



Broward County
A Way Home
Final Report

December, 2018





**Broward
County
Roadmap
to End
Homelessness**



About CSH

At CSH, it is our mission to advance housing solutions that deliver three powerful outcomes: 1) improved lives for the most vulnerable people, 2) maximized public resources and 3) strong, healthy communities across the country. *Our work across systems, combined with our housing expertise gives us a unique perspective.*

CSH believes access to safe, quality, affordable housing -with the supports necessary to keep vulnerable people housed –is an effective solution to homelessness.

We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country.

Local Solutions to Homelessness

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We provide practical, customized, and focused technical assistance with high impact for local, state and regional organizations. CSH supports communities across the nation in addressing specific issues related to homelessness at the local level, through technical assistance, trainings, development loans and tailored products like homeless system flow maps, supportive housing needs assessments, and financial modeling.

Acknowledgements

CSH wishes to acknowledge all those who participated in conversations and discussions that helped to shape this document and the Roadmap process. CSH thanks the Broward County Continuum of Care for their time, guidance, and commitment to ending homelessness. The leadership and support of staff at the Broward County Continuum of Care and the Homeless Initiative Partnership made the production of this Roadmap possible. CSH especially wishes to thank Rebecca McGuire and her staff for their dedication and leadership on this project, in particular, James Ellis and Richard Hoo for their assistance in providing valuable HMIS data and reports.

Inquiries

If you are interested in learning more about Broward’s work to end homelessness, please visit:

<http://www.broward.org/HumanServices/CommunityPartnerships/HomelessInitiativePartnership/Pages/ContinuumOfCare.aspx>, or contact Rebecca McGuire at rmcguire@broward.org. For information on CSH, please visit www.csh.org for additional on-line resources and materials. If you have questions or comments regarding this document, please contact Robyn Andrews at robyn.andrews@csh.org.

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Definitions

In order for this report to be accessible to a variety of stakeholders, definitions of housing programs, philosophies and populations are included here.

Housing Interventions & Approaches

Permanent Supportive (or Supportive) Housing: an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities (USICH definition).

Affordable Housing: A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by the United States Department of Housing and Urban Development, any housing accommodation for which a tenant household pays 30% or less of its income.

Rapid Re-Housing: an intervention that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Housing First: an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. (HUD definition)

Prevention: an intervention that provides housing assistance to households that are at risk for becoming homeless, who would become homeless but for this assistance, which can include rental assistance and/or relocation and stabilization services such as utility payments, mediation and case management.

Diversions: an intervention that provides assistance or support to divert a household from the shelter system. This approach encourages households to find alternative and safe living situations, such as staying with friends and family.

Transitional Housing: an intervention for up to 24 months that is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. (HUD definition)

Emergency Shelter: any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. (HUD definition)

Population Based Definitions

Homeless: An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronic Homelessness: An unaccompanied homeless individual 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.

Unsheltered Homelessness: An individual living in a place not meant for human habitation (the street, in encampments, in a vehicle, in an abandoned building, etc.).

Housing and Urban Development Department definitions are available here:
www.huduser.gov/portal/glossary/glossary.html

Executive Summary

Background and Process Summary

In 2005, Broward County officials and stakeholders developed “A Way Home: Broward County, Florida’s Ten Year Plan to End Homelessness”, utilizing largely community input, as well as guidance from national experts. The development process was led by a Ten Year Plan Steering Committee. At the time, Broward’s housing assets included emergency shelter, transitional housing, and PSH beds. Both the County and the CoC were investing public and private funds in programs providing services to individuals and families experiencing homelessness, estimated at that time to be over 3,100 individuals based on the PIT count.

Recognizing the complexity of the issue and the inefficiencies of the current system, as well as the repeated cycling of individuals through emergency systems, the Broward community moved from addressing homelessness to ending it. Their goal was to rapidly create a minimum of 1,200 PSH units and quickly house people in these units.

The plan addressed concerns with the housing affordability crisis and the decline of a qualified work force and employment. As a result, the Planning Committee shifted their focus to the following key areas:

- Prevention
- Permanent Affordable Housing Supply
- Living Wages
- Mainstream Resources
- Discharge Planning
- Street Outreach
- Treatment and Services
- Housing First

The County recognized the Housing First model as a key strategy in ending long-term homelessness, as well as the cost burden of an ineffective homeless system on both homeless individuals and the community as a whole. Additionally, the county recognized the cost benefits of designing and implementing an effective homeless response system. Based on data analysis, community input and national studies of best practices, detailed strategy recommendations were presented to the community. An action plan was developed and subcommittees were formed to implement the plan, which included the following topics:

- Data/HMIS
- Emergency Prevention
- System Change: Mainstream Resources/Discharge Planning
- Permanent Affordable Housing
- Street Outreach
- Shortening the Length of Time Homeless
- Rapid Rehousing
- Treatment and Services
- Income to Pay for Affordable Housing
- Homeless Consumer Focus Groups

In 2013, The County recognized that the plan contained areas that were in need of updating based upon changes to the federal policy environment as well as new data surrounding the best practices for preventing and ending homelessness. These changes included the passing of the HEARTH Act, a new system performance developed by HUD that changed the way federal funding was allocated, and the continued effectiveness of the Housing First Approach.

NAEH and CSH jointly facilitated a Ten Year Plan Update Charrette in 2013, gathering recommendations for changes from a wide range of nearly 300 stakeholders who participated in the intensive, week long process.

Draft recommendations were disseminated following the Charrette for each of the six identified issue areas:

- Governance, Data, and Outcomes
- Crisis Response System
- Affordable Housing
- Permanent Supportive housing
- Rapid Rehousing, and
- Accessing Mainstream Services

Broward County expanded their vision to include a comprehensive housing crisis response system through which homelessness is prevented, and when this is impossible, episodes of homelessness are quickly ended.

The County agreed with the goals of the USICH¹ Federal Strategic Plan to Prevent and End Homelessness and committed to develop action items to implement the following:

- Preventing homelessness whenever possible through prevention and homelessness diversion assistance
- Ensuring easy access to community-wide, culturally competent, safe and effective housing and homeless services
- Ensuring people exit homelessness as quickly as possible
- Connecting people to their communities and the mainstream resources needed for them to stabilize and thrive in housing
- Update the *A Way Home Plan* annually to ensure that the plan remains relevant, and
- Building and sustaining the political will and community support to end homelessness

Current Efforts

In 2017, the Broward County CoC engaged the Corporation for Supportive Housing (CSH) to update the community's Plan to End Homelessness (*A Way Home*) utilizing the CSH Charrette process. The goal of this Charrette was to produce a feasible set of recommendations to revise and shape the plan to meet the current needs of the community. A report was presented to the Broward County CoC in January 2018, outlining three priority focus areas and two additional focus areas, representing ideas presented in the Charrette Fishbowl sessions that would have the most impact on ending homelessness in the Broward County community. These focus areas were;

- Coordinated Entry System
- Shelter System
- Housing First/Housing Focused Culture
- Systems Change
- HMIS

This report is the product of six months of work in 2018 between CSH and the Broward County Homeless Initiative Partnership (HIP), the designated Lead Agency for the Broward County Homeless Continuum of Care (CoC) Board as well as the CoC's Homeless Management Information System (HMIS). HIP serves as staff to the Continuum of Care (CoC) Board, the County's focal point for planning and coordinating services homeless families and individuals and is a working group composed of a collaborative network of organizations, advocates, community residents, and businesses that plan programs with the primary goal of alleviating homelessness in all areas of Broward County.

¹ <https://www.usich.gov/>

This document contains CSH's assessment of the homelessness system in Broward, and recommendations on how best to implement system changes to meet this important goal in the next five years. In addition, we have included estimates of costs savings accrued when individuals and families are stably housed.

The findings from CSH's assessment of Broward's homelessness system clearly indicate that Broward is headed in the right direction. Local innovation and a willingness among non-profits to partner is supported by flexible programs and leadership. An understanding of the effectiveness of supportive housing and Housing First programs is in place and local programs continue to develop. Despite these strengths, an acute shortage of public resources coupled with a well-documented lack of affordable housing across the county must be addressed if homelessness is to end. A well-aligned network of county agencies will need to double down on their efforts to work collaboratively in order to deliver some 974+ new units of supportive housing, an additional 3,000+ units of affordable housing for the lowest income levels, and other forms of support over the next five years in order to drastically reduce homelessness.

A significant investment of resources on the part of the County, as well as federal funding, local funding, private philanthropic support, and private investments in affordable housing, will be required to get the job done. This report assumes the maintenance of current federal and state funding levels for production of supportive and affordable housing, as well as funding for housing and homelessness programs and services. A decrease of funding across any of these programs, particularly federal funding, will have a significant impact on the feasibility of CSH's recommendations, the county budget, and implications for Broward households in need. Securing these vital resources will require effective, focused advocacy and a high degree of political will.

The innovative models of supportive housing and Housing First that have been tested and used across Broward are ready to be scaled. For the most vulnerable populations, including persons experiencing long-term chronic homelessness and persons exiting institutions, overwhelming evidence indicates that these housing interventions deliver better outcomes for individuals and the community while at the same time saving valuable public resources. Pages 27-30 of this report detail cost avoidance strategies, which have the potential to save state resources and improve outcomes for vulnerable individuals and families with complex needs.

Broward is well positioned to end homelessness and this Roadmap document provides an actionable and clear way to reach this goal.

Assessment of Existing Resources and Systems

As a first step toward creating a revised set of recommendations to end homelessness in Broward, CSH set about to develop an understanding of the county’s existing homelessness response system. Starting in June of 2018, CSH engaged in a series of exercises over a three month period which included a in-depth interviews with key stakeholders involved in the effort to address homelessness in Broward; collection and analysis of Housing and Services Fiscal Scans which were completed by providers across the county, and a community workshop on October 12, 2018 with non-profit leaders, government officials, advocates and funders to present a system map and recommendations for further refinement and to develop concrete action steps

During this same period more than 50 separate reports and source documents related to homelessness systems, agencies, and activities in Broward were provided to CSH via the Continuum of Care, HMIS, and HUD reports. The assessment section of this report captures themes from both the qualitative and quantitative data reviewed.

An understanding of the effectiveness of supportive housing and Housing First programs is in place in Broward and local programs continue to develop.

Summary

The assessment activities undertaken by CSH revealed what many working to end homelessness inside and outside of Broward already know: an understanding of the effectiveness of supportive housing and Housing First programs is in place in Broward and local programs continue to develop. Effective and coordinated county level leadership supports sophisticated and highly committed non-profit organizations. Industry “best practices” to address homelessness including supportive housing and Housing First are in use in most Broward organizations. A strong commitment among provider groups and business leaders to collaborate with each other at the local level and to work closely with state and federal agencies, and the philanthropic community, has resulted in a number of highly effective and sustained partnerships that have moved the dial on homelessness.

The county’s 2018 Point in Time Count reflects the progress Broward has made as of late, as well as identified certain challenges; an overall one-year decrease in homelessness of 10% was achieved between 2017 and 2018, yet the number of chronic homeless individuals in the County increased by 10%. Despite these strengths, an acute shortage of public resources coupled with a well-documented lack of affordable housing across the county must be addressed if homelessness is to end.

The challenges are multi-layered, accentuated by an overall lack of access to affordable housing in Broward that must be addressed, as well as a significant number of additional units of supportive housing that must be provided to end homelessness in the county. Additionally, development of landlord relationships and additional rental units are needed to increase rapid rehousing stock. In many areas of the county, an inadequate supply of affordable, habitable, publicly subsidized or private housing means valuable rental subsidies go unused, many low-income individuals are forced to live in substandard housing, and *persons experiencing homelessness are left with few housing options*. In the county’s more affluent densely populated areas, there is not an adequate modern multi-family affordable housing portfolio. An acute shortage of rental subsidies and a lack of available/affordable units due to high demand in these regions means *persons experiencing homelessness are left with few housing options*. According to the Shimberg Center for Housing Studies analysis of 2012-2016 American Community Survey PUMS, Broward County had a 5 year estimated deficit of 35,264 affordable/available rental units for residents earning 0-30% AMI, and a deficit of 39,070 units for those earning 0-60% AMI.²

² Shimberg Center for Housing Studies analysis of 2012-2016 American Community Survey PUMS

Data shows that in 2016, Broward County had 70 affordable/available units per 100 households in need of affordable housing,³ a clear deficit and contributing factor to homelessness in the community.

A newly revamped coordinated entry system, which promises to make more efficient use of precious public resources by prioritizing assistance to the most vulnerable individuals in the county, is in its early stages of implementation but is not yet fully operationalized. Despite the launch of new programs designed to shift the county’s focus from crisis to permanent solutions, an ongoing reliance on the use of emergency shelter as a source of short-term shelter for homeless and vulnerable families and individuals means a disproportionate share of scarce public resources that might otherwise be available for permanent solutions continues to be spent on temporary fixes. The demand for those scarce public and private funding resources to support the overall effort to end homelessness in Broward perennially exceeds the supply of available funding in any given year.

Strengths of the Current System

Community Engagement:

The ability for local organizations to partner with one another—both through the existing Continuum of Care (CoC) structures and through individual project level partnerships—is a clear strength for Broward. All stakeholders interviewed (100%) reported that coordination among agencies and coordination at the Continuum of Care level was a best practice in their community.

*“Collaborative efforts and willingness to jointly make a change has really had a great commitment from all of the partners involved; municipalities, city, county, etc.” –
Broward Community Partner Interviewee*

In Summary, Broward has shown

- An authentic and strong desire in the community to unify in order to most efficiently and effectively care for those experiencing homelessness.
- Engagement from the community to address homelessness and the drive to learn ways to get and stay involved and become part of the collective, creative, long-term solutions to assist those experiencing homelessness is increasing in Broward.
- Political Will – leadership from County Government and the business community - is gaining momentum. Unprecedented energy and resources are being focused in the county to address homelessness.

³ Shimberg Center for Housing Studies Florida 2016 Rental Market Study <http://flhousingdata.shimberg.ufl.edu/2016-rental-market-study.pdf>

Reduction in Homelessness:

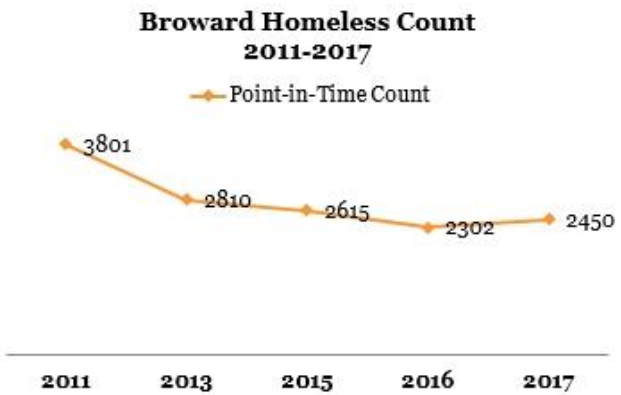
Throughout interviews with multiple community partners, many commented on the decreasing number of people experiencing homelessness in the county, and data since 2011 supports that conclusion.

“Homelessness is well handled and is on a decrease – it did increase in PIT for a couple of years, but has gone back down.” – Broward Community Partner Interviewee.

In 2018, the Broward County PIT counted 2,318 individuals. In 2011, the count was 3,801. This is a significant reduction of 61%. Although there has been fluctuation over the years, the overall trend has been a reduction.

HOMELESSNESS IN BROWARD

The Broward homeless system is part of the Broward Continuum of Care. Broward works with providers and partners to coordinate local homeless services and housing interventions.



In 2017, Broward counted **2,450** homeless people on one night. Here are the demographics:



One Broward business leader commented; *“The visible issues have become more prevalent so community perception is that it is getting worse and we are not doing a good job as a CoC, but I don’t agree with that perception at all.”*

“There have been a lot of successes, veteran’s homelessness has been greatly reduced and should be publicized more.” – Broward Community Partner Interviewee.

“We have a lot of providers with a lot of good experience. The last couple of years, we have expanded the capacity of our SH units.” – Broward Community Partner Interviewee.

Gaps and Barriers in the Current System

Lack of Access to Affordable and Supportive Housing

In every interview as well as at the facilitated group meeting on October 12, 2018, a lack of both supply, and access to, affordable housing was cited as the most significant unmet needs affecting persons experiencing homelessness in Broward. One hundred percent of interviewees indicated that affordable housing and/or rental assistance is an unmet need of the individuals and families they work with.

“We need to expand the willingness to develop affordable and supportive housing. Drawing in private companies and industries, because it affects their bottom line, is a good way to go.” —Broward County Community Partner Interviewee

“We need to expand the willingness to develop affordable and supportive housing. Drawing in private companies and industries, because it affects their bottom line, is a good way to go.”—
Broward Community Partner Interviewee

Nearly every community partner interviewed indicated that a lack of available supportive housing in their community was a significant barrier to ending homelessness. A review of the county’s current HUD-required Housing Inventory Chart (HIC) from HMIS revealed there are 1,481 units of supportive housing currently dedicated to households experiencing homelessness in Broward, but only 244 of those are available annually. With approximately 2,314 individuals experiencing homelessness counted in Broward in January of this year, and nearly half of those require supportive housing to resolve their homelessness, a clear need for additional units of supportive housing exists. *“Affordable housing is a huge issue. We have been struggling with landlords because the lower end apartments have a huge market already because other rents are so high.”* said one community partner interviewee. *“The housing market and lack of affordable housing is definitely an issue in this area. It is extremely difficult to find landlords – and quickly. It sometimes takes 60-90 days to find a willing landlord.”* offered another.

“Affordable housing is one of the largest barriers in South Florida, the cost and demand is very high. We need a robust system of landlords willing to take vouchers and work with formerly homeless individuals. Additionally, the system of finding available rentals quickly and working with landlords that are willing to work with the continuum is not robust – we need better systems to connect available rentals with compassionate landlords with clients that have vouchers and subsidies.” —Broward business leader.

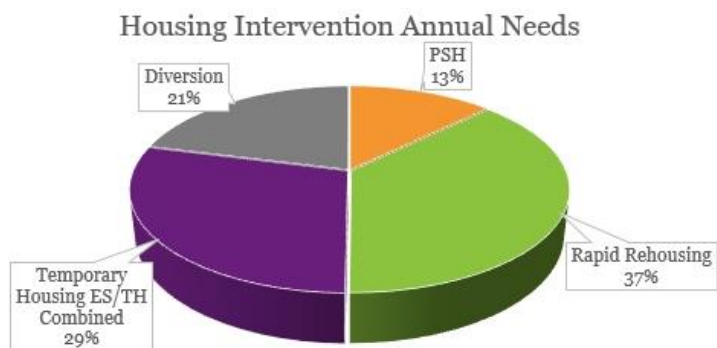
Some of the possible contributors to the shortage of affordable and supportive housing emerged during CSH’s assessment activities:

Deficit of Rapid Rehousing/ Affordable Housing Stock

According to Broward County’s 2017 Homeless Count, there were a total of 2,450 sheltered and unsheltered individuals in the County. Of those, 1,472 (57%) were in need of Rapid Rehousing Intervention, based on known exits. Currently, only 9% of existing resources are dedicated to Rapid Rehousing, yet data assessment reflects a significantly higher need of housing interventions to be dedicated for Rapid Rehousing. A severe lack of affordable housing stock in the county, as discussed above, contributes to the problem of locating affordable rental units.

Insufficient resources for rental subsidies, capital costs and sustained supportive services

Community partners interviewed, as well as community meeting participants, repeatedly cited insufficient resources (public subsidies and public/private funding) to support the homelessness system in Broward as a significant barrier preventing the community from ending homelessness. Lack of adequate resources ranked right behind a lack of access to affordable housing and lack of access to supportive housing. *“Affordable housing is one of the largest barriers in South Florida, the cost and demand is very high. We need a robust system of landlords willing to take vouchers and work with formerly homeless individuals. Additionally, the system of finding available rentals quickly and working with landlords that are willing to work with the continuum is not robust – we need better systems to connect available rentals with compassionate landlords with clients that have vouchers and subsidies.”*—stated one Broward business leader.



During both community partner interviews and the facilitated community meeting on October 12th, CSH heard a call for more resources as key to moving the needle on homelessness: *“For those that are not chronic, how do we house them? There needs to be more funding for those who are not chronic. Affordable housing is lacking and cannot be accessed.”* said one interviewee; *“No capacity, no stock. Funding is lacking. Sadowski sweeps.”* stated another, when asked about the greatest challenges to addressing homelessness in the community.

“HUD (funding) is not the answer for everything... We need more partnerships with housing developers – we do not currently have any strong partnerships with developers. There is tax credit money available, but no one has the expertise in the community for those projects.” said a Broward-based business leader.

Coordinated Entry System not yet fully functional

The 2009 HEARTH Act, which governs most of the federal assistance that communities receive to address homelessness, included a requirement for communities to implement a Coordinated Entry System for the delivery of housing and homeless services (including prevention resources, shelter, rapid rehousing, transitional housing and supportive housing). This new systems-focused approach emphasizes centralized/coordinated intake and assessment, robust homeless prevention strategies, rapid access to housing using a Housing First approach, strategic targeting, and integration with mainstream systems.

Broward’s Coordinated Entry System is currently being implemented, but as of this report, is not yet fully, or effectively, functional. Several community partners interviewed characterized planning or implementation of Coordinated Entry as troublesome, but with potential for changing the practices and efficiency of the system as well as outcomes for persons experiencing homelessness.

Coordinated Entry, if comprehensive and well-integrated with mainstream service systems, can help communities move toward their goal of ending homelessness by improving the speed, accuracy and consistency of the screening and assessment process and targeting scarce resources more efficiently and accurately in order to be most effective. It has been CSH’s experience that in every community where significant progress has been made toward ending homelessness (Houston, Connecticut, and many others); a functional Coordinated Entry system has been fully implemented.

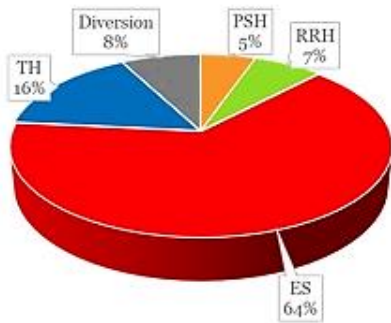
Data Quality

Based on analysis of data generated by Broward’s Homelessness Management Information System (HMIS), a federally mandated data management system that tracks a wide range of information related to homeless persons in a given jurisdiction, there appears to be a data quality issue, related in part to provider capacity and possibly HMIS training issues. A fully functioning HMIS (and one that includes wider participation) provides more complete and reliable data on the number and frequency of persons experiencing homelessness; reduces the burden on those experiencing homelessness in accessing resources; and facilitates the evaluation of the effectiveness of programs and interventions. Broward HMIS data show significant missing and unknown information for some intervention programs, particularly for Permanent Supportive Housing exits (approximately 40% of the data are missing or unknown). More research needs to be done to explain this inconsistency. Community-wide training on data quality is included in the recommendation to utilize data to drive decisions and allocate resources. Current HMIS data analysis does not reflect all of the temporary and permanent housing programs in Broward. Some critical community sectors, such as Child Welfare programs, are not reporting into HMIS. As such, it is difficult to obtain an accurate assessment of available community resources.

Excess Shelter Bed Stock that could be Repurposed

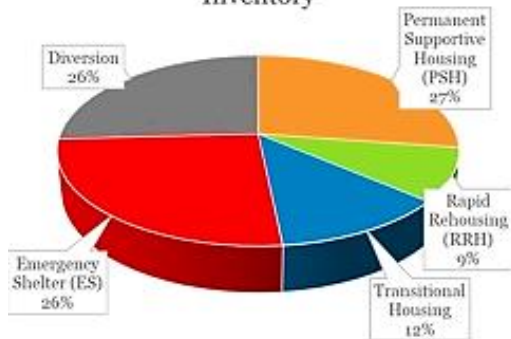
Currently, one fourth of Broward County’s Housing Intervention Inventory is dedicated to Emergency Shelter. Annually, according to the most recent Broward HUD-required Annual Homeless Assistance Report (AHAR), 64% of shelter beds are available/empty during a given year. Increasing the affordable and supportive housing stock in Broward would allow for a more strategic distribution of the Rapid Rehousing and Supportive Housing needs as reflected by the current data, and decrease the need for higher levels of emergency housing, resulting in a more balanced system.

Current Housing Intervention Annual Availability

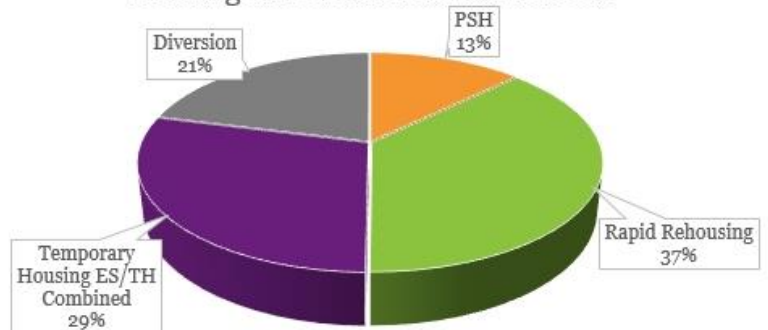


“Emergency shelter can and must play an essential role within an effective, housing-focused crisis response system. However, it should not be assumed that every community in which there are currently people experiencing unsheltered homelessness needs to expand the supply of emergency shelter. Communities should also consider how a broad range of changes and improvements within their crisis response systems will impact the need and demand for emergency shelter and other crisis housing.”- Key Considerations for Implementing Emergency Shelter within an Effective Crisis Response System, United States Interagency Council⁴

Current Housing Intervention Inventory



Housing Intervention Annual Needs



⁴ https://www.usich.gov/resources/uploads/asset_library/emergency-shelter-key-considerations.pdf

Roadmap

The Destination: Ending Homelessness

In order to end homelessness, Broward must build on the strengths of the existing system by increasing investments in what works— providing access to safe and adequate affordable housing combined with supportive services to households experiencing homelessness— to obtain and maintain housing stability.

Gaining an understanding of how many new permanent housing options (supportive housing, rapid rehousing and prevention) will be needed over the next five years to get the job done is critically important to addressing the issue and scaling development and service provision in Broward County.

CSH completed housing need projections based on data provided by the Broward Continuum of Care and Broward’s 2017 Point in Time Count. CSH has determined that Broward will need to add approximately 996 units of new supportive housing and an additional 3,000+ new units of affordable housing targeted to households with incomes at or below 30% of the Area Median Income (see table 1.1) over the next five years to end homelessness. In addition, the provision of approximately 3,215 units of rapid rehousing assistance over this same period will be required, as will the successful prevention of nearly 1,635 homeless households from entering the homelessness system, in order to ensure the system can adequately meet the needs of the most vulnerable.

To create housing and services at this scale and to ensure these resources are appropriately targeted to the most vulnerable homeless households, Broward will need to engage in systems change work. The following section of this report details CSH’s recommendations for Broward.

Table 1.1 FY 2018 Countywide Income Limits for Broward⁵
2018 Median Family Income: \$65,700

Household Size	1 Person	4 Person
Extremely low-income (30% of median)	\$17,000	\$25,100
Very low-income (50% of median)	\$28,300	\$40,400
Low-income (80% of median)	\$45,300	\$64,650

Supportive Housing

Evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. (USICH)

Affordable Housing

Housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities. (HUD)

Rapid Rehousing

Intervention that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. (HUD)

Homeless Prevention

Strategy that prevents homelessness for people seeking shelter by helping them stabilize and preserve existing housing, or identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. (National Alliance to End Homelessness)

⁵ FY 2018 HUD Income Limits, <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>

The Way Forward: Recommendations and Action Steps

RECOMMENDATION I:

IMPLEMENT A ROBUST COORDINATED ENTRY SYSTEM

A complete implementation of Broward’s Coordinated Entry system, to include full participation in the county’s HMIS data system, should be prioritized. The newly revised Broward Coordinated Entry System is currently being implemented but is not yet fully up and running. Additional funding to provide adequate staff to operate this system should be dedicated as quickly as possible. A successful coordinated entry system can help Broward move toward the goal of ending homelessness by quickly matching individuals experiencing homelessness with the housing and support they need. Coordinated entry can:

- Help reduce wait times in the system by moving people through the referral process quickly.
- Reduce duplication of efforts and help serve clients better.
- Assist with ending chronic homelessness by targeting the most robust services and resources to those that have the highest acuity of need, or have been homeless the longest, as is currently happening with HUD-funded supportive housing.

A successful coordinated entry system can help communities move toward their goal of ending homelessness by quickly matching individuals experiencing homelessness with the housing and support they need.

Successful coordinated entry requires the participation of all housing and service providers in the community. Housing providers should:

- Participate in a designated community process to coordinate access to housing, including the use of coordinated referrals and triage, common applications, common entrance criteria and centralized wait-lists. If the community does not have coordinated entry to housing, the supportive housing project partners clearly communicate the referral and application process to the entire community.
- Participate in or lead efforts to ensure that community application processes, documentation of eligibility and intake processes are streamlined and efficient, so that applicants are not asked for the same information on multiple occasions.
- Prioritize persons in high need for services for all units, using community-wide data mechanisms such as vulnerability index score or data on frequent utilization of crisis systems.



- ✓ **ASSESS AND ALLOCATE APPROPRIATE STAFFING LEVELS**
- ✓ **IMPLEMENT COMMUNITY-WIDE TRAINING**
- ✓ **IMPLEMENT SYSTEM-WIDE ACCOUNTABILITY**
 - **DEVELOP AND REFINE A CES FLOWCHART**
 - **DEVELOP CES DASHBOARD FOR MONTHLY OUTCOMES TRACKING**
- ✓ **IMPLEMENT A ROBUST CES ACROSS ALL SYSTEMS**

Recommended Action Steps

In a robust Coordinated Entry System (CES), all providers of homeless housing and services in the community work together to ensure that from the moment a household first presents a housing crisis, there is a clear and consistent path to ending their homelessness. CES provides

a critical opportunity to intentionally collect and analyze system level data to inform and enhance decision-making and function. To this end, an appropriate level of access, staffing and training is critical to the success of the system, as is system-wide accountability. A CES flowchart should be developed, refined and understood across the system, and a set of CoC CES goals should be established and should be part of a CES dashboard that tracks outcomes on a monthly basis.

RECOMMENDATION II:

SHIFT FROM A CRISIS RESPONSE SYSTEM TO A LONG TERM HOMELESS RESPONSE SYSTEM

Broward County can make significant progress in reducing homelessness by redesigning their homeless service system to promote more efficient and effective use of resources. For the CoC to improve its functioning and outcomes, the CoC and homeless crisis response system must have a shared vision and guiding principles. Data analysis clearly shows that **Broward has a disproportionate level of crisis response slots in comparison to permanent housing (PSH and RRH).**

- ✓ REDESIGN THE HOMELESS SERVICE SYSTEM TO SHIFT RESOURCES APPROPRIATELY TO THE NEED
- ✓ ENGAGE CRISIS RESPONSE SYSTEM PROVIDERS TO A SHARED VISION AND ADOPTION OF GUIDING PRINCIPLES FOR A LONG TERM HOMELESS RESPONSE SYSTEM
- ✓ INVESTIGATE SHIFTING A PERCENTAGE OF CRISIS RESPONSE BEDS/UNITS TO BRIDGE HOUSING
- ✓ IMPLEMENT A COMPREHENSIVE DIVERSION STRATEGY

Recommended Action Steps

CSH recommends that Broward County utilize the mapping assessment of existing community resources and utilization and **develop a plan to effectively shift resources and increase supply to appropriately meet the need.** To reduce inflow into the homeless system and provide support for those not experiencing literal homelessness, Broward should

develop and incorporate a comprehensive diversion strategy. Additionally, Broward should investigate the feasibility of shifting a percentage of crisis response beds/units to bridge housing.

RECOMMENDATION III:

DEVELOP A SUPPORTIVE HOUSING PIPELINE

An integral part of the effort to end homelessness in Broward, a portfolio of supportive housing must be created and maintained over time as a key resource. Supportive housing is an innovative and proven solution for homelessness. It combines affordable housing with services that help people who face the most complex challenges live with stability, autonomy, and dignity.

In order to scale supportive housing, Broward County should create a Supportive Housing Pipeline Committee to design and implement a robust plan to increase the supply of supportive housing in Broward. Recommended strategic action steps for this committee include:

- Draft and execute a Memorandum of Understanding between relevant agencies to ensure cross agency collaboration and the alignment of funding streams for the purposes of creating supportive housing.

COMMUNITY SPOTLIGHT: Through this type of cross-agency collaboration in Connecticut, nearly 2,000 units of supportive housing were created over a ten-year period, helping to create a powerful engine for supportive housing production by utilizing a formula that combined capital for construction and long-term operating reserves with funding for services and project-based operating subsidies.

- Keeping in line with the 2017 Broward County Commission values, in particular; **“Housing:** Offering sustainable, compatible, innovative housing options for all income-levels, including integrated supportive housing and rapid-rehousing” and, **“Human Services:** Approaching human services collaboratively and compassionately, with special emphasis on persons and families experiencing homelessness”, Broward

should utilize existing municipality supportive housing funding plans to implement a unified supportive housing funding program to offer the “three legs of the funding stool”—capital, operating/rental subsidies, and supportive service funding—concurrently, to accelerate the pace of supportive housing production.

- Establish unit goals for each funding round, from year to year, to help drive the process.
- Design the new supportive housing delivery program with the flexibility to offer funding in varied combinations from one round to the next, to promote either the construction of new units of supportive housing or the expansion of scattered site supportive housing (a model which leverages existing rental units already within the community).
- Endeavor to create approximately 996 units of supportive housing over the next five years via development and leasing existing units (50% new development and 50% leasing existing rentals).

Recommended Action Steps

To end literal homelessness in Broward County there is a clear need for additional supportive and affordable housing inventory, particularly Rapid Rehousing stock. To accomplish this goal it is recommended that the Broward CoC **develop a Supportive Housing Pipeline Committee charged with developing and executing short and long term strategies to develop supportive housing inventory that will**

effectively meet the need. The committee should complete and utilize a Financial Model to enable them to articulate the need and cost associated with the need, as well as develop and implement strategies to effectively engage and recruit landlords and property owners to participate in homeless

- ✓ DEVELOP A SUPPORTIVE HOUSING PIPELINE COMMITTEE
- ✓ INCREASE SUPPORTIVE HOUSING AND RAPID REHOUSING INVENTORY
- ✓ ENGAGE AND RECRUIT LANDLORDS AND PROPERTY OWNERS
- ✓ ADOPT HOUSING FIRST BEST PRACTICES AND IMPLEMENT COMMUNITY-WIDE TRAINING

response system housing programs. Additionally, county-wide adoption of Housing First Best Practices should be implemented.

COMMUNITY SPOTLIGHT: Comparable systems in jurisdictions such as New York City and Connecticut have played an important role in maintaining the quality of publicly funded supportive housing over time and ensuring integrity of the system.

In order to take this a step further, Broward should create a countywide **Supportive Housing Quality Initiative** and establish and monitor uniform programmatic guidelines and standards of quality and excellence in supportive housing (particularly as it relates to the delivery of supportive services to supportive housing residents). These quality standards should apply to any publicly funded supportive housing unit and contracted supportive housing provider agency in the county.

Quality initiatives help ensure better outcomes for supportive housing tenants, especially those with multiple barriers to housing stability. A comprehensive quality initiative builds the capacity of the supportive housing industry to create and operate high-quality effective and sustainable supportive housing units, helps ensure that existing resources for supportive housing are being used efficiently and effectively, and supports the allocation of new resources.

Additional Considerations

Consider adopting a Pay for Success (PFS) approach, leveraging private investments, targeted to a sub population of homeless Broward County residents (examples: persons experiencing chronic homelessness, frequent and/or high utilizers of emergency services, or persons exiting institutions).

Pay for Success initiatives are designed to create and evaluate bold ways to finance high quality, effective supportive housing interventions producing measurable outcomes for individuals and communities. Investors provide up front financing to help achieve housing stability for a target homeless population and measurably improve lives. Investors receive a return only if the agreed-upon goal is achieved. Pay for Success leverages the resources of philanthropic and other investors to help drive evidence-based innovation and invest in what works.

Pay for Success transactions (also called Social Impact Bonds) and other performance-based contracts are a subset of impact investment.⁶

RECOMMENDATION IV:

Utilize Data to Drive Decisions and Allocate Resources

Data quality and evaluation on a consistent basis is critical to understanding the trends and ongoing needs in a community and in making appropriate course corrections to adjust the homeless response system accordingly.

Recommended Action Steps

- ✓ DEVELOP AN HMIS DASHBOARD TO TRACK NEED, UTILIZATION, AND OUTCOMES ON A MONTHLY BASIS
- ✓ INCREASE TRANSPARENCY, COMMUNICATION AND ACCOUNTABILITY BY PROVIDING PUBLIC ACCESS TO COMMUNITY DASHBOARDS
- ✓ UTILIZE DASHBOARD DATA TO CONTINUALLY REVIEW AND ASSESS UTILIZATION OF RESOURCES AND TO DRIVE REALLOCATION
- ✓ IMPLEMENT COMMUNITY-WIDE TRAINING ON DATA QUALITY STANDARDS AND DEVELOP STRATEGIES TO INCREASE HMIS PARTICIPATION

To ensure effective resource utilization, Broward should **review the gaps and needs analysis provided by CSH and utilize the information to drive the above tasks**. An HMIS dashboard, or other tool such as the CSH Homelessness Takedown Calculator, should be developed to track need, utilization and outcomes on a monthly basis. Dashboard data should be utilized to continually review and assess

appropriate distribution of resources and to drive reallocation. Complete an analysis of inflow and outflow rates on a monthly basis, and analyze CES data monthly to make capacity and need adjustments. In order to increase transparency, improve communication with community partners and stakeholders and establish accountability, Broward should enable public access to community dashboards on their website. Recurring, regularly scheduled **Community-wide training on data quality standards and system performance measures should be implemented** and strategies to increase accountability and broaden participation of HMIS should be developed.

⁶ <https://www.csh.org/impact-investment/>

Housing Needs and Projections

As stated in Recommendation III, to end homelessness in Broward, new affordable and supportive housing must be created. Beyond newly developed and leased supportive housing and developed affordable housing, rapid rehousing assistance (short-term rental assistance coupled with short-term supportive services) and prevention efforts (services to assist people seeking shelter by helping them stabilize and preserve existing housing, or identify immediate alternate housing arrangements) will need to be provided. Housing projections are made by CSH to provide an estimate of the number of these interventions that will be required to end homelessness. The CSH housing projections below:

- Are based on local Broward data (including data provided by Broward’s 2017 Point in Time Count);
- Include projections for the need for Supportive Housing, Rapid Rehousing, and Prevention;

CSH has determined that to end homelessness in Broward over the next five years the County will need 5,846 new permanent housing interventions:

- 996 units of Supportive Housing (recommended 50% developed and 50% leased in existing units)
- 3,215 new units of Affordable Housing (recommended 100% developed—new and renovation of substandard units) and Rapid Rehousing interventions
- 1,635 successful Preventions

Need for Permanent Housing						
Housing Intervention	Existing Stock	Annual Turnover Rate	# Available (Annually)	% of People who Needed Intervention	Estimated Annual Need	Over/Under
DIV Slots	352	1	352	32%	1987	-1635
PSH Beds	1481	0.165	244	11%	1240	-996
RRH Slots	308	1	308	57%	3523	-3215

Additionally, the data shows that Broward has an overage of Temporary Stay interventions that could be revamped to function as bridge housing and more effectively balance the homeless response system.

Need for Temporary Stay						
Intervention	Existing Stock	Annual Turnover Rate	# Available Annually	% of People who Need Intervention	Annual Need	Over/under beds annually
All	1634	n/a	3612	40%	2730	882
ES Beds	848	3.43	2904			
TH Beds	786	0.90	707			

**40% in this chart represents the percentage of known exits who needed a temporary place to stay prior to permanent housing placement – not the overall need for emergency shelter.*

⁷ The AHAR produces an annualized number of households and persons in ES and TH. It does not produce an annualized unsheltered count, so we use the PIT data and the same multiplier/ratio HUD uses for ES and TH to estimate the annualized unsheltered number. The annualized demand is combined with the housing stock supply to determine system gaps and needs projections.

Broward Systems Data Map

In order to get a complete picture of the data being collected in Broward, CSH created a system map utilizing 2017 HMIS, PIT, HIC, APR and AHAR data, as well as provider Housing and Services Fiscal Scans. This data enabled us to identify gaps and make appropriate recommendations to shape the strategic plan.

What is a Systems Data Map?

A Systems Data Map is a visual guide to show how people do or do not “flow” through the homeless system that:

- Includes data from ES, TH, PSH, and RRH programs all on one page
- Illustrates entry and exit data to help determine causes and show outcomes
- Provides a base for discussion on data quality, programming, and policies to help end people’s homelessness.

Broward County Continuum Service Provider Partners (from submitted Service Fiscal Scans and Resource Mapping)

Archways	House of Hope
Banyan	KIDS In Distress
Broward Addiction Recovery Center (BARC)	Legal Aid
Broward County Eld. & Vet Services	Mental Health Assoc. of Broward
Broward House	Miami Rescue Mission
Broward Housing Solutions	NAMI
Broward Partnership for the Homeless (BPHI)	North Broward Hospital District
Broward Reg. Health Planning Council	Our Children Our Future
Broward Sheriffs Office	Silver Impact
Camelot	Smith Community Mental Health
Chrysalis	South Broward Hospital District (Memorial)
Covenant House	South FL Wellness Network
FootPrint for Success	Susan B. Anthony
Henderson Behavioral Health	TaskForce Fore Ending Homelessness
	United Way

Housing Programs/Providers in Broward County: Outreach (from submitted Service Fiscal Scans and Resource Mapping)

Outreach	Eligibility
HOPE South Florida	Chronically Homeless, Street Homeless
TaskForce Fore Ending Homelessness, Inc.	Chronically Homeless, Street Homeless
Legal Aid	Chronically Homeless, Street Homeless
St. Laurence Chapel Homeless Shelter	Chronically Homeless, Street Homeless
Footprint For Success	Chronically Homeless, Street Homeless

**Housing Programs/Providers in Broward County: Temporary Housing
(from 2017 HUD Housing Inventory Count (HIC) and submitted Housing Fiscal Scans)**

Shelter	Transitional Housing
CHAC – Broward Partnership	Court Projects – Henderson Behavioral Health
NHAC/SHAC – Miami Rescue Mission	GBD Programs (2) – Keystone Halls
Safe Haven – Henderson Behavioral Health	ILP & Rights of Passage – Covenant House
Bridge Pilot Program, Elderly Homeless Housing, Faith in Action – HOPE South Florida	RIO House Apts, Hollywood HOME – HOPE South Florida
Emergency Shelter, Basic Center , Homeless Youth– Covenant House	Transitional Housing Programs (4) – Salvation Army
Low Demand Emergency Shelter, TaskForce – Salvation Army	Faith Farm
Medical Respite – Broward House	Second Chance North – Lutheran Services
	SHAC Transitional Housing

**Housing Programs/Providers in Broward County: Permanent Housing
(from 2017 HUD Housing Inventory Count (HIC) and submitted Housing Fiscal Scans)**

Permanent Supportive Housing	Rapid Re-Housing
BP I, II, BP IV– Broward Partnership	Families First – Broward Partnership
Mod Rehab, Shelter + Care, VASH, HOME – Broward County Housing Authority	Hope4Families, Hope4Vets, Keys, Keys 2. City of Ft. Lauderdale, City of Hollywood – HOPE South Florida
Broward I – Volunteers of America	RRH for Ind. – Salvation Army
Mission United SSVF – United Way	Mission United SSVF – United Way
Operation Sacred Trust VA - CarrFour	Operation Sacred Trust – VA - CarrFour
County ESG RRH, County Gen. Fund RRH - BCFSD	RRH Low Barrier – Catholic Charities
RRH Low Barrier – Catholic Charities	County ESG RRH, County Gen. Fund RRH - BCFSD

Broward 2017 Point in Time and Housing Inventory Count Data Summary

2017 Point-in-Time

	Sheltered		Unsheltered		% CH of total
	ES	TH		Total	
All HH Calculations					
# of HH without children	636	434	876	1,946	
# of HH with at least one adult and one child	81	49	7	137	
# of HH with only children	13		1	14	
TOTAL HH	730	483	884	2,097	
Total People	886	607	957	2,450	
Chronic Calculations					
# of Chronically homeless individuals	127	28	403	558	37%
# of people in chronically homeless families	14	n/a	9	23	9%
Total Chronically homeless people	141	28	412	581	31%
% Chronic households	22%	n/a	47%	30%	
Percentage of Adult HH over total HH	87%	90%	99%	93%	

2017 Housing Inventory Chart

	Temporary		Permanent		
	ES - B	TH - B	PSH - U	RRH - S	DIV
Family USB	272	271	174	117	244
Individual USB	551	514	1,307	191	108
Children only USB	25	1			
Total USB	848	786	1,481	308	352

2017 Utilization

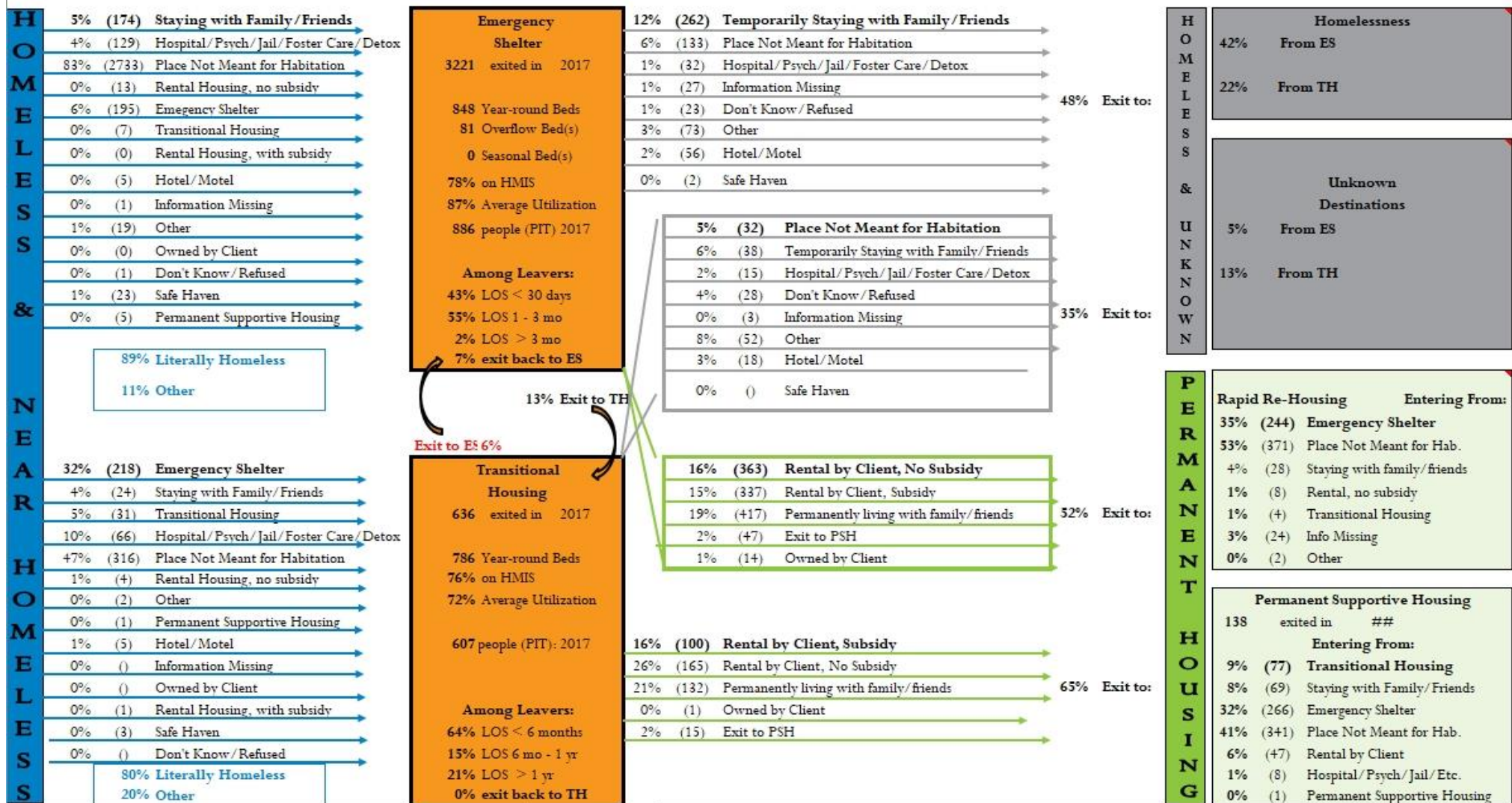
Family	86%	79%	83%	100%	100%
Individual	88%	65%	98%	100%	100%

2017 Turnover

Family	2.45	0.90	0.26	1	1
Individual	4.40	0.76	0.07	1	1

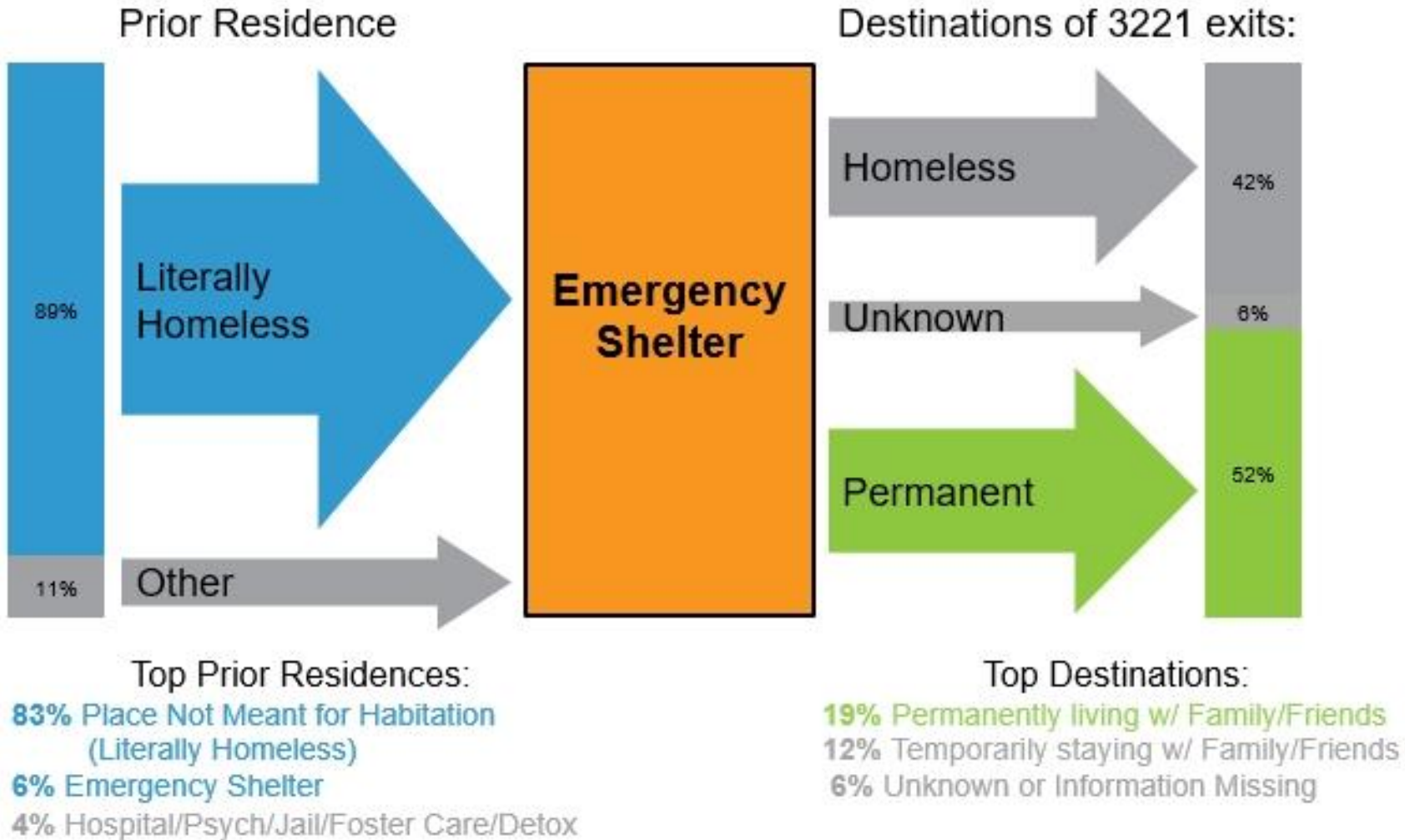
Broward System Data Map 2017 SNAPSHOT

How to Read the Map: The map shows inflow and outflow, from left to right. The blue arrows of percentages on the left show the prior residence of those entering Emergency Shelter (ES) (top center box) and Transitional Housing (TH) (bottom center box). The grey arrows of percentages on the right of center show the breakdown of those exiting ES and those exiting TH who returned to Homelessness and unknown destinations. The percentages in green box (3rd from top, right) show the combined breakdown of those exiting ES and those exiting TH who entered Permanent Housing. The two far right grey boxes show the breakdown between Homelessness and Unknown destinations of those exiting ES and TH, and the two far right light green boxes show the breakdown between RRH and PSH for those that exited to Permanent Housing.



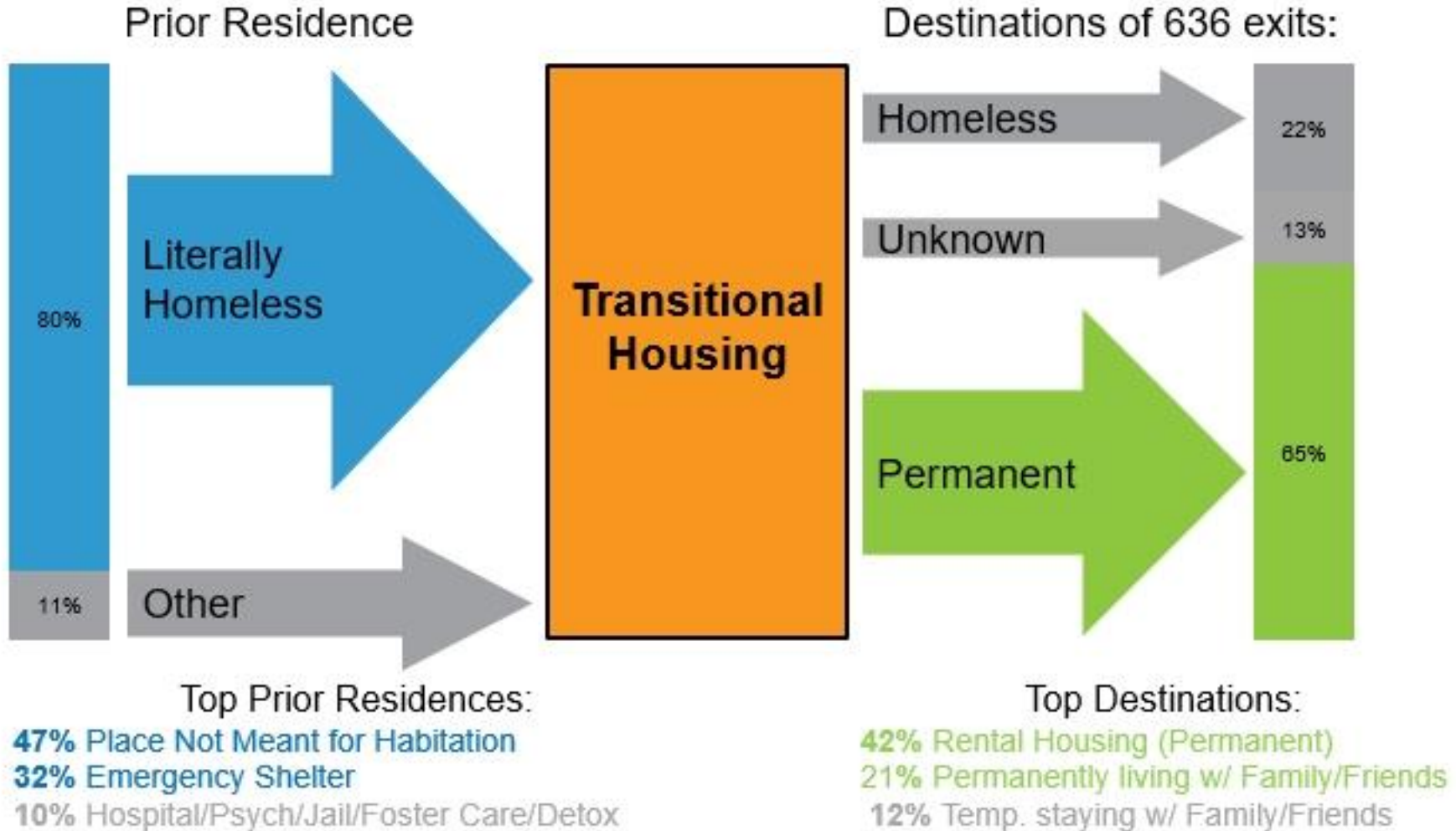
Broward System Data Map DETAIL

System Map: Emergency Shelter



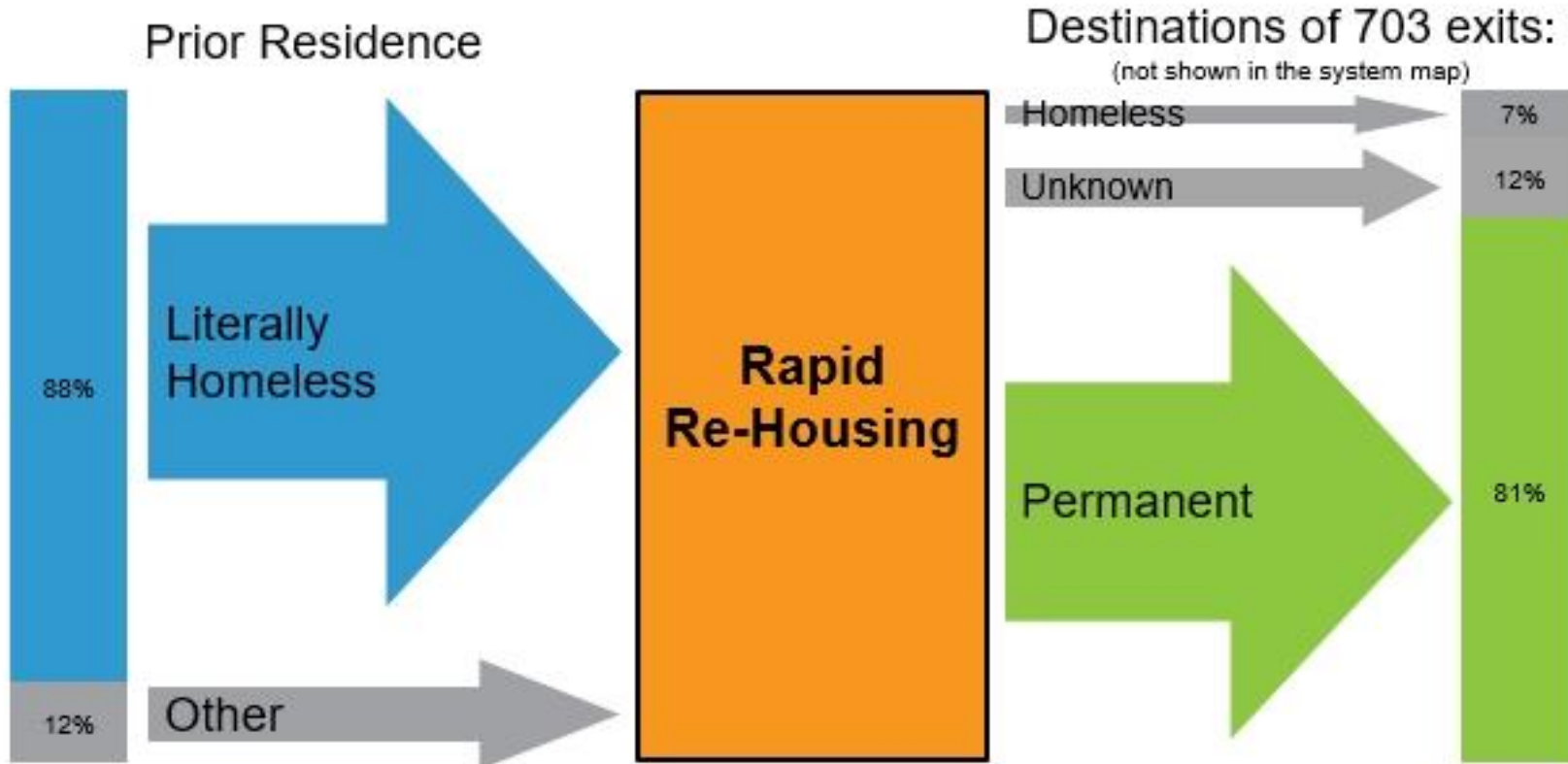
Broward System Data Map DETAIL

System Map: Transitional Housing



Broward System Data Map DETAIL

System Map: Rapid Re-Housing



Top Prior Residences:

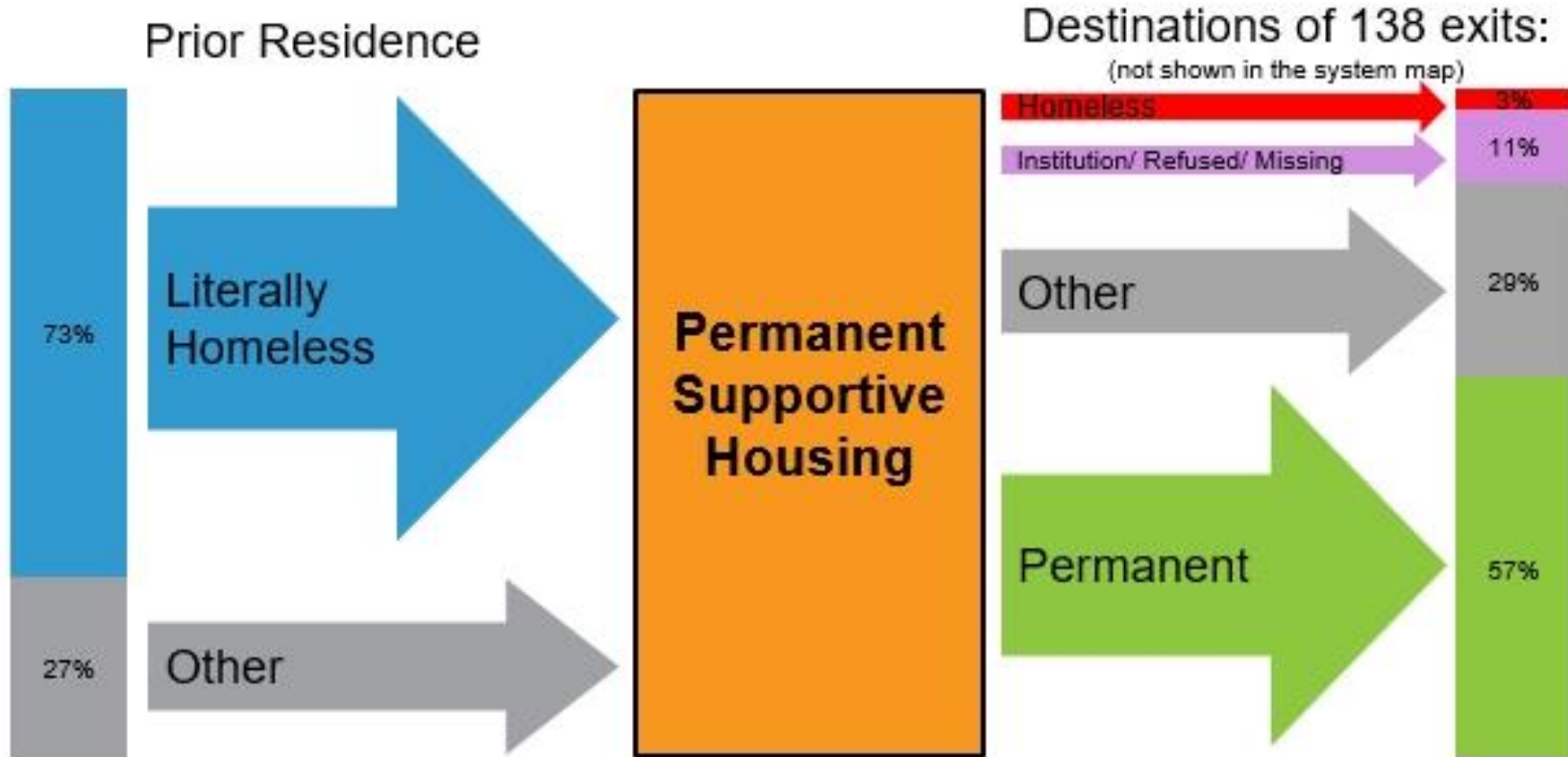
- 53% Place Not Meant for Habitation (Literally Homeless)
- 35% Shelter
- 4% Staying or Living w/ Family/Friends

Top Destinations:

- 77% Rental Housing (Permanent)
- 6% Other Unknown
- 4% Emergency Shelter

Broward System Data Map DETAIL

System Map: Permanent Supportive Housing



Top Prior Residences:

- 41% Place Not Meant for Habitation (Literally Homeless)
- 32% Emergency Shelter
- 9% Transitional Housing

Top Destinations:

- 38% Rental Housing (Permanent)
- 29% Other/Unknown
- 3% Homeless

Cost Savings and Avoidance Case Studies

In keeping with the recommendation to make the shift from a crisis response system to a long term homeless response system, and as Broward County makes investments in ending homelessness, there are several proven strategies which have the potential to save county resources and improve outcomes for vulnerable individuals and families with complex needs. In particular, Supportive Housing has been shown to generate significant cost savings to public systems. We will highlight several case studies from across the nation whose results have shown that supportive housing results in a more effective utilization of community resources.

Expand Supportive Housing, Generating Cost Savings to Public Systems

Working across the United States over the past twenty-five years, CSH has demonstrated that for certain vulnerable populations residing in state funded institutions supportive housing offers a cost effective alternative. Supportive housing pairs affordable housing with supportive services to help individuals obtain housing stability and avoid returns to costly crisis services and institutions, improving individuals' health, well-being and social outcomes, while reducing public sector costs.

Cost studies conducted in a number of states and cities have shown that it is possible to decrease public spending on costly systems such as homeless shelters, hospitals, emergency rooms, jails and prisons through the provision of supportive housing to individuals experiencing homelessness. The significance of these findings is profound for Broward, where the will to create supportive housing at scale exists. Four studies in particular from New York, Los Angeles, Illinois and Massachusetts, underscore the potential for public cost savings through the use of supportive housing, and are highlighted here.

Cost studies in numerous states and cities found that supportive housing results in tenants' decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons.

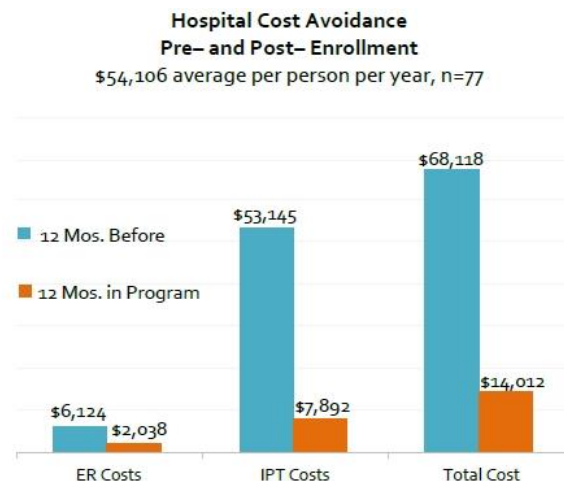
The most extensive cost benefit analysis of supportive housing conducted to date is a now nearly twenty-year-old study completed by the University of Pennsylvania's Center for Mental Health Policy and Services Research. Researchers tracked the public system costs associated with 5,000 individuals experiencing homelessness in New York City, first while they were homeless and later for two years after they were placed in supportive housing. The study examined whether or not the need for services for homeless people decreased after an individual was placed into supportive housing. The findings from the study were profound:

- Providing supportive housing to an individual experiencing homelessness substantially decreased that individuals' use of temporary shelter, hospitals, jails and other temporary psychiatric and medical services.
- On average, the study found the cost of providing emergency system services to an individual experiencing homelessness in NYC was a staggering \$40,500 per year (unadjusted 1999 dollars). Supportive housing greatly reduced the costs of providing these services. The provision of supportive housing resulted in a \$16,282 reduction in costs of services per housing unit per year.

Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance.

In 2012, CSH received a five-year federal Social Innovation Fund award and Los Angeles County was selected to expand and scale up the 10th Decile Project, a collaborative effort in Los Angeles County, CA. to connect frequent users of emergency health services to housing and appropriate care. In 2015, CSH released a profile booklet⁸ of the project that showed Net Cost Avoidance (the amount saved after accounting for program costs) outcomes of \$34,306—\$39,556 including;

- A reduction in ER Costs of 67%
- A reduction in Inpatient Costs of 85%
- A reduction in Total Costs of 79%



An Illinois study titled: “Supportive Housing in Illinois: A Wise Investment” was released by the Heartland Alliance, Mid-America Institute on Poverty (MAIP), the Illinois Supportive Housing Providers Association (SHPA) and CSH. This study looked at money spent on 177 Illinois adults and compared the cost of their tax-funded services for two years before and two years after they entered supportive housing.

- Researchers found a 39% cost reduction in public services such as emergency rooms, nursing homes, and jails, as well as a shift towards cost effective preventive services like medical checkups and visits to the dentist.
- In addition, there were 10 people who had lived in nursing homes before they entered supportive housing. Their costs averaged \$23,658 per person over two years. After supportive housing, only three people spent any time in nursing homes and they stayed for shorter periods, at an average cost per person of only \$2,171.

In 2009, the Massachusetts Housing and Shelter Alliance produced a report that found that providing supportive housing to the homeless reduces Medicaid costs. 357 formerly chronically homeless people were housed in the organization’s Home & Healthy for Good (HHG) program.

The projected annual cost savings to the Commonwealth per housed tenant at the time of the release of their report was \$8,948.52 per year. The study showed that annual Medicaid costs per person plummeted from an average of \$26,124 per year before supportive housing to \$8,500 after supportive housing.

These are just a few examples of many that illustrate the significant cost savings to communities utilizing permanent housing solutions, versus the cost to public systems and the strain on emergency services resulting from unaddressed homelessness.

In closing, the strategic plan should be viewed as a living document, a roadmap, that is continuously adjusted and improved. The plan should be evaluated on an ongoing basis and utilized to develop incremental action steps that shape the homeless system according to the needs of the community. By implementing the recommendations in this report and continuing to collect, assess and analyze data in order to drive decisions, Broward will make a deep and tangible impact on ending homelessness in the community.

⁸ Frequent User Initiative Profile Booklet, 10th Decile Project, September, 2015, CSH

Appendix A: Summary of Stakeholder Interviews

CSH conducted a series of in-depth individual and group interviews with stakeholders, as a means to inform the development of the Roadmap to End Homelessness in Broward. Presented in the Roadmap is an overview of interview responses providing a snapshot of strengths, challenges, and needs in the current homeless response system. All responses were confidential.

CSH interviewed 10 community partner stakeholders and providers via phone during the months of August and September 2018 to gather feedback on the current perceived strengths of the homeless system in Broward and the current perceived needs, including barriers they are facing in addressing homelessness. A summary of feedback from the stakeholders selected for interview by the Broward County Continuum of Care is presented below.

Community Stakeholder Interview Questions

- What is your overall perception of homelessness in your community? Do you perceive it to be increasing or decreasing?
- What do you consider to be the primary issues and challenges surrounding homelessness in your community?
- What is your level of involvement with the homeless Continuum of Care (attend meetings, sit on the board, participate in committees, etc.)? Would you be willing to participate in any committees or workgroups that address the issue of homelessness in the community?
- From your perspective, what has worked so far in the community toward the goal of helping the homeless achieve sustainable housing and any needed services?
- What do you see as the greatest challenges to this?
- Do you have ideas around increasing the affordable housing stock for Extremely Low Income individuals in your community?
- What changes would you like to see going forward in the next few years?
- Do you have any additional feedback you would like to provide?

Provider Stakeholder Interview Questions

- Tell us about the role you currently play in the homeless system in your community.
- How involved are you with your Continuum of Care (attend meetings, sit on the board, participate in committees, etc.)?
- From your perspective, what has worked so far toward the goal of helping the homeless achieve sustainable housing and any needed services?
- What have been the greatest challenges to this?
- Do you have ideas on how to move toward a more housing focused system and develop a housing pipeline?
- What would you do differently going forward in the next few years?
- Do you have any additional feedback you would like to provide?

List of Community and Provider Stakeholders Interviewed

- Sylvia Quintana, CEO, Broward Behavioral Health
 Scott Dimarzo, Executive Director, Broward Health
 Fran Esposito, CEO, Broward Partnership for the Homeless, Inc.
 Tom Campbell, COO, Broward Partnership for the Homeless, Inc.
 Debbie Perry, Housing Director, Henderson Housing
 Steve Werthman, VP of Operations, HOPE South Florida
 Ron Brummit, President, Miami Rescue Mission, Inc. /Broward Outreach Center
 Robin Martin, CEO, Rebuilding Together Broward
 Keith Costello, Fort Lauderdale Chamber of Commerce, First Green Bank
 Captain Scott Russell, Youth and Neighborhood Services, Broward County Sheriff’s Office

Summary of Responses – Strengths, Challenges, and Needs

Strengths	Challenges	Needs
<p>Top 5 Strengths</p> <ol style="list-style-type: none"> Increase in collaboration among agencies Collaborative efforts across the county Political and community will Engagement and partnerships from business community is growing CoC efforts are improving 	<p>Top 5 Challenges</p> <ol style="list-style-type: none"> Encampment(s) and perception of homelessness Coordinated Entry Lack of Affordable Housing Time from homeless to housing is much too long – up to year in some cases, if at all Development/Availability of SH units 	<p>Top 5 Needs</p> <ol style="list-style-type: none"> Stronger Coordinated Entry/Front Door System Training Significant increase of RRH units Development of SH Units Development of affordable housing
<ul style="list-style-type: none"> Reduction in chronic homelessness Reduction in veteran homelessness Overall reduction in homelessness ES system is becoming lower barrier and more housing focused 	<ul style="list-style-type: none"> Lack of RRH, limit of 3 months is too short Lack of PH for Non-chronic individuals Landlord Recruitment Lack of funding Coordination of Resources Resources for Prevention/Diversion Resources for Deposits and utilities Training Lack of a Flow through/Moving on plan Resources spent on hotel vouchers and short term housing instead of permanent housing Criminal Justice – arrests of homeless individuals Difficult to get useful data reports out of HMIS Visibility of Housing Navigators 	<ul style="list-style-type: none"> Funding – both for services and housing Policies and Procedures Supportive Service Providers Day Center Publicize successes By-Name List of homeless individuals Continue to build partnerships with business community Housing Developer partnerships Landlord partnerships Training – CES, front line providers, HMIS More and timely information sharing/communication from CoC to providers and community Increase in mental health resources

Summary of Responses to Interview Questions

What is your overall perception of homelessness in your community? Do you perceive it to be increasing or decreasing?

- “Homelessness is well handled and is on a decrease – it did increase in PIT for a couple of years, but has gone back down. The funding invested has continued to increase. The visible issues have become more prevalent so community perception is that it is getting worse and we are not doing a good job as a CoC but I don’t agree with that perception at all.”
- “Encampment in Ft. Lauderdale is very visible and is increasing the perception of an increase in homelessness.”
- “Overall perception in general is the situation has improved. After the recession there was a growing problem with street homelessness, particularly in downtown Ft. Lauderdale. It’s hard to tell if it’s getting better, the annual PIT count shows minor improvement since 2008, could depend on numerous factors.”
- “Numbers are staying the same with slight decrease based on PIT count. Certain areas upswing is greater due to gathering in concentrated areas. Ft. Lauderdale and coastal cities; Pompano, Hollywood, Ft. Lauderdale.”

What kind of impact do you think homelessness has had on businesses?

- “A major corporation headquartered in Ft. Lauderdale has threatened to pull out unless the issue in Stranahan Park is addressed.”
- “Parks, downtown, beach are a focal point of population.”
- “Recently, positive things have happened in that the business community has come together to help address this issue and are working with the county. It may end well with raising awareness to the issue and to the solutions and that we can theoretically solve the issue of homelessness.”
- “A major business is talking about pulling out of city due to numbers of homeless staging in that area. Businesses along Atlantic BLVD in Pompano Beach are complaining about the panhandlers blocking the sidewalks and constantly asking for money. Warehouse District in Pompano has gathered to file a complaint about the increase in homelessness in the area and remove the shelter. NIMBY is a serious issue.”
- “Terrible impact to the business community – the encampment is causing serious issues, making businesses turn away. Businesses concerned about ability to hold meetings in that space.”
- “Initially, it puts a negative light on the way in which our system is working – it looks like we’re doing a poor job even though we are housing more people than ever and have a robust system of care. But the perception is worse and secondarily, in the downtown core is where the encampment is, across from city and county offices and businesses, a number of office buildings have a direct line of sight with the encampment, and they don’t want to live in a community that doesn’t help people who are homeless.”
- “Ft. Lauderdale is a primary tourist destination. Homelessness has hurt this to some degree with panhandling and street sleeping, etc.”

What do you consider to be the primary issues and challenges surrounding homelessness in your community?

- “The models are there to adequately address the issue. Adequate funding is the key thing to make a difference, of all sources. The County invests a lot in homeless solutions. With the models that are successful it’s a matter of making adequate investment.”
- “The housing market and lack of affordable housing is definitely an issue in this area. It is extremely difficult to find landlords – and quickly. It sometimes takes 60-90 days to find a willing landlord.”

- “Challenges – now changing, but the business community in general had not been engaged in the issue in the past, so there was a lot of pressure put on the political leaders to solve it. They in turn made a mistake by not asking for the business community’s help.”
- “Funding is one. Affordable housing is one of the largest barriers in South Florida, the cost and demand is very high. We need a robust system of landlords willing to take vouchers and work with formerly homeless individuals.”
- “The system of finding available rentals quickly and working with landlords that are willing to work with the continuum is not robust – we need better systems to connect available rentals with compassionate landlords with clients that have vouchers and subsidies.”
- “As more RRH vouchers and funding come in, the system needs to be more robust.”
- “Sensing a lot of frustration in the community from those who were formerly supportive are advocating for arresting the homeless that are concentrating in areas. Homeless people aren’t problem people, they are people with problems – Mantra. Community feels that social services are not working.”
- “#1 issue is affordable housing – severe lack of in the area. The cost is extraordinarily prohibitive. Tourist driven community and hospitality industry is large – and nowhere to house those serving the population.”

From your perspective, what has worked so far in the community toward the goal of helping the homeless achieve sustainable housing and any needed services?

- “Collaborative efforts and willingness to jointly make a change has really had a great commitment from all of the partners involved, Municipalities, City, County, etc. Their goal is to create a safer environment that can be shared by all.”
- “We have a lot of providers with a lot of good experience. The last couple of years, we have expanded the capacity of our SH units.”
- “Two or three years ago we started to integrate their system with the CoC system and joined the HMIS system to ensure those seeking treatment were being input into the system and help track them so that they could get housing.”
- “Maintaining what we have. There is a real need and challenge for new programing and new funding. Shortage of RRH interventions in the county. There have been efforts to increase that, but challenges with match funding and lack of political will for private and public funding. Very few subsidies are available with RRH. Affordable rental market is a challenge.”
- “There have been a lot of successes, veteran’s homelessness has been greatly reduced and should be publicized more. There is a lot of very good things going on as far as getting folks into PSH, but there is not good messaging on that.”
- “One of the pioneer communities for chronic homeless initiative in 2004. Model for PSH has increased and done well. Robust ES system, now lower barrier and housing focused. The trends are good and county commission is investing more money.”
- “Political and community will.”
- “Continuum is doing a good job of addressing a limited number of high end users – say top 50 – those are the individuals that community is getting upset about, the chronic population with mental illness, etc. If we can stay singularly focused on resolving the complex issues that these folks face, mental health, substance abuse, etc. and selectively assisting those high utilizers.”
- “The VISPDAT has been helpful, but some are not scoring high yet are using the services and have some severe issues not captured on the assessment. Focus more intently on the chronic individuals would go a long way to helping people and appeasing the community outrage.”

What have been the greatest challenges to this?

- “The programs are only addressing chronic homelessness. How do others qualify for PSH or RRH if they need this? Homeless individuals are often brought to treatment by law enforcement.”
- “For those that are not chronic, how do we house them? There needs to be more funding for those who are not chronic. Affordable housing is lacking and cannot be accessed.”
- “They are not getting into housing in 90 days due to clogs in the system.”
- “Accessibility and homeless to housing is currently about a year or more, and should be more like 90 days. How do we expedite and coordinate the resources in order to access housing.”
- “Coordinated Entry and Assessment process is still a struggle. There are no policies and procedures, there is no viable list of who is homeless currently. We need more supportive service providers. The certificates are there for housing (vouchers) but don’t have the services. Need funds for move in costs, utilities, and back utilities.”
- “Not everyone has the same motivation to end homelessness; everyone agrees on what we are trying to do, but how we get there is different. Funding has always been the biggest obstacle. Large municipalities are more affected by this than smaller cities. They have a great need. There are territorial issues involved and smaller municipalities are not as willing to contribute financially.”
- “Another primary obstacle is the availability of affordable housing. The wages are too low (minimum) and the housing costs are much too high. Some think we need more shelters, but research shows that the chronic homeless have the largest drain on resources; healthcare, law enforcement, prisons, etc.”
- “Chronic list is 2-300 people. The Encampment is a serious issue. It takes a long time to fill the units. PSH is limited to HUD’s chronic definition. 50 slots a year for RRH, and ES turns out 1200 a year plus others. The non-chronic single adult population is the largest population that they are serving.”
- “No capacity, no stock. Funding is lacking. Sadowski sweeps.”
- “Everything goes through the homeless helpline and task force outreach teams. Currently functioning as the shelter intake system. Most PSH referrals are coming from the 3 shelters. The prioritization process does not seem to be working. CES is a high priority for revamping in the county.”
- “There are no current standards to date since the 2002 standards. The information to the community is lagging to what is happening. The actual policies and procedures are not present.”
- “Issue with the dissemination of information and policies and procedures.”
- “The visible encampment is a big visible failure.”

Do you have ideas on how to move toward a more housing focused system and develop a housing pipeline?

- “There are definitely efforts to get there. There was a meeting Monday about the encampment and a plan to work directly with potential landlords and try to get them involved in addressing this issue and have people that own the property to designate some of that property as SH or affordable housing. That effort will continue, maybe tax incentives.”
- “The landlords’ biggest concern is losing other tenants and safety issues due to the population. People are not just building properties to house the homeless, they want to attract buyers and renters that can afford it and attract tourism.”
- “We need to expand the willingness to develop affordable and supportive housing. Drawing in private companies and industries – because it affects their bottom line, is a good way to go.”
- “We need more partnerships with housing developers – we do not currently have any strong partnerships with developers. There is tax credit money available, but no one has the expertise in the community for those projects. Like blended projects. Better partnerships with business community as well. HUD is not the answer for everything.”

- “Affordable housing is a huge issue. We have been struggling with landlords because the lower end apartments have a huge market already because other rents are so high. There’s a lot of competition for affordable apartments that are existing. We have a block of landlords that we have been working with for a really long time that trust us –but others are struggling with building new relationships.”
- “We need to maximize collaboration on both sides, clients need to become eligible for Medicaid, and the benefits would help them sustain the rent after the RRH funds go away and help lower the subsidy. Need a flow through, moving on plan. There is an employment program for people with MH issues to get jobs.”
- “Need to expand the RRH, it has been 3 months, and needs to be longer than that – the support is not enough for those that have higher needs. Not enough time to get those benefits, etc. (takes 90 days) and Employment programs take several months to get people working. It would help to take it on a case by case basis based upon acuity instead of limiting it to 3 months for everyone.”

What changes in how the Homeless Continuum of Care addresses homelessness would you like to see going forward in the next few years?

- “We don’t have enough RRH or PSH in Broward, ultimately we need to double the size of our RRH and have additional PSH units. Our front door is not fully robust – we have broken feeding situations for people living on the streets. We need a better way to serve those who are homeless while they are waiting for housing – need day centers, showers, etc. We need to streamline the front door and emergency temporary housing and a system where people are moved quickly into permanent housing.
- “Doubling the RRH vouchers and increasing PSH dollars and availability coupled with services.”
- “We have a robust HAC system. They are operating well but could adopt a lower barrier system.”
- “The Continuum itself should have a quarterly meeting where key decisions are made and it is very high level for the entire continuum to address. Structure more of the actual functioning into the committees where meetings can be more efficient and strategic.”
- “Focusing on Chronic. Co-responder models. Embedding an officer with the team in outreach, task force and coordinated entry. Establishing a more comprehensive approach team for outreach with law enforcement, medical personnel, and homeless services individuals/social work. Especially for those on the street with serious medical needs and psych needs.”
- “A peer support person from task force would be helpful to come together with the other team members and focus on those at the high end of utilization.”

What would you do differently going forward in the next few years?

- “Healthcare and housing is a human right, if there was unlimited supply of resources or political will, eliminate barriers people have to healthcare, which is a major factor in personal finances, jobs, etc. Ensure that anyone that needs healthcare and housing has access to it. Work towards being able to have housing that anyone can afford, even SRO’s would work. Find the resources to pay for that and work with people once they are housed with employment skills, what other programs are they eligible to help pay for expenses.”
- “Mental health needs are a large part of the healthcare continuum and resources are needed here as well.”
- “Put a lot of effort into the front end CES and cleaning up the by name list. Training for front line providers needs a lot of progress – there have been some steps, but a lot more need to be done. Would like to see housing navigators more in community and at meetings, never see them there. They are very siloed. They need to have a high presence and visibility in the community.”

- “Make a concerted effort to involve the business community more in our efforts – need a clearer, louder message for them. All are tired of the encampment, causing lots of issues.”
- “Continue to develop SH wherever we can with all funding sources.”
- “Training on how to do SHIP applications, and FHFC funds.”
- “Adjust the RRH system to help people on a case by case basis. The County needs a separate pot of money for prevention/diversion, currently that is not happening.”
- “Getting benefits is very important – need more dedicated SOAR staff at the HAC’s. How do we better match the supportive services as match that are available in the county? How do we better utilize the case managers for those that come in needing more support – need to analyze that and do an assessment and scale down supports as needed.”
- “Training people to gather the documentation needed for chronic, etc. really needs to happen.”
- “Back end has to be funded as a reoccurring source.”
- “Recruiting positions to work with and recruit landlords.”

Is there any specific information or outcome data that you would like to see from the Continuum of Care on a regular basis?

- “Transparency issue, communication timely and regular, more information sharing with the community about what is going on and who is doing what.”
- “A trust relationship needs to be built with the providers. Contract required a 100% match and that is a real challenge.”
- “The punitive measures on outcomes have not been removed and that is a serious issue. Some outcomes are completely unattainable.”
- “The level of data analytics has really reached a valuable point and good data is being produced and presented to the board. Would like to see that continue. Jay is really doing a great job.”
- “Frustration for 20 years, as we have implemented HMIS that for whatever reason it’s been very difficult to get the data out in terms of useful reports. May be matter of training or software issues.”
- “Printouts from HMIS that has visual aids/graphs to see the number information, open beds, # of engaged persons, etc. Knowing what services are available and what’s not available. For example, we may have some beds (apartments) available, but no services available to go with it – and we shouldn’t keep from placing people in the units just because of lack of services.”

Do you have any additional feedback you would like to provide?

- “The encampments and engaging people from the encampments needs to be triaged effectively.”
- “There is a big reliance on the (CoC) staff, and they are very proficient and professional.”
- “Change in leadership recently – thinks that change alone bodes well for the future and how the CoC will be able to work more fluidly. There is a world of difference in contract negotiations and listening.”
- “Staff is doing a great job – there has been a change in leadership, but we will continue to do just fine. They are all very compassionate and solution minded people. Very proud of our system of care in the community. We have a great array of services, but not enough of them.”

Appendix B: Summary of Community Meeting and Action Planning

Summary of Community Meeting

CSH facilitated a community meeting and action planning session with stakeholders in Broward County on October 12, 2018 in Fort Lauderdale. The all-day facilitated meeting presented an interactive overview of the findings and recommendations contained in this report. Discussion took place surrounding the current strategies and programs stakeholders feel are working well, and what barriers they are facing in addressing homelessness in Broward. During the Action Planning segment, community members divided into four groups to brainstorm concrete strategies and action steps for each of the presented recommendations.

The action planning charts created by the community workgroups during this meeting are presented on the following pages.

Broward A Way Home Action Plan

Date: October 12, 2018

Recommendation: Implement a Robust Coordinated Entry System

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Reduce/Improve CES Delivery in Fragmented Areas	County HIP with support of HMIS	<ul style="list-style-type: none"> CE Team TFEH providers County 	Ongoing	<ul style="list-style-type: none"> Complete a full analysis of the current CE system Research other site systems Obtain real time data Create a Screening Matrix Implement Data Sharing Review access rate Create alert systems Improve visibility in the community Develop integrity of data Implement ongoing training Create a housing availability database 	<ul style="list-style-type: none"> Improved data capture Improved referral time frames

Broward *A Way Home* Action Plan

Date: October 12, 2018

Recommendation: Shift from a Crisis Response System to a Long Term Homeless Response System

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Complete a housing assessment at entry to shelter and develop a housing plan within 72 hours	CoC Board	<ul style="list-style-type: none"> • United Way • Providers • HSPC 	6 month pilot, adopted within 1 year	To be determined in a workgroup	Ensure all experiencing homelessness are assessed rapidly
Shift overall crisis funding allocations 30% annually and redirect to investment in permanent housing units in a streamlined manner.	CoC Board	<ul style="list-style-type: none"> • County • Private funders 	1 year	To be determined in a workgroup	Reduce excess resources directed to crisis response and invest in permanent solutions

Broward A Way Home Action Plan

Date: October 12, 2018

Recommendation: Develop a Supportive Housing Pipeline

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Repurpose/Refocus existing Housing Committee to Housing Action Committee	HIP Staff Coordinator	<ul style="list-style-type: none"> • United Way • Tiger Team • City • Community Planning • Affordable Housing Workgroup 	1 st Workshop within 30 days	<ul style="list-style-type: none"> • Coordinate inventory • Coordinate landlord recruitment • Identify funding • Facilitate Coordination with Affordable Housing Standards of Care – all providers buy in 	<ul style="list-style-type: none"> • Increase housing inventory • Information sharing between all providers
Set Community Standards for each component	HIP Staff Coordinator	<ul style="list-style-type: none"> • Workgroup 	Regular monthly meetings	<ul style="list-style-type: none"> • Complete accurate inventory of data available and update regularly • Address barriers as they arise 	<ul style="list-style-type: none"> • Training on Housing First for providers and community

Broward A Way Home Action Plan

Date: October 12, 2018

Recommendation: Utilize Data to Drive Decisions and Allocate Resources

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Develop and enforce protocols to ensure compliance with uniformity in data entry into the HMIS system	CoC	<ul style="list-style-type: none"> Broward County Commissioners IT Provider agencies 	Ongoing	<ul style="list-style-type: none"> Provide ongoing training on accurate use of the HMIS system. Require and enforce utilization of HMIS system by all County funded providers Train the Trainer to expand training efforts Expand current training to include more comprehensive initial and continuous follow up Develop mechanism for reviewing and providing feedback on data entry to ensure that data is useful for all programs 	Ensure in depth training to enable total benefit of data collected and reported
Increase public awareness/knowledge of the social issue of homelessness in Broward County	CoC		Ongoing	<ul style="list-style-type: none"> Provide public access to data by utilization of outward facing dashboard data on County website Utilize marketing in various types of media to provide key information to the public Provide opportunities for public to participate in workgroups/charrettes or focus groups 	Increased understanding and participation in the community of the issue

Appendix C. FY2017 System Performance Measures (HUD) Comparisons

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for FL-601 - Ft Lauderdale/Broward County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	3837	4102	71	67	-4	52	51	-1
1.2 Persons in ES, SH, and TH	4538	4779	108	93	-15	60	59	-1

MEASURE 1a - ES-SH

National Averages for Length of Time Homeless
 FY 2015- 228 days
 FY 2016- 74 days

Florida Averages for Length of Time Homeless
 FY 2015- 71 days
 FY 2016- 60 days

Broward Averages for Length of Time Homeless
 FY 2015- 71 days
 FY 2016- 71 days

Orlando Averages for Length of Time Homeless
 FY 2015- 59 days
 FY 2016- 61 days

Miami/Dade Averages for Length of Time Homeless
 FY 2015- 109 days
 FY 2016- 108 days

MEASURE 1a - ES, SH, & TH

National Averages for Length of Time Homeless
 FY 2015- 153 days
 FY 2016- 118 days

Florida Averages for Length of Time Homeless
 FY 2015- 132 days
 FY 2016- 100 days

Broward Averages for Length of Time Homeless
 FY 2015- 127 days
 FY 2016- 108 days

Orlando Averages for Length of Time Homeless
 FY 2015- 125 days
 FY 2016- 106 days

Miami/Dade Averages for Length of Time Homeless
 FY 2015- 160 days
 FY 2016- 137 days

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3862	4162	234	287	53	93	119	26
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4558	4852	265	318	53	118	150	32



Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit. After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
		Exit was from SO	86	32	37%	4	5%	2	2%
Exit was from ES	1002	197	20%	69	7%	91	9%	357	36%
Exit was from TH	404	41	10%	27	7%	25	6%	93	23%
Exit was from SH	21	3	14%	0	0%	2	10%	5	24%
Exit was from PH	610	50	8%	36	6%	48	8%	134	22%
TOTAL Returns to Homelessness	2123	323	15%	136	6%	168	8%	627	30%

MEASURE 2 - RETURNS TO HOMELESSNESS

National Averages for 2-year returns to homelessness:

FY 2015- 16.87%

FY 2016- 17.10%

Florida Averages for 2-year returns to homelessness:

FY 2015- 18.83%

FY 2016- 21.11%

Broward Averages for 2-year returns to homelessness:

FY 2015- 26%

FY 2016- 31%

Orlando Averages for 2-year returns to homelessness:

FY 2015- 21%

FY 2016- 21%

Miami/Dade Averages for 2-year returns to homelessness:

FY 2015- 23%

FY 2016- 25%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2302	2450	148
Emergency Shelter Total	813	886	73
Safe Haven Total	34	35	1
Transitional Housing Total	673	572	-101
Total Sheltered Count	1520	1493	-27
Unsheltered Count	782	957	175

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	4562	4789	227
Emergency Shelter Total	3751	4022	271
Safe Haven Total	69	68	-1
Transitional Housing Total	1118	1102	-16

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	549	244	-305
Number of adults with increased earned income	9	16	7
Percentage of adults who increased earned income	2%	7%	5%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	549	244	-305
Number of adults with increased non-employment cash income	33	35	2
Percentage of adults who increased non-employment cash income	6%	14%	8%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	549	244	-305
Number of adults with increased total income	40	51	11
Percentage of adults who increased total income	7%	21%	14%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	235	204	-31
Number of adults who exited with increased earned income	37	35	-2
Percentage of adults who increased earned income	16%	17%	1%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	235	204	-31
Number of adults who exited with increased non-employment cash income	43	17	-26
Percentage of adults who increased non-employment cash income	18%	8%	-10%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	235	204	-31
Number of adults who exited with increased total income	79	50	-29
Percentage of adults who increased total income	34%	25%	-9%

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3943	4209	266
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	964	988	24
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2979	3221	242

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4562	5264	702
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1194	1315	121
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3368	3949	581

MEASURE 5.1 - First Time Homelessness ES/SH/TH

National Data Unavailable

Florida Averages for First Time Homelessness:
 FY 2015- 1610
 FY 2016- 1648

Broward Averages for First Time Homelessness:
 FY 2015- 2850
 FY 2016- 2979

Orlando Averages for First Time Homelessness:
 FY 2015- 4309
 FY 2016- 4175

Miami/Dade Averages for First Time Homelessness:
 FY 2015- 4140
 FY 2016- 5010

MEASURE 5.2 - First Time Homelessness ES/SH/TH/PH

National Data Unavailable

Florida Averages for First Time Homelessness:
 FY 2015- 1982
 FY 2016- 1970

Broward Averages for First Time Homelessness:
 FY 2015- 3171
 FY 2016- 3368

Orlando Averages for First Time Homelessness:
 FY 2015- 5432
 FY 2016- 5181

Miami/Dade Averages for First Time Homelessness:
 FY 2015- 5042
 FY 2016- 6213

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	1818	3323	1505
Of persons above, those who exited to temporary & some institutional destinations	1736	2595	859
Of the persons above, those who exited to permanent housing destinations	70	81	11
% Successful exits	99%	81%	-18%

MEASURE 7a.1 - % Successful Exits SO

National Data Unavailable

Florida Averages for % Successful Exits :

FY 2015- 58.70%

FY 2016- 63.37%

Broward Averages for % Successful Exits :

FY 2015- 81%

FY 2016- 99%

Orlando Averages for % Successful Exits :

FY 2015- 61%

FY 2016- 25%

Miami/Dade Averages for % Successful Exits :

FY 2015- 94%

FY 2016- 94%

Metric 7b.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3853	4178	325
Of the persons above, those who exited to permanent housing destinations	1705	1889	184
% Successful exits	44%	45%	1%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	943	916	-27
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	914	893	-21
% Successful exits/retention	97%	97%	0%

MEASURE 7b.1 - % Successful Exits ES/SH/TH/PH-RRH

National Data Unavailable

Florida Averages for % Successful Exits :
FY 2015- 52.11%
FY 2016- 47.29%

Broward Averages for % Successful Exits :
FY 2015- 46%
FY 2016- 44%

Orlando Averages for % Successful Exits :
FY 2015- 51%
FY 2016- 50%

Miami/Dade Averages for % Successful Exits :
FY 2015- 64%
FY 2016- 63%

MEASURE 7b.2 - % Successful PH Retention or Exit

National Data Unavailable

Florida Averages for % Successful PH Retention or Exit:
FY 2015- 91.21%
FY 2016- 89.40%

Broward Averages for % Successful PH Retention or Exit:
FY 2015- 97%
FY 2016- 97%

Orlando Averages for % Successful PH Retention or Exit:
FY 2015- 91%
FY 2016- 94%

Miami/Dade Averages for % Successful PH Retention or Exit:
FY 2015- 98%
FY 2016- 97%

Appendix D: Draft Report and Recommendations Presentation

Broward County

A Way Home Plan

System Analysis and Recommendations

Draft Report

October 12, 2018

TABLE OF CONTENTS

i.

Introduction

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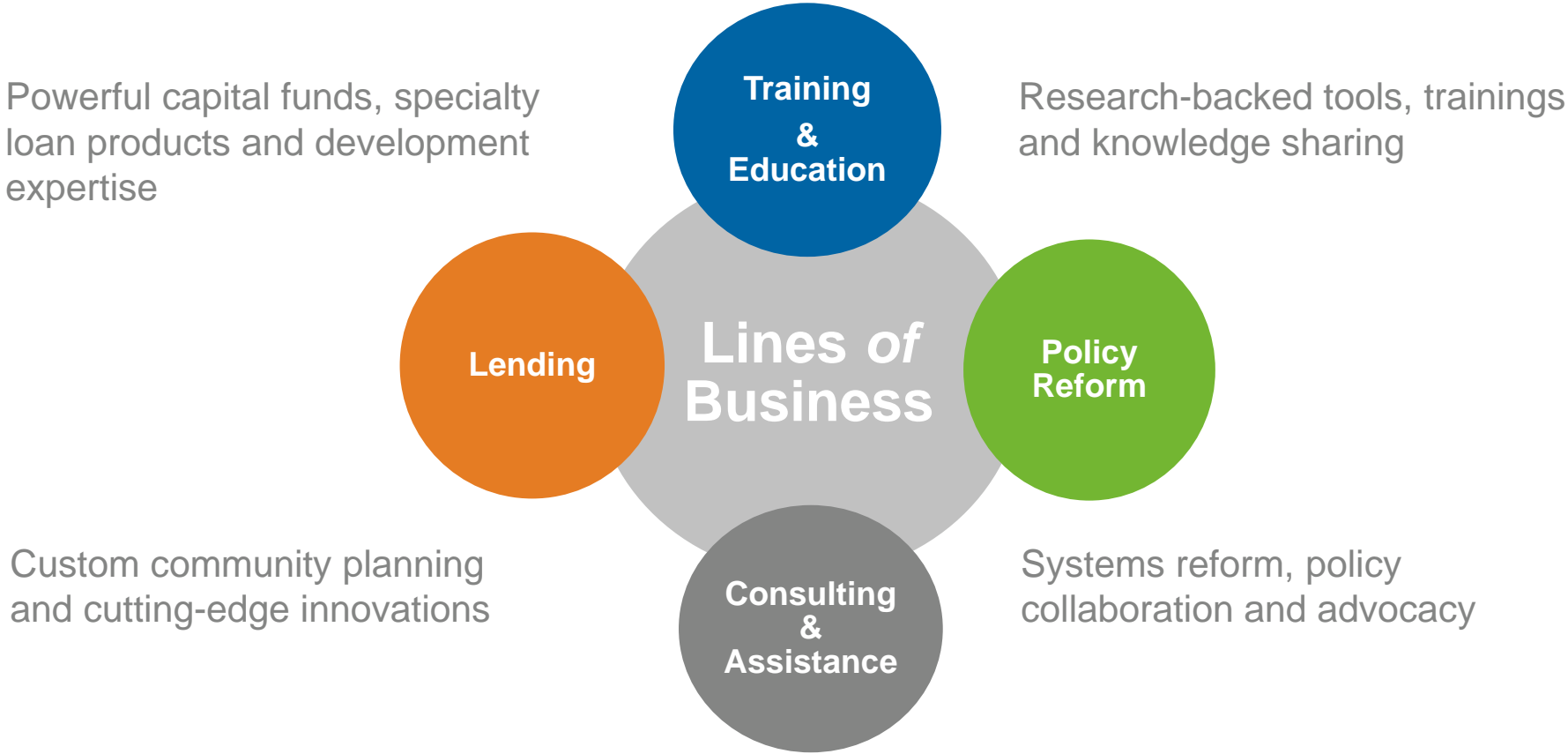
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Your Presenters

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CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.



A Way Home Background



+ *About This Draft*

i.

ABOUT THIS REPORT

CSH is pleased to present this draft report to the Broward County Community.

The Broward County CoC engaged the Corporation for Supportive Housing (CSH) to facilitate a data-driven process in which stakeholders from every sector of the community were invited to give input and share their knowledge and experience in shaping the updated A Way Home Plan. After comprehensive system mapping, needs assessment, and gaps analysis, CSH has consolidated prior and current findings and developed a streamlined set of Recommendations.

This draft report is a result of a community-driven and data intensive process that was critical in developing key recommendations that will inform the A Way Home Strategic Plan in Broward County.

+ *Executive Summary*

i.

EXECUTIVE SUMMARY

In June of 2018, Broward County CoC began the process of revising their Plan to End Homelessness, A Way Home. The goal is to build on the work that has been done and identify the gaps and services, housing interventions, policies and procedures where there is work that is still needed. Local innovation and a willingness among non-profits to partner is supported by flexible programs and leadership.

An understanding of the effectiveness of supportive housing and Housing First programs is in place in Broward and local programs continue to develop. Despite these strengths, an acute shortage of public resources coupled with a well-documented lack of affordable housing across the county must be addressed if homelessness is to end.

These Recommendations will be presented and vetted in a full day of intensive community meetings facilitated by CSH to develop a concrete Action Plan including specific steps, timelines, and leadership accountability for each focus area. The developed Action Plan will be assigned to specific committees to implement and report out accomplishments and barriers to the CoC on a monthly basis.

Homelessness and System Interventions

+ *Homelessness and Housing Interventions
Overview*

+ *Homelessness in Broward County*

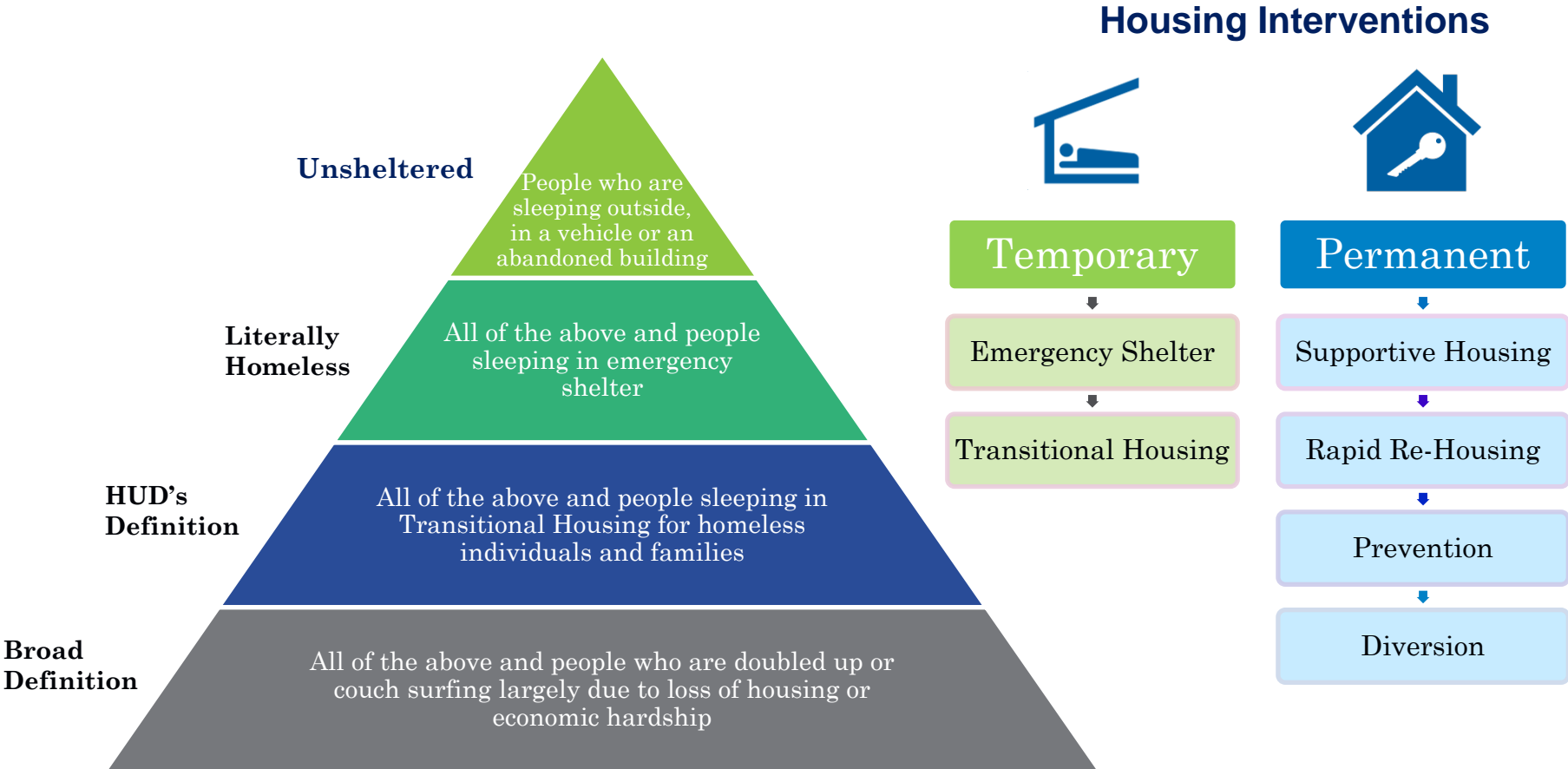
01

*+ Homelessness and
Housing
Interventions
Overview*

01

HOMELESSNESS AND HOUSING INTERVENTIONS

Community homeless response systems target and prioritize homeless populations according to various definitions and subsets of these definitions. Housing interventions provide solutions for vulnerable households. Common definitions follow.



Levels of Homelessness



Coordinated Entry

Data Integration | Individual/Community Needs Assessment | Triage Resources

Diversion

Temporary Shelter and Transitional Housing

Crisis Stabilization & Housing Search Support

Targeted Prevention

Rapid Rehousing

Housing Access Strategies
Financial assistance and services to access housing

Progressive Engagement

Market

Affordable and Public

Supportive

Relationship of Homelessness Response System to Housing

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Definitions

In order for this report to be accessible to a variety of stakeholders, definitions of housing programs and philosophies and populations are included here.

Housing Interventions & Approaches

Permanent Supportive (or Supportive) Housing: an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities (USICH definition).

Affordable Housing: A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by the United States Department of Housing and Urban Development, any housing accommodation for which a tenant household pays 30% or less of its income.

Rapid Re-Housing: an intervention that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Housing First: an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. (HUD definition)

Prevention: an intervention that provides housing assistance to households that are at risk for becoming homeless, who would become homeless but for this assistance, which can include rental assistance and/or relocation and stabilization services such as utility payments, mediation and case management.

Diversion: an intervention that provides assistance or support to divert a household from the shelter system. This approach encourages households to find alternative and safe living situations, such as staying with friends and family.

Transitional Housing: an intervention for up to 24 months that is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. (HUD definition)

Emergency Shelter: any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. (HUD definition)

Definitions, Continued

Population Based Definitions

Homeless: An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronic Homelessness: An unaccompanied homeless individual 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.

Unsheltered Homelessness: An individual living in a place not meant for human habitation (the street, in encampments, in a vehicle, in an abandoned building, etc.).

Housing and Urban Development Department definitions are available here: www.huduser.gov/portal/glossary/glossary.html

+ *Homelessness in Broward County*

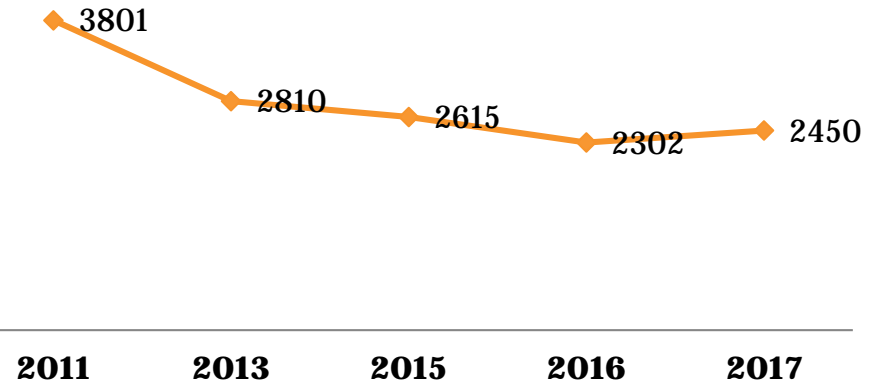
01

HOMELESSNESS IN BROWARD

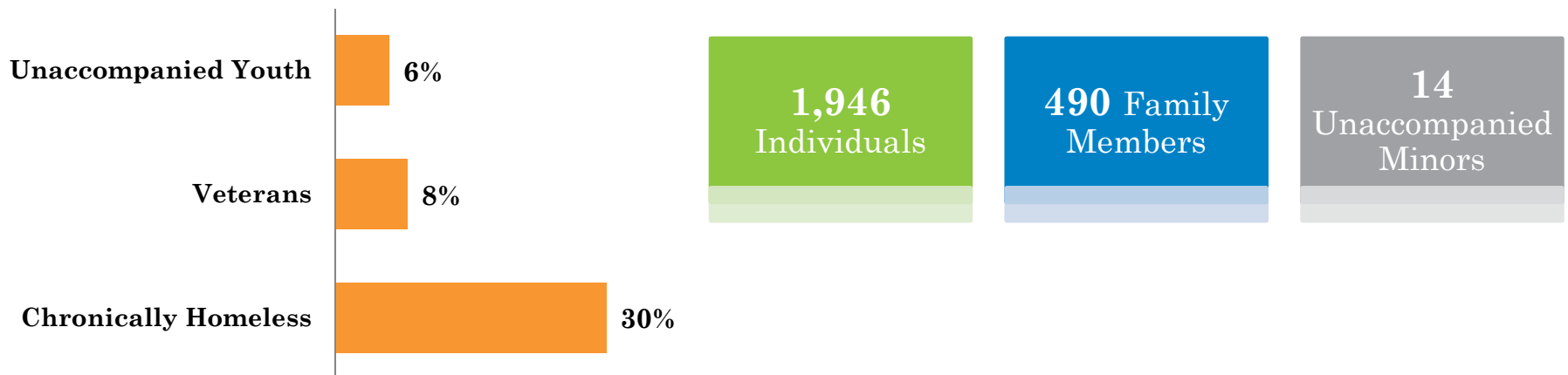
The Broward homeless system is part of the Broward Continuum of Care. Broward works with providers and partners to coordinate local homeless services and housing interventions.

Broward Homeless Count 2011-2017

—◆ Point-in-Time Count



In 2017, Broward counted **2,450** homeless people on one night. Here are the demographics:



Housing Programs/Providers in Broward County: Outreach (from submitted Service Fiscal Scans and Resource Mapping)

Outreach	Eligibility
HOPE South Florida	Chronically Homeless, Street Homeless
TaskForce Fore Ending Homelessness, Inc.	Chronically Homeless, Street Homeless
Legal Aid	Chronically Homeless, Street Homeless
St. Laurence Chapel Homeless Shelter	Chronically Homeless, Street Homeless
Footprint For Success	Chronically Homeless, Street Homeless

Housing Programs/Providers in Broward County: Temporary Housing (from 2017 HUD Housing Inventory Count (HIC) and submitted Housing Fiscal Scans)

Shelter	Transitional Housing
CHAC – Broward Partnership	Court Projects – Henderson Behavioral Health
NHAC/SHAC – Miami Rescue Mission	GBD Programs (2) – Keystone Halls
Safe Haven – Henderson Behavioral Health	ILP & Rights of Passage – Covenant House
Bridge Pilot Program, Elderly Homeless Housing, Faith in Action – HOPE South Florida	RIO House Apts, Hollywood HOME – HOPE South Florida
Emergency Shelter, Basic Center , Homeless Youth– Covenant House	Transitional Housing Programs (4) – Salvation Army
Low Demand Emergency Shelter, TaskForce – Salvation Army	Faith Farm
Medical Respite – Broward House	Second Chance North – Lutheran Services
	SHAC Transitional Housing

Housing Programs/Providers in Broward County: Permanent Housing (from 2017 HUD Housing Inventory Count (HIC) and submitted Housing Fiscal Scans)

Permanent Supportive Housing	Rapid Re Housing
BP I, II, BP IV– Broward Partnership	Families First – Broward Partnership
Mod Rehab, Shelter + Care, VASH, HOME – Broward County Housing Authority	Hope4Families, Hope4Vets, Keys, Keys 2. City of Ft. Lauderdale, City of Hollywood – HOPE South Florida
Broward I – Volunteers of America	RRH for Ind. – Salvation Army
Mission United SSVF – United Way	Mission United SSVF – United Way
Operation Sacred Trust VA - CarrFour	Operation Sacred Trust – VA - CarrFour
County ESG RRH, County Gen. Fund RRH - BCFSD	RRH Low Barrier – Catholic Charities
RRH Low Barrier – Catholic Charities	County ESG RRH, County Gen. Fund RRH - BCFSD

Continuum Service Provider Partners

(from submitted Service Fiscal Scans and Resource Mapping)

- Archways
- Broward Addiction Recovery Center (BARC)
- Broward County Eld. & Vet Services
- Broward House
- Broward Housing Solutions
- Broward Partnership for the Homeless (BPHI)
- Broward Reg. Health Planning Council
- Broward Sheriffs Office
- Camelot
- Chrysalis
- Covenant House
- FootPrint for Success
- Henderson Behavioral Health
- House of Hope
- KIDS In Distress
- Legal Aid
- Mental Health Assoc. of Broward
- Miami Rescue Mission
- NAMI
- North Broward Hospital District
- Our Children Our Future
- Silver Impact
- Smith Community Mental Health
- South Broward Hospital District (Memorial)
- South FL Wellness Network
- Banyan
- Susan B. Anthony
- TaskForce Fore Ending Homelessness
- United Way

Broward County System Analysis

+ *System Map Overview*

+ *Broward County System Map*

+ *Broward County Unit Projections*

02

Broward County
+ System Map
Overview

02

What is a Systems/ Data Map?

A Visual Guide to show how people do or do not “flow” through the homeless system that:

- Includes data from ES, TH, PSH, and RRH programs all on one page
- Illustrates entry and exit data to help determine causes and show outcomes
- Provides a base for discussion on data quality, programming, and policies to help end people’s homelessness.

CSH created a system map for Broward County utilizing 2017 HMIS, PIT, HIC, APR and AHAR data, as well as provider Housing and Services Fiscal Scans.

*Broward County
+ Homeless System
Map*

02

Housing Programs Included in System Map (from HUD 2017 Housing Inventory Count (HIC))

Emergency Shelter

CHAC Broward Partnership

NHAC/SHAC Miami Rescue Mission

Safe Haven Henderson Behavioral Health

Bridge Pilot Program, Elderly Homeless Housing, Faith in Action HOPE South Florida

Emergency Shelter, Basic Center, Homeless Youth Covenant House

Low Demand Emergency Shelter, TaskForce Salvation Army

Medical Respite Broward House

Transitional Housing

Court Projects Henderson Behavioral Health

GBD Programs (2) Keystone Halls

ILP & Rights of Passage Covenant House

RIO House Apts, Hollywood HOME HOPE South Florida

Transitional Housing Programs (4) Salvation Army

Faith Farm

Second Chance North Lutheran Services

SHAC Transitional Housing

Rapid Re-Housing

Families First Broward Partnership

Hope4Families, Hope4Vets, Keys, Keys 2, City of Ft. Lauderdale, City of Hollywood HOPE South Florida

RRH for Ind. Salvation Army

Mission United SSVF United Way

Operation Sacred Trust VA CarrFour

RRH Low Barrier Catholic Charities

County ESG RRH, County Gen. Fund RRH BCFSD

Permanent Supportive Housing

BP I, II, BP IV Broward Partnership

Mod Rehab, Shelter + Care, VASH, HOME Broward County Housing Authority

Broward I Volunteers of America

Chalet Apartments Henderson Behavioral Health

HOPWA TBRA, PBRA, Facility Based Broward House

VASH Ft. Lauderdale Housing Authority

HART & Home, New Hart BCFSD

Broward Homeless System Map

HOMELESS & NEAR HOMELESS

Emergency Shelter
 3221 exited in 2017

848 Year-round Beds
 81 Overflow Bed(s)
 0 Seasonal Bed(s)

78% on HMIS
 87% Average Utilization
 886 people (PIT): 2017

Among Leavers:
 43% LOS < 30 days
 55% LOS 1 - 3 mo
 2% LOS > 3 mo
 7% exit back to ES

Transitional Housing
 636 exited in 2017

786 Year-round Beds
 76% on HMIS
 72% Average Utilization

607 people (PIT): 2017

Among Leavers:
 64% LOS < 6 months
 15% LOS 6 mo - 1 yr
 21% LOS > 1 yr
 0% exit back to TH

- 5% (174) Staying with Family/Friends
- 4% (129) Hospital/Psych/Jail/Foster Care/Detox
- 83% (2733) Place Not Meant for Habitation
- 0% (13) Rental Housing, no subsidy
- 6% (195) Emergency Shelter
- 0% (7) Transitional Housing
- 0% (0) Rental Housing, with subsidy
- 0% (5) Hotel/Motel
- 0% (1) Information Missing
- 1% (19) Other
- 0% (0) Owned by Client
- 0% (1) Don't Know/Refused
- 1% (23) Safe Haven
- 0% (5) Permanent Supportive Housing

89% Literally Homeless
 11% Other

- 32% (218) Emergency Shelter
- 4% (24) Staying with Family/Friends
- 5% (31) Transitional Housing
- 10% (66) Hospital/Psych/Jail/Foster Care/Detox
- 47% (316) Place Not Meant for Habitation
- 1% (4) Rental Housing, no subsidy
- 0% (2) Other
- 0% (1) Permanent Supportive Housing
- 1% (5) Hotel/Motel
- 0% (0) Information Missing
- 0% (0) Owned by Client
- 0% (1) Rental Housing, with subsidy
- 0% (3) Safe Haven
- 0% (0) Don't Know/Refused

80% Literally Homeless
 20% Other

- 12% (262) Temporarily Staying with Family/Friends
- 6% (133) Place Not Meant for Habitation
- 1% (32) Hospital/Psych/Jail/Foster Care/Detox
- 1% (27) Information Missing
- 1% (23) Don't Know/Refused
- 3% (73) Other
- 2% (56) Hotel/Motel
- 0% (2) Safe Haven

- 5% (32) Place Not Meant for Habitation
- 6% (38) Temporarily Staying with Family/Friends
- 2% (15) Hospital/Psych/Jail/Foster Care/Detox
- 4% (28) Don't Know/Refused
- 0% (3) Information Missing
- 8% (52) Other
- 3% (18) Hotel/Motel
- 0% (0) Safe Haven

- 16% (363) Rental by Client, No Subsidy
- 15% (337) Rental by Client, Subsidy
- 19% (417) Permanently living with family/friends
- 2% (47) Exit to PSII
- 1% (14) Owned by Client

- 16% (100) Rental by Client, Subsidy
- 26% (165) Rental by Client, No Subsidy
- 21% (132) Permanently living with family/friends
- 0% (1) Owned by Client
- 2% (15) Exit to PSII

48% Exit to:

35% Exit to:

52% Exit to:

65% Exit to:

13% Exit to TH
 Exit to ES: 6%

HOMELESS & UNKNOWN

Homelessness

42% From ES
 22% From TH

Unknown Destinations

5% From ES
 13% From TH

PERMANENT HOUSING

Rapid Re-Housing Entering From:

35% (244) Emergency Shelter
 53% (371) Place Not Meant for Hab.
 4% (28) Staying with family/friends
 1% (8) Rental, no subsidy
 1% (4) Transitional Housing
 3% (24) Info Missing
 0% (2) Other

Permanent Supportive Housing
 138 exited in 2017

Entering From:
 9% (77) Transitional Housing
 8% (69) Staying with Family/Friends
 32% (266) Emergency Shelter
 41% (341) Place Not Meant for Hab.
 6% (47) Rental by Client
 1% (8) Hospital/Psych/Jail/Etc.
 0% (1) Permanent Supportive Housing



Broward Homeless System Map

Emergency Shelter

Prior Residences

5%	(174)	Staying with Family/Friends
4%	(129)	Hospital/Psych/Jail/Foster Care/Detox
83%	(2733)	Place Not Meant for Habitation
0%	(13)	Rental Housing, no subsidy
6%	(195)	Emergency Shelter
0%	(7)	Transitional Housing
0%	(0)	Rental Housing, with subsidy
0%	(5)	Hotel/Motel
0%	(1)	Information Missing
1%	(19)	Other
0%	(0)	Owned by Client
0%	(1)	Don't Know/Refused
1%	(23)	Safe Haven
0%	(5)	Permanent Supportive Housing

89% Literally Homeless
11% Other

Emergency Shelter

3221 exited in 2017

848 Year-round Beds
81 Overflow Bed(s)
0 Seasonal Bed(s)

78% on HMIS
87% Average Utilization
886 people (PIT): 2017

Among Leavers:
43% LOS < 30 days
55% LOS 1 - 3 mo
2% LOS > 3 mo
7% exit back to ES

Of the 3,221 Exits: Homeless/Unknown Destinations

12%	(262)	Temporarily Staying with Family/Friends
6%	(133)	Place Not Meant for Habitation
1%	(32)	Hospital/Psych/Jail/Foster Care/Detox
1%	(27)	Information Missing
1%	(23)	Don't Know/Refused
3%	(73)	Other
2%	(56)	Hotel/Motel
0%	(2)	Safe Haven

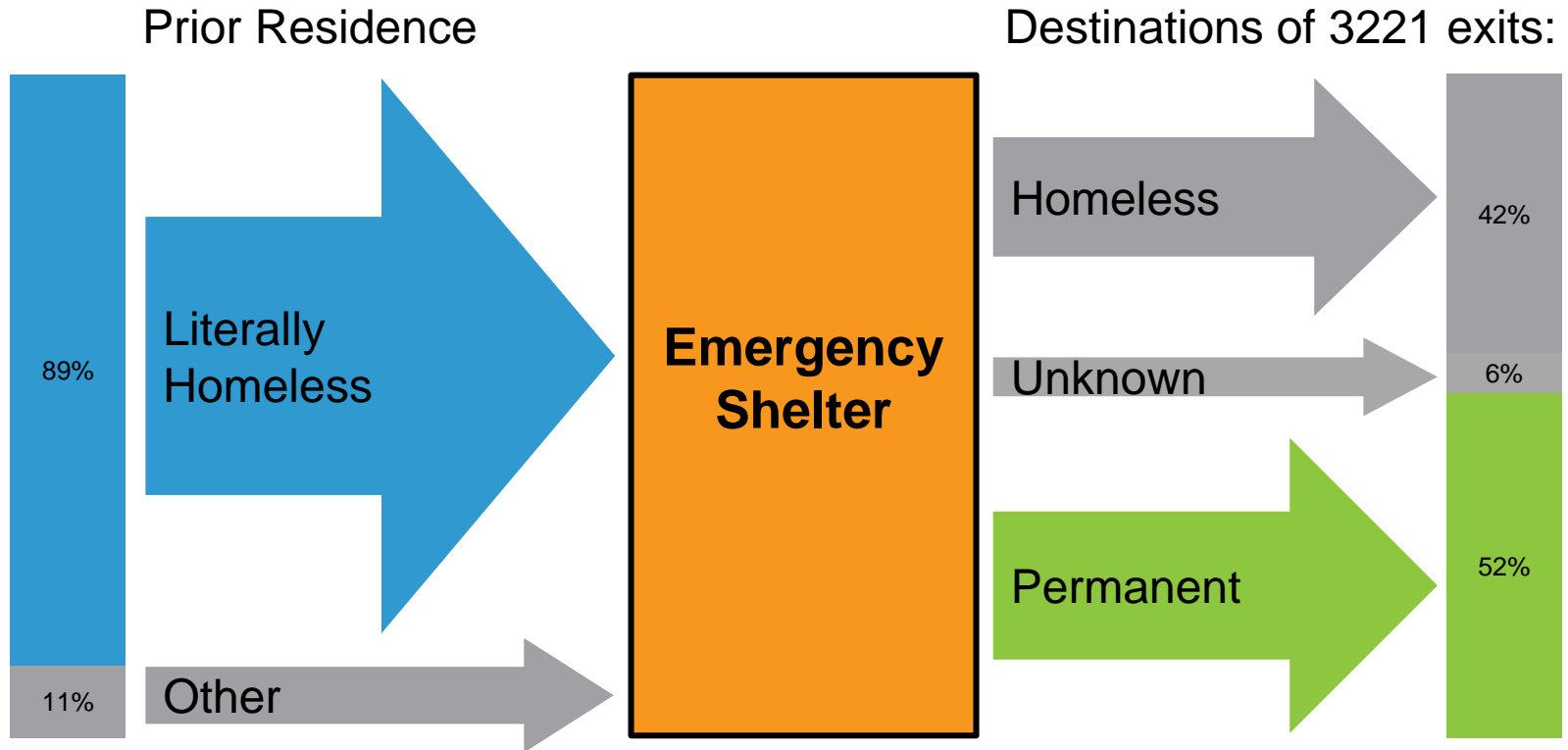
48%

Permanent Destinations

16%	(363)	Rental by Client, No Subsidy
15%	(337)	Rental by Client, Subsidy
19%	(417)	Permanently living with family/friends
2%	(47)	Exit to PSII
1%	(14)	Owned by Client

52%

System Map: Emergency Shelter



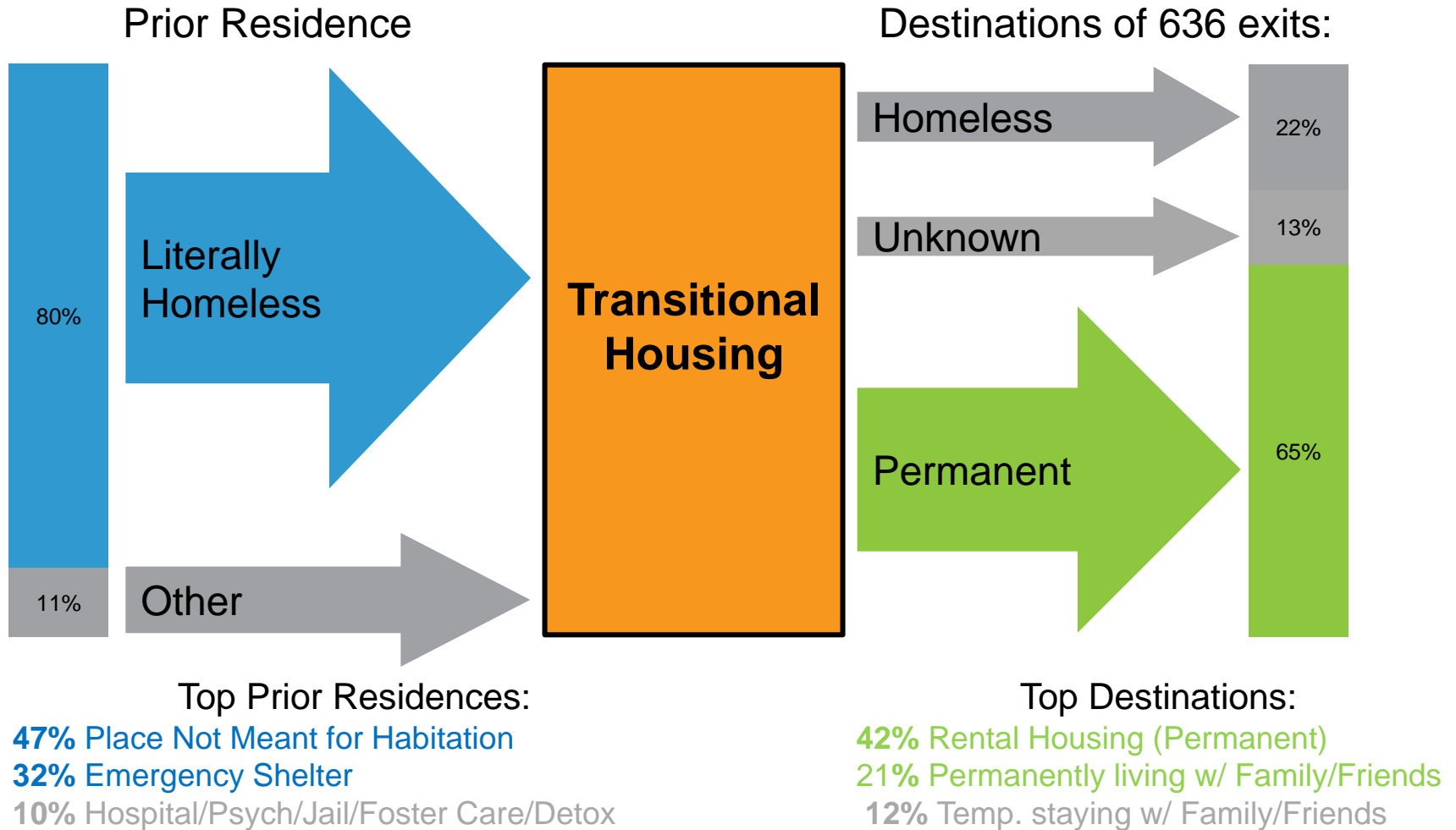
Top Prior Residences:

- 83%** Place Not Meant for Habitation (Literally Homeless)
- 6%** Emergency Shelter
- 4%** Hospital/Psych/Jail/Foster Care/Detox

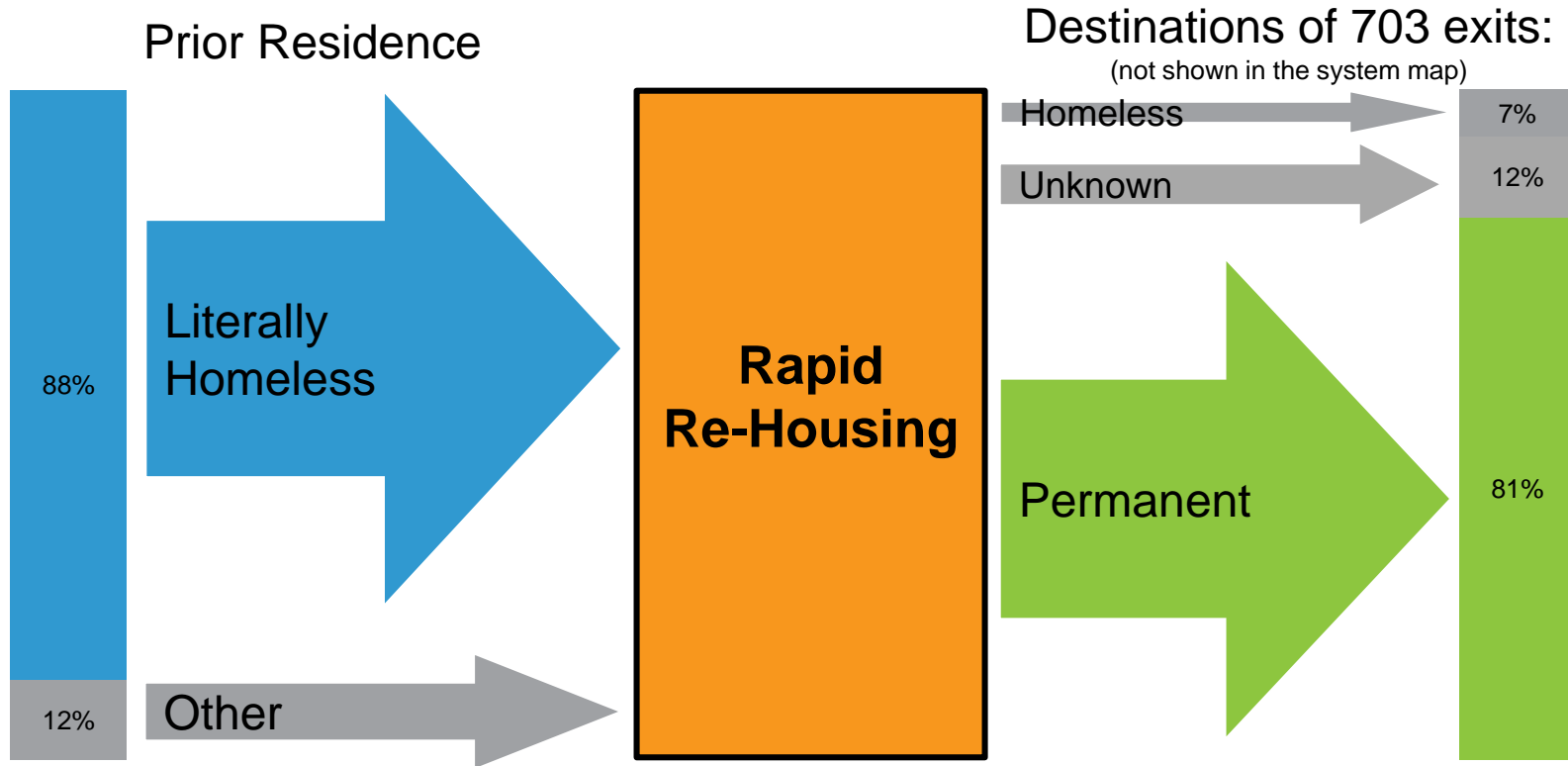
Top Destinations:

- 19%** Permanently living w/ Family/Friends
- 12%** Temporarily staying w/ Family/Friends
- 6%** Unknown or Information Missing

System Map: Transitional Housing



System Map: Rapid Re-Housing



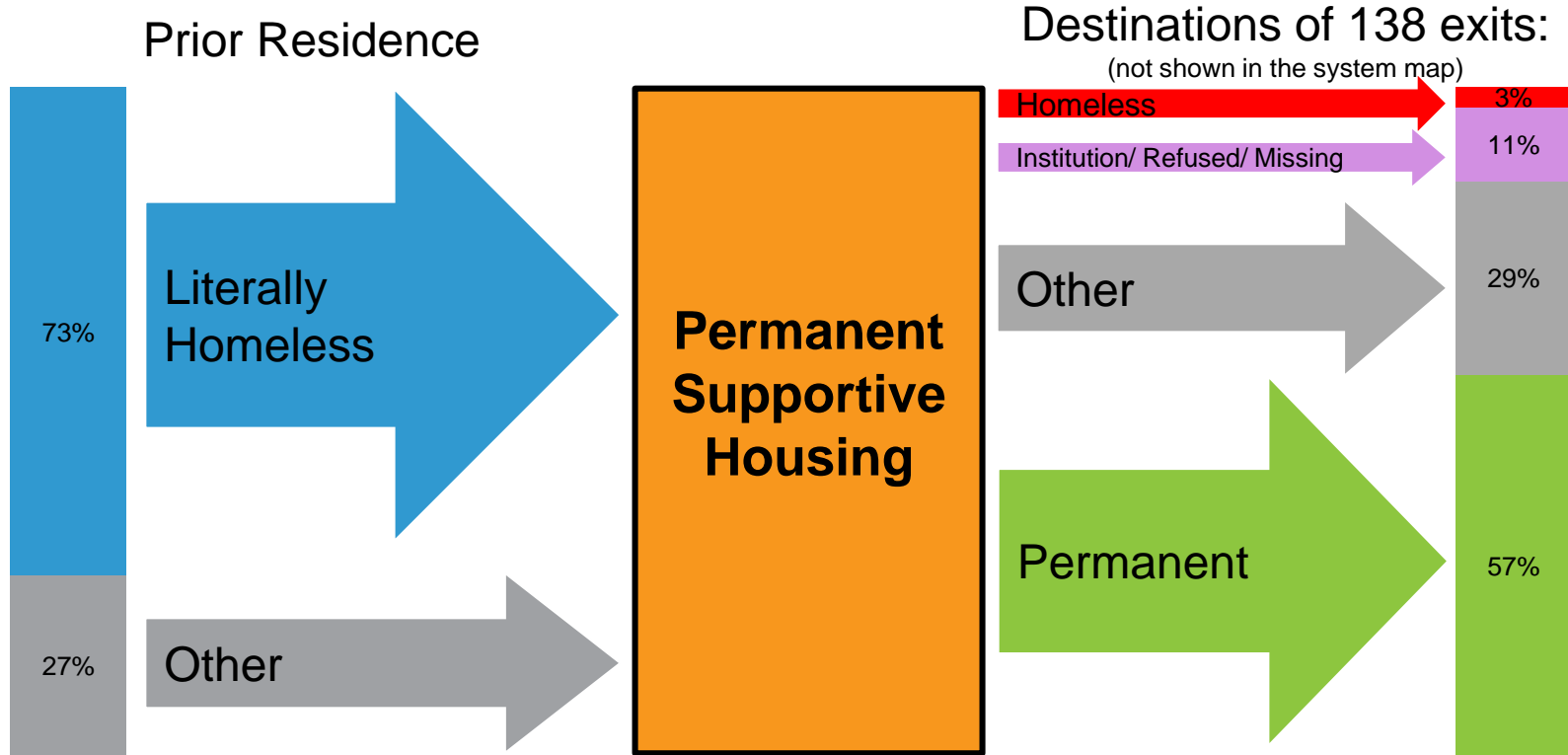
Top Prior Residences:

- 53% Place Not Meant for Habitation (Literally Homeless)
- 35% Shelter
- 4% Staying or Living w/ Family/Friends

Top Destinations:

- 77% Rental Housing (Permanent)
- 6% Other Unknown
- 4% Emergency Shelter

System Map: Permanent Supportive Housing



Top Prior Residences:

- 41% Place Not Meant for Habitation (Literally Homeless)
- 32% Emergency Shelter
- 9% Transitional Housing

Top Destinations:

- 38% Rental Housing (Permanent)
- 29% Other/Unknown
- 3% Homeless

+ *Broward County Unit Projections*

02

How Many
More
Permanent
Housing
Opportunities
Are Needed to
End
Homelessness?

PSH	RRH/OPH	Diversion	Totals
996	3,215	1,635	5,846

5,846 Total Units/Slots Needed

Step 1: Calculating the Annual Demand

2017 Point-in-Time

	ES	TH	Unsheltered	Total
# of HH without children	636	434	876	1946
# of HH with at least one adult and one child	81	49	7	137
# of HH with only children	13	0	1	14
TOTAL	886	607	957	2450
Chronically homeless individuals	127		403	581
Chronically homeless families (HH)	14		9	23

Subtracted Chronic HH to get Unduplicated Count

Calculated Multipliers from PIT Ratios and Turnover

	ES	TH	Unsheltered
<i>Ratio from PIT to Annualized AHAR</i>	4.26	1.39	2.83

2017 Annualized

	ES	TH	Unsheltered	TOTAL
# of households	3,198	608	2,502	6,308
# of persons	3,777	849	2,709	7,335
# of Chronic Households				585
Total People (less #chronic)				6,750

Step 2: Calculating Demand for Each Intervention

Interventions needed based on known exits

Diversion	830	32%
PSH	274	11%
Rapid Re-Housing (RRH)	1472	57%
<i>Total</i>	2576	100%

Temporary Place to Stay before Permanent Housing

# Total exits who could not have been diverted	1746
% Who went FROM literal homelessness to PH (PSH, RRH, DIV)	40%
# Who went from literal homelessness to PH (PSH, RRH, DIV)	704
# Who needed a temporary place to stay	1042
% of all known exits who needed a temporary place to stay	40%

There is a set of assumptions utilized here that is based on homeless system exit data from the APR reports, focused on exits from ES and TH. For each destination, there is assumption on how the system could have better served that person through permanent housing (PSH, RRH, PREV/DIV). Finally, there are a set of assumptions on how many people need a temporary place to stay before securing their permanent housing, again based on this exit data from the APR.

Step 3: Projecting the Number of Additional Units Needed to Meet Demand

Need for Permanent Housing						
Housing Intervention	Existing Stock	Annual Turnover Rate	# Available (Annually)	% of People who Needed Intervention	Estimated Annual Need	Over/Under
DIV Slots	352	1	352	32%	1987	-1635
PSH Beds	1481	0.165	244	11%	1240	-996
RRH Slots	308	1	308	57%	3523	-3215

The annualized demand is combined with the housing stock supply to determine system gaps.

Need for Temporary Stay						
Intervention	Existing Stock	Annual Turnover Rate	# Available Annually	% of People who Need Intervention	Annual Need	Over/under beds annually
All	1634	n/a	3612	40%	2730	882
ES Beds	848	3.43	2904			
TH Beds	786	0.90	707			

The annualized demand is combined with the housing stock supply to determine system gaps. - TEMPORARY STAY. This is based on the assumptions outlined in the Need Calculations.

How Many
More
Permanent
Housing
Opportunities
Are Needed to
End
Homelessness?

PSH	RRH/OPH	Diversion	Totals
996	3,215	1,635	5,846

5,846 Total Units/Slots Needed

System Analysis: Strengths and Areas for Growth

+ *Strengths*

+ *Areas for Growth*

03

+ *Strengths*

03

Strengths

Community Engagement:

- An authentic and strong desire in the community to unify in order to most efficiently and most effectively care for those experiencing homelessness.
- Engagement from the community to address homelessness and the drive to learn ways to get and stay involved and become part of the collective, creative, long-term solutions to assist those experiencing homelessness is increasing in Broward.
- Political Will – leadership from County Government and the business community is gathering momentum. Unprecedented energy and resources are being focused in the county to address the issue.

Reduction in Homelessness:

- Broward County has seen a decrease in both chronic and veteran homelessness in recent years, with the exception of a slight increase in chronic homelessness in 2018. Focused efforts in these areas have had an impact and speak to the effectiveness of the continuum when resources are focused and coordinated.

Decrease in Homeless Individuals since 2011

Broward County

- In 2018, the Broward County PIT counted 2,318 individuals. In 2011, the count was 3,801. This is a 61% reduction. Although there has been fluctuation over the years, the overall trend has been a reduction.

+ Areas for Growth

03

Data Quality

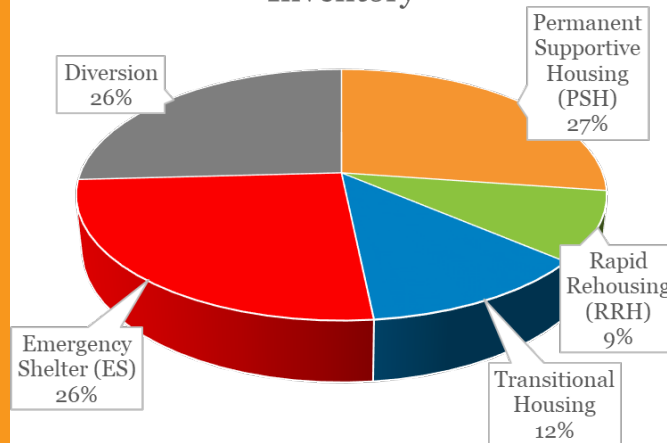
Based on HMIS data analysis, there may be data quality issues.

- HMIS data shows missing and unknown information for some intervention programs, particularly for Permanent Supportive Housing exits (approx. 40%). More research needs to be done to explain this inconsistency and community-wide training on data quality is recommended.
- HMIS data does not reflect all of the temporary and permanent housing programs in Broward.
- Some critical community sectors, such as Child Welfare programs, are not reporting into HMIS. As such, it is difficult to obtain an accurate assessment of community resources.

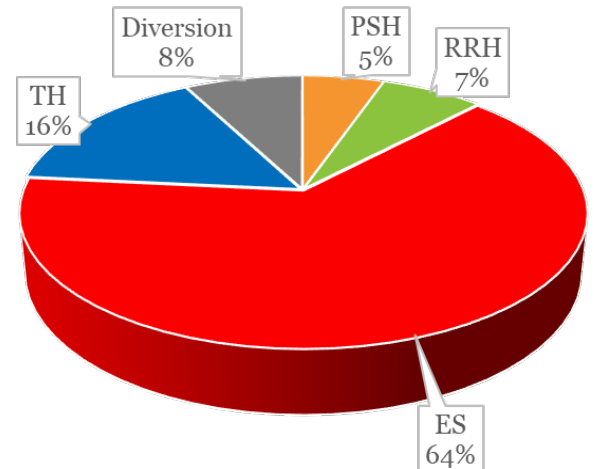
Excess Shelter Bed Stock that could be Repurposed

Currently, one fourth of Broward County's Housing Intervention Inventory is dedicated to Emergency Shelter. Annually, 64% of shelter beds are available/empty during a given year.

Current Housing Intervention Inventory



Current Housing Intervention Annual Availability

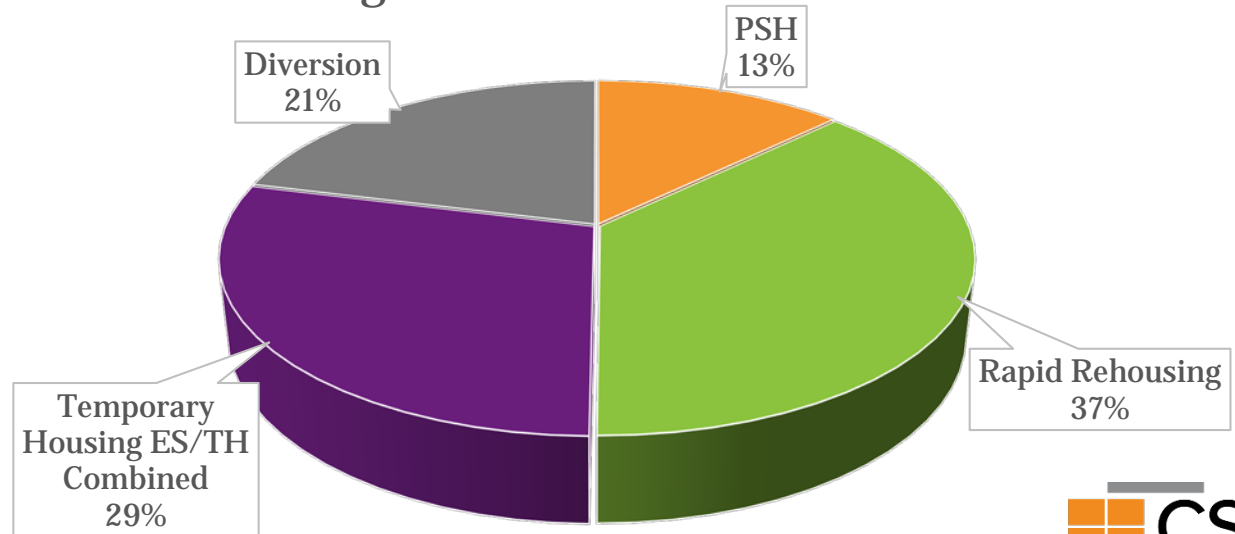


Deficit of Rapid Rehousing/ Affordable Housing Stock

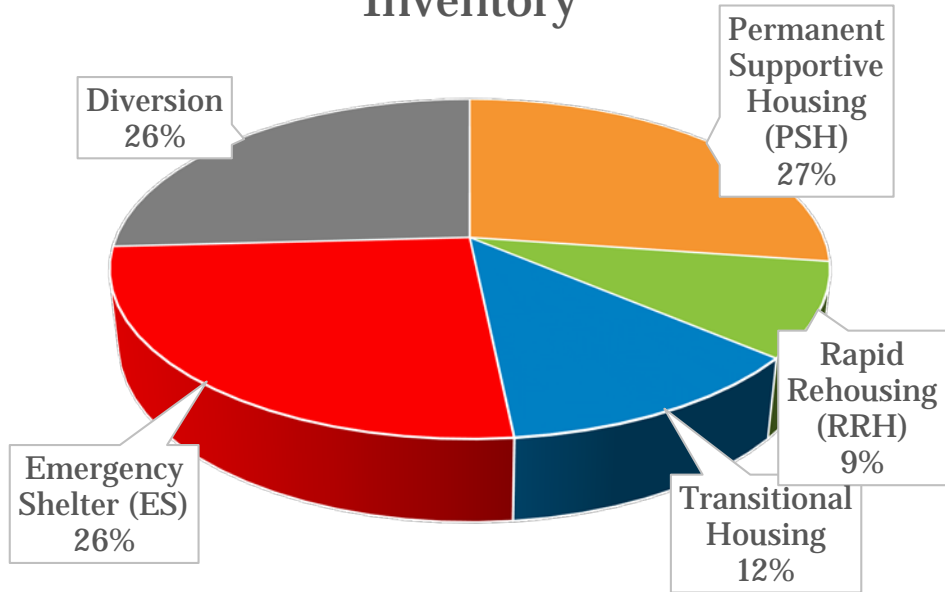
According to Broward County's 2017 Homeless Count, there were a total of **2,450** sheltered and unsheltered individuals, families and unaccompanied youth in the County. Of those, **1,472 (or 57%)** were in need of Rapid Rehousing Intervention, based on known exits.

Currently, only 9% of existing resources are dedicated to Rapid Rehousing, yet data assessment reflects that there is a need for 37% of housing interventions to be dedicated for Rapid Rehousing. A severe lack of affordable housing stock in the county contributes to the problem of locating affordable rental units.

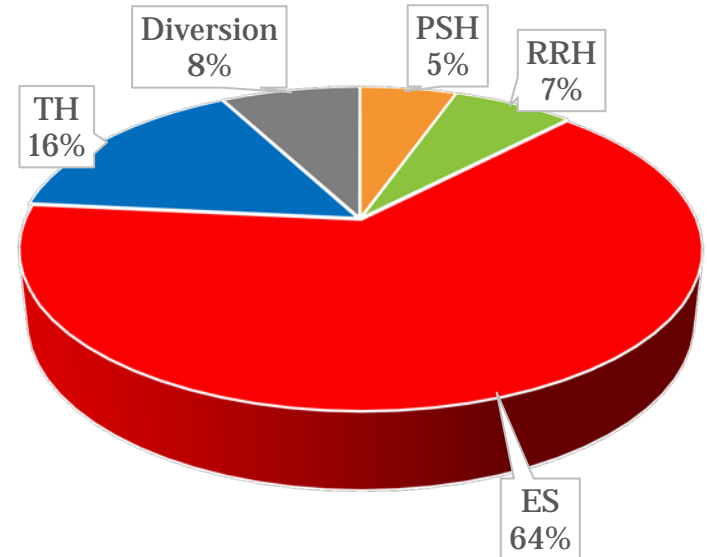
Housing Intervention Annual Needs



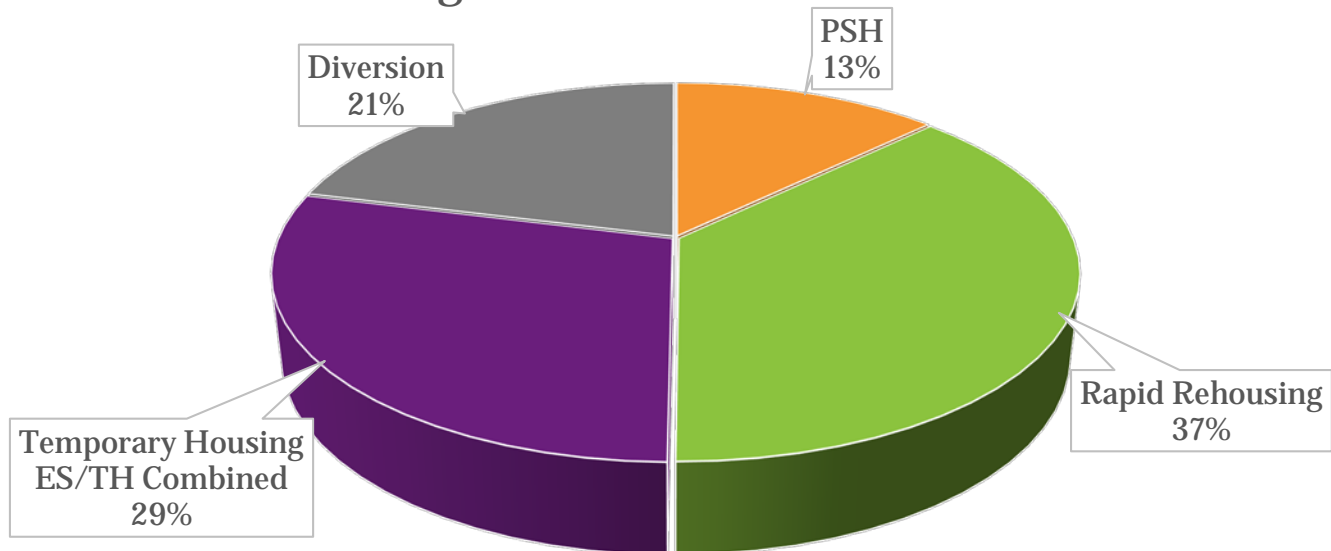
Current Housing Intervention Inventory



Current Housing Intervention Annual Availability



Housing Intervention Annual Needs



Summary of Community Interviews

+ Top Strengths, Challenges, and Needs

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Strengths	Challenges	Needs
<p>Top 5 Strengths</p> <ol style="list-style-type: none"> Increase in collaboration among agencies Collaborative efforts across the county Political and community will Engagement and partnerships from business community is growing CoC efforts are improving 	<p>Top 5 Challenges</p> <ol style="list-style-type: none"> Encampment(s) and perception of homelessness Coordinated Entry Lack of Affordable Housing Time from homeless to housing is much too long – up to year in some cases, if at all Development/Availability of SH units 	<p>Top 5 Needs</p> <ol style="list-style-type: none"> Stronger Coordinated Entry/Front Door System Training Significant increase of RRH units Development of SH Units Development of affordable housing
<ul style="list-style-type: none"> Reduction in chronic homelessness Reduction in veteran homelessness Overall reduction in homelessness ES system is becoming lower barrier and more housing focused 	<ul style="list-style-type: none"> Lack of RRH, limit of 3 months is too short Lack of PH for Non-chronic individuals Landlord Recruitment Lack of funding Coordination of Resources Resources for Prevention/Diversion Resources for Deposits and utilities Training Lack of a Flow through/Moving on plan Resources spent on hotel vouchers and short term housing instead of permanent housing Criminal Justice – arrests of homeless individuals Difficult to get useful data reports out of HMIS Visibility of Housing Navigators 	<ul style="list-style-type: none"> Funding – both for services and housing Policies and Procedures Supportive Service Providers Day Center Publicize successes By-Name List of homeless individuals Continue to build partnerships with business community Housing Developer partnerships Landlord partnerships Training – CES, front line providers, HMIS More and timely information sharing/communication from CoC to providers and community Increase in mental health resources

Recommendations

05

Issue Areas

Coordinated Entry and Assessment

Data/HMIS

Shortening the Length of Time Homeless

Emergency Prevention

Rapid Rehousing

System Change: Mainstream Resources/Discharge
Planning

Treatment and Services

Permanent Affordable Housing

Street Outreach

Income to Pay for Affordable Housing

Homeless Consumer Focus Groups

Housing First

RECOMMENDATIONS

Implement a Robust Coordinated Entry System

In a Coordinated Entry System (CES), all providers of homeless housing and services in the community work together to ensure that from the moment a household first presents a housing crisis, there is a clear and consistent path to ending their homelessness.

CES provides a critical opportunity to intentionally collect and analyze system level data to inform and enhance decision-making and function. To this end, an appropriate level of access, staffing and training is critical to the success of the system, as is system-wide accountability. A CES flowchart should be developed, refined and understood across the system, and a set of CoC CES goals should be established and should be part of a CES dashboard that tracks outcomes on a monthly basis.

- ***Assess and allocate appropriate staffing levels***
- ***Implement community-wide training***
- ***Implement system-wide accountability***
- ***Develop and refine a CES flowchart***
- ***Develop CES Dashboard for monthly outcomes tracking***
- ***Implement CES across all systems***

RECOMMENDATIONS

Shift from a Crisis Response System to a Long Term Homeless Response System

Broward County can make significant progress in reducing homelessness by redesigning their homeless service system to promote more efficient and effective use of resources. For the CoC to improve its functioning and outcomes, the **CoC and homeless crisis response system must have a shared vision and guiding principles.**

Data analysis clearly shows that **Broward has a disproportionate level of crisis response slots in comparison to permanent housing (PSH and RRH).** It is recommended that Broward utilize the mapping assessment of existing community resources and utilization and develop a **plan to effectively shift resources and increase supply to appropriately meet the need.**

To reduce inflow into the homeless system and provide support for those not experiencing literal homelessness, Broward should **develop and incorporate a comprehensive diversion strategy.** Additionally, Broward should investigate the feasibility of shifting a percentage of crisis response beds/units to bridge housing.

- ***Redesign homeless service system to shift resources appropriately to the need***
- ***Engage crisis response system providers to a shared vision and adoption of guiding principles for a long term homeless response system***
- ***Investigate shifting a percentage of crisis response beds/units to bridge housing***
- ***Implement comprehensive diversion strategy***

RECOMMENDATIONS

Develop a Supportive Housing Pipeline

To end literal homelessness in Broward County there is a clear need for additional supportive and affordable housing inventory, particularly Rapid Rehousing stock. To accomplish this goal it is recommended that the Broward CoC **develop a Supportive Housing Pipeline Committee** charged with developing and executing a short and long term strategy to develop supportive housing inventory that will effectively meet the need.

The committee should complete and utilize a Financial Model to enable them to articulate the need and cost associated with the need, as well as develop and implement strategies to effectively engage and recruit landlords and property owners to participate in homeless response system housing programs. Additionally, county-wide adoption of Housing First Best Practices should be implemented.

- *Develop Supportive Housing Pipeline Committee*
- *Increase Supportive Housing and Rapid Rehousing inventory*
- *Engage and recruit landlords and property owners*
- *Adopt Housing First Best Practices and implement community-wide training*

RECOMMENDATIONS

Utilize Data to Drive Decisions and Allocate Resources

Data quality and evaluation on a consistent basis is critical to understanding the trends and ongoing needs in a community and in making appropriate course corrections to adjust the homeless response system accordingly. To ensure effective resource utilization, Broward should **review the gaps and needs analysis provided by CSH and utilize the information to drive the Recommendations**. Dashboard data should be utilized to continually review and assess appropriate distribution of resources and to drive reallocation. Complete an analysis of inflow and outflow rates on a monthly basis, and analyze CES data monthly to make capacity and need adjustments.

In order to increase transparency, improve communication and establish accountability, Broward should enable public access to community dashboards on their website. **Community-wide training on data quality standards and system performance measures should be implemented** and strategies to increase accountability and broaden participation of HMIS should be developed.

- *Develop an HMIS dashboard to track need, utilization, and outcomes on a monthly basis*
- *Increase transparency, communication and accountability by providing public access to community dashboards*
- *Utilize dashboard data to continually review and assess utilization of resources and to drive reallocation*
- *Implement community-wide training on data quality standards and develop strategies to increase HMIS participation*

Action Planning

+ *Group Breakouts*

+ *Large Group Debrief*

06

+ Group Breakouts

03

Broward *A Way Home* Action Plan

Date:

Goal:

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome

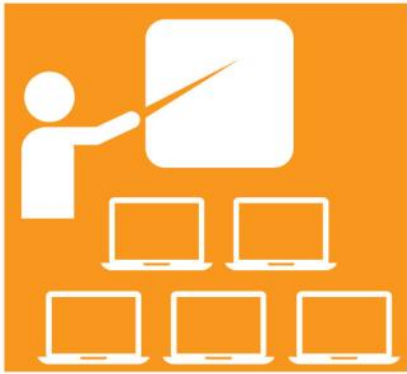
+ Large Group Debrief

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