless (HCH) for Sulzbacher clinics not included.

Estimated Homeless Program Funding: Private and Public

- 58% Private ($16.9 M)
- 38% Federal ($11.4 M)
- 1% State $148,500
- 3% Local $918,469
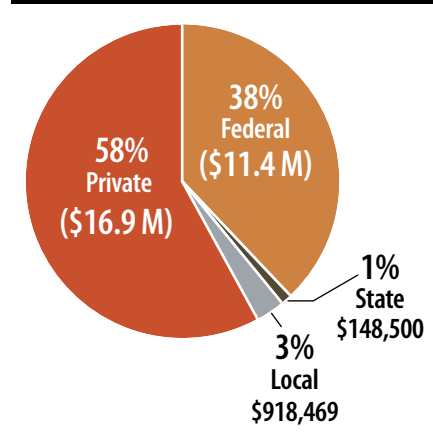
the same direction. **Integral to this work should be to organize a funders collaborative that includes current and potential local public and philanthropic investors.** The Hilton Foundation recently issued a report on the Los Angeles Home For Good Funders Collaborative.

In whatever way the public-private partnership is organized, it should work collaboratively to increase accountability, impact and results:

o Actively engage the full community. To be successful, all parts of the community – faith-based, nonprofit, civic, business, philanthropic and public – must be fully participant in the partnership.

o Set system level objectives, identify the strategies, tactics, and interventions needed to achieve them, and establish a timeline to guide implementations.

o Establish a plan to achieve new public and private investment to support the recommendations.

o Advocate to include the partnership's priorities and strategies in the Consolidated Plan, the Jacksonville Housing Authority Plan, and the City's Consolidated Application for ESG, HOPWA, and City funds.

o Use data-driven and evidence-based processes to guide planning, implementation, and resource allocation decisions.

o A strong evaluation plan with agreed upon shared metrics and measurements is essential. The development of the evaluation plan and measurement process are critical investments to carry the work forward. This measurement system should build on the CoC's Homelessness Management Information System (HMIS) and the annual Point-In-Time (PIT) Count. **All homeless assistance providers should participate in both HMIS and PIT.** Ensure that all

programs in HMIS track type of program exits, housing outcomes and returns to homelessness following exits to housing situations.

o Identify research partner to support data analysis and research necessary to undertake cross-system strategies (e.g. frequent users, youth aging out of foster care, etc.)

o Provide community dashboards and data analysis to support the public-private partnership.

o Conduct disparities and impact analysis to identify and address racial, ethnic, and gender disparities in access and outcomes related to receiving housing and services.

o Launch a civic engagement campaign to raise private funding and pro bono services, educate and engage the public to support a more cohesive response to address homelessness

o Convene a Community Advisory Committee composed of people with lived experience of homelessness to guide the system in planning, implementation and monitoring of homeless assistance funding.

o Launch more innovative, cross-system projects (see page 24).

> **" Integral to this work should be to organize a funders collaborative that includes current and potential local public and philanthropic investors.**

INNOVATIONS – INVESTING IN SOLUTIONS SAVED MONEY

The Solution That Saves – a two-year pilot initiated by the Florida Housing Finance Agency, led by Ability Housing and evaluated by Health-Tech Consultants - provided permanent supportive housing for people experiencing homelessness who had chronic health conditions and frequently cycled through emergency rooms, shelters, criminal justice and psychiatric facilities. Other partners included – Agency for Health Care Administration, Baptist Health System, Changing Homelessness, City of Jacksonville Fire and Rescue Department, Florida Department of Children and Families, Gateway Community Services, Jacksonville Sheriff's Office, Memorial Health, Mental Health Resource Center, St. Vincent's Health System, Sulzbacher Center, and UF Health.

• **Results:** costs to the community fell by 30 percent; with 72 percent fewer days spent in jail.

COSTS TO THE COMMUNITY FELL BY 30%
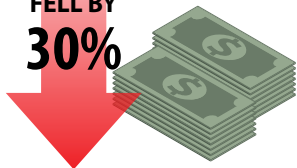
72% FEWER DAYS SPENT IN JAIL

Chronic Homeless Offender Project (CHOP) – Led by the Sulzbacher Center, in partnership with Jacksonville Sheriff's Office, the State Attorney's Office, the Public Defender's Office, and other organizations, CHOP provided permanent housing placement with wrap around services targeted to individuals with frequent misdemeanor offenses, chronic health conditions, and long-term homelessness. The pilot was successful, so the project became an ongoing initiative.

• **Results:** the initial pilot significantly reduced the number of arrests (61%), number of days in jail (79%), the use of crisis services (100%), and total cost (72%) for 12 homeless people with 7 prior arrests between them.

REDUCED NUMBER OF ARRESTS	REDUCED NUMBER OF DAYS IN JAIL	REDUCED NUMBER OF THE USE OF CRISIS SERVICES	REDUCED TOTAL COST FOR 12 HOMELESS PEOPLE, WITH 7 PRIOR ARRESTS BETWEEN THEM.
61%	79%	100%	72%

Ability Housing's Village at Hyde Park provides 80 units of affordable housing and access to on-site supportive services.

Next Steps

IMPLEMENTATION

To achieve the recommendations contained in this report, an updated approach is needed to governance and implementation. The current approach is contributing fragmentation, gaps in services and interventions, misinformation, and role confusion in Jacksonville. There are three potential paths forward:

Option 1: Strengthen the existing planning organizations (CoC Board and Mayor's Downtown Homelessness Taskforce)

- Clarify roles and responsibilities of each body to ensure non-duplication of scope.

- The CoC Board should be responsible for overall system design and planning with capacity to inform resource allocations for the HUD CoC funding and coordinate with the City of Jacksonville and philanthropy.

- If the Mayor's Downtown Taskforce decides to continue into the future, it could focus on operational cooperation among providers, engage downtown stakeholders, and inform the CoC Board processes.

- The Taskforce should have a designated seat on the CoC Board and the CoC Board should have a designated seat on the Taskforce.

- CoC Board should improve its governance structure (board and committees) to be more inclusive and representative of the full Jacksonville community, including adding seats for non-CoC-funded providers and ensuring representation from other funders (e.g. philanthropy, United Way,

business, Veterans Administration, City of Jacksonville), school system, business, law enforcement, social service agencies, etc. An active committee structure should regularly report in to the CoC Board.

Additional CoC governance improvements that are needed include:

- Revisit fee structure for membership and HMIS participation to ensure these are not barriers to participation.

- Implement a strong conflict of interest policy and procedure.

- Clarify roles, responsibilities for the contracted entities and organizations that receive CoC funding.

- Annual evaluation of all CoC funded programs, HMIS Lead, CES Lead and Collaborative Applicant. These evaluations should be used to inform the CoC funding process.

- Written MOA with HMIS Lead, CES Lead and Collaborative Application that fully describes accountabilities.

- Publish agenda, meeting materials, and minutes in timely manner that promotes public participation. Clarify how non-CoC board members can provide input into CoC board meetings.

- Incorporate a Leadership Council composed of key elected, civic, and business leaders to develop strategies and integrate the CoC priorities into economic development and community policy decisions.

- The roles and expectations between the Collaborative Applicant (Changing Homelessness staff and board) and the CoC board should be clarified.

Option 2: Develop a Funders' Collaborative to ensure funding alignment across public and private funders and establish a process to coordinate with the CoC Board.

A Funders Collaborative that includes current and potential local public and philanthropic investors could be established. The Hilton Foundation recently issued a report on the Los Angeles Home For Good Funders Collaborative. The Jacksonville Funders Collaborative could have a specific focus (e.g. align funding priorities to expand PSH and make funding decisions collaboratively to support this expansion) or undertake one or more recommendations within this report or to coordinate funding for all homeless assistance plans. The Funders Collaborative should establish shared values and specific goals for commitment of resources and impact.

- Coordinate resources and identify gaps in public funding that might be filled by using more flexible private sources.

- Develop joint and/or coordinated funding options. Explore feasibility of common application cycle.

- Identify shared metrics and program standards for specific interventions.

- Jointly require that all programs participate in HMIS.

The recommendations described above in Option 1 to strengthen the CoC Board governance would also need to be implemented concurrently. The Funders Collaborative could have a designated seat on the CoC Board to ensure coordination.
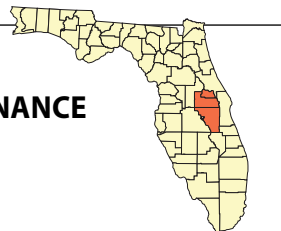
Option 3: Develop a new public-private partnership that includes representation from all sectors with HUD CoC funding decisions as one role.

Stand up a new entity that can more broadly implement the recommendations included in this report and oversee the CoC activities. The new public-private partnership would encompass the roles and responsibilities of the CoC and the Task Force. The new entity would need to be approved by HUD it will also become the official CoC board. The financial and practical feasibility of a new entity compared to Option 1 or Option 2 should be carefully considered and a realistic timeline to transition from the current CoC board would be required to ensure that there was no loss of CoC funding during this transition.

PEER COMMUNITY GOVERNANCE APPROACHES

Central Florida

The Continuum of Care (CoC) is comprised of the City of Orlando and three counties. Orlando's total population is 1.04 million, with 2,053 experiencing homelessness at the January 2018 PIT count. Eighteen percent of homelessness was unsheltered. The CoC award from HUD was $8,069,046 in FY2018.

The CoC board designated Homeless Services Network of Central Florida (HSN) as the CoC Lead Agency which encompasses responsibility to be the Collaborative Applicant and manage HMIS and the Coordinated Entry System. The CoC and the Central Florida Commission on Homelessness (elected officials, business and leaders) were recently re-aligned into a unified approach.

• The members of the Commission became the Leadership Council, responsible for establishing priorities for the region, including but not limited to HUD CoC; review/approval of selection of Lead Agency; and appointing members of the CFCH

• The Managing Board develops and implements strategies to fulfill priorities identified by the Leadership Council. Members are appointed by Leadership Council, reflect diversity of stakeholders recommended by HUD and is chaired by CFCH Leadership Council Chair. The Managing Board conducts CoC Board activities as required in HUD CoC statute and regulations, and monitors effectiveness of the Lead Agency (HSN).

Like Changing Homelessness, HSN is also the recipient of the VA's Supportive Services for Veteran Families (SSVF) grant.

Charlotte/ Mecklenburg County, NC

The Continuum of Care (CoC) covers the City of Charlotte plus Mecklenburg County. Charlotte's total population is 1.08 million, with 1,668 experiencing homelessness at the January 2018 PIT count. Thirteen percent of homelessness was unsheltered. The CoC award from HUD was $4,089,204 in FY2018.

The current Collaborative Applicant is the City of Charlotte. However, the CoC is undergoing an effort to change its structure and has issued an RFP for Collaborative Applicant. HMIS is led by the University of North Carolina Charlotte Urban Institute; the Coordinated Entry System lead is Mecklenburg County. Partners include County Community Support Services; Housing First Charlotte-Mecklenburg Partnership, Mecklenburg Co, the Urban Ministry Center, and the Charlotte Housing Authority.

Role for Philanthropy

Catalytic philanthropists "gather knowledge about the problem they are tackling and use this knowledge to inform their own actions and motivate the actions of others. Making knowledge actionable requires more than just gathering and reporting data. The information must also carry emotional appeal to capture people's attention and practical recommendations that can inspire them to action." [10]

Jacksonville's philanthropic community has the convening power to bring together local government, nonprofit service providers and the private sector for meaningful collaboration to build a more effective homeless assistance system that can support the recommendations in this report. Specifically, philanthropy can be a catalyst for transformative and strategic investment and partnership to advance systems change, research, pilot projects and system-level capacity building. While the form and function of the updated public-private partnership will need to be determined, there are important roles for philanthropy regardless of which path forward to implement next steps is chosen.

COLLECTIVELY ADVANCE COMMON MESSAGES AND ACTIONS

• Jointly, host the community in a series of dialogues about the best ways to support the recommendations in this report. Topics could include dialogues about why and how to: preserve and expand affordable housing for the lowest income households; shift from assessment to problem-solving with focus on diversion and rapid exits; and focus new resources on homeless individuals who are unsheltered. Convenings can be informal social gatherings or more highly structured events with formal presentations. Invite business, civic, and elected leaders

10 Kramer, 2009, http://ssir.org/articles/entry/catalytic_philanthropy

Jacksonville's philanthropic leaders are uniquely positioned to lean into collaboration and solutions described in this report.

to participate, especially those that have not previously been cultivated and engaged.

• Offer public testimony from philanthropic leaders to support implementation of the recommendations in this report.

• Invite local, regional and national experts whose work may help inform the public-private partnerships, providers, and policymakers to make presentations to increase the community knowledge about best practices and solutions.

• Encourage public-sector participation in administrative data matching so data from multiple systems of care can be used to identify where people who become homeless come from, what services they use, their household type, and the exit rate to permanent housing. These studies can identify ways to prevent homelessness.

INVEST IN STRATEGIES TO INCREASE IMPACT THROUGH COLLABORATION, ACCOUNTABILITY AND TRANSPARENCY

• Commit senior staff time to work with the updated cross-sector, public-private partnership and participate in the next phases. Be an active and supportive partner and thought leader.

• Organize a funders collaborative, issue joint RFPs, and align funding priorities and processes that advance the recommendations in this report. Unify grant applications and reporting requirements to streamline processes for nonprofits and enable consistent analysis of impact. Issue matching grant challenges to support providers as they incorporate and implement best practices into their programs.

• Encourage all homeless assistance providers to participate in the updated cross-sector, public-private partnership. Establish participation in this partnership as a threshold requirement for grant eligibility.

• Allocate general operating support, service/program and capacity-building grants to organizations working to implement the report recommendations. Invest in and require an outcome driven evaluation for all funded projects.

• Invest in and support HMIS and community data analysis, presentations, and dissemination of findings. Support making HMIS the primary data system to track needs, progress, etc.; require all providers who receive grants to address homelessness to fully participate in HMIS.

Children from Village at Hyde Park.

Closing

Always the "north star" for the Jacksonville region should be to bring a functional end to homelessness – making it rare, brief and non-recurring. The residents of neighborhoods across the county – those who are housed and those who are without a safe place to call home – should be able to see the first-hand impact of increased strategic investment and improved collaboration over the next few years.

Most importantly, the community must act with urgency and boldness to relieve the human suffering that occurs every day.

Cindy, grandmother of two and, at the time of this picture, she was a resident of Mayfair Village.

Photo courtesy of Ability Housing, Inc.

Appendix

Following are the documents that were reviewed by the Consultants.

HUD CoC Reports and Documents

- 2019 CoC NOFA Application
- CoC Project Debriefing Documents - All years 2013-2018
- 2019 CoC Grant Inventory Worksheet
- The Streets Don't Lie: Veteran Homelessness 2018
- HUD Continuum of Care Homeless Assistance Programs Housing Inventory Count Reports - All years 2009 -2019
- HUD CoC Homeless Populations and Subpopulations Reports - All years 2009-2019
- HUD Data Quality reports – Years 2018 and 2019
- HUD System Performance Measure Comparorator - Year 2019
- Racial and Ethnic Disparities Analysis Northeast Florida CoC FL-510. Changing Homelessness staff assessment of racial and ethnic population distributions
- Custom CES Reports for 10/1/2018 to 9/30/2019 (Vets and Non-Vets)
- HUD CoC Awards and Funding Allocations – All years 2013-2019
- Built for Zero dashboards 2019

Jacksonville Mayor's Downtown Homelessness Task Force Documents

- Downtown Homelessness Task Force Membership List as of 1/7/2019
- Downtown Homelessness Task Force Agendas for 2019
- Downtown Homelessness Task Force Meeting Minutes for 2019
- Homeless Initiatives Update for 2018. Interoffice memo. Jacksonville Homeless Response Coordinator. February 2019
- Health Mobile Task Force presentation. Sulzbacher, December 2019
- Chronic Homeless Offender Program (CHOP) Process Presentation and Graphs
- Law Enforcement Strategies to Address Homelessness. Sarasota. August 2018

External Consultant Reports

- Strategies to Reduce Unsheltered Homelessness: Feasibility Analysis and Implementation Considerations, published by Focus Strategies in March 2018
- FL-510 Jacksonville-Duval, Clay Counties CoC: Results of Performance Analysis and Next Steps, published by Focus Strategies in June 2017.
- Needs Assessment Report on Homelessness in Northeast Florida, published by Michael Cochran, MPH and Dr. Laura Lane in June 2019.
- Northeast Florida's Affordable Rental Housing Needs: Two Year Evaluation, issued by the Shimberg Center for Housing and updated in 2019.
- The Solution that Saves. Issued by Health-Tech Consultants Inc. in November 2018.
- Built for Zero verbal report *from Community Solutions via telephone on 12/10 and BFZ dashboard reports.*

CoC Policy Documents

- CoC Governance Charter
- CoC Written Standards
- Coordinated Entry System Policies and Procedures
- MOU with Collaborative Applicant
- MOU with HMIS Lead

JESSIE BALL DU PONT FUND

THE COMMUNITY FOUNDATION
FOR NORTHEAST FLORIDA

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Henri Landwirth
Family
Advised Fund

JUNE 22, 2020