



AWAY HOME

Broward County, Florida's Ten Year Plan to End Homelessness



“A Way Home”

Broward County,
Florida’s Ten Year Plan
to End Homelessness

A Community
Collaborative

October 2005

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*Standard cost key for action steps by the other committees do not apply to Permanent Affordable Housing and there may be instances where they do not apply to Treatment and Services.

Ten Year Plan to End Homelessness

The Ten Year Plan Steering Committee would like to thank the following individuals and organizations for their participation in the planning process

2-1-1-, First Call for Help	Beryl Glansberg
2-1-1-, First Call for Help	Steve Strickland*
Area Agency on Aging	Elizabeth Lombardo
BankAtlantic	Marcia Barry-Smith*
Bank United	Donna Crump-Butler
Ronald Book, P.A.	Ronald Book
Kathy Barry	
Bless It Forward	Jim Drudi
Broward County Attorney's Office	Patrice Eichen
Broward County Children's Services	Becky Bedell
Broward County Children's Services	Michael Elwell
Broward County Children's Services	Ernesto Perez
Broward County Commission	Kristin Jacobs
Broward County Commission	Ilene Lieberman
Broward County Commission	Diana Wasserman-Rubin
Broward County Community Development	Katherine Randall
Broward County Elderly & Veteran's	Elizabeth Lombardo*
Broward County Family Success	Sandy Atkins*
Broward County Family Success	Ellen Kendrick*
Broward County Family Success	Roxanne Morin
Broward County Family Success	Fred Murry*
Broward County Grants	Gretchen Hirt
Broward County Grants	Susan Webster*
Broward County HIP	Sarah Donnelly*
Broward County HIP	Debra McGowan*
Broward County HIP	Steve Werthman*
Broward County HIP	Michael Wright*
Broward County Housing Authority	Ann Deibert*
Broward County Housing Authority	Susan Pippitt
Broward County Human Services Department	Marlene A. Wilson
Broward County Schools	Dianne Sepielli*
Broward County Substance Abuse	Sarah Curtis*
Broward County Substance Abuse	Drewlyn Simone Chessa*
Broward House	Carmen Anglero*
Broward House	Kathleen Cannon*
Broward House	Angelo Castillo
Broward House	Ray Diaz
Broward Housing Solutions	Lisa Hoffmeyer*
Broward Housing Solutions	Nancy Merolla*
Broward Outreach Center	Ron Brummitt
Broward Outreach Center	Mark Ehrenshaft*
Broward Outreach Center	Val Elsbree*
Broward Outreach Center	Devon Jarrett
Broward Outreach Center	Judith Mame*
Broward Outreach Center	Lily Mudry*

Broward Outreach Center
Broward Outreach Center
Broward Partnership for the Homeless
Broward Partnership for the Homeless
Broward Partnership for the Homeless
Broward Partnership for the Homeless
Broward Partnership for the Homeless
Broward Public Defenders Office
Broward Regional Health Planning Council
Broward Regional Health Planning Council
Broward Sheriff's Office
Broward Sheriff's Office
Carrfour Supportive Housing
Catholic Charities
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Coalition to End Homelessness
Comerica Bank
Commission on the Status of Women
Covenant House
Covenant House
DCF
DCF – Office on Homelessness
DCF – Substance Abuse/Mental Health
Deerfield Beach Housing Authority
Malcolm Pirnie
First Presbyterian Church
Florida Coalition for the Homeless
Florida Education & Research Laboratory
Fort Lauderdale (City of)
Fort Lauderdale (City of)
Fort Lauderdale Housing Authority
Fort Lauderdale Police Department
Hallandale Beach (City of)
Health & Social Services Networker
Henderson Mental Health Center
Henderson Mental Health Center
Henderson Mental Health Center
Hendry County Emergency Management
Hillsborough County Division of Social Services
Hope for Homeless
Wylie Howard
Jubilee Center of South Broward, Inc.
Lauderdale Lakes (City of)

Ray Panetto*
Mark Perkins
Fran Esposito*
Dave Freedman*
Robert Higdon*
Lance Wallace
Lorraine Wilby
Sandra Friedman
Harry Nash
Norma Wagner*
Kimberly Kisslan
Walter Laun*
Marcia Pellerin Barcus
Lilly Gallardo*
Charlene Cuyler*
Laura Hansen*
Shontrelle Holliday*
Velonie Johnson*
Ray Kelly*
Patricia Mantis*
Beryl McHugh*
Jacki Neubaum*
Stanley Stubbs*
Carol Molnar
Dr. Eloise McCoy-Cain
Cathy Branch*
Corey Shannon-Goodman*
Beatriz Hadley
Tom Pierce
Pat Kramer*
Pamela Davis*
Dr. Celia Earle
Tim Dobbins
Greg Mellowe
Leonard Fontane
Kathleen Gunn
Jeff Modarelli
Veronica Lopez
Scott Russell*
Angela Bauldree
Robert Goodman
Celena Ashworth*
Monica Escobar*
Debbie Perry*
Brian Runge
Bart Banks
Steven Spaulding

Tammy Morton
Margaret Earnest

Leadership Broward Foundation
 Legal Aid
 Liberia Economic Services
 Miami Coalition for the Homeless
 MODCO
 My Family Place
 National Alliance to End Homelessness
 North Broward Hospital District
 North Broward Hospital District
 North Broward Hospital District
 North Broward Hospital District
 Nova Southeastern University
 Nova Southeastern University
 Nova Southeastern University
 Rosalind Osgood
 Parents without Partners
 People Helping People
 Dave Reierson
 Susan B. Anthony
 Taskforce Fore Ending Homelessness
 The Coordinating Council of Broward
 The Coordinating Council of Broward
 The Salvation Army
 The Salvation Army
 The Salvation Army
 The Salvation Army
 The Salvation Army
 The Salvation Army
 The Shepherd's Way
 The Shepherd's Way
 Toshiba Solutions
 Town of Davie Housing & Community Development
 United Way Broward
 U.S. Interagency Council on Homelessness
 Veteran's Administration
 Volunteers of America
 Frank Washington
 Suzanne Weiss
 Women in Distress
 Women in Distress
 Women in Distress
 Women in Distress
 Women in Distress
 Women in Distress
 *Denotes Sub-committee members

Anne Hotte
 Janet Riley*
 Henry Graham
 Ben Burton
 Irene Rufus*
 Yettie Ruskin*
 Nan Roman
 Julie Solomon-Bame
 Carol Bentley
 Scott DiMarzo
 Nadine Reeves*
 Rachele Dome
 Dr. Georgiana Hertzberg
 Sue Darcy Peake

 Dr. Rose Ajimatanrareye
 Patricia Hankerson*

 Marsha Currant*
 Courtney*
 Jay Harman
 Skip Johnston
 Victor Biggs*
 Lillie Johnson*
 Capt. Steve Morris*
 Eddy Pierre*
 Marielle Pierrot*
 Patricia Rogers*
 Matt Hunter*
 Dr. Fred Scarbrough*
 Brent Colston
 Shirley Taylor-Prakelt
 Mary Lynn Lovejoy*
 Phil Mangano
 Gladys Baez-Perez*
 Jim Faison

 Andrea Bradley*
 Regine Cordon-Shiver*
 David Dowd*
 Miriam Garcia*
 Shelia McCann*
 Faye Wright-Simpson*

Organizational affiliations are listed for identification purposes only and do not necessarily imply endorsement of the document.

Ten Year Plan Steering Committee Members: Victor Biggs, Ron Brummit, Susan Byrne, Courtney, Sarah Curtis, Sarah Donnelly, David Freedman, Laura Hansen, Vice Chair, Jay Harman, Robert Higdon, Matt Hunter, Ron Ishoy, Skip Johnston, Mary Lynn Lovejoy, Captain Steve Morris, Debbie Perry, Janet Riley, Dianne Sepielli, Chair and Steve Werthman

Executive Summary

As approved by the Ten Year Plan Steering Committee on 9.28.05

Some 15 years ago, a group of private citizens and government officials decided to “address” the issue of homelessness in Broward County. Since that time, we have created a Continuum of Care (CoC) which is a “community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”

Broward’s CoC has housing assets which include emergency shelter, transitional housing and permanent supportive housing beds. Supportive services are another essential element in our CoC. Despite our ongoing efforts, the most recent local point-in-time count and survey revealed that we still have over 3,100 homeless men, women and children in Broward County; as a caveat, many homeless advocates believe that this number is a significant undercount due to the requirement that the survey be conducted in a single 24 hour period.

Broward County and the partners in our Continuum of Care invest public and private funds in programs that provide direct services to homeless adults and children. Additionally, the school and corrections systems, hospitals, charities, and faith-based institutions provide assistance to the homeless. All are partners in the homeless system, whether official or unofficial, and as such, have a vested interest in providing the most effective and efficient services in order to bring about an end to homelessness.

The larger community has a stake in ending homelessness as well. A large homeless population is an indicator that our community is not healthy and we know that there is a widespread belief that homelessness hurts our local economy, which is highly dependent upon tourism. As members of a community, we want to insure that we care for all residents, including those who are ill or disabled and who are unable to care for themselves.

In keeping with many other communities around the country, Broward County has the vision of moving to the next level, that of ending homelessness, and this is the purpose of our Ten Year Plan. We recognize that homelessness is a complex issue with no one simple solution. It is commonly accepted that while the existing homeless system works well for some persons, it has not been effective enough at permanently ending homelessness. We can no longer afford to cycle people through the system and then back to the streets, only to endlessly repeat this pattern. However, Broward’s homeless system today does not have the inventory or capacity to permanently house everyone who needs housing. Based upon our survey data, we must focus on the rapid creation of a minimum of 1,200 permanent supportive housing units and getting people into them.

We also know that research is increasingly pointing to the fact that ending or preventing homelessness saves taxpayer money and saves lives. Research has also shown that addressing other significant life issues simultaneously with addressing permanent housing is the most effective way to bring about permanent, positive change in the lives of all homeless people, including chronically homeless adults and homeless families. Given this understanding, it is both fiscally responsible and compassionate to bring about the end of homelessness.

A 2004 Santa Barbara study showed a 38.9% cost savings to the mental health system over 3 years by a program providing housing and intensive services to 117 mentally ill homeless persons. Even more striking, overall hospital costs were reduced by 55.8% from the pre-program years of 1998-2001 to the 3 year implementation from 2001 – 2004. ¹

The US Conference of Mayors, A Status Report on Hunger and Homelessness in American Cities, 2002 report revealed that a common denominator in homelessness in Cleveland, Denver, New Orleans, Phoenix, Seattle and Washington, DC. was corrections discharges. ² Waco, Texas determined that this city spends almost \$39,000 per year for each chronically homeless individual. ³ This equates to over \$106 per day. Conversely, we know from the 2004 Lewin study that a day of supportive housing even in a very high cost city such as New York is only \$41.85. ⁴

In 1998, the University of California and San Diego Medical Center began following 15 homeless chronic alcohol abusers as they cycled through the emergency care and law enforcement systems. Literally hundreds of contacts resulted in public expenditures of over \$3 million annually. In 2000 the Serial Inebriate Program (SIP) was launched in order to break the trend of arrest, incarceration, release, arrest, etc. The early returns reflect that 63% of clients agree to treatment and almost 50% graduate successfully. ⁵

To be successful, we must change our way of doing business. Broward County Government is already investing over \$12 million annually (FY05) in general revenue for homeless services. This is leveraged by almost \$9 million of Federal McKinney Vento and State Office on Homelessness funding. Additionally, the most recent provider report reflects contributions totaling to almost \$8 million in private funds for homeless services. These considerable investments do not take into consideration the costs incurred by a variety of other stakeholders including the Department of Children and Families for benefits such as Food Stamps and Temporary Assistance to Needy Families. These numbers also do not account for costs incurred by publicly funded institutions such as hospitals, corrections and courts which traditionally have high interaction, particularly with chronically homeless.

The Plan will require us to consider both re-directing some existing resources, as well as tapping into or creating new ones. These resources must be directed to the most effective programs, thus maximizing the financial impact and ultimately, programmatic outcomes.

Housing affordability has reached crisis proportions in Broward County, with the median price having rocketed to \$384,900.⁶ This is putting a squeeze on even middle income individuals and families. Employers are finding it increasingly difficult to attract and retain qualified staff, as workers turn down job offers because of concerns about their ability to find affordable housing and as the existing work force relocates to less costly housing markets. An escalation in this trend and an inability to recruit service workers, who typically are among the lower groups of wage earners, could have a devastating effect on Broward's ability to sustain the tourist trade on which the economic health of the area is so heavily dependent. Additionally, year round residents stand to be negatively impacted if no one is available to provide day care for their children, check out their groceries, mow their lawns and repair their cars.

In order to make the vision of ending homelessness a reality, we must make a paradigm shift, become more culturally sensitive and focus simultaneously on the following:

- **Prevention:** We must focus on the prevention of homelessness, while simultaneously attacking homelessness itself on numerous other fronts. The data are clear that preventing homelessness is cost effective.
- **Permanent Affordable Housing Supply:** An absolutely necessary requirement for ending homelessness is having an adequate supply of affordable housing. This is a monumental challenge which must be undertaken immediately if we are to succeed. We should begin with the creation of 1,200 units of scattered site or clustered permanent supportive housing, approximately two-thirds of which will be targeted to the chronically homeless, based upon a 2005 analysis of need. This will require support, in various ways, from federal, state and local governments and agencies, including law enforcement and corrections, hospital districts, the School Board of Broward County, as well as coordinating agencies such as the Coordinating Council of Broward. Participation from private entities such as the faith community, private landlords, developers and businesses will also be necessary.
- **Living Wages:** Another critical need is to increase area wages. Every day we open the newspaper to another article about the disparity between housing prices and incomes. In order to afford a non-luxury, two bedroom apartment in Broward County, (\$998 per month Fair Market Rent as determined by the U.S. Department of Housing and Urban Development) an individual must earn \$19.19 per hour, or \$39,920 per year. Much of Broward's workforce earns substantially less than this, particularly service industry workers.
- **Mainstream Resources:** It is imperative that we work for, and achieve, systems change in the way mainstream benefits are awarded to homeless people. Mainstream benefits are those resources which are also accessed by eligible non-homeless individuals. Social Security, Social Security Disability Insurance, Medicaid, Temporary Assistance to Needy Families, State Children's Health Insurance Program, WorkForce Investment, Food Stamps and Veteran's Health Care are all mainstream benefit programs.
- **Discharge Planning:** Discharge to homelessness from publicly funded institutions such as corrections and health care facilities remains a reality which is unacceptable. Adequate discharge planning is a form of prevention, which we know saves tax dollars and promotes a significantly better quality of life than sending people right back to the streets.
- **Street Outreach:** The very successful central county street outreach initiative, which has received national recognition, should be expanded throughout the county in order to more effectively engage the many at risk sub-populations of homeless persons.

■ **Treatment and Services:** Treatment and services should be approached in a more coordinated and holistic manner. The evidence-based literature on treatment and services for homeless people is replete with findings of cost savings. The City of San Diego tracked 15 homeless individuals through the public health and corrections systems and discovered that these persons were using an astounding \$3 million per year in publicly funded services.⁸

■ **Housing First:** “The goal of ‘Housing First’ is to immediately house people who are homeless. Housing comes first no matter what is going on in one’s life, and the housing is flexible and independent so that people get housed easily and stay housed.”⁶ We have learned that not all individuals and families need to work their way through the continuum phases, but that some are viable candidates for a “Housing First” model, particularly where supportive services are tailored to individual needs.

The key strategy to ending long-term homelessness is found in Housing First, an effective methodology for housing the chronically homeless and keeping them housed. Housing First has also been shown to be effective at shortening the length of homelessness for other individuals and families. In the 2003 “Blueprint for Change” which reported on housing for the chronic homeless who are mentally ill or have a chemical dependency, the U.S. Department of Health and Human Services stated unequivocally “without housing, services and supports cannot be effective.”

Although a Housing First methodology has shown promise in solving homelessness for an impressive number of adults and families, we also know however, that there is no “one right way” to end homelessness for everyone.

■ **The Way Home:** Finally, we know that the costs of homelessness are staggering, not only to those individuals experiencing homelessness, but to society as well. We also know that ending homelessness can be cost effective.

The road to ending homelessness will undoubtedly be rocky and long, but the destination will be well worth the journey. We may be tempted at times to turn back, but we cannot. We have a map, and we must stay the course. Everyone can help and we ask that YOU become involved. You can begin by signing an individual or organizational endorsement of support for Broward County’s Ten Year Plan to End Homelessness. Samples of the endorsement are included in the Appendix section of the document.

Notes

¹ Elodie Patrias, Innovative Collaborative Promotes Independence Reduces Costs, ADMHS Update, Special Focus, June 2005, Santa Barbara County Department of Alcohol, Drug and Mental Health Services.

² US Conference of Mayors, A Status Report on Hunger and Homelessness in American Cities, 2002, Washington DC.

³ www.ich.gov, In the Cities: Waco, Texas, adopts 10-Year Plan Based on Cost Benefit Analysis and Housing First Approach, 7.21.05.

⁴ The Lewin Group, Costs of Serving Homeless Individuals in Nine Cities, Chart Book, November 19, 2004, prepared for The Corporation for Supportive Housing.

⁵ www.ich.gov/innovations Collaboration: SIP Saves Lives and Public Funds.

⁶ Lisa J. Huriash, www.sun-sentinel.com, South Florida Condo Conversions are at an All-time High, Leaving Renters in a Tight Spot, August 6, 2005.

⁷ <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=3432#hf>, Corporation for Supportive Housing, “Definitions and Terminology.”

⁸ www.ich.gov/innovations Collaboration: SIP Saves Lives and Public Funds.

The Steering Committee also wishes to acknowledge the valuable assistance provided by Michael Dahl, Executive Director of the Minnesota Coalition for the Homeless, in preparing this Ten Year Plan to End Homelessness.

Introduction

Broward County, Florida is bordered by the turquoise and sapphire waters of the Atlantic Ocean on the East and on the West by the “river of grass” known as the Florida Everglades. A favorite tourist destination for visitors from around the world, Broward boasts world class shopping, gourmet restaurants and cafes, trendy new hotels, miles of waterways and golf courses. Two of Broward’s concert arenas, the Broward Center for the Performing Arts and the Office Depot Center, rank among the top 10 in the country for ticket sales.¹ In other words, just about something for everyone unless, of course, you happen to be homeless.

Homeless people live in the shadows, in a parallel universe that has a window through which they can see how others live, but oftentimes there seems to be no door through which they can escape. This is particularly true for the chronic homeless population, but even for those who are not chronically homeless, the obstacles to becoming and staying re-housed can seem insurmountable.

On September 23, 2004, a group of committed individuals came together at the Florida Summit on Homelessness in Weston, Florida. This event, sponsored by The Coalition to End Homelessness, kicked off the planning process to end homelessness in Broward County.

Broward County was most honored by the presence of Philip Mangano, Executive Director of the Interagency Council on Homelessness at the kick off of our Ten Year Planning Process. Nan Roman, Executive Director of the National Alliance to End Homelessness, who has supported Broward’s Ten Year Plan efforts throughout, facilitated the Summit, providing a wealth of information on developing a ten year plan, including best practices around the country.

At this summit, Broward County committed to the creation of a Ten Year Plan in concert with other stakeholders, and this was reaffirmed in a letter of February 9, 2005 to Philip Mangano, stating: “Broward County is proud to be part of the nationwide campaign to abolish homelessness. We are working diligently to implement numerous projects funded by the U.S. Departments of Housing & Urban Development, Health & Human Services (HHS) and Veterans Affairs (VA) toward this end. We are also encouraged by the President’s announced budget which includes a significant increase in funding to end chronic homelessness through the ‘Samaritan Initiative.’”

Current Facts about Homelessness and Housing in Broward County

On January 25, 2005, the Broward County Continuum of Care, along with hundreds of other continua across the country, conducted a point-in-time count and survey over a twenty-four hour period.

The point in time count and survey, coordinated by The Broward Coalition for the Homeless, now known as The Coalition to End Homelessness, was conducted with dozens of volunteers throughout Broward County. From the beaches to the westernmost reaches of the County, volunteers combed parks, libraries, bus terminals, woods, under known encampments and all types of shelters and transitional housing for the homeless in an effort to obtain the most accurate count possible; however, advocates believe many of the street homeless were not counted and the actual numbers could be significantly higher.

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals				
	682 (A)	1,500 (A)	424 (N)	2,606
2. Homeless Families with Children	50 (A)	80 (A)	2 (N)	132
2a. Persons in Homeless Families with Children	200 (A)	290 (A)	18 (N)	508
Total (lines 1 + 2a only)	882 (A)	1,790 (A)	442 (N)	3,114
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	374 (S)		251 (N)	625
2. Severely Mentally Ill	534 (S)		*101 (N)	635
3. Chronic Substance Abuse	294 (S)		* 79 (N)	373
4. Veterans	240 (S)		* 99 (N)	339
5. Persons with HIV/AIDS	27 (S)		* 15 (N)	42
6. Victims of Domestic Violence	214 (S)		* 26 (N)	240
7. Youth (Under 18 years of age)	267 (S)		* 8 (N)	275
Direct results from street count and shelter survey 1/25/05, adjusted using additional housing inventory assuming 95% occupancy for "sheltered" population and subpopulations. Subpopulations reflect duplicated counts.				

(A) - Administrative Records, (N) - Enumerations, (A) - Statistically Reliable Sample

The housing situation in Broward County has reached a critical stage, affecting even moderate income families. In 2003, Broward County had an estimated 200,000 renter households (31% of total households), and of this number 49% were categorized as unable to afford a two bedroom apartment at the Fair Market Rent.²

Projected population growth, new household formation, and upward pressure on housing and land costs for the

next several decades will only exacerbate the shortage of affordable housing. In fact, even with accelerated production, if no revisions are made to the Land Use Plan, the Broward County Office of Urban Planning and Redevelopment projects a net shortfall of almost 190,000 units, which would leave an estimated 461,770 individuals without housing.³ Clearly, inaction is no longer an option.

The Costs of Homelessness

Aside from the human suffering, are there other costs to homelessness? Indeed. There is a developing body of evidence that the costs associated with homelessness, particularly chronic homelessness, are exorbitant. The following are examples of some of these costs:

Medical and Hospital Costs

► The National Alliance to End Homelessness reports that a 1998 New England Journal of Medicine study determined that because homeless patients remain hospitalized an average of four days longer than similar non-homeless patients, the extra cost per visit totaled to roughly \$2,414.⁴

► In the 2001 landmark study by Culhane, Hadley and Metraux, it was learned that in New York City, the average homeless, seriously and persistently mentally ill person accesses over \$40,000 each year in publicly funded services.⁵

► According to the Lewin Group, in a comparison of the costs for various publicly funded services in 9 cities across the U.S. the daily cost of inpatient psychiatric treatment ranges from a low of \$280 in Phoenix to a high of \$1,278 in San Francisco. The daily cost of keeping someone in a hospital ranges from a low in New York City of \$1,185 to a high of \$2,184 in Seattle.⁶

Jail and Prison Costs

► The Lewin Group also reported that in the 9 cities researched, a day of jail costs from \$45.84 in Phoenix to \$164.57 in New York City. The same study found that

daily prison costs were at a low in Atlanta at \$47.49 and at a high in Boston, coming in at \$117.08.⁷

A study in King County, Washington found that taxpayers spent over \$1.1 million in just one year on 20 individuals who cycled repeatedly among emergency care, detox and corrections facilities.

Opportunity Costs

► Increasingly, research findings suggest that homelessness among children can and often does have a devastating impact on academic performance, creating lasting barriers to personal and financial success as adults. According to The Institute for Children and Poverty, national statistics reflect that 20% of homeless children repeat a grade in school versus 10% of non-homeless children.⁸

A 2005 study conducted by the School Board of Broward County, Florida found that homeless students are almost twice as likely as non-homeless students to be classified as “exceptional” (special education) students. Other statistics highlight the increased risk of homelessness: homeless students were absent almost 39% more than non-homeless students; 3-1/2 times more likely to be suspended than non-homeless students and 12% more likely to have received multiple suspensions. The study also showed statistically significant differences, over time, in academic performance between homeless and non-homeless students.⁹ These increased risk factors bode ill for a bright and productive future for these youngsters.

The Planning Process

The Second Ten Year Plan: Ending Homelessness

At the September 23rd Summit to End Homelessness, local attendees were asked to sign up for the following sub-committees which would be instrumental in developing the Plan: Data Systems, Emergency Prevention, Systems Change: Mainstream Resources/ Discharge Planning, Street Outreach, Shortening the Time People Spend Homeless, Rapid Re-housing, Treatment and Services, Permanent Affordable Housing and Income to Pay for Affordable Housing. Each sub-committee produced a matrix and a brief narrative which addressed key points in the matrix.

Over 140 participants came together over the course of the year long planning process. Eighty (80) federal, state and local agencies were represented, as well as were numerous individuals. The sub-committee volunteers worked tirelessly to craft the components for Broward's Ten Year Plan to End Homelessness. They brought creativity, thoughtfulness, perseverance, moral support, technical knowledge, subject matter expertise and camaraderie to the endeavor.

Participants reached out to other communities undertaking plans to end homelessness to see how Broward County could learn from their efforts. Countless hours were spent researching "best practice" models for each of the Plan components. Some of the participants enriched the process by sharing their own homeless experiences and recommendations which were memorialized in Focus Groups for Homeless Consumers, sponsored by The Coalition to End Homelessness.

A Steering Committee, meeting on a grueling weekly schedule for the better part of the planning period, was created to help guide the planning process. The Steering Committee membership consisted of representatives from the Coordinating Council of Broward, the County's premier not-for-profit coordinative body, community leaders on the front lines to end homelessness and the chairs and co-chairs of the various sub-committees. The work of this extraordinary community collaborative culminated in the following recommendations.

Recommendations

Data

- Fully implement the Client Services Management System – Homeless Management Information System (CSMS-HMIS) for all Continuum of Care Programs
- Interface with other databases such as United Way of Broward County, hospitals, corrections, WorkForce One, churches, FEMA and Veteran’s Administration
- Utilize CSMS-HMIS to identify trends and opportunities for preventive intervention, to track outcomes and to identify recidivists
- Utilize data analyses for a public education campaign on homelessness

Emergency Prevention

- Develop screening mechanism for triage of services to persons facing eviction and maintain information on at-risk households in CSMS-HMIS
- Improve accessibility to services through strategies such as reducing wait times for prevention assistance and review need versus adequacy of available assistance
- Establish a resource/referral network among providers
- Provide in-house prevention-centered casework
- Develop financial management/literacy program
- Improve accessibility of services to: ex-offenders, youth aging out of foster care, persons being discharged from hospitals and mental health facilities

Systems Change: Mainstream Resources / Discharge Planning

- Remove barriers to obtaining government entitlements – mainstream resources
- Expedite benefits enrollment by SSA, VA and any other mainstream benefits provider such as Food Stamps, TANF, Child Care
- Expand discharge protocol with BSO, DOC, local, County and State mental health facilities, health care facilities, and foster care agencies

Street Outreach

- Expand central model homeless outreach team to north and south County
- Provide 24/7 hotline
- Design, develop and implement a Homeless Assessment Center(s)

Shortening the Time People Spend Homeless

- Reduce barriers to shelter admission and retention
- Early in the process, assess those appropriate for rapid re-housing
- Standardize assessment for consistent intake and analysis
- Provide life skills training at transitional shelters

Rapid Re-housing

- Create a Housing Specialist position for each Homeless Assistance Center (HAC)
- Identify and refer eligible candidates at first point of contact through centralized assessment
- Create and maintain inventory of available affordable housing
- Identify and assist in elimination/reduction of barriers to housing such as credit, discrimination, criminal history
- Provide follow-up services

Treatment and Services

- Promote greater collaboration among providers through contracts and memoranda
- Increase number and utilization of new and existing Permanent Supportive Housing programs within the CoC

- Expand peer-centered programs and services
- Increase client choice for housing and services through a voucher program
- Expand services to address gaps in CoC

Permanent Affordable Housing

- Foster partnership and coordination among County and Cities
- Develop 1,200 units of permanent supportive affordable housing, targeting approximately two-thirds to the chronically homeless, based upon a 2005 assessment of need.

This will require support, in various ways, from federal, state and local governments and agencies, including law enforcement and corrections, hospital districts, the School Board of Broward County, as well as coordinating agencies such as the Coordinating Council of Broward. Participation from private entities such as the faith community, private landlords, developers and businesses will also be necessary.

- Utilize publicly owned land for development by not-for-profits
- Create mandatory inclusionary zoning
- Reduce development cost of housing / streamline development process
- Create new funding streams such as commercial document surtax, bond issue, donation fund for affordable housing
- Create preservation ordinance and increase affordability period for publicly funded affordable housing

- Expand and replicate proven affordable housing programs such as H2H (Homeless to Homeowner) sponsored by BankAtlantic

Income to Pay for Affordable Housing

- Expand the Living Wage Ordinance passed by Broward County October 2002
- Improve education, job readiness, and job training
- Encourage Homeless Services Providers to work more closely with Job Training Providers
- Engage the Business Community
- Encourage employers to pay a Living Wage
- Address transportation issues
- Provide more resources for job training and placement.

Homeless Consumer Focus Groups

- Address the need for 24 hour service
- Address the difficulty in obtaining identification
- Address the issue of corrections and hospitals having weak links and often discharging people without medications
- Re-evaluate admissions criteria for housing
- Address the need for more transportation

Sub-committee Reports

Data: Planning for Outcomes - Managing for Results

Someone once commented: “If you don’t know where you’re going, you’ll surely never get there.” This can be applied to programs as well. Without valid and reliable data, many well-intended programs are likely to “wander aimlessly about” rather than strategically addressing the problems they are trying to solve.

Acknowledging this reality, the Data Sub-committee set out to craft a component that would harness the collective human resource and technology energy of the community.

- We envision the ability to develop baseline data and to conduct periodic follow-up searches at the aggregate and individual levels on recidivism, securing permanent housing, changes in income, utilization of mainstream resources and discharges.

Other Plan components, such as Systems Change: Mainstream Resources / Discharge Planning will be consulted in monitoring mainstream systems’ responsiveness and compliance with statutory mandates to serve needs of eligible homeless persons.

- We also anticipate using our Homeless Management Information System, known locally as the Client

Services Management System (CSMS), together with data from our central intake line, 792-BEDS, and the 211 First Call for Help line to track where people are becoming homeless and to develop early predictors for who is at risk for becoming homeless. This will enable a more efficient targeting of resources to prevention. Additionally, CSMS will enable a more holistic and contextual service delivery, as with client consent, certain relevant data can be shared among providers.

The Data Sub-committee reviewed many other Ten Year Plan data components, literature from the Interagency Council on Homelessness, the National Alliance to End Homelessness, academic publications from such luminaries as Martha Burt, Dennis Culhane, Stephen Metraux and Carol Wilkins, and other documents developed under HUD contracts.

The data component developed for Broward County’s Ten Year Plan is tailored to what we believe the specific needs to be at this time. We acknowledge that this is merely a departure point and that this component will likely be refined a number of times over the coming decade.

Emergency Prevention

The Emergency Prevention Sub-committee pursued the following goal: “To stop homelessness before it starts by establishing and integrating emergency homelessness prevention programs in Broward County.” To reach this goal, we reviewed numerous best practice models, including existing Emergency Prevention plans from other cities and regions of the country. Another primary source of information was the National Alliance to End Homelessness’ (NAEH) Toolkit for Ending Homelessness. (www.naeh.org.) The Emergency Prevention component owes much to these sources.

In our collective opinion, the most effective preventive measure in any community is the existence of adequate levels of affordable housing. This is supported in Baumohl and Shinn’s “Rethinking the Prevention of Homelessness,” a report presented at the 1998 National Symposium on Homelessness Research.

- We believe that homelessness will continue as a

growing problem in Broward County until a greater number of affordable housing units become available. Therefore, the Committee looks to the work of the Permanent Affordable Housing Sub-committee as an important factor in any homelessness prevention effort.

- We have included suggestions for isolating at-risk populations; establishing a “front door” phone center for at-risk individuals and families; providing greater amounts of rent and mortgage assistance; providing in-house case work; notifying landlords of prevention resources; offering legal assistance in eviction and foreclosure proceedings; making “bridging” funds available to at-risk individuals and families with pending benefit applications; and providing financial and tenancy education. It is our hope that the implementation of these suggestions, coupled with a significant increase in the availability of affordable housing, will greatly reduce the number of homelessness men, women, and children in Broward County.

Systems Change: Mainstream Resources/ Discharge Planning

Mainstream programs include, but are not limited to: mental health and substance abuse, Food Stamps, Temporary Assistance to Needy Families, Supplemental Security Income, Social Security Disability Insurance, day care, Medicaid and WorkForce Investment.

It is no secret among homeless services advocates, providers and funders that mainstream resource programs need to be held accountable for serving the homeless as well as the housed. Over the last several decades, the trend has been to shift the burden from mainstream programs to programs exclusively serving the homeless despite the fact that many homeless qualify, but cannot access, mainstream benefits. As a result, the mainstream programs have shrunk into the background, leaving resource-poor, homeless-specific programs to pick up the slack.

In recent years, HUD and the Interagency Council on Homelessness have mandated that homeless clients be given the same opportunity to receive mainstream benefits as the rest of the population. The systemic failure to expect the mainstream programs to convey benefits equally for all eligible applicants has been compounded by the fact that numerous providers do not have adequate discharge planning protocols in place, which disproportionately impacts those with few or no resources.

It is all too common that individuals being discharged from publicly funded institutions such as mental health facilities, hospitals, prisons and jails, and even the foster

care system, end up on the streets because of failures to insure appropriate discharge planning. This amounts to more street homeless who quickly cycle back through hospitals, prisons and jails, creating an intolerable service and financial burden to the systems and continuing to fail the clients as well, as evidenced in literature from the Interagency Council on Homelessness, the National Alliance to End Homeless, and academic publications from experts such as Martha Burt, Dennis Culhane and Stephen Metraux.

- This dysfunctional and unaffordable process of one set of resources for homeless persons and another set of resources for everybody else needs to be addressed. By developing a dialogue with mainstream services providers, reducing the understanding to writing and monitoring the outcomes, we can begin to insure equal treatment of homeless clients.

- Likewise, by refusing to accept discharges to the street, by initiating a dialogue, obtaining memoranda of understanding from publicly funded institutions, and monitoring the discharges, we can begin to eliminate the parallel systems created to meet the needs of the homeless.

It is the intent of the Systems Change component of the Plan to address and insure that the mainstream resources programs and discharge planning functions of publicly funded institutions serve our homeless population equitably and as seamlessly as possible.

Street Outreach

The focus of street outreach is to get homeless individuals off the street and into a program that will get them “home”. It is the belief of the Street Outreach Sub-committee, as was Dorothy’s in 1939, that “there is no place like home”.

The outreach worker is a specialist, working with various sub-populations, including those who are mentally ill, people with substance abuse problems, people with co-occurring disorders, the economically disadvantaged, alcohol abusers, people with AIDS/HIV, the employment disadvantaged, the traumatized, people with physical disabilities and the developmentally disabled. To say it more simply, the outreach worker is a juggler of services, systems, symptoms, and salvation.

The relationship between the homeless and the social service community marks a border where the disenfranchised meet the mainstream of society (Rowe, 1999). It is the outreach worker who crosses back and forth across that border, weaving the connections and laying the groundwork for the homeless person to also “cross over”.

Currently our system is a patchwork of paths traversing that border – some failing, some intangible in terms of our goals to end homelessness; hence our objective is to systematically create:

- Based on our existing central model, a state-of-the-art outreach team for county-wide coverage

- Accessible 24/7 point-of-entry for the homeless person
- A centralized assessment process

In addition, the homeless information system technology, known locally as CSMS, gives us the perfect conduit for making the crossing over seamless and simple. The 24/7 point-of-entry will direct homeless people to an outreach team. The outreach team will assess, refer and place the homeless person with a service provider. The provider who accepts the referral will do the intake. When consent is given, the homeless person's "thumbprint" in CSMS will be accessible to all providers, who will have a much deeper insight into the client's overall needs as the client travels through

the system toward his or her goal of self sufficiency.

The final phase includes a centralized assessment process to coordinate the needs of the outreach team with the resources of the service providers.

Throughout the process, the key link between the streets and "home" is the outreach team. The Broward County homeless providers' understanding of the specialized skills required to reach and support homeless people in settings not fit for human habitation has been documented time and again via shelter placement/census reports. Further documentation in service provider reports indicates that compared to any other placement system in Broward County, the outreach team approach is the most effective, efficient and homeless friendly.

Shortening the Time People Remain Homeless

The objective of this component is to reduce the length and number of times people are homeless, and to re-house them as quickly as possible. We believe that Housing First may work well for many of the homeless. This model places people in permanent housing as quickly as possible, and provides the supports necessary to keep them housed. We recognize that certain sub-populations may require lifelong supportive services.

Priorities of the plan include:

- Assisting persons to exit homelessness as quickly as possible.
- Developing an assessment tool to determine who can quickly move into permanent housing.
- Developing standards for providers that promote housing placement in the most suitable, least restrictive settings possible.
- Tracking outcome measures that capture:

- number of people who become homeless
- recidivism - increasing rates of persons not returning to shelter
- average length of homeless episodes (time spent in shelter system)
- improving housing outcomes (number of discharges to permanent housing, and retention of that housing over time)

Implementation of this plan will require significant changes to our current Continuum of Care. A Housing First model is just that: housing is the first need to be met and there are a number of variations of this model. For example, some transitional providers may offer short-term residential care with a Housing First wrap-around service model, including an in-depth assessment of needs and resources, permanent housing placement and linkage to community services. Others may move toward providing permanent supportive housing. The emphasis of the plan will be to move toward permanent community based supportive services. These changes will require buy-in and commitment from all providers and community stakeholders.

Rapid Re-Housing

A Rapid Re-housing strategy seeks to re-house newly homeless individuals and families in the shortest period of time. This approach is predicated on the assumption that a certain percent of the recently homeless became so as a result of unexpected income loss, unanticipated increases in rent, loss of a vehicle, discontinuation of child care, unexpected medical issues, or other reversible events that can be “fixed” in a short period of time with minimal investment of resources.

Such a strategy benefits the community in multiple ways. First, it returns individuals to housing without subjecting them to service-intensive programs designed to address multiple issues associated with homelessness. Second, it reduces the longer-term stress on shelter beds and saves them for the homeless population presenting more serious issues and requiring more intensive physical, behavioral, or vocational rehabilitation. Consistent with current local and national “housing first” philosophies, a rapid re-housing strategy recognizes that some persons experience homelessness primarily due to economic factors as outlined above and need little assistance beyond housing itself.

Prolonged delays in returning to housing contribute to further dependence on homeless assistance and subject individuals and families to further exposure to a shelter culture inconsistent with independence in the community. The negative effects, particularly on families, include repetitive school changes for children, reduced opportunity to engage family and friends, job loss due to conflicting program requirements or facility locations, and loss of self esteem associated with being labeled homeless. The Rapid Re-housing Sub-committee has identified the following objectives:

- Objective 1: Quickly identify candidates for rapid re-housing. Candidates will be individuals and families who only recently became homeless and have

the capacity, including income, to return to housing immediately or after minimal services.

No mechanism currently exists to identify and refer candidates for immediate re-housing at the first point of contact. This function may be centralized at one location in the County or may be performed at multiple venues using the same assessment methodology and criteria.

- Objective 2: Create the position of Housing Specialist in each of the three Homeless Assistance Centers to provide professional housing services to individuals identified as housing ready. These positions would provide short term assistance while a broader continuum-wide housing mechanism is being addressed. This is an interim measure designed to get us part way to our goal while we develop the housing information and referral mechanism.

- Objective 3: Create a continuum-wide housing information and referral mechanism to assist providers in effecting rapid transition to housing for individuals identified as suitable candidates.

The Sub-committee recognizes that this is an enormous undertaking, requiring planning, effort, and funding, which will take years to complete. However, once implemented, it will provide long term support for the “housing first” model, one of the recent innovations being adopted by our community.

- Objective 4: Create a permanent housing support system (follow-up services).

The goal of rapidly placing persons in mainstream housing would have little meaning if not accompanied by efforts to ensure that they retain housing. Steps to provide this assurance are addressed in the Treatment and Services component of the Plan.

Treatment and Services

In an effort to address homelessness holistically, the Treatment and Services Sub-committee has endeavored to solicit and include local feedback from Broward County's homeless and formerly homeless population. The Sub-committee has also reviewed and incorporated components of strategies and "best practices" models adopted by communities nationwide to treat and prevent homelessness. The Plan's overall goal is to rapidly return those who experience homelessness to permanent housing, linking them with available and planned supports to promote future housing stability. However, evidence and experience indicate that housing alone is not a panacea to end homelessness for all sub-populations of homeless persons.¹⁰

We recognize that costs associated with providing treatment and services should be considered "front-end" costs. This is especially relevant when contrasted with costs as compared to housed versus unsheltered homeless persons. According to a study in British Columbia, Canada, the service costs for unsheltered homeless are estimated to be thirty-three percent (33%) higher than for those who are housed.¹¹

The mantra of the Treatment and Services Sub-committee is "an ounce of prevention is worth a pound of cure." Therefore, our focus has been on housing and holistic treatment: substance abuse treatment; mental health treatment and services; medical treatment; interventions to stabilize families and individuals in housing and at risk of homelessness; in homeless shelters (emergency and transitional) including financial assistance and access to mainstream benefits; mediation services; employment services; venues and opportunities for social events; peer mentoring and case management services.

The Treatment and Services Sub-committee recognizes that movement by HUD away from funding support services and cost shifting to other stakeholders does not eliminate the need for treatment and services. The trend suggests funding to maintain current levels of treatment and services will become even more challenging while demand for services and treatment will continue to exist and very likely increase. This is especially true considering the exponential population growth estimates for the Broward, Miami-Dade, and Palm Beach tri-county area.¹²

- We have included several suggestions in our component to increase utilization of existing programs in our community, as well as within the homeless Continuum of Care. An example of this is a "centralized assessment" process which would decrease assessment redundancy throughout the CoC, generating cost savings which could be reprogrammed to fill existing gaps.

- We also recommend increasing collaboration among providers, as well as increased competition for CoC funding through performance-based selection and an expansion of peer centered programs and services as a form of homelessness "relapse" prevention.

- Additionally, we recommend there be a lead agency in Broward County for mental health services.

Finally, we believe the evidence suggests there is no "one best way" to address homelessness. However, with each client sub-population there is a common denominator, the need for treatment and services. Therefore, the provision of this component of the Plan is critical to overall success.

Permanent Affordable Housing

The issue of homelessness cannot be addressed without reference to the need for permanent affordable housing. Permanent affordable housing is necessary to both prevent homelessness and to end homelessness. In a document entitled “Affordable Housing Focus Group Report and Best Practice Research Findings” prepared by Broward County Human Services Department, the affordable housing situation in Broward was described as follows.

Based on Florida Statutes Chapter 420, and consistent with other public guidelines, housing is considered affordable when the monthly rent or mortgage payment does not exceed 30% of the median gross annual income for very low, low and moderate income households. The 2004 median adjusted gross income for Broward County is \$57,700, based on information from the U.S. Department of Housing and Urban Development. Affordable housing is similar to market rate housing, except that it costs less because financing strategies make it possible to pass the savings on to lower income residents.

The severity of the affordable housing problem is best depicted by considering the situation that currently exists for a significant number of residents. The housing wage is defined as the amount a full time (40 hours per week) worker must earn per hour in order to afford a two-bedroom unit at the area’s Fair Market Rent (FMR). FMR, for an area, is the amount that would be needed to pay the gross rent (shelter rent plus utilities) of privately owned, decent, safe and sanitary rental housing of a modest (non-luxury) nature with suitable amenities. The 2005 Fair Market Rent for a two bedroom apartment is \$998 per month. Broward County’s 2005 housing wage was \$19.19 per hour, or \$39,920.00. Thus an individual earning minimum wage would need to work 125 hours per week in order to afford this apartment.¹³

The Permanent Affordable Housing Sub-committee was charged with making recommendations on how to increase the amount and availability of permanent affordable housing for extremely low and very low income households. In Broward the system has backlogged, as those who need to find permanent affordable housing in order to make the move from transitional housing are unable to do so because there is no affordable housing available. The lack of affordable housing in Broward forces a large number of families to live on the brink of homelessness because they must pay rents that they ultimately cannot afford. For a time they maintain the housing by “robbing Peter to pay Paul”, but any unanticipated expense can be the event which

leads to homelessness.

The Permanent Affordable Housing Sub-committee was made up of advocates, non-profit developers, public officials and staff from public housing authorities. At the end of the road, a household coming out of homelessness has the same need for permanent affordable housing as does any household at the low end of the income scale.

■ Our recommendations highlight one area of permanent affordable housing that is especially necessary for special populations that are overrepresented among the homeless: persons recovering from substance addiction, the mentally ill, those who are disabled and others. By 2016 we intend to create 1200 new permanent supportive housing units, offering social services commensurate with a client’s level of need. Approximately two-thirds of these units will be targeted to the chronically homeless. The amount of unmet need for 1,200 units of permanent supportive housing was based upon quantitative and qualitative data, including review of the 2005 point in time count results, and was finalized by consensus through a community process including discussion at monthly Continuum of Care committee meetings and two (2) Planning Days conducted on April 8th and 27th, 2005. One hundred four (104) individuals from fifty-two (52) different agencies attended one or both workshops. Affiliations included state and local government, Public Housing Authorities, community and faith-based organizations, businesses, homeless and/or formerly homeless persons, law enforcement, hospitals, funders and other stakeholders including sub-populations of seriously mentally ill, veterans, youth, and persons experiencing and/or recovering from substance abuse or domestic violence.

In addition to achieving consensus at the Planning Day sessions, the Permanent Supportive Housing unmet need figures were validated through three independent studies conducted by: FL Dept. of Children & Families (DCF), Florida Supportive Housing Coalition, and a study commissioned for Broward County by Housing & Services, Inc. (HSI - based in New York City).

Permanent supportive housing remains the Continuum’s greatest need and experience from Broward County’s Chronic Homeless Initiative, HHOPE, indicates that the chronic population will need permanent supportive housing. Additionally, we know from the survey that we must also place emphasis on sheltered and unsheltered families with at least one family member with a disability, who also need permanent supportive housing.

We will insure the accuracy of the needs estimate by employing the methodology developed by Dr. Martha Burt

and published in March of 2005 in the document entitled, "Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing."

These housing units will augment our existing permanent supportive housing inventory through construction, leasing, renovation and conversion of other types of housing, and will be developed in the most cost effective manner possible. Where we must develop or renovate units, we will seek to maximize resources by controlling, to the greatest extent possible, development costs through innovative designs and materials. The 1,200 units represent a point in time estimate which may be modified as new methodologies for estimating need are developed

These 1,200 units of permanent supportive housing are the cornerstone of this Ten Year Plan to End Homelessness. We anticipate that 30% or 360 of the 1200 units will be developed by rehab of existing units. A 2003 study by Housing Solutions, Inc., projected the cost range for acquisition and rehab to be \$37,500 - \$81,250 per unit. Since that time, we know that real estate prices have skyrocketed, in some cases almost doubling. Local experts advise that the current cost to acquire and rehab a 1 bedroom unit is approximately \$120,000. Therefore, the capital investment would be \$43.2 million (\$120,000 x 360) with approximately \$2.16 million annually in operating expenses. The remaining 840 units would be comprised of tenant based assistance at an annual subsidy of approximately \$6.468 million. Support services are anticipated to cost \$12.0 million annually.

Producing the units will not be possible without the support, in various ways of federal, state and local governments (cities) and agencies, including law enforcement and corrections, hospital districts, the School Board of Broward County, as well as coordinating agencies such as the Coordinating Council of Broward. Participation from private entities such as the faith community, private landlords, developers and businesses will also be necessary.

Income to Pay for Affordable Housing

Housing is expensive in Broward County, and the cost is rapidly rising. According to the Miami Herald, Broward home prices went up 27% in 2004, with the average home price having reached an all time high of \$343,900. By August of 2005, the median housing price in Broward had reached an historic high of \$384,900.¹⁴ In order to afford a two-bedroom apartment in 2005, a full-time worker has to make \$19.19 per hour (the housing wage)

■ Our other recommendations are addressed to some major themes. One theme is that the County and the municipalities must work together to address affordable housing. Broward has 31 municipalities and the County government has no power to direct affordable housing efforts in those cities. In a County in which population growth and the cost of housing are almost geometric, affordable housing must be addressed in a comprehensive way with local governments working together. We specifically are looking to the Broward County Office of Housing to spearhead that effort.

■ Another theme is that more resources must be directed toward development of housing affordable to the lowest end of the income scale. Our recommendations include enactment of mandatory inclusionary zoning, whereby developers would be required to build a certain percentage of affordable units in any market rate residential development. Although we recommend mandatory inclusionary zoning, we recognize that another method, used in other areas, is to provide for circumstances in which a developer is allowed to pay into an Affordable Housing Trust Fund as an alternative.

■ We also recommend that a local documentary surtax be enacted on commercial real estate transactions as a source of revenue for development of affordable housing in the County.

■ Additionally, we recommend publicizing and expanding existing, proven programs such as H2H (Homeless to Homeowner) sponsored by BankAtlantic.

■ Finally, we recommend that a bond issue be created for development of affordable housing.

To say that one ends homelessness by just providing housing is overly simplistic. One can neither prevent nor end homelessness without permanent affordable housing. While there may be a great deal of debate about how to address permanent affordable housing, the dwellings themselves are an essential piece of any effort to end homelessness.

or \$39,920 annually.¹⁵ A minimum wage earner in Broward County would have to work 125 hours per week to afford this rent. The high cost of housing means that people have to earn more money in order to get and stay housed in Broward County. While our tourist economy depends heavily on minimum-wage, service-sector jobs in restaurants, hotels and retail, these jobs often do not provide a housing wage.

In order to lift wages, this Plan proposes:

- Expanding the Living Wage Ordinance passed by Broward County in October 2002
- Improving education, job readiness, and job training
- Encouraging Homeless Services Providers to work more closely with Job Training Providers
- Engaging the Business Community
- Encouraging employers to pay a Living Wage

- Addressing transportation issues
- Providing more resources for job training and placement.

Because housing is expensive in South Florida, many adjustments should be made including changes in Fair Market Rents allowed by HUD, revisiting disability benefits and other subsidies. Most importantly, to promote long term housing stability, thousands of people need to earn higher wages. Creating better jobs requires broad participation from employers, mainstream job placement and readiness providers, and our elected officials who are in a position to encourage and even legislate better pay.

Epilogue:

Looking Forward from the Past - The First Ten Year Plan: Addressing Homelessness

In the spring of 1993, The Broward Coalition for the Homeless undertook a research project to develop a demographic profile of the of homeless, the existing system for providing homeless services, and the unmet needs. After a series of meetings convened by the County Administrator and the creation of a task force to address the problem of street homelessness, the Broward Homeless Initiative and the Continuum of Care were created.

In 1994, the Broward County Board of County Commissioners authorized the creation of the Homeless Initiative Partnership (HIP) Advisory Board. The HIP Administration, which is part of the Human Services Department, is the lead agency for the Continuum of Care (CoC). In a collaborative effort, to maintain Countywide Continuum of Care of Homeless Services, HIP as the lead agency, is responsible for administering the homeless programs funded by Broward County, the State of Florida and the U.S. Department of Housing and Urban Development. The Coalition to End Homelessness, Inc., (CTEH) formerly known as the Broward Coalition for the Homeless, Inc., was founded in 1989. Skilled and ardent advocates for the homeless, the CTEH has over 450 organizational and individual members. CTEH operates the "792-BEDS" shelter bed location and placement hotline (toll free 1-877-524-BEDS) and networks through its committees that include the Continuum of Care Committee and its sub-committees.

Broward's Continuum of Care addresses all aspects of homelessness, including prevention, outreach, emergency shelter, transitional and permanent affordable housing and supportive services. This work includes:

- Facilitating community, business and governmental involvement in the homeless Continuum of Care;
- Direct oversight of the County's three regional Homeless Assistance Centers (HACs);
- Creating new and innovative programs to serve Broward's homeless population, such as the County's first medical respite care facility; and
- Participation in the creation of applications and requests for proposals.

Notwithstanding the best intentions of all parties as they convened in 1993 to form the Broward Homeless Initiative

and the Continuum of Care, it would be several years before the first of three regional emergency shelters would be constructed and ready for occupancy. In the interim, for almost five years the City of Fort Lauderdale, the County Seat of Broward, hosted the infamous "Tent City," a sort of open-air campground for the homeless in the downtown area. Tent City, which was "home" to hundreds of people during this time, was clearly inadequate to meet the needs of the residents. Additionally, businesses and property owners in the area were growing increasingly concerned about deteriorating conditions in Tent City.

In 1997, after years of discussions, negotiations, property searches, partnerships with residents, businesses and local governments, the Broward Outreach Center, the first of Broward's three regional Homeless Assistance Centers (HAC), opened in Hollywood, Florida.

In 1998, the Homeless Initiative Partnership Administration received the John Gunther award for Blue Ribbon Practices in Housing and Community Development from U.S. Department of Housing and Urban Development. As a result of the ongoing community-wide cooperative efforts Broward County had the highest-scoring U.S. Department of HUD Homeless Continuum of Care application in 1999, out of more than 400 applicant communities nationwide.

The second Homeless Assistance Center, operated by Broward Partnership for the Homeless, Inc., opened in Fort Lauderdale on February 1, 1999. Although it would be three more years before the final HAC would open in the north end of the County, on February 15, 1999, Tent City was officially closed, and with it, the end of an era in which hundreds of homeless persons were warehoused in tents. Broward's North and final regional HAC, opened in August of 2002.

The collaboration which began in 1993 has continued for a dozen years to create a complete homeless Continuum of Care, as consumers, advocates, providers, local governments and funders have worked to expand resources for homeless individuals and families and have set about attacking chronic homelessness, one of the most intractable and difficult types of homelessness.

In 2003, Broward County was awarded funding under the Chronic Homeless Initiative, known locally as Housing and Health Options Provide Empowerment (HHOPE). Originally intended as a pilot project to serve 51 unaccompanied, chronically homeless adults with serious and persistent mental illness, it is planned that HHOPE will become one of the permanent Housing First options in Broward County.

Conclusions

Now in 2005, as we continue the collaboration, we focus not on managing homelessness, but on ending it. We have learned a great deal about homelessness since the creation of the Broward Homeless Initiative, and we know that since “one size does not fit all,” there must be many approaches to ending homelessness for individuals and families.

We also know that, based upon Abraham Maslow’s work, housing, food and safety are among the most basic of needs, and must be met satisfactorily before individuals can begin working on higher levels of development. To this end, we recommit to harnessing our collective energy, creativity and compassion to insure that all residents of Broward County go to sleep in decent, safe and sanitary housing and with appropriate services as may be required to help them stay housed. We will endeavor to discharge this obligation with the highest attention and sensitivity to the need for culturally competent services, given the increasingly diverse nature of Broward’s population. We encourage providers to collaborate in helping each other with cultural competence issues so that all homeless clients can be comfortable with, and confident of, the services they are receiving.

We must now focus on the implementation phase of our Ten Year Plan to End Homelessness. The Steering Committee is in unanimous agreement of the importance of expanding membership on the Committee to include additional stakeholder groups such as the private sector and elected officials.

We will be soliciting the support and involvement of individuals and organizations. Included in the appendices are sample endorsements and we urge that they be used.

Implementing the Plan

Our Ten Year Plan sets forth the systemic changes which need to come about in order for us to reach our goal. It may be that there are additional shifts in the paradigm which we have not yet contemplated, but which will become apparent as the implementation process evolves.

During the last year, the Steering Committee has been actively involved in the development of this Plan. As we move into the implementation phase, it is our intent to broaden participation to insure maximum coordination with stakeholders such as the cities, businesses, corrections, the hospital districts and other “mainstream resource” agencies. We will also continue to solicit input from homeless and formerly homeless persons. The expanded group will be known as the Implementation Committee.

Ideally, this Implementation Committee will bring core skills of management and finance to the process, as well as knowledge of the political landscape in Broward County. The first tasks of the Implementation Committee will be to have each of the stakeholder representatives define how their agency can concretely support the goal of the plan, to complete the financing plan and to establish priorities for implementation. It will also be within the purview of the Implementation Committee to maintain fidelity and accountability of the process. They will determine what is working and where we need course correction to improve our outcomes.

The following actions are recommended as part of the Implementation Action Plan:

1. Activate the Implementation Committee and determine governance structure.
2. Secure commitments from the nine subject matter Sub-committees to remain intact to assist with bringing the action steps to fruition and keeping the respective components of the Plan on track or producing necessary revisions to the time lines.

3. Establish Resources Implementation Sub-committee to 1) begin assessing existing resources versus required resources; 2) locating necessary resources for full Plan implementation; and 3) establishing annual benchmarks. The following chart will be augmented accordingly:

Financing the Plan to End Homelessness (costs in millions unless otherwise specified)

Costs/Uses	Sources
<p>Permanent Supportive Housing 1,200 units of permanent supportive housing 1) Acquisition (rehab/develop – 1 time Capital Expenditure for 360 units) \$120,000 per unit x 360 = \$43.2 M Annual Operating Expenses = \$6,000/unit x 360 = \$2.16 M</p> <p>2) Recurring subsidy (annual) for 840 Tenant Based Assistance Units: (\$7,700 per unit x 840 units, Based upon current average bed cost of 5 existing Shelter + Care contracts in Broward.) = \$6.468 M</p>	<p>Home Investments Partnership Program (HOME) Community Development Block Grant (CDBG) U.S. Department of Housing and Urban Development Supportive Housing for Persons with Disabilities (Section 811) Supportive Housing for the Elderly (Section 202) Housing Opportunities for Persons with AIDS (HOPWA) Veteran’s Programs Federal Home Loan Bank (FHLB) Affordable Housing Program (AHP) Homeless Housing Assistance Grant State Challenge Grant County’s Homeless Fund Low Income Housing Tax Credits Private Funds Employer Assisted Housing General Obligation Bond</p>
<p>Treatment and Services</p> <p>Recurring support services (1,200 permanent supportive housing units) Approximately \$10,000 per unit annual service costs, based upon SAMHSA website – “Evidence-Based Practices: Shaping Mental Health Services Toward Recovery,”: \$12.0 M</p> <p>www.mentalhealth.samhsa.gov/cmhs/communitysupport/Toolkits/community...</p>	<p>Health Resources and Services Administration Substance Abuse and Mental Health Services Administration Medicare/Medicaid Veteran’s Administration Social Services Block Grant Potential Samaritan Initiative Possible SELHA / ELHSI initiative (SAMHSA)</p>
<p>Data Systems</p> <p>Much of the implementation cost will be for staff time of participating stakeholders; the benefits to be conveyed by mainstream resources are not included as part of the local budget estimates; for the several action steps involving local cash layout, the estimate is at \$110,000.</p>	<p>Provider staff time U.S. Department of Housing and Urban Development State Office on Homelessness</p>

<p>Emergency Prevention Cost estimates to be determined through deployment meetings of the Implementation Committee</p>	<p>Emergency Shelter Grant Homeless Housing Assistance Grant State Challenge Emergency Family Housing Assistance Program Low Income Home Energy Assistance Program</p>
<p>Systems Change Mainstream Resources Cost estimates to be determined through deployment meetings of the Implementation Committee</p>	<p>Supplemental Security Income/Social Security Disability Insurance, Social Security, General Public Assistance, Temporary Assistance to Needy Families, State Children’s Health Insurance Program, Veteran’s Administration benefits, Employment income, Unemployment benefits, Veteran’s Health Care, Medicaid, Food Stamps, Child Support; Day Care; Women, Infants and Children, Other</p>
<p>Discharge Planning Cost estimates to be determined through deployment meetings of the Implementation Committee</p>	<p>Department of Children and Families; Broward Sheriff’s Office, North Broward Hospital District, South Broward Hospital District, Broward Regional Health Planning Council, Inc. Possible Department of Justice – offender re-entry funds</p>
<p>Street Outreach Cost estimates to be determined through deployment meetings of the Implementation Committee</p>	<p>Department of Children and Families</p>
<p>Shortening the Time People Spend Homeless Cost estimates to be determined through deployment meetings of the Implementation Committee</p>	<p>Emergency Shelter Grant</p>
<p>Rapid Re-Housing Assessment Tool \$5,000 – The majority of the activities in this plan relate to collaboration or re-tooling existing processes, hence the small cost.</p>	<p>Emergency Shelter Grant Emergency Family Housing Assistance Program</p>

Notes

- 1 Jack Zink, www.sun-sentinel.com, "Broward Venues in Top 10 for Ticket Sales", April 25, 2005.
- 2 Out of Reach 2003: America's Housing Wage Climbs, The National Low Income Housing Coalition, Florida data.
- 3 Accommodating Population Growth in Broward County 2000 to 2030, prepared by Broward County Office of Urban Planning & Redevelopment, Planning Services Division, August 2003, p.8.
- 4 E.M. Kuhn, A.J. Hartz, J.M. Vu, A.L. Mosso, Hospitalization costs associated with Homeless in New York City, *New England Journal of Medicine* 1998, 338: P 1734-1740.
- 5 Stephen Metraux, Housing Research, 02 May 2001, www.cham.org/download/Housing%20Research.doc
- 6 The Lewin Group, Costs of Serving Homeless Individuals in Nine Cities, Chart Book, November 19, 2004, prepared for The Corporation for Supportive Housing.
- 7 ibid.
- 8 Homes for the Homeless, The Institute for Children and Poverty, November 2001.
- 9 Jack Chiminera, Russell Clement, Ph.D. An Examination of Homeless Students' Education, Research Brief Report from the Office of the Superintendent, June 2005., p. 4-8.
- 10 (<http://www.endhomelessness.org/best/GettingHoused.htm>).
- 11 (<http://prevention-dividend.com/en/research/Vol3.pdf>).
- 12 (http://eire.census.gov/popest/estimates_dataset.php).
- 13 Thinking Outside the Traditional Affordable Housing "Box"; Affordable Housing Focus Group and Best Practice Research Findings (Draft), Broward County Human Services Department. September 2004. Computed with the housing calculator in Out of Reach 2004, found at <http://www.nlihc.org/oor2004/calc.php>
- 14 The Miami Herald, June 22, 2005.
- 15 Based upon HUD's final published 2005 Fair Market Rents for Broward County, and computed with the housing calculator in Out of Reach 2004, found at <http://www.nlihc.org/oor2004/calc.php>

Appendices:

Bibliography
Plan Component Matrices
Glossary of Acronyms

“A Way Home,” Broward County, Florida’s Ten Year Plan to End Homelessness

A Community Collaborative

Cost Key: Negligible: \$ 0 - \$ 5,000
 Low: \$ 5,001 - \$15,000
 Medium: \$15,001 - \$25,000
 Medium High: \$25,001 - \$40,000
 High: \$40,001 +

Committee: Data

Goal Statement: Planning for outcomes – managing for results which maximize resources and move us toward ending homelessness
 Committee Co-Chairs: Sarah Donnelly and Ray Kelly

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I. Continuous Improvement of Data Quality and Quantity	1. Full HMIS implementation for all CoC Programs	Broward County HSD and Providers	Full participation by all County-contracted providers; meet HUD standards.	Contractually required for all County-funded contracts Cost: High – County has absorbed	October 2005
	2. Extend HMIS to non-CoC funded programs	Continuum of Care (CoC)	Participation by non-CoC funded programs which will yield additional data	Cost: Negligible	Begin October 2005
	3. Begin creation of Data Analysis Process	CoC	Enhanced capacity to identify trends and recommend actions	Cost: Negligible	May 2005 - December 2005

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	<p>4. Produce a semi-annual Report to the Community through analysis of HMIS Data as well as additional data, where available, from sources such as:</p> <ul style="list-style-type: none"> ● CTEH-792-BEDS ● 211 First Call for Help ● All governmental Human Services ● Churches ● FEMA ● Hospitals ● Jails ● Law enforcement and police ● United Way of Broward County ● Veteran's Administration ● WorkForce One ● Women in Distress ● Other data sources as applicable 	CoC	<p>Determination of accuracy and completeness of data</p> <p>Improved tracking capacity of extent of homelessness, trend changes and ability to respond</p> <p>Increased knowledge of needs & patterns of homeless individuals and families</p>	Cost: Negligible	Semi-annually, beginning June 2006
	<p>5. Point in Time Count and Survey</p>	<p>Staff and volunteers from The Coalition to End Homelessness (CTEH), Broward County, contracted providers, Nova SE University and general volunteers</p>	<p>Current data, including demographics on homelessness individuals and families</p> <p>Compliance with HUD requirements</p>	Cost: High	Completed: January 25, 2005 for a 24 hour period.
	<p>6. HMIS User Group Meetings for collaboration input and survey suggestions</p>	HSD - HIP - HMIS Users	<p>A database system which more adequately reflects the changing needs of the Users.</p>	Cost: Negligible - In-kind through County staff	Ongoing - meets once monthly - 2 nd Wednesday of the month; more frequently if required.

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
II. Increased Resource Efficiency through Tracking Community Level Performance	<ol style="list-style-type: none"> 1. Review HMIS and other data sources to determine absolute numbers and percentages for these indicators: <ol style="list-style-type: none"> i) Recidivism, with particular attention to substance abuse/mental health issues; ii) Securing housing; iii) Securing permanent housing; iv) Changes in income; v) Utilization of mainstream resources and vi) Discharges 2. Use HMIS to identify early predictors of homelessness and opportunities for preventive interventions 3. Maintain CSMS data on individuals and families at risk for eviction/foreclosure 4. Conduct data match of HMIS and relevant public databases such as hospitals, corrections 5. Develop minimum standards for all County-funded shelter, transitional housing and permanent supportive housing programs, addressing facility, operations and staffing issues 	HSD - HIP	<p>Improved ability to recognize best or promising practices</p> <p>Improved ability to target funding to need</p> <p>Improved ability to offer training and technical assistance to under-performing programs</p>	<p>Mainstream resources include: Medicaid, TANF, Food Stamps, SSI, Workforce Investment, Welfare-to-Work, CSBG, CMHSBG, SSBG, SAPTBG, Veteran's Health Care, SCHIP, CDBG, Home Investment Partnership funds, Housing Choice Vouchers, Public Housing</p> <p>Cost: For Action Steps 1 - 3 Low - estimate \$10,000 - \$15,000</p>	<p>Establish baseline from year 1 data - June 2006</p> <p>Review semi-annually thereafter and incorporate trend data in report.</p>
		HSD - HIP; CoC CTEH-792-BEDS	More effective prevention strategies		June 2006 and semi-annually thereafter
		HIP CTEH-792-BEDS	Greater capacity for prevention of homelessness of individuals and families	CSMS	Ongoing
			Ability to determine extent & outcomes of mainstream public systems interaction w/ homeless persons.	Cost: Low	June 2006 and semi-annually thereafter
			Greater continuity of quality of services for consumers	Minimum standards located at http://www.broward.org/humanservices/His00801.htm	Completed June 18, 2002

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	6. Promulgate minimum standards for non-County funded homeless services Providers to use on a voluntary basis	HIP Broward County Board of County Commissioners	Greater continuity of quality of services for consumers	Cost: Absorbed by County In-kind	January 2006
	7. Collaboration between Providers and County in annual review of County-funded contracts	Broward County Human Services Department, Program Development Research and Evaluation Division (PDRED)	Greater continuity of quality of services for consumers	Cost: Absorbed by County - Program Development Research and Evaluation Division (PDRED) In-kind	Annually
	8. Initiate performance-based funding and evaluation of County-funded homeless programs based on measurable outcomes related to housing, income and services.	Broward County HSD	Better informed funding decisions and ability to target resources	Cost: Absorbed by County In-kind	Completed - all HIP contracts have outcome measures; 2005 HSD-HIP is in the process of standardizing those measures for like contracts
	9. Review of "Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing."	CoC	Enhanced ability to determine and plan for meeting supportive housing need; to fashion prevention strategies and to seek funding	Cost: Negligible	May 2005 - August 2005
	10. Tracking Resource Availability	211 First Call for Help	Enhanced ability to strategically plan for needs, seek funding and deploy resources	Data from BIN Cost: Part of operations (est. annual operating expenses for "adult" portion of CRI - \$45,000)	Semi-annually, beginning June 2006
III. Better Informed Public Policy Decisions	Conduct and Disseminate Best and Promising Practice Research	Broward County HSD - CoC - CTEH - Providers at state conferences, annual DCF Reports, university alliance publications	Contributing to the body of knowledge on homelessness and having a dialogue with peers in homeless services	Cost: Absorbed by stakeholders - In-kind	Ongoing

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
IV. Strengthened Advocacy	1. Sustain the formal link among Broward County, CTEH, and Homeless Service Providers who participate in CoC-funded Homeless Services	CoC	Enhanced ability to collaborate in taking advantage of opportunities, in overcoming challenges and resisting threats	Cost: Absorbed by stakeholders - In-kind	Ongoing
	2. Expand Provider, Funder, Planner and Advocate participation among non-CoC funded entities through outreach	CoC	Enhanced ability to collaborate in taking advantage of opportunities in overcoming challenges and resisting threats	Cost: Negligible - possibly costs would be absorbed by stakeholders as In-kind	Begin January 2006 and ongoing
	3. Utilize data analyses for public education campaign on homelessness	CoC	Greater / more accurate public awareness of the real facts of homelessness - Ability to put a "face" on homeless individuals through better descriptive statistics and demographics	Cost: Negligible - possibly costs would be absorbed by stakeholders as- In-kind	September 2006

Data Committee Recommendations/Comments:

1. Develop benefits and marketing plan to do HMIS liaison with non-CoC funded providers. Suggested timetable: 5/05 - 5/06
2. Training issues: Need to have a structure in place for follow-up when problem trends are identified from the data.
3. A methodology needs to be developed to track differing outcome data when providers change services. Example: North Broward Hospital District no longer provides medications to homeless. This type of change can significantly alter results.
4. Tracking Community Resources is currently done through the vehicle of the Community Resource Inventory (CRI). The CRI is a project of The Coordinating Council of Broward (CCB) and is funded by the CCB and The Children's Services Council (CSC) at the current level of \$119,000. 211 First Call for Help is the lead agency for the production of the CRI. The CCB, however, is not anticipating being a long-term funding source for the adult areas of the survey and is actively looking for agencies providing services to Broward's adult population to fund that portion of the survey in much the same way as the CSC has taken responsibility for the portion dealing with children's services.
5. In the event of a catastrophic event such as a terrorist attack, an economic depression, or even a serious natural disaster on the magnitude of Hurricane Andrew, the assumptions contained in the Data Element of the Plan may need to be revisited. We believe this caveat should be applicable to all Plan elements.
6. In the event it is possible to move up the target dates to an earlier time frame, this will be done and the Data Element will be so noted.

Resources Consulted

National Alliance to End Homelessness (NAEH) Toolkit for Ending Homelessness (including Best Practices from Massachusetts Housing and Shelter Alliance; Philadelphia, PA; Spokane, WA and Wisconsin) and NAEH website: www.naeh.org

Review of the Data Elements of the following Ten Year Plans: Atlanta, GA; Chattanooga, TN; Chicago, IL; Columbus-Franklin County, OH; Contra Costa County, CA; DuPage County, IL; Evansville-Vanderburgh County, IN; Indianapolis, IN; Maricopa County, AZ; Miami-Dade County, FL; Montgomery County, MD; Nashville, TN; State of New Jersey; New York City, NY; Oklahoma City, OK; Philadelphia, PA; Triangle Area, NC. Of the previously cited Ten Year Plans, the Data Committee adapted components from the following Plans and gratefully acknowledges same: Chattanooga, TN; Columbus-Franklin County, OH and Oklahoma City, OK. "What Works" in Partnership Building for HMIS: A Guide for the Los Angeles/Orange County Collaborative, April 30, 2003, commissioned under a subcontract with Aspen Systems Corporation, Rockville, MD 20850 by the U.S. Department of Housing and Urban Development, Contract RCF 4-067; Subtask 4.

Runaway and Homeless Youth Management Information System website: www.acf.hhs.gov/programs/fysb/rhynpage/forms.htm

"Where to from Here? A Policy Research Agenda Based on the Analysis of Administrative Data," by Dennis P. Culhane and Stephen Mettraux, University of Pennsylvania, 1997, funded by the Fannie Mae Foundation.

The United States Interagency Council on Homelessness (ICH) publication "The 10-Year Planning Process to End Chronic Homelessness in Your Community - A Step-by-Step Guide," and ICH website: www.ich.gov

"Estimating the Need - Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing," March 2005, by Martha R. Burt and Carol Wilkins, sponsored by the Corporation for Supportive Housing.

Committee: Emergency Prevention

Goal Statement: To stop homelessness before it starts by establishing and integrating emergency homeless prevention programs in Broward County

Committee Chair: Matt Hunter

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I- Create a county-wide homelessness prevention system that identifies and helps people most at risk of becoming homeless before housing is lost.	1) Establish an Emergency Prevention Committee to conduct studies and oversee the "front door" process. This committee should include representatives from the Continuum of Care, 211 First Call for Help, and the County.	Steering Committee	- Decreased number of evictions and foreclosures as more people stay housed - Decreased size of waiting lists for emergency shelters - Decreased spending as Broward County and cities save money by keeping people out of the expensive continuum of care	Cost: negligible – in kind staff time	October 2005
	2) Conduct a study of the past six months to determine which criteria indicate which evictions/foreclosures will lead to homelessness.	Emergency Prevention Committee	- Increased cooperation between fund providers as calls come through the "front door"	Housing courts data; Cost: negligible – in kind staff time	December 2005
	3) Develop a screening mechanism to determine which evictions should be introduced to homeless services and the appropriate level of intervention.	Emergency Prevention Committee	- Decreased number of homeless people in Broward County	Cost: negligible – in kind staff time	May 2006
	4) Track and assist formerly homeless families who fall behind in rental payments to the public housing authority or fail to recertify their Section 8 vouchers in a timely manner.	211 First Call for Help; Housing Authority	- Decreased number of homeless people in Broward County	Cost: Low to Medium	December 2006

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	5) Establish (or expand existing services of) a "front door" phone number where landlords and people needing emergency prevention services can call for assistance.	Emergency Prevention Committee, 211 First Call for Help	- Decreased number of homeless people in Broward County	Cost: potentially high – depends upon additional staff, phone, and computer needs	July 2006
	6) Promote the "front door" number to landlords and tenants.	Emergency Prevention Committee		Cost: negligible – in kind staff time and some office supplies	July 2006
	7) Maintain at-risk for eviction/foreclosure data on CSMS/HMIS system. (See Data System plan for further detail.)*	211 First Call for Help		Cost: Low – data entry	December 2006
	8) Conduct audit of existing rent/mortgage assistance, case workers and "bridging" fund providers, including a study of the wait time for accessing these services.	Coalition to End Homelessness, Emergency Prevention Committee		Cost: negligible – in kind staff time	December 2005
	9) Implement changes to existing rent/mortgage assistance, case work and "bridging" fund system, reducing significantly the wait time for receiving prevention funds.	Emergency Prevention Committee; rent/mortgage assistance and "bridging" fund providers		Cost: Medium high	December 2006
	10) Determine appropriate level of county, state and federal rent/mortgage assistance; county-wide in-house case work; "bridging" funds, and legal assistance.	Rent/mortgage assistance and "bridging" fund providers; County; Legal Aid		Cost: negligible – in kind staff time	July 2007

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	11) Establish a resource/referral network of existing and new providers.	Emergency Prevention Committee, rent/mortgage assistance and "bridging" fund providers; County; Legal Aid		Cost: high	July 2008
	12) Provide county-wide rent/mortgage assistance.	Rent/mortgage assistance providers, County		EFAHP; Cost: high – depending upon the amount of financial assistance needed	December 2008
	13) Provide county-wide, in-house case work centered on prevention, including a resource/referral network.	Legal Aid, Office of the Public Defender, Broward County Bar Low Cost Legal, County		Cost: high – depending upon the amount of legal assistance needed	December 2008
	14) Provide county-wide legal advice and intervention in eviction/foreclosure proceedings.	Legal Aid, Office of the Public Defender, Broward County Bar Low Cost Legal, County		Cost: high – depending upon the amount of legal assistance needed	December 2008
	15) Provide county-wide "bridging the gap" assistance to those with pending benefit applications to help maintain housing until receipt of benefits.	"Bridging" fund providers, County		Cost: medium high – depending upon the amount of "bridging" funds needed	December 2008
II- Establish county-wide financial/tenancy education programs for at-risk individuals and families.	1) Conduct an audit of existing financial/tenancy education programs, including public education.	Coalition to End Homelessness	- Decreased number of evictions and foreclosures.	Cost: Negligible – in kind staff time	December 2005
	2) Coordinate existing financial education programs.	Emergency Prevention Committee; financial education providers	Decreased spending as Broward County and cities save money by keeping people out of the expensive continuum of care	Cost: Negligible – in kind staff time	February 2006

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	3) Develop an education program to promote responsible financial management/tenancy in collaboration with Broward Community College, Nova Southeastern, and other education partners. These programs should be accessible to high-need neighborhoods.	Emergency Prevention Committee, Broward Community College, Nova Southeastern	- Increased client self-sufficiency and financial/tenancy literacy, Increased cooperation among education providers	Cost: Low – in kind staff time, curriculum resource development	December 2006
	4) Provide county-wide financial/tenancy education to at-risk populations.	Financial education providers, Broward Community College, Nova Southeastern	- Decreased number of homeless people in Broward County	Cost: High – depending on how pay for curriculum resources and instructors	December 2007
III. Improve services to persons with recent criminal backgrounds, including ex-offenders released from jail or prison and other offenders in community corrections programs, to ensure they do not become homeless.	SEE <u>PERMANENT AFFORDABLE HOUSING PLAN FOR FURTHER DETAIL.</u>				
IV. Improve services to young people aging out of foster care to ensure a successful transition to housing and independence.	SEE <u>PERMANENT AFFORDABLE HOUSING PLAN FOR FURTHER DETAIL.*</u>				
V. Improve services to people being discharged from hospitals/mental health facilities to ensure they do not become homeless.	SEE <u>PERMANENT AFFORDABLE HOUSING PLAN FOR FURTHER DETAIL.*</u>				

Resources Consulted

- 1) Baumohl, J. and Shinn, M. "Rethinking the Prevention of Homelessness." Report of the 1998 National Symposium on Homelessness Research.
- 2) National Alliance to End Homelessness (NAEH). Toolkit for Ending Homelessness: Featuring the Ten Essentials for Ending Homelessness in Your Community. The Toolkit can be found at the NAEH website: www.naeh.org.
- 3) The Emergency Prevention Committee reviewed the following Ten-Year plans: Anoka County, MN; Atlanta, GA; Chattanooga, TN; Columbus-Franklin County, OH; Everett, WA; Hennepin County, MN; Indianapolis, IN; Maricopa County, AZ; Miami-Dade County, FL; New York City, NY; Oklahoma City, OK; and Philadelphia, PA. Of these Ten-Year plans, the Emergency Prevention Committee adapted components from the following plans: Anoka County, MN; Columbus-Franklin County, OH; Hennepin County, MN; Indianapolis, IN; and New York City, NY.

Committee: Systems Change - Mainstream Resources / Discharge Planning

Goal Statement 1: To insure that homeless individuals receive all benefits for which they are eligible and entitled
 Goal Statement 2: To eliminate discharges to homelessness from institutions including, but not limited to, hospitals, corrections facilities and foster care
 Committee Chair: David Freedman

Objectives: Mainstream Resources	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I. Remove barriers to obtaining governmental entitlements - mainstream resources	<ol style="list-style-type: none"> 1. Enlist Legal Aid to define the obligation of government agencies 2. Contact Governmental Organization entities to provide access to benefits 3. Develop method to get information to homeless and at risk 	<p>Legal Aid</p> <p>Legal Aid Coalition: Bureaucratic Advocacy</p> <p>All Outreach Teams - Case Managers</p> <p>Providers, HSD - HIP, SSA</p>	<p>Acquiring monitoring definition of entitlement</p> <p>Establish a dialogue with mainstream benefit providers and develop contacts</p> <p>Increasing information resources for homeless/at-risk</p> <p>Reach agreement with Social Security Administration</p>	<p>Legal Cost: Negligible - In-kind staff time.</p> <p>Cost: Negligible - In-kind staff time.</p> <p>Cost: Negligible - In-kind staff time.</p> <p>Cost: Negligible - In-kind staff time</p>	<p>September 2006</p> <p>September 2006</p> <p>January 2007</p> <p>In progress; SSA training held March 10, 2005; April 2005 - November 2005; December 2005</p>
II. Expedite benefits enrollment by Social Security Administration - reduce the average time for individuals to qualify for and begin receiving presumptive disability, SSI, SSDI/ Medicaid.	<ol style="list-style-type: none"> 1. Study feasibility of implementing SSI project based on Baltimore Model 				

Objectives: Mainstream Resources	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	2. Research to determine baseline average time for a client to qualify for and begin receiving SSA and Medicaid benefits	SSA - HSD - HIP	Establish baseline average timeline.	Cost: Negligible - In-kind staff time	September 2005
	3. Expand existing Memorandum of Understanding (MOU) of April 2003 to include expedited presumptive disability determinations for all eligible homeless clients	SSA - HHOPE Team - HSD - HIP	Increase in the number of eligible individuals receiving SS/SSDI in a shorter period of time.	SSA - State Office on Homelessness - Interagency Council on Homelessness Cost: Negligible - In-kind staff time	December 2006
	4. Monitor agency adherence to terms of MOU and County funded provider compliance with requirements of Standards of Care (SOC) to obtain Mainstream Resources	Providers - HSD - HIP - PDRED	Ability to determine compliance with MOU & SOC; eligible individuals will continue to qualify for and begin receiving SSI / SSDI benefits in an expedited time frame	SSA - Providers - HSD - HIP - PDRED CSMS /HMIS Cost: Negligible - In-kind staff time	March 2007 - ongoing
	5. Conduct additional training on expediting disability determinations	HSD - HIP, via contracted provider	Increase in skill level of case managers who work with disabled populations	Cost: Low: Training - \$7,000 - \$10,000	August 2005
	6. Conduct data match with AHCA to determine portion of population under-served by Medicaid	DCF - CSMS/HMIS - Agency for Health Care Administration (AHCA) - 211 First Call for Help - 792-BEDS and any other intake points	Obtain baseline regarding the extent of Medicaid under-served	SSA - SSI/ SSDI/ Medicaid - DCF - AHCA 211 First Call for Help - 792-BEDS and any other intake points Cost: Negligible - In-kind staff time	October 2006
	7. Utilize results of data match as an advocacy tool for providers	CoC	Increase in the number of eligible individuals receiving Medicaid	Cost: Negligible - in-kind staff time	December 2006

Objectives: Mainstream Resources	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
III. Expedite benefits enrollment by the Veteran's Administration - reduce average time for eligible individuals to qualify for and begin receiving VA benefits	<ol style="list-style-type: none"> 1. Review CSMS/HMIS data to determine need 2. Research to determine baseline average time for a client to qualify for and begin receiving VA benefits 3. Expand on existing HHOPE MOU with VA for expediting benefits, for all eligible homeless individuals 4. Monitor agency adherence to terms of MOU and County funded provider compliance with requirements of Standards of Care (SOC) to obtain mainstream resources 	<p>VA - HSD - HIP - CoC</p> <p>VA, HSD-HIP</p> <p>VA - HSD-HIP</p>	<p>Data on scale of unmet need (pending and yet to be submitted applications for benefits)</p> <p>Establish baseline average timeline</p> <p>Reduction in the amount of time a client must wait to be qualified for and begin receiving VA benefits</p>	<p>CSMS/HMIS - VA Cost: Negligible</p> <p>VA, HSD - HIP Cost: Negligible - In-kind staff time</p> <p>VA - HSD - HIP Cost: Negligible - In-kind staff time</p>	<p>March 2007</p> <p>June 2006</p> <p>August 2006</p>
IV. Expedite benefits enrollment and receipt of any other mainstream benefits for which client qualifies/ reduce average time for qualification and receipt of benefits : Food Stamps, WorkForce Investment, Unemployment, ESG	<ol style="list-style-type: none"> 1. Begin a dialogue with each benefit agency 2. Research to determine average time for a client to qualify for and begin receiving benefits from various mainstream programs. 	<p>Providers - HSD - HIP - PDRED</p> <p>CoC Providers, HSD-HIP DCF, Legal Aid, WorkForce One, State Office on Homelessness - <u>Respective Agencies / responsible parties for action steps 1 & 3 pertaining to objective IV</u></p>	<p>Ability to determine compliance with MOU & SOC; eligible individuals will continue to qualify for and begin receiving VA benefits in an expedited time frame</p> <p>More expeditious receipt of benefits by eligible clients</p>	<p>VA - Providers - HSD - HIP - CSMS / HMIS - PDRED Cost: Negligible - In-kind staff time</p> <p>Various mainstream programs Cost: Borne by mainstream systems; In-kind staff time for each agency.</p>	<p>November 2006 - ongoing</p> <p>January 2006 - ongoing</p>

Objectives: Mainstream Resources	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	3. Develop and execute Memoranda of Understanding where none exists or expand MOU (if one exists for HHOP) to include expedited benefits for all eligible homeless clients		Increase in number of clients receiving mainstream benefits	All relevant agencies and providers Cost: Negligible - In-kind staff time	December 2006
	4. Monitor agency adherence to terms of MOU and County funded provider compliance with requirements of Standards of Care (SOC) to obtain mainstream resources	CoC Providers - HSD - HIP - PDRED	Ability to determine compliance with MOU & SOC; eligible individuals will continue to qualify for and begin receiving mainstream benefits in an expedited time frame	SSA - CoC Providers - HSD - HIP - CSMS /HMIS - PDRED Cost: Negligible - In-kind staff time.	March 2007
V. Expedite benefits enrollment and receipt of any other mainstream benefits for which family qualifies/ reduce average time for qualification and receipt of benefits : Child Care, TANF, SCHIP, EFAHP, Family Court, Schooling	1. Begin dialogue with each benefit agency	CoC Providers - HSD - HIP, DCF - DCA - Broward County School Board - Broward County Courts <u>Respective Agencies</u> / <u>responsible parties</u> for <u>action steps 1 & 3</u> <u>pertaining to objective V</u>	More expeditious receipt of benefits by eligible clients	Various mainstream programs Cost: Borne by various mainstream programs plus In-kind staff time for each Agency. Applies to Action Steps 1-4.	Begin March 2006 - ongoing
	2. Research each agency to determine average time for client to qualify and begin receiving benefits	HSD - HIP	Establish baseline	HSD - HIP	Begin March 2006
	3. Develop and implement MOU with each mainstream benefits program	Mainstream Providers - HSD - HIP	Increase in number of eligible families receiving mainstream benefits	Various mainstream programs	March 2007 - ongoing
	4. Monitor agency adherence to terms of MOU and County funded provider compliance with requirements of Standards of Care (SOC) to obtain mainstream resources	CoC Providers - HSD - HIP - PDRED	Ability to determine MOU & SOC; eligible individuals will continue to qualify for and begin receiving mainstream benefits in an expedited time frame.	Mainstream Benefits Providers - CoC Providers - HSD - HIP - CSMS/HMIS - PDRED	June 2007 - ongoing

Objectives: Discharge Planning	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
1. Improve services to persons with recent criminal backgrounds, including ex-offenders released from jail or prison and other offenders in community corrections programs to prevent discharge to street/or homelessness	1. Research data to determine the number of ex-offenders being released from respective corrections facilities, including data on sub-populations such as mentally ill, medically needy, physically disabled, HIV/AIDS	BSO - DOC	Baseline information on number of releases from each facility and for which sub-populations in a given time period; enhanced ability to plan	BSO - DOC - HSD - HIP Cost: Negligible - In-kind staff time	September 2006
	2. Determine how many ex-offenders are being discharged into homelessness from the respective corrections facilities and set goal to reduce/prevent discharge to homelessness	CSMS/HMIS/211 First Call for Help - 792-BEDS and any other points of intake	Baseline on discharges to homelessness from corrections	BSO - DOC CSMS/HMIS/211 First Call for Help - 792-BEDS and any other points of intake Cost: Negligible - In-kind staff time	September 2006
	3. Schedule initial discussion with BSO - DOC regarding development of a protocol to prevent discharge to homelessness	BPHI/BOC - HSD – HIP	Develop information on issues surrounding discharges and Discharge Protocol	BSO-DOC - BPHI - BOC HSD - HIP Cost: Action Steps 3-8 Negligible: In-kind staff time except for official Discharge Planner w/ BRHPC/NBB	June 2006
	4. Develop Discharge Protocol with BSO	BPHI/BOC - BSO - DOC HSD - HIP	Written document defining roles and responsibilities. Note: BRHPC has a policy with the North Broward Detention (NBB) Center for the mental health unit	BSO/NBB - DOC - BRHPC - DCF - HSD - HIP Cost of BRHPC Discharge Planner w/ NBB - \$55,000 annually funded via DCF	June 2007

Objectives: Discharge Planning	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	5. Finalize formal Discharge Protocol with each corrections facility	BSO - DOC - HSD - HIP	Formally accepted, approved and executed document defining roles and responsibilities	BPHI/BOC - BSO - DOC HSD - HIP	June 2007
	6. Implement formal Discharge Protocol with each corrections facility	BPHI/BOC - BSO - DOC HSD - HIP	Reduction in number of discharges to homelessness from corrections facilities	BPHI/BOC - BSO - DOC HSD - HIP Cost: Negligible - In-kind staff time	September 2007
	7. Monitor compliance with Discharge Protocol by each corrections facility	Providers - HSD-HIP - 211 First Call for Help - 792-BEDS and any other points of intake	Ability to foster accountability of corrections regarding discharges	Providers - CSMS/HMIS 211 First Call for Help - HSD-HIP - 792-BEDS and any other points of Intake Cost: Negligible - in-kind staff time	March 2008 - ongoing
	8. Explore replication of programs shown to be effective in preventing discharge to homelessness of ex-offenders; disseminate information to community	HSD - HIP	Enhanced ability to make better informed decisions regarding discharge planning; maximization of resources	HSD - HIP Cost: Negligible - In-kind staff time	January 2006
II. Improve coordination of services to prevent discharge to homelessness of individuals leaving mental health institutions or facilities	1. Research data to determine the number of patients being discharged from local, County or State mental health institutions or facilities	HSD - HIP - BPHI - BRHPC	Baseline information on number of releases from each facility in a given time period.	CSMS/HMIS - BPHI - BRHPC	January 2006
	2. Determine how many patients are being discharged into homelessness from local, County or State mental health institutions or facilities and set goal to prevent/reduce discharge to homelessness	DCF - BRHPC - BSO - HSD - HIP - 792-BEDS -211 First Call for Help	Baseline on discharges to homelessness from local, County or State mental health institutions or facilities	792-BEDS - 211 First Call for Help - CSMS/HMIS	January 2006

Objectives: Mainstream Resources	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	3. Schedule initial discussion with local, County or State mental health institutions or facilities regarding development of a protocol to prevent discharge to homelessness	DCF - BRHPC - BSO Mental Health Unit - HSD - HIP - HMHC, Archways and any residential facility with the ability to discharge to homelessness	Develop information on issues surrounding discharges and Discharge Protocol	Community Mental Health Providers - HSD - HIP Cost on Action Steps 3-7 - Negligible: In-kind staff time, except DCF funded Discharge Planner for Mental Health through BRHPC	June 2006
	4. Develop Discharge Protocol with local, County or State mental health institutions or facilities.	DCF - BRHPC - BSO Mental Health Unit - HSD - HIP - HMHC, Archways and any residential facility with the ability to discharge to homelessness	Written document defining roles and responsibilities	Community mental health Providers - HSD - HIP - BRHPC	June 2007
	5. Finalize formal Discharge Protocol with local, County or State mental health institutions or facilities	See Step 6 re BRHPC.- DCF - BRHPC - BSO Mental Health Unit - HSD - HIP - HMHC, Archways and any residential facility with the ability to discharge to homelessness.	Formally accepted, approved and executed document defining roles and responsibilities	DCF funded Discharge Planner for mental health Cost: \$55,000 annually - another discharge planner is scheduled to be hired	September 2007
	6. Implement formal Discharge Protocol with local, County or State mental health institutions or facilities	DCF - BRHPC - BSO - Note: BRHPC has a written Forensic Policy and Procedure regarding discharge of inmates from NBB	Reduction in number of discharges to homelessness from local, County or State mental health institutions or facilities	DCF - BRHPC - BSO Cost: Negligible - In-kind staff time	September 2007
	7. Monitor compliance with Discharge Protocol by local, County or State mental health institutions or facilities.	Providers - HSD-HIP 211 First Call for Help - 792-BEDS and any other points of intake.	Ability to foster accountability of local, County or State mental health institutions or facilities	Providers, CSMS/HMIS 211 First Call for Help - 792-BEDS and any other points of intake	December 2007 - ongoing
Ill. Improve services to prevent discharge to homelessness of individuals leaving health care institutions or facilities	1. Research data to determine the number of patients being discharged from local, County or State health care institutions or facilities	HSD HIP	Baseline information on number of releases from each facility in a given time period.	CSMS/HMIS Cost: Negligible - In-kind staff time	January 2006

Objectives: Discharge Planning	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	2. Determine how many patients are being discharged into homelessness from local, County or State health care institutions or facilities and set goal to prevent/reduce discharges to homelessness	NBHD - SBHD - HSD HIP - Same responsible parties for action steps 2 - 6 of Objective III for Discharge Planning	Baseline on discharges to homelessness from local, County or State health care institutions or facilities.	NBHD - SBHD - HSD - HIP Cost: Action Steps 2 - 7 Negligible - In-kind staff time	January 2006
	3. Schedule initial discussion with local, County, and State health care institutions or facilities regarding development of a protocol to prevent discharge to homelessness		Develop information on issues re: discharges and Discharge Protocol	NBHD - SBHD - HSD - HIP	June 2006
	4. Develop Discharge Protocol with local, County and State health care institutions or facilities		Written document defining roles and responsibilities	NBHD - SBHD - HSD - HIP	June 2007
	5. Finalize formal Discharge Protocol with local, County and State health care institutions or facilities		Formally accepted, approved and executed document defining roles and responsibilities	NBHD - SBHD - HSD - HIP	September 2007
	6. Implement formal Discharge Protocol with local, County and State health care institutions or facilities		Reduction in number of discharges to homelessness from local, County or State health care institutions or facilities	NBHD - SBHD - HSD - HIP	September 2007
	7. Monitor compliance with Discharge Protocol by local, County and State health care institutions or facilities	Providers - 792-BEDS, 211 First Call for Help HSD-HIP	Ability to foster accountability of local, County and State health care institutions and facilities.	Providers - CSMS/HMIS - 211 First Call for Help - 792-BEDS - HSD - HIP	December 2007 - ongoing

Objectives: Discharge Planning	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
IV. Improve services to prevent discharge to homelessness of youth aging out of foster care	1. Research data to determine the number of youth aging out of foster care	HSD - HIP	Baseline information on number of releases from each facility in a given time period	HSD - HIP, ChildNet Cost: Negligible - In-kind staff time	January 2005, completed
	2. Determine how many youth are being discharged into homelessness from the foster care system and set goal to prevent/reduce discharge to homelessness	DCF - ChildNet - HSD - HIP - Broward County Schools Foster Care - CSC - CSAD Responsible Parties are the same for action steps 2 - 6 of Objective IV - Discharge Planning	Baseline on discharges to homelessness from foster care	CSMS/HMIS - DCF - ChildNet - Broward County Schools Foster Care - CSC - CSAD Cost: Negligible - In-kind staff time	September 2005
	3. Schedule initial discussion with officials from foster care agency regarding development of a protocol to prevent discharge to homelessness		Develop information on issues surrounding discharges and Discharge Protocol	DCF - ChildNet - HSD - HIP - Broward County Schools Foster Care - CSC - CSAD. Resources for Action Steps 3-6 are the same.	January 2006
	4. Develop Discharge Protocol with foster care agency		Written document defining roles and responsibilities		April 2006
	5. Finalize formal Discharge Protocol with foster care agency		Formally accepted, approved and executed document defining roles and responsibilities		April 2007
	6. Implement formal Discharge Protocol with foster care agency		Reduce discharges to homelessness from foster care facilities		July 2007
	7. Monitor compliance with Discharge Protocol by foster care agency	Providers - 792-BEDS - 211 First Call for Help - HSD - HIP	Ability to foster accountability of foster care facilities	Providers - CSMS/HMIS HSD - HIP	October 2007 - ongoing

Objectives: Discharge Planning	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	<p>8. Review existing initiatives for alternatives to homelessness for youth aging out of foster care and advocate for additional funding for existing Independent Living Programs such as "The Road to Independence Scholarship," "Transitional Services," and "After-Care"</p>	<p>HSD - HIP - Broward Workshop - Community Foundation</p>	<p>Resource maximization</p>	<p>HSD - HIP</p>	<p>April 2005 - ongoing</p>

Systems Change: Mainstream Resources / Discharge Planning Committee Recommendations/Comments:

1. In the event of a catastrophic event such as a terrorist attack, an economic depression, or even a serious natural disaster on the magnitude of Hurricane Andrew, the assumptions contained in the Data Element of the Plan may need to be revisited. We believe this caveat should be applicable to all Plan elements.
2. Whenever possible, the target dates will be advanced commensurate with available resources.
3. 211 First Call for Help data are based on self-report and self-disclosures.
4. Cross-reference to Treatment and Services Committee: We recognize that movement by HUD, away from funding support services and cost-shifting to other stakeholders may have an impact on the availability of services as well as the availability of mainstream resources and the ability of the providers to access these resources on behalf of the client. It will be important for the community to maintain an ongoing dialogue to prepare for this eventuality and mitigate any negative impacts to the client.

Resources Consulted

National Alliance to End Homelessness (NAEH) Toolkit for Ending Homelessness (including Best Practices from Massachusetts Housing and Shelter Alliance; Philadelphia, PA; Spokane, WA and Wisconsin) and NAEH website: www.naeh.org

Review of the Mainstream Resources / Discharge Planning Elements of the following Ten Year Plans: Atlanta, GA; Chattanooga, TN; Chicago, IL; Columbus-Franklin County, OH; Contra Costa County, CA; DuPage County, IL; Evansville-Vanderburgh County, IN; Indianapolis, IN; Nashville, TN; Oklahoma City, OK; Of the previously cited Ten Year Plans, the Systems Change: Mainstream Resources / Discharge Planning Committee adapted components from the following Plans and gratefully acknowledges same: Evansville-Vanderburgh Co., IN; Chattanooga, TN; Columbus-Franklin County, OH and Oklahoma City, OK.

The United States Interagency Council on Homelessness (ICH) publication "The 10-Year Planning Process to End Chronic Homelessness in Your Community - A Step-by-Step Guide," and ICH website: www.ich.gov;
Focus Groups: Homeless Families; Homeless Individuals; One Individual Provider; One Family Provider.
Best and Promising Practices for Homeless Youth: National Youth Employment Coalition Promising and Effective Practices Network (www.nyec.org/pepnet/awardees/larkin.htm); Fagan, Kevin, The San Francisco Chronicle, April 11, 2004, "Saving Foster Kids from the Streets." ; National Alliance to End Homelessness: www.endhomelessness.org/best/lighthouse.htm; www.knowledgeplex.org/news: Grippi, Tamara, Tri-Valley Herald, "Foster teens reach goals: Contra Costa program guides youth toward independent living," June 19, 2004; www.endhomelessness.org/best/ProjectSAFE.htm; <http://www.colorado.edu.cspv/blueprints/model/criteria.html>.

Committee: Street Outreach

Goal Statement: To end homelessness by taking chronic and crisis homeless people off the streets and placing them into the most appropriate program which will meet their needs and provide them with the skills and abilities to become independent and self-sufficient

Committee Chair: Courtney

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I. Expand upon the concept of the current Homeless Outreach Team Program	1. Establish a Homeless Outreach Team in the north and south part of the county modeled after the central Homeless Outreach Team.	HIP Board BC Human Services Dept.	Homeless individuals will be integrated into the system quickly and fewer will remain on the street.	<ul style="list-style-type: none"> • Law Enforcement in-kind • Reassign Broward County Human Resources outreach monies from BARC, Henderson, Broward House & Veterans Administration. (Does not include children/Covenant House) • State & Federal Government. • Private funding. 	January 2006
	2. Provide a 24/7 hotline for homeless individuals and families. Provide case management for homeless families. For individuals provide information & then referral to Outreach.		Homeless individuals will be able to access empty beds more efficiently and effectively.	<ul style="list-style-type: none"> • Broward County Human Services Department • State & Federal Government. • Private funding 	January 2006
	3. Design, develop and implement an intensive training program focused on chronic homeless intervention for all outreach team members.		Homeless individuals will be placed appropriately and receive the correct services.	Homeless Outreach Teams	March 2006

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	4. Improve communication and collaboration among agencies regarding appropriate placement by utilizing CSMS – advocacy being the motivation & objective versus protecting turf/territory.			BC Human Services	Immediately
II. Design, develop and implement a Homeless Assessment Center(s) in Broward County.	1. Establish an independent non-profit agency to run a centralized assessment center. OR Establish three Assessment Centers co-located and operated by the three HAC's.	HIP Board BC Human Services Dept. CHAC, NHAC & SHAC	Homeless individuals will be integrated into the system quickly and fewer will remain on the street. Homeless individuals will be able to access empty beds more efficiently and effectively. Homeless individuals will be placed appropriately and receive the correct services.	HIP Board BC Human Services Dept. State & Federal Government Private Funding	January 2007

Committee: Shortening the Time People Spend Homeless

Goal Statement: Shortening the time people spend homeless
Committee Chair: Debbie Perry

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I- Providers adopt a philosophy statement acknowledging that people do not have to move from emergency to transitional and then into permanent housing. Rather, that a person, upon becoming homeless can move directly into permanent housing, or the most appropriate level of care, whenever possible.	<ol style="list-style-type: none"> 1. Development of philosophy statement 2. Presentation of philosophy statement at Continuum of Care meeting. Revise as needed. 3. Adopt / approve statement discussed in steering committee. 	<p>Development of philosophy statement – Exec. Committee</p> <p>Approval of statement – 10 year plan Exec. Committee.</p> <p>Endorsement of statement by providers and funders.</p>	<p>Change from linear continuum applied to everyone to a more individualized approach.</p>	<p>Support from service providers</p> <p>Cost: Negligible</p>	<p>Philosophy statement development – 3/05</p> <p>Approval by Exec Committee 4/05</p> <p>Presentation/endorsement done concurrently with adoption of 10-year plan. 9/05</p>
II- Reduce barriers to shelter admission and retention	<ol style="list-style-type: none"> 1. Promote flexible time limits, based upon individual need. 2. Encourage shelters to modify admission criteria to be as inclusive as possible. 3. Promote team reviews at shelters, when considering discharges 4. Build capacity within continuum to serve all sub-populations 	<p>Oversight by funding sources.</p> <p>Implementation by shelter providers</p> <p>Maximized bed usage</p> <p>Shelter admission criteria should be published in Coalition Resource Guide.</p>	<p>Enhanced shelter access for people on the streets</p> <p>More people being served by existing resources</p> <p>Maximized bed usage</p> <p>Shelter admission criteria will be published in the Coalition Resource Guide.</p>	<p>HIP</p> <p>Continuum of Care Committee, Family Transitional Housing Sub-committee</p> <p>Cost: Negligible.</p>	<p>Changes in admission/retention criteria tied into provider contract dates 12/07</p>

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
<p>III- Assist persons to exit homelessness as quickly as possible</p>	<p>1. Assessment upon admission to identify those who can be rapidly re-housed 2. Establish a central assessment center or a system of centralized assessment to provide consistent intake information and consistent analysis of the information 3. All homeless transitional shelters should offer life skills training so persons served will be better able to sustain themselves in an independent living environment. Best and promising practices should be considered when developing curriculum</p>	<p>Shelter providers All transitional shelter providers</p>	<p>Average shelter LOS is reduced People will transition to permanent housing more quickly</p>	<p>Assessment tool Develop a standardized assessment process Cost: Medium</p>	<p>2006 2006 2007</p>
<p>IV- Refocus outcome measures to support objective of shortening time people spent homeless</p>	<p>1. When appropriate, all funded shelters will have outcome measures that address: - # of persons placed in permanent housing - # of persons accessing mainstream resources</p>	<p>Funding sources Shelter providers</p>	<p>Increased number of people discharged into permanent housing Increased number of persons accessing mainstream resources Decreased homeless recidivism rate</p>	<p>Quarterly outcome reports Data collected from CSMS system Cost: Negligible</p>	<p>12/06</p>

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
V- Reduce admission barriers to Section 8.	<p>1. Eliminate barriers often faced by the homeless; poor credit history, criminal convictions for non-violent crimes, etc.</p> <p>2. Invite Housing Authority/Section 8 Administrators to take part in development of 10 year plan.</p> <p>3. Housing Authorities should establish a local preference for the homeless.</p>	<p>Local Housing Authorities</p> <p>Executive Committee</p>	<p>Increased access to Section 8 housing by the homeless</p>	<p>Meetings with PHA's</p> <p>Cost: Low</p>	<p>2006</p> <p>2006</p> <p>2006</p>

Resources Consulted

1. National Alliance to End Homelessness (NAEH) Toolkit for Ending Homelessness. Website: www.naeh.org
2. Ten Year Plan to End Homelessness for the following cities/states/communities: Philadelphia, New York City, Contra Costa County, CA, Santa Clara County, CA, Rhode Island. Website: www.endhomelessness.org/localplans/
3. Housing First for Families report, March 2005. Conducted by LaFrance Associates, for the National Coalition to End Homelessness. Website: www.endhomelessness.org/pub/HousingFirstResearch.pdf
4. Focus Groups: Homeless Families, Homeless Individuals and Service Providers
5. The Governors Report on Homelessness, 2004

Committee: Rapid Re-Housing

Goal Statement: Rapid and successful re-housing of individuals and families to reduce the negative short and long term effects of Homelessness and to reduce the costs to the community associated with longer episodes of homelessness.

Committee Chair: Robert Higdon

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
<p>I. Quickly identify candidates for rapid re-housing. Candidates will be individuals and families who only recently became homeless and have the capacity, including income, to return to housing immediately or after minimal services.</p>	<p>1. Create up front assessment function. Coordinate with other subcommittees to ensure that up front assessment includes plan to identify and refer candidates at first point of contact. 2. Identify eligible referral sources, i.e., self referral, BEDS only, Continuum of Care agencies, or any limitations?</p>	<p>Steering Committee Fundors Collaborating Partners</p>	<ul style="list-style-type: none"> • Identification of individuals and families who only recently became homeless and have capacity to return to housing immediately or after minimal services (crisis resolution, situational resolution). • Reduction of negative effects of longer-term homelessness. • Other resources saved for homeless persons and families who need them. 	<ul style="list-style-type: none"> • Family Success Housing or interim funding • BEDS line funding • FAC assessment funding • Reallocation of some HAC funding 	<p>(dependent upon other plans)</p>

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
<p>II. Create the position of Housing Specialist in each of the three HACs to provide professional housing services to individuals identified as housing ready. These positions would provide short term assistance while a broader continuum-wide housing mechanism is being addressed.</p>	<ol style="list-style-type: none"> 1. Define position requirements and develop job description. 2. Amend HAC operating contracts to require direct housing services and position. 3. Develop collaborative model for shared housing resources among HACs. Develop Housing Counseling model and curricula to educate homeless consumers on housing concerns and problems (re: rents, rights, fair housing laws, leases, credit, keys to remaining housed, "good neighboring") 	<ul style="list-style-type: none"> • Coalition to End Homelessness Board recommendation • Broward County HIP Administration • HIP Board 	<ul style="list-style-type: none"> • Rapid movement from early shelter to permanent (transitional) housing. • Beginning steps in a housing data base • Development of specific owners or property managers who have available properties 	<ul style="list-style-type: none"> • County HAC Contracts • Additional County funds • Corporate giving programs, • Housing Developers • Real Estate industry • Private Foundations • H.O.P.E. • Legal Aid • FAU Center for Urban Planning • Underutilized HUD funds • Community Development Corporations • Urban League • Other community organizations 	<ul style="list-style-type: none"> • Calendar year 2006 (for development) • Funding FY 2007
<p>III. Creation of a continuum wide housing information and referral mechanism to assist providers in effecting rapid transition to housing for individuals identified as suitable candidates.</p>	<ol style="list-style-type: none"> 1. Review existing housing information and referral providers, or providers that have well-developed programs in that arena. 2. Determine if mission requires agency or assignment to existing agency or government entity on a contractual basis. 3. Select preferred mechanism (agency) Expand housing counseling referenced above. 	<ul style="list-style-type: none"> • Continuum of Care • Provider senior staff • HIP Administration • County Commission 	<ul style="list-style-type: none"> • New housing resources and housing expertise • Centralized assistance • Moves housing services for the homeless from a clinical to a business model. • Expansion of housing counseling for homeless and newly housed individuals 	<p>Federal, State pass through, County</p>	<ul style="list-style-type: none"> • Begin development December 2005 • Completed 2009

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	4. Create and maintain inventory of available affordable housing (using commercial databases)	Selected housing information provider	<ul style="list-style-type: none"> Resource for discharge planners. Updated and accurate information. Information will be available for future need assessments. 		
	5. Identify and assist in elimination/reduction of barriers to housing (credit problems, discrimination, criminal history, etc.)	<ul style="list-style-type: none"> Continuum of Care HIP Administration County Commission HUD Public Housing Authorities 	<ul style="list-style-type: none"> Improved client access to housing. 		
	6. Provide funds/ access to funds for assistance with move-in costs (security/utility deposits, etc.)	<ul style="list-style-type: none"> Family Success Centers HIP Board BCEVSD Other current provider agencies 	<ul style="list-style-type: none"> Improve client ability to quickly take advantage of identified affordable vacancies 		
	7. Provide liaison for discharge planners (hospitals, ALFs, foster care, jails, prisons, transitional shelters, etc.) who will assist with information about housing options and availability and will provide periodic training in accessing housing.	<ul style="list-style-type: none"> Continuum of Care HIP Administration Other current provider agencies 	Reduction in discharges to homelessness.		
	8. Link with appropriate service and follow-up providers. Link with employment and vocational services.	<ul style="list-style-type: none"> See Mainstream Resources and Treatment and Services plans 	<ul style="list-style-type: none"> Increased success in new housing; reduction in recidivism. Stable, recurring sources of income. 		

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	9. Link with appropriate service and follow-up providers. Link with employment and vocational services.	<ul style="list-style-type: none"> See Mainstream Resources and Treatment and Services plans 	<ul style="list-style-type: none"> Increased success in new housing; reduction in recidivism. Stable, recurring sources of income. 	See Mainstream Resources and Treatment and Services plans	See Mainstream Resources and Treatment and Services plans
IV. Creation of a permanent housing support system (follow-up services)	Provide follow-up services as needed.	See Treatment and Services subcommittee action plan	Prevention of additional episodes of homelessness	See Treatment and Services subcommittee action plan	See Treatment and Services subcommittee action plan

Committee: Treatment and Services

Goal Statement: To provide the highest level of treatment and supportive services in the Broward County Continuum of Care area, utilizing unprecedented levels of public/private collaboration and adopting innovative “best practice” models of service delivery

Committee Co-Chairs: Sarah Curtis and Michael Wright

Keys: (F) Funders; (1) Implementers

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I. Increase support to people housed in permanent settings after transfer from shelters.	1. Emphasis on aftercare for 18 months or more after discharge from Emergency or Transitional Shelters. Identify sub-populations that may require open ended case management.	(F) Faith Based Community; Municipalities; County; State; Federal & Public/Private Foundations (1) All Emergency, Transitional & Permanent Housing Case Managers or centralized case management services.	Decreased recidivism through identifying problems early and supporting the transition to permanent housing to help retention of housing.	Cost: Medium to High Increased case loads and utilization of shelter resources. Existing case managers	06/06
2. Provide mentoring program for people newly transitioned from shelters.		(F) Providers; Faith Based Community; Municipalities; County; State; & Public/Private Foundations (1) All shelters or centralized case management to develop volunteer mentoring program.	Decreased isolation of people in permanent housing and early identification of problems threatening housing retention.	Cost: negligible to low. Community Volunteers / Past Program Participants:	06/06

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	3. Develop Peer Mentoring programs with formerly homeless staff.	(F) Providers; Faith Based Community; Municipalities; County; State; & Public/Private Foundations (I) All shelters and Faith Based Organizations and/or centralized case management services.	Decreased isolation of people in permanent housing and early identification of problems threatening housing retention.	Costs: Medium Mentor Coordinator; Past Program Participants. Staff salaries, training and transportation costs, etc.	06/06
II. Assist with continuity of care in the permanent housing setting for persons receiving substance abuse or mental health services	1. Increase case management follow up for people receiving services. Consent to care providers so notification is given to case manager if clients begin missing follow up appointments. Identify sub-populations requiring more stringent adherence to recommended treatment.	(F) Municipalities; County; State; Federal & Public/Private Foundations (I) Care providers and case managers	Decreased recidivism through continued stability of mental health or substance abuse problems to prevent decompensation that could threaten a person's ability to retain housing.	Cost: Low to medium in increased case loads. Note: Some case management services may be eligible for Medicaid billing to off set costs.	01/06
Increased emphasis on discharge planning for shelter residents Included in Systems Change/Mainstream Services					
III. Provide additional opportunities for education, socialization and peer support	1. Development of Alumni programs, training, education at all transitional shelters.	(F) Providers; Faith Based Community; Municipalities; County & Public/Private Foundations (I) All Shelters and/or centralized case management services.	Decreased isolation and an ongoing learning process utilizing "real life" experiences.	Costs: Low to Medium Some programs could be provided by existing staff or volunteers with expertise in finances, home maintenance, auto maintenance, etc.	01/06

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
IV. Provide additional social outlets for clients	1. Picnics, Art Fairs, Swap Shops, and other low or no cost events.	(F) Providers; Faith Based Community; Municipalities; County & Public/Private Foundations (I) All Shelters, Continuum of Care providers, County parks	Increased sense of community. Fun activities for people who have experienced homelessness. Assisting with development of new support systems and promote lifestyle change.	Costs: Low to Medium Utilize existing staff for planning; encourage community contributions to diminish costs of activities.	01/06
Increased employment networking, training and support for clients in their residential setting Included in Income Subcommittee					
V. Enhance shelter services or expand access to community services through Memoranda and contracts.	1. All existing shelters will provide treatment and services or linkage for psychiatric, and medical assessment and stabilization with community providers.	(F) Providers; Faith Based Community; Municipalities; County; State; & Public/Private Foundations (I) DCF, NBHD, Henderson MH, Nova University, Archways	Address and stabilize all moderate or mild symptoms not requiring hospitalization that may prevent re-integration into workforce or maintenance of housing	Cost : High* Addressing issues at the shelter level may reduce strain on emergency and crisis intervention resources	07/06
	2. Educational assessments conducted on all shelter residents.	(F) Providers; Municipalities; County; State; & Public/Private Foundations (I) All shelters, School Board, Universities	Identify educational needs and provide linkage to community resources for literacy, remedial and ESL needs presenting as barriers to employment and housing retention	Costs: Moderate After initial screening available community resources may be utilized.	07/06

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
<p>VI. Treatment services at shelters and/or clinics available to formerly homeless for a reasonable time after discharge or linkage to community treatment and services would be initiated at the shelter level.</p>	<p>1. Shelters would access ongoing treatment and services for residents through memoranda and contracts with existing service providers. Those transitioned into permanent housing would maintain linkage to available community services.</p>	<p>(F) Providers; Faith Based Community; Municipalities; County; State; & Public/Private Foundations (I) All Continuum of Care and County providers and services. Existing Supportive Services Staff.</p>	<p>Decreased recidivism through ensuring continuity of care for all formerly homeless.</p>	<p>Costs: Medium to High Potential for large numbers of persons who may have difficulty paying full or adjusted costs for medical or behavioral health services and treatment.</p>	<p>07/06</p>
<p>VII. Increased linkage to existing community support services</p>	<p>1. Individuals and families linked to supportive programs by shelters// hospitals/jails upon admission and/or discharge</p>	<p>(F) Providers; Faith Based Community; Municipalities; County; State; & Public/Private Foundations (I) BSO Re-Integration Program, Family Success Administration, Elderly and Veterans Administration. Foster Care</p>	<p>Ongoing case management to assist with family building, crisis prevention and crisis intervention.</p>	<p>Costs: High. Significant funding and staffing increases to existing programs and implementation of "Best Practice" models.</p>	<p>ASAP</p>
<p>Increased linkage to affordable housing and affordable housing resources Included with Rapid Re-Housing</p>					
<p>VIII. Increase access to detoxification and mental health crisis stabilization for people who are homeless</p>	<p>1. Increase contracted services for homeless beds at detoxification facilities and mental health facilities.</p>	<p>(I) DCF, NBHD, Henderson MH, Nova University, Archways, BARC (F) Providers; Municipalities; County; State; Federal & Public/Private Foundations</p>	<p>Eliminate barriers for accessing stabilization services. Without stabilization most shelter programs are inaccessible.</p>	<p>Costs: High*</p>	<p>07/06</p>

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	2. Establish voucher program that could be used at a variety of programs	(F) Providers; Municipalities; County; State & Public/Private Foundations (I) All Continuum of Care and County providers and services.	Provide options to homeless and increase competition among providers to improve quality of care.	Costs: Medium to High	2007
IX. Increase support to feeding programs and food banks for homeless, newly housed and at risk.	1. Coordinate surplus foods distribution and increase convenience distribution sites.	(F) Providers; Faith Based Community; Municipalities; County; State; Federal & Public/Private Foundations (Department of Agriculture, Department of Health, local food distributors, restaurants, markets. Existing feeding programs and nonprofit organizations)	Increase access to food.	Costs: Medium to High	07/06
	2. Increase food vouchers from local markets for emergency food and hygiene products.	(F) Faith Based Community; Municipalities; County; State; Public/Private Foundations (WIC, TANF, DCF, Family Success Administration, Children Services Division)			07/06
X. Legal Aid Services increased for homeless and formerly homeless.	1. Assistance with homeless related offenses focusing on misdemeanor offenses that result in incarceration.	(F) County; State; Federal & Public/Private Foundations (I) Legal Aid	Address legal issues for misdemeanor offenses that threaten housing and access to housing programs. Reduce incarceration of nonviolent offenders.	Costs: Medium	07/06

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
XI. Increased transportation assistance	1. More access to 7 and 31 day bus passes, one way passes, and transportation shuttles to homeless targeted activities.	(I) & (F) Mass Transit and Contingency Funds (FSAD, DCF, CSA, HMHC, NBHD, NBPC) (F) Providers; Municipalities; County; State; Federal & Public/Private Foundations	Assist with access to programs, services and activities.	Cost: Low to Medium	07/06
XII. Develop wet/damp shelter	1. Provide low demand shelters for chronic homeless resistant to shelter rules on sobriety.	(F) Providers; Municipalities; County; State; Federal & Public/Private Foundations	Provide alternative setting to replace "Tent City" concept of low demand shelter. Offered services not contingent on continued stay	Cost: Medium to High*	2009

Treatment and Services Committee Notes: If utilizing the existing delivery of care based primarily within the Emergency and Transitional shelter sites, services would be expanded to maintain client stability following discharge until linked with sufficient supports in the community. If the HUD trend for separation of services from housing continues, linkage to community services and treatment, while still residing in the housing sites, is essential for stabilization and continuity of care for homeless and formerly homeless individuals and families.

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- Pathways to Housing: Reviewed, Not used
- Anishinabe Wakiagun: Reviewed and Used
 - Project HOME: Reviewed, Not Used
 - Beyond Shelter: Reviewed, Not Used
- Lutheran Social Services of Minnesota: Reviewed and Used
 - Rapid Exit Program: Reviewed and Used

NAEH: Sourcebook on Ending Family Homelessness: Tools to End Homelessness Among Families:
 Family Unification Program: Reviewed, Not Used

National Student Campaign Against Hunger & Homelessness:

Survey of Hunger & Homelessness in America: Reviewed and Used: <http://www.nsciah.org>

Committee: Permanent Affordable Housing

Goal Statement: Increase of permanent affordable housing available to households at risk or actually experiencing homelessness
 Committee Chair: Janet Riley

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
<p>I. Produce units of affordable housing in the County relative to the need.</p>	<p>1. Develop 1,200 (net increase) units of supportive affordable housing, targeting approximately 2/3 to the chronically homeless based upon current needs assessment. The amount of unmet need for 1,200 units of permanent supportive housing was based upon quantitative and qualitative data, including review of the 2005 point in time count results, and was finalized by consensus through a community process including discussion at monthly Continuum of Care committee meetings and two (2) Planning Days conducted on April 8th and 27th, 2005. One hundred four (104) individuals from fifty-two (52) different agencies attended one or both workshops. Affiliations included state and local government, Public Housing Authorities, community and faith-based organizations, businesses, homeless and/or formerly homeless persons, law enforcement, hospitals, funders and other stakeholders including sub-populations of seriously mentally ill, veterans, youth, and persons experiencing and/or recovering from substance abuse or domestic violence.</p>	<p>County, Cities</p>	<p>1,200 additional housing units</p>	<p>For all items resources include: -For profit developers -Non-profit developers - Housing Authorities -City housing, grants staff -Local economic, stakeholders</p>	<p>10%/10 yrs.</p>
	<p>2. In addition to achieving consensus at the Planning Day sessions, the Permanent Supportive Housing unmet need figures were validated through three independent studies conducted by: FL Dept. of Children & Families (DCF), Florida Supportive Housing Coalition, and a study commissioned for Broward County by Housing & Services, Inc. (HSI - based in New York City).</p>	<p>County, Cities</p>			

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	<p>Permanent supportive housing remains the Continuum's greatest need and experience from Broward County's Chronic Homeless Initiative, HHOPE, indicates that the chronic population will need permanent supportive housing. Additionally, we know from the survey that we must also place emphasis on sheltered and unsheltered families with at least one family member with a disability, who also need permanent supportive housing.</p> <p>*Estimates of acquisition and rehab cost for 30% of these units are: \$43.2 million in one time Capital (\$120,000 per unit x 360 units) Annual operating expenses will be approximately \$6,000 x 360 units or \$2.16 million.</p> <p>Tenant Based Rental Assistance will comprise the remaining 840 units, with annual investment calculated as follows: 840 x \$7,700 = \$6.468 million (based upon current average bed cost for 5 existing Shelter Plus Care Contracts in Broward).</p> <p>We will insure the accuracy of the needs estimate by employing the methodology developed by Dr. Martha Burt and published in March of 2005 in the document entitled, "Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing."</p> <p>\$12 million annually in recurring support services (\$10,000 per client x 1200 clients – based upon average of costs cited in www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits, "Evidence-Based Practices: Shaping Mental Health Services Toward Recovery".) (Refer to funding objectives)</p>	County, Cities	52,000 additional housing units.		10%/yr. / 10 yrs.
	<p>3. Develop 52,000 (net increase) of rental units of housing affordable to low, very low/extremely low-income households.</p> <p>*Estimates of cost are: \$150,000/unit or they may be developed via other strategies such as inclusionary zoning. Needs Source: The Affordable Housing Study Commission (2001) based on 1998 figures, Broward Count Planning Division; cost burden information from the Shimberg Center for Affordable Housing.</p>	County, Cities			

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	<p>4. Donate all developable publicly owned vacant land (with clear title and waiver of liens where necessary, and expedited rezoning) to non-profit developers for affordable housing with 30% set aside for homeless.</p> <p>5. Create mandatory inclusionary zoning with sufficient incentives to promote, developer participation.</p>	County, Cities	Increased number of affordable housing units		2 yrs.
	<p>1. Create tax incentive for affordable housing rental properties.</p>	County, Cities	Increased number of affordable housing units consistent with demographics		2 yrs.
II. Reduce development cost of housing/ increase funding for development of affordable housing.	<p>1. Create tax incentive for affordable housing rental properties.</p>	County, Cities	Incentive use of rental properties as affordable housing.		3-4 yrs.
	<p>2. Promote zoning changes in support of mixed use (Commercial/Residential) to cut down on transportation requirements for low-income households.</p>	County, Cities	Reduced traffic; more income to spend on housing; more livable communities		1 yr.
	<p>3. Based upon 2005 point in time count, apply the formula from March 2005, Corporation for Supportive Housing, Estimating the Need document, reassess need every 24 months with re-assessment also in the event of natural disaster such as a hurricane.</p>	County, Cities	Accurate assessment of need for supportive housing.		1 yr.
	<p>4. Review funding streams to identify new/existing funds to target housing for extremely low income, very low income and other hard to house populations. -Supportive Housing Grant -Home -CDBG</p>	County, Cities	Increased funds for development of affordable housing.		2 yrs.
	<p>5. Give preferences in CDBG funding process to cities with affordable housing applications</p>	County	Increased funds for development of affordable housing.		1yr.

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	6. Create a funding stream designated for affordable housing (i.e., surtax)	County, Cities	Increased funds for development of affordable housing		Legislation Proposed/Pending
	7. Fund operating subsidy for very low and extremely low income; possibly re-direct funds through use of surtax	County Commission	Increased funds for development of affordable housing		2-4 yrs
	8. Create an employee linkage fee for affordable housing	County	Increased funds for development of affordable housing		1 yr.
	9. Create a program for accepting donations for affordable housing fund by check off on a payment such as car registration, property taxes and city waste bills	County	Increased funds for development of affordable housing		1 yr.
	10. Create a bond issue for funding of affordable housing	County	Increased funds for development of affordable housing		1 yr.
	11. Set up matching fund program for employers, business matches for donations made for affordable housing fund	County	Increased funds for development of affordable housing		1 yr.
	12. Increase affordability period required when public funds are used, such as first time home buyer program, and give city/county right of first refusal and allow for dollars upon sale to come back to city/county; i.e., shared equity if sold during affordability period.	County Commission; Cities	Preservation of affordable housing.		2 yrs.
	13. Create preservation ordinance for preservation of properties as affordable housing when affordability requirements expire. 1. Length of notice. 2. Rights of first refusal for tenants, non-profits, housing authorities. 3. Develop funding source for and create strategy for Preservation. Zone and fund mixed income developments with higher price units subsidizing the lower price units	County Commission; Cities	Preservation of affordable housing.		2 yrs.
		County Commission; Cities	Additional units of affordable housing; more livable communities		2 yrs.

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	14. Review and develop strategy to address gap between home price and income in housing programs		Increased and more balanced utilization of housing program funds		2 yrs.
	15. Standardize amount per household subsidy allowed under first-time homebuyer programs among cities and County or have County standardize amount by use of surtax (see item above)		More balanced utilization of first-time homebuyers funds throughout the County.		2 yrs
III. Increase amount and availability of affordable housing in order to prevent homelessness by streamlining development system and increasing working partnerships	1. Appoint a person or persons within the County Office of Housing to do the following: 1. Provide a local affordable housing information Clearinghouse. 2. Work with local developers of affordable housing and act as liaison/coordinator for the County on particular projects.	County Office of Housing	Information gathered and disseminated Make development of affordable housing attractive and thereby increase amount of affordable housing.		1 yr.

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	<p>3. Collect, analyze and coordinate information on CDBG, SHIP, HOME and other affordable housing dollars throughout the County and disseminate that information publicly.</p> <p>- How much does each entitlement jurisdiction receive?</p> <p>- What is being done with the funds received?</p>		Information disseminated		
	4. Coordinate project funding among funding streams.				
	5. Simplify RFP process to maximize meeting of specific needs				
	6. Increase staff skill levels re: analysis of proposed projects.				
	7. Set aside 30% of housing funds administered by the County for benefit of households with incomes of 30% AMI or less.		More housing developed affordable to those at 30% AMI and less.		
	8. Review existing resources for development of affordable housing to discover any funds which are not being fully utilized.		Increased funding for affordable housing.		
	9. Foster partnership and coordination among County, Cities and other stakeholders with regard to affordable housing.		Increased partnerships among all stakeholders.		
	10. Educate Cities and other partners regarding affordable housing, including rent and rehab		Increased public awareness; decreased NIMBYism		
	11. Simplify entire development process by utilization of working one stop shop; to include expediting of process for affordable housing, including plan review; approval and inspection process; obtaining of variances where needed and use of flex units.	County Commission, Cities	More timely and increased production of affordable housing.		

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
IV. Remove barriers to fair housing for all protected	<ol style="list-style-type: none"> Advocate for removal of barriers to condo ownership. Excess escrow requirement. Unrealistic financial requirements. 	Broward Legislative Delegation	Increased condo ownership.	State housing agencies, fair housing groups, Realtors - HOPE, Inc.	5 yrs.
V. Expand proven affordable housing programs	<ol style="list-style-type: none"> Publicize H2H (Homeless to Homeowner) sponsored by BankAtlantic, to consumers and general public. 	BankAtlantic	Additional homeownership opportunities for low-income households (for Action Steps 1 and 2)	Negligible: In-kind staff time.	Ongoing
	<ol style="list-style-type: none"> Engage other lenders to initiate an H2H model 			In-kind staff time and possible cash contributions by other lenders.	January 2006

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Toolkit for Ending Homelessness, National Alliance to End Homelessness <http://www.endhomelessness.org/pub/toolkit>

The Committee reviewed the following plans to end homelessness: *

A Home for Everyone, (Clark County, Washington), **Homes for the Homeless: 10-Year Plan to Create Lasting Solutions** (Oklahoma City, OK), **Ending Homelessness in Ten Years: A Countywide Plan** (Contra Costa County, CA), **Homelessness in Santa Clara County**, (Santa Clara County, CA), **Opening the Door**, Philadelphia Committee to End Homelessness, **Homelessness in Montgomery County: Beginning to End**, (Montgomery County, MD) **10-Year Plan to End Chronic Homelessness**, (Columbus and Franklin County, OH) *(These plans and others can be accessed at <http://www.endhomelessness.org/localplans/>)

Committee: Income to Pay for Affordable Housing

Goal Statement: Provide assistance and opportunities to homeless/low-wage persons in securing income, income assistance and/or employment opportunities to increase or assure an individual's ability to maintain housing and live independently

Committee Chair: Victor Biggs

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
I. Support the expansion of Living Wage	<ol style="list-style-type: none"> 1. Work with Living Wage Oversight Board to expand current ordinance to cover more employees. 2. Work with stakeholders to get other entities (government, private, faith-based, nonprofit) to voluntarily adopt Living Wage Ordinances. 3. ID, support and develop a living wage task force. 4. Provide training workshops to employers explaining the benefits they receive by paying a living wage. 	Coordinating Council, Living Wage Oversight Board, Florida Coalition for the Homeless, Chamber of Commerce, local unions and labor groups, Coalition to End Homelessness, ACORN, Labor and others	<ol style="list-style-type: none"> 1. Expand Living Wage Ordinance to benefit more employees. 2. All targeted stakeholders will be made aware of the Living Wage Ordinance and encouraged to adopt a living wage strategy. 3. A living wage task force will be established with the support of local chambers of commerce. 4. Provide 4 workshops annually, 10% of employers attending workshops will voluntarily adopt a living wage policy. 	Cost: Negligible	Begin September 2006

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
<p>II. Identify and/or design and implement a model education, job readiness and training program</p>	<p>1. Establish strategic alliances with the business and educational communities</p>	<p>WorkForce One; and/or volunteers from LEA (local educational agencies) ie. Colleges or Universities (incl. Nova Southeastern)</p> <ol style="list-style-type: none"> 1. Employment Coalition of Florida Local business 2. Chamber of Commerce 3. WorkForce One 4. United Way 5. Center for Independent Living 6. Coalition to End Homelessness 7. Florida Coalition for the Homeless 8. Homeless providers 9. Dept. of Vocational Rehab. 10. V.A. 11. Current WorkForce One Kiosks 12. Legal Aid 13. Mental Health Association 14. Ticket to Work 	<p>1. 100 Key business leaders will be identified and recruited to participate in developing models.</p>	<p>Costs: Medium - High</p>	
	<p>2. Design and provide education, job readiness, and training opportunities for individuals and family members who are homeless, recently homeless, or at-risk of homelessness</p>		<p>2. 100 Business leaders will hold initial planning session to identify/create positions in area industries.</p>		

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	3. Recruit and organize providers, employers, and local business organizations, such as the chamber of commerce, to create models for training, hiring, and supporting people who are homeless, recently homeless, or at risk of homelessness. (Perhaps called "Business Leaders In Action")		3. 20 business leaders commit to hiring people who are homeless, formerly homeless, or at risk of homelessness.		
	4. Maintain a resource center and/or website listing of available job training and education opportunities.		4. Increased employment opportunities. Easily navigated site kept up to date with education and training opportunities. Postings: Jobs screened for legitimacy would be posted to the website easily accessed by formerly homeless people.		
	5. Work with The Center for Independent Living to identify specialized funding to provide training and employment services for very low income people with disabilities		5. Develop specialized job training and employment services for people who are homeless and have mental illnesses and/or substance use disorders.		
III. Establish an "Employment First" program.	1. Establish an "employment first" model for residents of permanent supportive housing.	Employment First Work Team Continuum of Care Agencies, Coalition to End Homelessness, Dept. of Vocational Rehab. Love Thy Neighbor ABLE Trust, Employment Coalition of Florida Local business, Chamber of commerce WorkForce One United Way, Center for Independent Living	1. An "employment first" model is developed and adopted.	Cost: High	

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	<p>2. Identify and plan strategies to link employment to permanent supportive housing, with an "employment first" approach.</p> <p>3. Engage agencies that serve permanent supportive housing residents (e.g., service agencies, housing agencies) to adopt "Employment First" model.</p>		<p>2. A plan to link employment with permanent supportive housing is developed and adopted.</p> <p>3. Employment opportunities are easily accessible at designated agencies (housing and service) for case managers and for clients.</p>		
	<p>4. Engage the business community, by sector, to create positions and provide mentors for targeted residents. First phase could be businesses in the service industries (fast food, hospitality, etc.)</p>		<p>4. A minimum of 100 positions are designed for targeted residents in area service industries and are available in the first phase of the initiative; new benchmarks are set.</p>		
<p>IV. Increase coordination of education, training, job readiness and employment services.</p>	<p>1. Organize stakeholders, providers to petition mainstream services/funders/ governmental entities to remove identified barriers and make identified services available to homeless/near homeless consumers.</p> <p>2. Advocate/Educate mainstream providers/funders about the barriers that prevent homeless people from utilizing their services to obtain employment.</p>	<p>Public Transportation Work Team: Broward Transit; Tri-Rail, Metro Transit Authority; Broward County Human Services; Faith Community; Family Central</p>	<p>1. 60% of homeless/near homeless consumers will utilize identified services.</p> <p>2. 80% of homeless/near homeless will use mainstream services to obtain and retain employment.</p>	<p>Cost: Negligible</p>	<p>Begin September 2006</p>

Objectives	Action Steps	Responsible Party I.D. Decision Makers	Expected Outcomes	Resources	Target Dates
	3. Expand public transportation to individuals returning to work, including providing subsidies, increasing availability of public transportation on nights and weekends, and tri-county commute rides (from Broward to either Miami-Dade or Palm Beach and vice-versa).		3. Affordable public transportation is available to 75% of homeless people who need such assistance to secure and maintain employment.		
	4. Actively solicit funding to provide ID, telephone number and address.	ABLE Trust	4. 85% of homeless/near homeless will have access to obtaining a working telephone number and addresses.		
	5. Petition for State legislature for waiving fees for ID /birth certificates	State of Florida	5. 90% of homeless/near homeless consumers who don't have ID/birth certificates will obtain ID/ birth certificates at no cost.		

Draft Notes: 1) Undefined expected outcome will be quantified once baseline data are obtained. 2) Whenever possible, the target dates will be advanced commensurate with available resources.

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Hennepin Co., MN; Indianapolis, IN; Maricopa Co., AZ; Miami-Dade Co., FL; Montgomery Co., MD; State of New Jersey; New York, NY; Oklahoma City, OK; Philadelphia, PA; Portland, OR; State of Rhode Island; Santa Clara Co., CA; Triangle Area, NC.

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Glossary of Acronyms

ACORN	Association of Community Organizations for Reform Now
AHCA	State of Florida Agency for Health Care Administration
ALFs	Adult Living Facilities
AMI	Area Median Income
BARC	Broward Addiction Recovery Center
BCEVSD	Broward County Elderly and Veteran’s Services
BIN	Broward Information Network
BOC	Broward Outreach Center, Inc.
BPHI	Broward Partnership for the Homeless, Inc.
BRHPC	Broward Regional Health Planning Council
BSO	Broward Sheriff’s Office
CCB	Coordinating Council of Broward
CDBG	Community Development Block Grant
CMHSBG	Community Mental Health Services Block Grant
CRI	Community Resource Inventory
CSAD	Children’s Services Administration Division
CSBG	Community Services Block Grant
CSC	Children’s Services Council
CSMS/HMIS	Client Services Management System/Homeless Management Information System
CTEH	Coalition to End Homelessness, Inc.
CoC	Continuum of Care
DCA	State of Florida Department of Community Affairs
DCF	State of Florida Department of Children and Families
DOC	State of Florida Department of Corrections
EFAHP	Emergency Financial Assistance for Housing Program
ESG	Emergency Shelter Grant
FAC	Family Assessment Center
FAU	Florida Atlantic University
FEMA	Federal Emergency Management Agency
FMR	Fair Market Rent
FSAD	Family Success Administration Division
H2H	Homeless to Homeowner Program of BankAtlantic
HAC	Homeless Assistance Center
HIP	Homeless Initiative Partnership Administration
HMHC	Henderson Mental Health Center, Inc.
HHOPE Team	Housing and Health Options Provide Empowerment Team
HOME	Home Investment Partnerships Program
HSD	Broward County, FL Human Services Department
HUD	U.S. Department of Housing and Urban Development
ICH	Interagency Council on Homelessness
LEA	Local Educational Agency
MOU	Memorandum of Understanding
NAEH	National Alliance to End Homelessness
NBB	North Broward Detention Center

NBHD	North Broward Hospital District
NIMBY	Not in My Backyard
PDRED	Broward County Program Development, Research and Evaluation Division
PHAS	Public Housing Authorities
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SBHD	South Broward Hospital District
SCHIP	State Children’s Health Insurance Program
SHIP	State Housing Incentive Partnership Program
SOC	Standards of Care
SSA	Social Security Administration
SSBG	Social Service Block Grant
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
TANF	Temporary Assistance to Needy Families
TFEH	Task Force Fore Ending Homelessness
VA	Veteran’s Administration
792-BEDS	Central Intake Phone Lines operated by CTEH

Broward County, Florida's Ten Year Plan to End Homelessness
ORGANIZATIONAL ENDORSEMENT OF SUPPORT

Broward County's Ten Year Plan to End Homelessness is a comprehensive, community-developed Plan that rejects the conventional "wisdom" that there will always be homelessness in our community.

We believe that the Plan offers a better approach and an opportunity to confront homelessness in more effective ways. Implementation will require the energy and resources of the whole community; however, by working together, we will eliminate homelessness in Broward County, Florida, as we know it today.

By signing this endorsement, we are committing to the spirit and philosophy of Broward County's Ten Year Plan to End Homelessness. Our organization will support efforts to prevent homelessness and the development of permanent solutions to the many issues that lead to homelessness of individuals and families.

We understand that this Plan is only the starting point, and that the road to ending homelessness in our community will be lengthy and challenging. We may, at times, want to turn back, but despite all obstacles, we will continue to move forward, recognizing that the destination will be well worth the trials of the journey. We are committed to making the vision of ending homelessness in our community a reality.

Signed this _____ day of the month of _____, 200_.

By: _____

Signature

Title

Print Name: _____

Representing: _____

Name of group or organization

Please name a liaison to the ongoing implementation of the Plan:

Name Title Phone or Email

Please submit completed forms to:

Dianne L. Sepielli, Chair
Ten Year Plan Steering Committee
c/o Homeless Initiative Partnership Administration
Suite 516 – 115 South Andrews Avenue
Fort Lauderdale, FL 33301

Broward County, Florida's Ten Year Plan to End Homelessness
INDIVIDUAL ENDORSEMENT OF SUPPORT

Broward County's Ten Year Plan to End Homelessness is a comprehensive, community-developed Plan that rejects the conventional "wisdom" that there will always be homelessness in our community.

I believe that the Plan offers a better approach and an opportunity to confront homelessness in more effective ways. Implementation will require the energy and resources of the whole community; however, by working together, we will eliminate homelessness in Broward County, Florida, as we know it today.

By signing this endorsement, I am committing to the spirit and philosophy of Broward County's Ten Year Plan to End Homelessness. I will support efforts to prevent homelessness and the development of permanent solutions to the many issues that lead to homelessness of individuals and families.

I understand that this Plan is only the starting point, and that the road to ending homelessness in our community will be lengthy and challenging. I may, at times, want to turn back, but despite all obstacles, I will continue to move forward, recognizing that the destination will be well worth the trials of the journey. I am committed to making the vision of ending homelessness in our community a reality.

Signed this _____ day of the month of _____, 200_.

By: _____
Signature Title

Print Name: _____

Please submit completed forms to:

Dianne L. Sepielli, Chair
Ten Year Plan Steering Committee
c/o Homeless Initiative Partnership Administration
Suite 516 – 115 South Andrews Avenue
Fort Lauderdale, FL 33301

