

WORKSHOP

Workshop on the Homeless and Cold Weather Shelter Housing Needs

**Leon County Board of County Commissioner Chambers
Leon County Courthouse, 5th Floor**

**February 23, 2010
1:30 pm – 3:00 pm**

This document distributed: February 16, 2010

Board of County Commissioners

Workshop Discussion

Date of Meeting: February 23, 2010

Date Submitted: February 15, 2010

To: Honorable Chairman and Members of the Board

From: Parwez Alam, County Administrator
Vincent S. Long, Deputy County Administrator
Candice Wilson, Director, Health and Human Services

Subject: Acceptance of Homelessness and Cold Weather Shelter Housing Needs Status Report

Statement of Issue:

This workshop item requests Board acceptance of a status report regarding homelessness in Leon County and recommended strategies for long-term resolution and ways to effectively maximize resources within the Leon County homeless community including cold weather shelter housing needs.

Background:

At the September 22, 2009 Commission meeting, the Board requested that staff schedule a workshop to address the under utilization of assets within the homelessness continuum of care. The goal would be to identify services with minimal or no demand to develop a strategy and to address current unmet needs.

A letter was sent to all of the providers of homeless care in our community on December 8, 2009 (Attachment #1) requesting their attendance at the December 15, 2009 homelessness workshop preparation meeting with staff. Each agency was tasked with providing an Agency FACT Sheet (Attachment #2) which provides a brief overview of the agency along with recommendations for long term resolutions to homelessness. This report includes information and recommendations obtained from over 20 service providers working throughout the homelessness continuum of care.

During the January 19th, 2010 Commission meeting, the Board requested staff to bring back information on the cold weather housing needs of homeless. Information was also requested on the process for triggering the County's ability to address bed shortages during extremely cold weather.

The workshop item is structured as follows:

1. Local Numbers of the Homeless Persons
2. Characteristics and Causes of Homeless Persons
3. Homelessness Continuum Of Care and Community Resources
4. Evaluation of the Continuum of Care
5. Cold Weather Sheltering Overview

6. Conclusion

1. Local Number of Homeless Persons:

Information in this section of the report is based on information provided by the Big Bend Homeless Coalition and data on homeless persons served from local service providers.

The U.S. Department of Housing and Urban Development requires that at least every two years communities conduct a one-day count of the homeless. The count is to be conducted on one day within the last week of January. For 2008, the count was optional, but for 2009, the count was mandatory.

An actual street count is conducted using volunteers to poll homeless people on the street, in parks or other public places, in makeshift camps in the woods or in abandoned buildings. These street counts can be as simple as a head count, or can entail a short questionnaire intended to capture demographic information on the individual or family. The street count process is very labor intensive. For rural areas, the logistics are very difficult given the sheer magnitude of the area to be covered. Further, finding the homeless is not always easy, and weather conditions on the day of the count can add to the difficulty.

In 2009, the Big Bend Homeless Coalition reported a total of 750 persons who are homeless on a daily basis. This data was gathered through a point-in-time count. Because this number reflects only those who were identified and surveyed on that day, it is likely that it underestimates the actual extent of daily homelessness.

Local professionals believe that the actual number is closer to 1,500 per day. Throughout any given year, people can move in and out of homelessness. Therefore, if 750 are homeless on a given day, it is likely that up to 4,000 are homeless at some point during the course of a year. The Big Bend Homeless Coalition expects the number of homeless to increase based on demands for services and other housing and economic trends, including:

- Downturn in the national economy
- Growing number of filings for foreclosure
- Increasing numbers of applicants for cash assistance, food stamps, and other benefits
- Rise in demand for food and feeding programs (38% are children)
- Declining revenues for local and state government human services and housing programs

The Big Bend Homeless Coalition and their direct service agency partners are taking full advantage of federal and other sources of financing to increase the housing options to serve the homeless. Long term solutions to effectively reduce or end homelessness will be dependent on ensuring that each individual or family has the financial ability to find and maintain housing that they can afford. The Big Bend Homeless Coalition is committed to helping the vulnerable persons that they serve attain this level of economic self-sufficiency and secure safe and stable housing.

2. Characteristics and Causes of Homelessness:

Who are the homeless? The answer to this question remains as broad and varied as it has in the past several years: individuals, families, people who struggle with substance abuse and mental illness, youth who have aged out of foster care, runaway youth... anyone, by state law, who lacks a fixed, regular and adequate nighttime residence, or whose primary residence is:

- A public or private shelter or transitional housing
- A place not meant for human habitation, including parks, the street, or a vehicle
- A temporary residence for persons intended to be in an institution

Professionals working directly with homeless people note that our country's financial problems have hit people living on the edge of homelessness particularly hard. Many people have become homeless because of their housing. Often the first house they have ever owned has been foreclosed. Many individuals and families who paid their rent have been evicted because the property owner lost the house or apartment complex to foreclosure. In addition, employers have cut back on the number of employees or on employees' hours. Working people have been unable to locate affordable housing for themselves and their families because of cuts in federal housing programs and the lack of low-income housing in both rural and urban communities.

In addition to the number of persons who are homeless, the annual one-day counts provide valuable information on the characteristics of the homeless population. This data comes from survey questions asked during the count, as well as from the local Homeless Management Information System (HMIS). Disability problems and housing issues are the other significant causes cited.

Some characteristics, based on the 750 who were surveyed for the Point-in-Time:

- 55% are males
- 22% are veterans
- 47% have a disabling condition (most frequent – physical disability)
- 38% are children
- 8% in Tallahassee less than one month
- 47% are African American
- 34% have some college education

In the interviews and agency intake records, the individuals reported that employment and financial reasons are the primary causes of their episode of homelessness in 50.4% of the cases. This represents an increase of 12.7% over last year's figure. The increase is related to the current recession in the United States. Medical/disability problems and housing issues are the other significant causes cited.

For the Point-Time-Count, the following “Capacity Utilization” rates were measured for area emergency shelters and transitional housing programs in Leon County:

	Capacity Utilization
Emergency Shelters:	
The Shelter	184%
Echo’s Bethany Apartments	100%
Refuge House	100%
Haven of Rest	100%
Transitional Housing:	
Behr’s HOPE Community	120%
Brehon House	100%
ChristTown	100%
GNO’s Mercy House	100%
Chelsea House	100%
Hope House	100%
LSS InnBetween	100%
Promiseland	100%
Refuge House	100%
ECHO’s Bethany Apartments	100%

3. Homelessness Continuum of Care and Local Community Resources

The Continuum of Care 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.

The Coalition serves as the Lead Agency for the area’s Continuum of Care, which is the array of services available to assist people experiencing homelessness in reaching self-sufficiency. Monthly network meetings for all agencies in the Continuum are held, at which time coordination of services and education of providers and other stakeholders occurs. Also, a biennial survey of people experiencing homelessness is conducted and an annual gaps analysis is prepared to determine the Continuum’s priorities as they relate to ending & preventing homelessness. These processes exemplify the critical role that collaboration between the coalition, homeless service providers and other stakeholders play in creating an effective Continuum of Care for persons experiencing homelessness in our community. The Coalition also applies for and disperses federal funds from the U.S. Department of Housing and Urban Development (HUD) and state funding through the Department of Children & Families’ Office of Homelessness.

A continuum of care plan is intended to be a “*framework for a comprehensive and seamless array of emergency, transitional and permanent housing, and services*” to address the needs of the persons who are homeless [section 420.624, Florida Statutes]. This homeless assistance planning effort is used by both the state and, the Department of Housing and Urban Development, to guide the allocation and award of homeless grants.

The homeless continuum of care plan is the framework for marshalling local resources. Just as this plan guides the award of federal and state grants, the continuum of care directs the investment of local funding. The planning process reveals the unmet needs, and outlines strategies to meet those gaps in service. An essential component of this plan is the current inventory of services and housing available for the homeless. Every continuum has identified the local agencies that are providing the range of services, from community outreach and referral to prevention assistance, and to sheltering facilities and supportive services. Locally developed service plan covers the following components of the continuum of care for the homeless:

1. *Outreach, intake, and assessment of the person or family to identify their needs and link them to local services*
2. *Emergency sheltering*
3. *Transitional housing*
4. *Support services*
5. *Permanent supportive housing*
6. *Permanent housing*
7. *Referrals among all components to move persons toward permanent housing and self-sufficiency*
8. *Services and resources to prevent homelessness*

Currently, in the network of service providers, there are more than 67 participating in the continuum of care (Attachment #3). The supply of resources to serve the homeless continues to trail the demand. As noted earlier there are approximately 750 homeless people are unsheltered on any given night.

Leon County does not have a housing shortage, rather, a lack of housing that is affordable for citizens who live and work in our community. According to the federal Fair Market Rent (FMR) a two bedroom apartment should rent for \$892 in Leon County. There are some apartments in Leon County that rent for less than the FMR. However, first and last month’s rent as well as security deposits make these apartments cost prohibitive for many working poor. Many homeless persons face additional barriers to securing housing such as poor rental histories, poor credit, and some cases criminal histories.

In our community, there are an estimated 18.2% citizens earning 30% or less the area median income. There are more than 1,500 people on waiting lists for public housing. Currently, the city and county have a combined total of 2,138 Section 8 Vouchers and nearly 541 units of public housing. At this time, the waiting list for public housing is approximately 18 months. The waiting

list for Section 8 vouchers is 60 months.

Currently, our community has 1,136 beds for people experiencing homelessness, split into three phases of care:

- Emergency Shelter 185 beds for individuals; 118 for families
- Transitional Housing: 218 individual beds; 207 family beds
- Permanent Supportive Housing: 150 individual beds; 278 family beds.

The lack of affordable housing leaves many in precarious housing situations, and creates a backlog that impacts the entire homeless continuum of care network. Each day a person remains in an emergency shelter waiting for affordable housing, another homeless languishes on the streets.

4. Evaluation of the Continuum of Care

The local homeless coalitions were asked to evaluate the effectiveness of their Continuum of Care plan elements. Each coalition was asked to identify the two strongest and two weakest plan elements. Overall, the strongest elements cited were linkages and referrals among all components, and supportive services.

The two weakest components identified were permanent housing, including permanent supportive housing, followed by emergency shelters. The coalitions were also asked for their assessment of the need for service for specific homeless subpopulations. The assessment asked for the top two groups by each of the following questions:

- Greatest Need
- Least Resources to Serve
- Most Effectively Being Served

The two subpopulations identified with the greatest need were (1) families with children and (2) individual adults. The two subpopulations with the "least resources to serve" were (1) chronic homeless and mentally ill, and (2) families with children. The most effectively were (1) victims of domestic violence and (2) served subpopulations identified persons with HIV/AIDS. It should be noted that the most effectively served subpopulations – victims of domestic violence and persons with HIV/AIDS – are more clearly defined and funded target audiences, and, therefore, there are more services to help clients.

The Big Bend Homeless Coalition identified their top two unmet needs. Affordable housing is clearly the top critical need with emergency shelter needs as the number two need. Housing needs are further defined as:

- Permanent supportive housing
- Emergency shelter
- Permanent housing
- Transitional housing

Other needs that were identified in the top listing included:

- Rent subsidies
- Transportation
- Services for chronic homeless population
- One-Stop centers to access services
- Employment at wages that cover housing
- Job training and placement
- Prevention resources
- Day resources facilities
- Money to cover everyday shelter and housing operating costs

2-1-1 Big Bend which provides a 24 hour free community hotline service called Helpline 2-1-1 offering individual, confidential counseling and human service information (Attachment #4). As reported in their 2008-09 service snapshot, total call volume increased from 24,349 to 25,342 representing a 4% increase in call volume. Most of the calls were related to basic needs assistance. The most common requests were for utilities, rent/housing, food, health medical and emergency shelter assistance.

5. Cold Weather Sheltering Overview

Tallahassee has recently experienced an unusually cold period, thereby increasing the threat of hypothermia to people living outdoors without adequate shelter. To protect the health and safety of those without shelter, Leon County Division of Emergency Management (DEM) has coordinated with the City of Tallahassee to open a "Cold Night Shelter." (Attachment #5) The Leon County Health Department provided the following information and recommendation to aid in the decision process (Attachment #6):

"Emergency cold night shelter should be made available when the National Weather Service forecasts that temperatures, including the effects of wind chill, will fall below 35 degrees Fahrenheit for 3 consecutive hours prior to sunrise."

Rather than use a single, ambient (surrounding) temperature as a trigger for opening cold weather shelters, the Leon County Health Department recommends using the effective temperature designation of 35⁰ F, which also takes into consideration the wind chill factor. For example, the surrounding temperature might be above freezing, but the wind chill factor could lower the effective, or "feels like", temperature to 20⁰ degrees F. In that case, because 20⁰ F is below the threshold of 35⁰ F, a cold night shelter would be opened. According to the National Weather Service, this temperature designation is based on the rate of heat loss from exposed skin caused by the effects of wind and cold. As the wind increases, the body is cooled at a faster rate causing the skin temperature to drop."

Leon County DEM in cooperation with the City of Tallahassee has used methodology as a trigger to open a cold weather shelter. The Lincoln Neighborhood Center has served as the temporary location. Community partners have stepped forward to help staff the shelter and provide water, snacks and coffee.

Leon County DEM continually monitors weather forecasts for indications of severe weather, including exceedingly cold nighttime temperatures. When temperatures that meet the Leon County Health Departments recommended hazardous cold temperature criteria as forecast by the National Weather Service, Leon County DEM initiates coordination conference calls with “cold night shelter” stakeholders.

Stakeholders in the operation of cold night shelters include: Big Bend Homeless Coalition, The Shelter, Leon County Government, City of Tallahassee Government, Leon County Health Department, VolunteerLEON, Big Bend Community Organizations Active in Disaster, Capital Area Chapter of the American Red Cross and First Presbyterian Church.

The goal of coordination conference call is to determine:

- the extend of hazard (how cold will it be and for how long)
- where the best location to open a shelter will be (based on how many people do we expect in shelter),
- which volunteer organization will provide staffing for shelter management, and
- which volunteer organization will provide snacks/water/coffee.

During the conference call, the situation is analyzed and tasks are assigned allowing agencies to prepare to operate the shelter.

Since January 26, 2010 a cold night shelter has been opened 7 nights.

- Night of January 26-January 27 58 persons sheltered
- Night of January 27-January 28 44 persons sheltered
- Night of January 28-January 29 65 persons sheltered
- Night of January 30-January 31 65 persons sheltered
- Night of January 31-February 1 81 persons sheltered
- Night of February 9-February 10 76 persons sheltered
- Night of February 10-February 11 86 persons sheltered

Activation of the Cold Weather Shelter will continue to be based on the criteria established in order to provide a safe haven for those in need.

6. Conclusion

The causes of homelessness are complex, yet the reoccurring themes that emerge are poverty, a lack of affordable housing and a need for services. Currently, we have inadequate service capacity for the needs of our homeless neighbors. The primary causes of homelessness were: unemployment, income that does not meet basic needs, alcohol/drug abuse, mental health issues, domestic violence, physical/medical problems, release from an institution (jail, prison, hospital) and divorce/separation.

The stereotypical image of a homeless person as an unemployed, panhandling single male with an alcoholic problem is a misnomer that enables some people to look the other way. The reality is that the homelessness in Leon County includes women with children, elderly people; physically and/or mentally disable person, veterans and the working poor.

During the December 15, 2009 meeting held with county staff and the providers of homelessness care, the following issues were discussed:

- **Issue of the lack of committed funding for housing**
 - Economic Development Council
 - Permitting issues
 - Social stigma because many neighborhoods do not want transitional housing
 - Maryland Oaks/Mission Oaks/Mercy House = FULL
 - Possible solution = Utilization of mobile homes to address homelessness
 - Necessary – Ombudsperson to deal with the local ordinance issues
 - Necessary – 1 Stop Shop to deal with all the issues associated with homelessness

- **Need for Transitional Housing Providers**
 - Tallahassee Housing Authority

- **Identifying the various phases of the homelessness experience**
 - Young women abused at home and decide the streets are safer
 - Possible solutions

- **Possible Resources**
 - Safe Haven Grant fund by HUD

- **Unfunded Needs:**
 - Community storage facility
 - Community shower access
 - Community laundry access
 - Community Treatment Center to meet financial, medical, and mental health needs

Moving forward the Big Bend Homeless Coalition recommends the following:

- Re-ignite the Mayor's 10-Year Plan to End Chronic Homelessness and fund the needs (Attachment #7)
- Require local agencies to commit to working together cooperatively
- Prioritize unmet needs

PowerPoint presentations from the Big Bend Homeless Coalition (Attachment #9), The Shelter (Attachment #10) and the Division of Emergency Management (Attachment #11) are attached for your review.

Options:

1. Accept the Homelessness and Cold Weather Shelter Housing Needs Status Report
2. Do not accept the Homelessness and Cold Weather Shelter Housing Needs Status Report
3. Board Direction

Recommendation:

Options #1

Attachments:

1. December 8, 2009 Letter to Providers of Homelessness Care
2. Agency FACT Sheets
3. Emergency Care Help Organization (ECHO)
4. Big Bend Homeless Coalition Service Guide
5. Big Bend 2-1-1
6. Emergency Management Cold Weather Shelter Guide
7. Letter from the Health Department to Emergency Management
8. 10-Year Plan to End Chronic Homeless, Report from the City of Tallahassee Mayor John Marks' Task Force to End Chronic Homelessness
9. PowerPoint Presentation - Big Bend Homeless Coalition
10. PowerPoint Presentation - The Shelter
11. PowerPoint Presentation -- Division of Emergency Management

PA/VSL/CMW/jb



Leon County
Board of County Commissioners
301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Attachment # 1
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Division of Housing Services
918 Railroad Avenue
Tallahassee, Florida 32310
(850) 606-1900

Commissioners

December 8, 2009

BILL PROCTOR
District 1

JANE G. SAULS
District 2

JOHN DAILEY
District 3

BRYAN DESLOGE
District 4

BOB RACKLEFF
District 5

CLIFF THAELL
At-Large

AKIN AKINYEMI
At-Large

PARWEZ ALAM
County Administrator

HERBERT W.A. THIELE
County Attorney

Greetings from the Division of Leon County Health and Human Services.

During the September 22, 2009 Board of County Commissioners meeting, the Board requested a workshop to address potential under-utilization of assets within the homeless continuum of care. The workshop has been scheduled for Tuesday, February 23, 2010 from 1:30 pm. to 3:00 pm. in the Commission Chambers.

The purpose and focus of this workshop is to address homelessness and develop strategies for long-term resolution and ways to effectively maximize resources within the Leon County homeless community. Leaders and providers within the homeless community would be invited to participate and dialogue regarding services the agencies offer. The focus for discussion will be to identify the services with the heaviest demand and the services with little or no demand. The goal is to identify services having little or no demand and developing a strategy, through referrals and public education, to address currently unmet needs.

We have scheduled a meeting of providers of homelessness services on Tuesday, December 15, 2009 at 2:00 pm in the Leon County Community Room, 918 Railroad Avenue, Tallahassee, Florida 32310 to strategize a plan of action to be presented to the Board. As a provider of homelessness services, we would like to extend an invitation to you (*or your designated representative*) to attend. Your presence and expertise is vital to a successful workshop.

We hope that you will be able to join us! If you would like to attend this meeting held on December 15, 2009, please RSVP Renee Dukes at dukesr@leoncountyfl.gov or Candice Wilson at wilsonca@leoncountyfl.gov.

Sincerely,

Candice M. Wilson
Director, Health and Human Services

Leon County Workshop on Homelessness Agency FACT Sheet

Agency Name: The Big Bend Homeless Coalition, Inc.

Mission Statement:

The mission of the Big Bend Homeless Coalition is to be the leader of a compassionate community partnership dedicated to coordinating resources that empower people to end homelessness.

Program Overview:

- HOPE Community – Transitional housing program and case management for adults and families with children moving out of homelessness and toward stable housing, health, and income.
- Home Plate – Permanent supportive housing program with rental subsidies for formerly chronically homeless adults with disabilities.
- Outreach – Direct immediate assistance (e.g., medication assistance, bus passes, IDs, food) for persons experiencing homelessness. Outreach sites include The Shelter, Leon County Jail, Haven of Rest, and the Apalachee Drop-In Center.
- Lead Agency role – Host monthly network meetings for those involved in the homelessness continuum of care; publish community Services Guide; facilitate resource inventory, needs assessment, and priority-setting; submit the HUD Continuum of Care application for the Big Bend area; maintain the Homeless Management Information System (HMIS) for the continuum of care.

Accomplishments:

- Recently secured funding to launch a Culinary Arts Training Program for adults experiencing homelessness.
- Since HOPE Community opened, we've helped more than 789 people, including over 300 children, move out of homelessness and into stable housing.
- Overall, more than 73% of HOPE Community residents have moved into stable housing when they left our program.
- In 2008-2009, 341 people, including 113 children, were served at HOPE Community. The stable housing placement rate for those who exited the program in 2008-2009 was 79.3%.
- Even though those who enter Home Plate have been chronically homeless, last year 89% of the participants stayed in stable housing for at least six months.
- Published 2009 Services Guide.
- This year, we doubled the number of volunteers providing meals at HOPE Community.
- Recently launched new partnerships and on-site programs at HOPE during 2009: parenting classes through FSU, children's health and wellness classes, girls' circles, domestic violence and sexual assault counseling, AA/NA, etc.

Annual Budget:

\$1,748,000 (including \$607,500 of pass-through funding, which cannot be used for BBHC operations)

Big Bend Homeless Coalition (con't)

Funding Sources:

U.S. Dept of Housing & Urban Development, State of Florida Dept of Children & Families, City of Tallahassee, United Way of the Big Bend, Capital Medical Society, Wal-Mart Foundation, private donors.

Recommendations for long term resolutions:

- Expand the capacity of **transitional housing** programs that are proven to end homelessness.
- Expand the capacity of **permanent supportive housing** programs that are proven to end homelessness.
- Establish a **Safe Haven** in the community to house the "hard-to-serve" subpopulation of chronically homeless mentally ill.
- Establish an **SRO** (Single Room Occupancy) in the community to provide affordable permanent housing for individuals experiencing homelessness.
- Establish a separate **emergency shelter facility for homeless women and families** with children, with appropriate services for their unique needs.
- Consider establishing a "**homeless court**" alternative (like "mental health court") to encourage people who are homeless to engage in services that will help them end their episodes of homelessness.
- Create a **joint City-County 10-Year Plan** to End Homelessness and work toward successful implementation and funding.
- Establish a **dedicated funding source** from local government licenses or fees.

Recommendations for effective utilization of resources:

- Invest more funding into programs proven to **end homelessness**.
- Require agencies who are serving persons experiencing homelessness to provide **quality supportive services** or to refer their clients to other agencies that can provide those services.
- Allocate a larger percentage of **CHSP funding** into basic needs, emergency services, and similar categories.

Leon County Workshop on Homelessness Agency FACT Sheet

Agency Name: Refuge House

Mission Statement:

To provide direct services to battered women, their children, and sexual assault survivors, as well as to end the conditions in society that allow such violence to continue.

Accomplishments:

Refuge House provides emergency shelter to 450-500 women and children every year, and offers transitional housing for up to two years for 35 women and children annually. While in residence, families are provided with emergency food, clothing, and personal items; case management support, legal assistance, counseling, child care, therapy and educational/financial assistance offered.

Annual Budget:

\$2,800,000

Funding Sources:

60% Federal Grants (HHS, Temporary Assistance to Needy Families; HHS, Family Violence Protective Services Act; DOJ, Victims of Crime Act; DOJ, Violence Against Women Act; CDC, Rape Prevention and Education and others);

15% State Funding (Domestic Violence Trust Fund; Rape Crisis Program Trust Fund; General Revenue Domestic Violence Prevention; General Revenue Sexual Violence Victim Services);

5% Local Funding (Leon County, Taylor County, Franklin County, Madison County, City of Tallahassee);

20% United Way and private donations

Recommendations for long term resolutions:

Domestic and sexual violence prevention; economic justice; adequate substance abuse and mental health community resources; dignified affordable permanent housing.

Recommendations for effective utilization of resources:

Continuous strategic planning by service providers and policy players.
Responsive practices by grantor agencies to permit justified modifications to long-term program commitments to allow for sensible shifts in program priorities to meet evolving community needs.

Leon County Workshop on Homelessness Agency FACT Sheet

Agency Name: Catholic Charities of NW Florida, Tallahassee and the Big Bend

Mission Statement: Catholic Charities carries out the social mission of the Catholic Church in NW Florida to serve, to empower, and to advocate for vulnerable families and individuals of any race, religion or national origin.

Accomplishments: 2009 – agency affected over 12,000 individuals in the Big Bend through services provided – prevention of homelessness, case management programs, counseling services, hunger alleviation, Christmas Connection, and educational programs.

Annual Budget: \$818,060

Funding Sources: Charitable contributions, Community Human Service Partnership, Federal grants, Diocese of Pensacola-Tallahassee

Recommendations for long term resolutions: Build affordable housing throughout the city, economic development to increase job market

Recommendations for effective utilization of resources: Develop cooperative solutions among all social service and government agencies with a common goal

Leon County Workshop on Homelessness Agency FACT Sheet

Agency Name:

We Care Network and We Care Dental Network

Mission Statement:

It is the mission of the Capital Medical Society Foundation's *We Care Network* to provide a safety net to those low-income, uninsured patients most in need in our community through donation of specialty medical care and dental care.

Accomplishments:

- Our volunteer physicians, dentists, and ancillary medical providers have donated more than \$40 million in care to low-income, uninsured patients in Leon, Gadsden, Jefferson, and Wakulla Counties since 1992.
- We have twice (2008 for medical and 2009 for dental) been awarded a Sapphire Award from the Blue Foundation for a Healthy Florida.
- Over 6,000 patients have received donated care through *We Care*, with an additional 4,000 receiving short-term case management (e.g.- assistance applying for Medicaid)
- Paid for more than \$75,000 worth of medications for our patients
- Provided more than 100 sets of dentures to area residents

Annual Budget: \$230,000

Funding Sources:

Leon County Commission, Leon County Health Department, Frueauff Foundation, Perkins Foundation, Wakulla County Commission, Wakulla County Health Department, Jefferson County Health Department, CHSP, United Way, Capital Health Plan, Florida Dental Health Foundation

Recommendations for long term resolutions: better coordination of the continuum of care between agencies, central location for receiving all necessary services, a better way for a person's various case managers in different agencies to communicate about a person's care (such as a multi-agency database), increased access to basic medical and dental care

Recommendations for effective utilization of resources:

- ***More effort should be placed on getting these patients into primary care centers earlier in life and on a more frequent basis. Kay Freeman Health Center is a giant leap in this direction, and efforts to support this center and increase its outreach efforts should be undertaken.***
- ***Most of our patients come to us without any way to pay for medications, which has intensified their medical problems. If there was funding provided to the primary care centers for purchasing medications for their patients, it would curb some of their health issues and eliminate some of the burden placed on our volunteer specialists to treat problems that were greatly exacerbated by a lack of consistent medication use.***

Leon County Workshop on Homelessness Agency FACT Sheet

Agency Name:

Non-secure Programs, Inc. (NPI)

Providing residential and aftercare substance abuse treatment for clients court ordered into program.

Funding Sources: 100% DoC contract

Recommendations for long term resolutions:

More treatment programs and facilities are needed for inpatient, residential and outpatient treatment. Addiction is a chronic mental illness and needs treatment for long-term recovery. Support services through a clubhouse or community center facility would be a valuable addition to the present environment of disparate services offered in different and distant locations. A similar concept to what Workforce has done combining various employment services under one roof. Facility could include health, counseling, employment information and housing referral services as well as phones, lockers and showers for the homeless and meeting rooms for professional coordination and education.

Recommendations for effective utilization of resources:

Better communication between agencies providing mental health and addiction treatment with those providing housing and other social support services to prevent clients from falling through the cracks between agencies and avoid relapse and recidivism after treatment. Better recognition of substance abuse and addiction as a mental health issue rather than a criminal justice problem. Getting people treatment **before** they become a law enforcement problem could help prevent some of the problems we have with homelessness. Training law enforcement officers to recognize the need and to channel at risk individuals into treatment rather than ignore the problem until it rises to the level requiring legal intervention could benefit all concerned.

Leon County Workshop on Homelessness Agency FACT Sheet

Agency Name: Big Bend Cares

Mission Statement: To provide education and comprehensive support to people infected with or affected by HIV/AIDS.

Accomplishments: numerous in what areas ?

Annual Budget: 2 million

Funding Sources: DOH, CDC, City, County, United Way, MAC Cosmetics, BASIC NWFL, Gamma MU Foundation, Broadway CARES.

Recommendations for long term resolutions: All homeless providers working together in unison with state and local government to asses and then meet the community needs. A Homeless Coalition that includes all parties.

Recommendations for effective utilization of resources: For one homeless agency to stop using the newspaper as a fundraising outlet and to start working with all the other agencies BEFORE issues arise, instead of after they arise.

Emergency Care Help Organization (ECHO)

- ECHO has been serving Leon County, Florida since April 1981.
- ECHO is the largest faith based human services agency directly assisting more than 20,690 people each year.
- ECHO puts faith into action by serving people in crisis and poverty. ECHO provides a full range of services that restore individual and family self-sufficiency and feelings of self-worth.
- ECHO offers Leon County residents and the homeless professional services through programs providing emergency relief, job skill development, and family sustainability.
- Our clients are served through one of four areas: Emergency Resources, Employment Assistance, Family Services or Weekend Meals.

Emergency Resources Program

- Counsels more than 3,500 individuals annually, and directly impact as many as 7,600 dependents.
- Help people in need identify and overcome extremely difficult life circumstances.
- Works diligently with each individual to build a solid e case plan.
- Promote stability and financial self-sufficiency.
- Direct services include food, clothing, household items, furniture, job referrals, and budget counseling.



Employment Assistance Program

- Free employment resource center.
- Offers interview preparation, employability skills workshops, coaching and mentoring, placement, and follow-up services.
- Assist with professional resume building, faxing applications to potential employers, and job specific clothing.
- Offer assistance with telephone services, mailing addresses and temporary transportation services.
- 70% of graduates from weekly classroom workshops obtain stable employment.
- Direct services include food, clothing, household items, furniture, job referrals, and budget counseling.



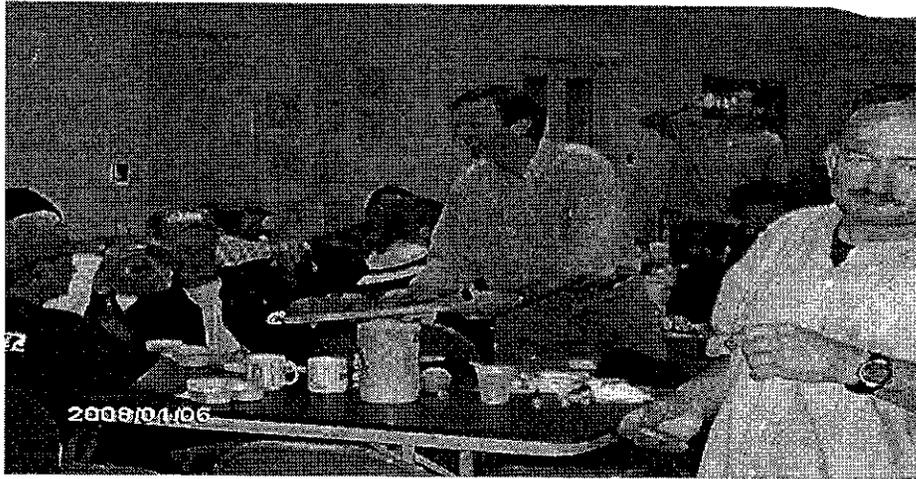
Family Services Programs

- Provides 4 month short-term housing and long-term hope for families in a housing crisis.
- Homeless families with minor children receive services to help them move toward employment, permanent housing and economic self-sufficiency.



- Case Management support services are mandatory for all our residents.
- Residents must attend a multitude of educational seminars and classes: money management, budgeting, nutrition, and parenting.
- After-school programs, tutoring, summer camps, monthly field trips and monthly birthday parties.

Weekend Meals

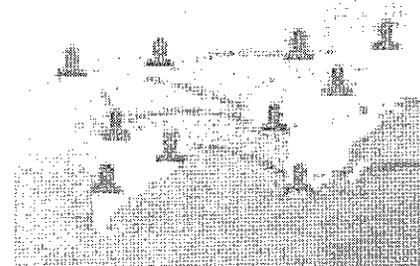


- In conjunction with Bethel Missionary Baptist Church and First Presbyterian Church we provide the weekend lunch meal for The shelter.
- Saturday Location : The Shelter 480 W. Tennessee St.
-Provide lunch for approximately 130 people every Saturday
- Sunday Location : First Presbyterian Church 110 N. Adams St.
- Provide lunch for approximately 75 people every Sunday

Where To Find Us?

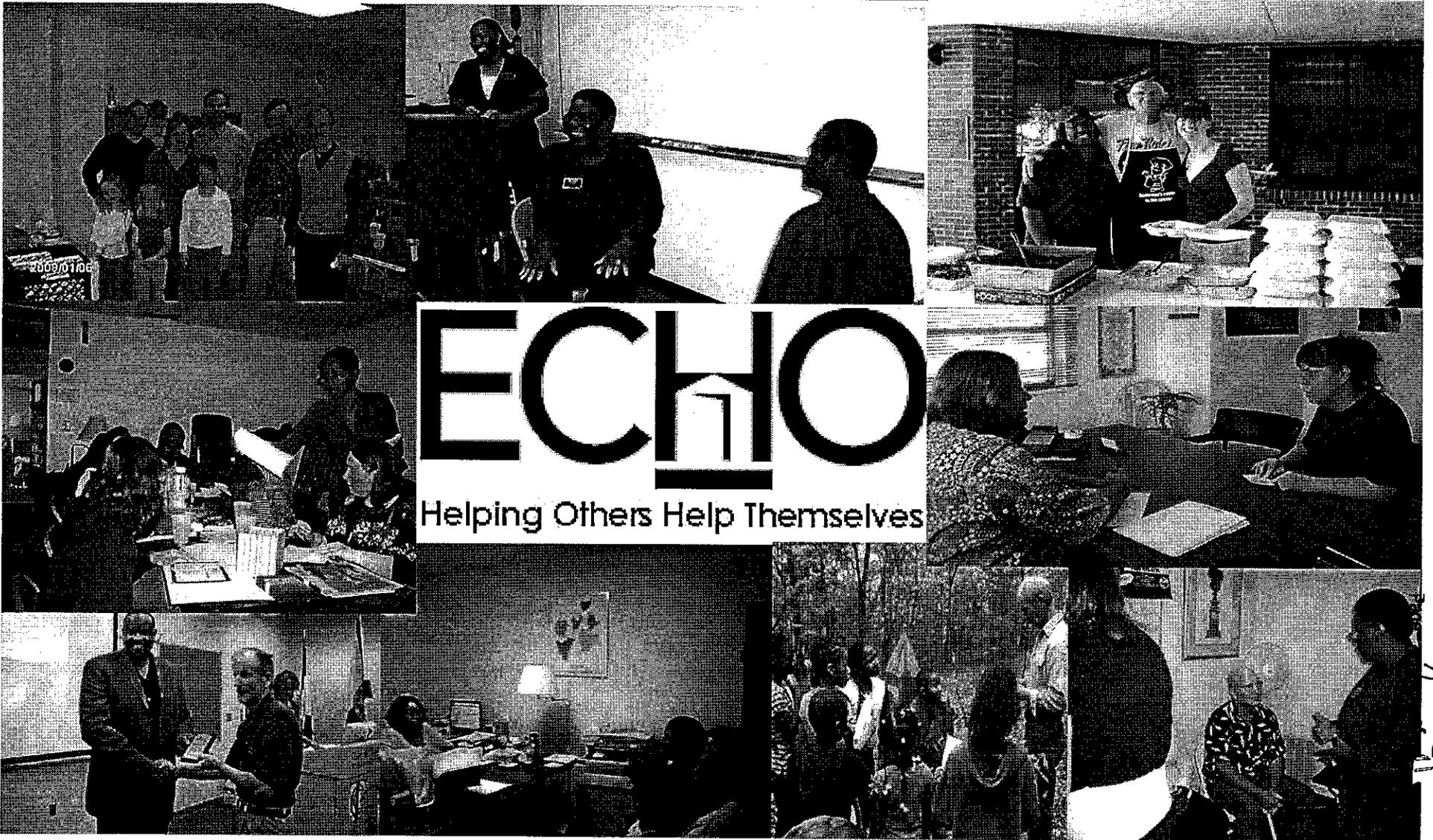


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GoodSearch
YOU SEARCH WE GIVE™

The Lives We Touch



To; Candice Wilson
Leon County

From: Chuck White
Good News Outreach

Date: February 15, 2010

Re: Copy of Letter to Mayor Marks

Subject: Homelessness Services and recommendations

**Good News Outreach
242 Lafayette Circle
Tallahassee, Florida
32303**

February 11, 2010

**Mayor John Marks
City of Tallahassee
City Hall
Tallahassee, Florida 32301**

Dear Mayor Marks,

We first want to profoundly thank you for your recent strong support for the homeless in our community and recognizing the emergency situation in which many of our fellow citizens live. Opening the Lincoln Center for the overflow at The Shelter as well as other individuals and families is a solid and positive step in solving the homeless crisis that surrounds us. Again, thank you.

Good News Outreach is a faith based, private sector organization that serves as the outreach ministry for more than twenty different faith communities in the Tallahassee area, including Good Shepherd. Good News Outreach, through its staff and volunteers, has long been involved in trying to relieve suffering in our community. Our history dates from the mid 80's and has evolved over the years into a rather large organization run by a small staff and perhaps four hundred dedicated, long term volunteers. Good News Outreach currently operates the following;

- 1. Mission Oaks Apartments; SRO permanent/transitional housing for homeless men. 23 beds**
- 2. Mercy House; Program for homeless men recently released from prison. 14 beds**
- 3. Maryland Oaks Crossing; Homeless housing campus with 48 detached residential units utilizing manufactured homes. 200 residents (110 children)**
- 4. Emergency Bagged Food Program; Provides bagged food for clients on an emergency basis. 120 families served per week**
- 5. Food Delivery Program; Delivers food to families in need in their homes on a monthly basis. 223 families monthly**
- 6. Soup Kitchen; Operates the lunch program at The Shelter. 160 daily meals**
- 7. Elder Care Program; Visits the elderly confined and deliver bagged food. 65 clients monthly**

In summary, Good News Outreach houses approximately 235 individuals every day, including over 100 children! As well, Good News Outreach is responsible for approximately 386 individual meals per day, every day! This is in addition to the other services provided by the volunteers and staff of Good News Outreach.

I give you these figures so that you will have some idea of the amount of work Good News Outreach performs in our community and the exposure we have to the clients we serve. We have learned many lessons along the way in proportion to the number of folks we encounter, and would like to pass on to you some recommendations that we believe will help you and our community resolve the homeless housing issue.

- 1. Appoint an assistant city manager position exclusively to deal with homelessness in Tallahassee. Tom Lewis's (he is an absolutely great guy) department has too many responsibilities to adequately deal with the homeless housing situation and, at times, has conflicting priorities that do not serve the homeless well.**
- 2. The Hope Community must be legally separated from the Big Bend Homeless Coalition. The Coalition was formed to represent all homeless service providers; by virtue of their operating the Hope Community they are in fact competitors for funding and are not properly representing all homeless housing providers. The Coalition has lost the confidence of many of the other service providers and failed to obtain available grants that would have increased our very low income housing stock.**
- 3. Amend the ordinances that restrict the use of mobile homes for providing low cost housing. Many of the existing mobile homes within the city limits are very old indeed and in need of replacement. City policy and ordinance discourage the use of mobile homes as they do not add long term taxable value to the community (Tom Lewis). Exemptions for impact fees and costs for low income housing are not extended to mobile homes. As an example, Good News Outreach recently developed Phase V of Maryland Oaks Crossing (10 units – 25 bedrooms) and was required to pay the City of Tallahassee nearly \$68,000.00 in fees and costs. This is very difficult for the donors and contributors of Good News Outreach to understand. Kids in the schools are collecting pennies and nickels and dimes to help the homeless only to have so much go to the City because of this policy!!**
- 4. Support the local, private sector initiative to develop a design specific, low income housing facility on the west side of Tallahassee. This proposed facility, sponsored by Good News Outreach and others and known as Westgate Mission, would provide housing for very low income individuals and families in a "rooming house" format for a large number of folks, perhaps as many as four to five hundred. This facility would take many years to develop, require multiple funding sources and cycles, but in the end, would be a cutting edge facility. This undertaking would involve 15 detached site-built, custom designed structures, each dedicated to specific groups of individuals (i.e. disabled individuals, women,**

men, veterans, autistic adults, families, children released from the shelter care program, etc.) and staffed, when necessary, with appropriate professional staff.

This facility would eventually reduce the number of clients currently served by The Shelter and allow that facility to return to their specified capacity and mission as an "unconditional" emergency shelter. Many of the folks who are required to stay at The Shelter, unfortunately, become "institutionalized" as a result of program policies. Many of these folks are capable of eventually standing on their own, providing they are given the right environment and opportunity.

5. Consider an ordinance that would allow for individual property owners in certain zoning districts to construct garage type apartments for low income housing opportunities. This would serve to bring the community in to the mix, providing a chance for property owners to directly participate in the resolution of the housing dilemma. Zoning and building code exemptions along with ad valorem tax credits could be considered as well as interest free loans. This effort would increase the low income housing stock available in our community and bring those in need into direct contact with successful property owners. Everyone could learn from this encounter.

Good News has several other specific ideas that we would like to present to you for your consideration. We greatly appreciate your willingness to entertain all possibilities that will ultimately help our homeless brothers and sisters, parents and kids. Good News stands ready to meet with you at your convenience to discuss this proposal or any other ideas that you or others may have. Again, thank you for your strong stand on the emergency housing issue. You can reach me at 212-3446 (cell) or 412-0016 (office). May God Bless Us All!!!

Sincerely,

Chuck White
Good News Outreach

Medical Care

Neighborhood Health Services (in Lincoln Neighborhood Center): Sliding fee Scale medical clinic providing primary health care for adults. Call for appointment. Medicaid/Medipass accepted. See physician for dental referral. Monday—Thursday 8am – 8pm; Friday 8am – 7pm. Walk-ins on a limited basis for established clients to see a nurse practitioner.

438 W. Brevard Street Phone: (850) 224-2469

Bond Community Health Center

Sliding fee scale medical clinic. Call for appointment:
Tue-Thur 8am-8pm, Mon and Fri 9am-5pm and Sat 9am-2pm.
Walk-in hours: are Mon-Fri 8am-11am, 2pm-4pm, Wed and Thur 5pm-7pm, and Sat 9am-1pm.

710 W. Orange Avenue Phone: 576-6118
872 W. Orange Avenue Phone: 414-7845

Veterans Administration

Medical, mental health and substance abuse treatment for qualified U.S. Veterans. Includes Health Care for Homeless Vets Case Manager. Monday-Friday 8:00am-4:30pm

Medical: 1607 St. James Court Phone: 878-0191
Mental Health: 1615 Mahan Center Blvd Phone: 521-5700

Leon County Health Department

Screening and treatment for TB, STD's, and HIV; school physicals and immunizations. Children's dental services (5-18), WIC, Medicaid and social services for pregnant women. Call for appointment Mon-Fri 8am-5pm. Clinic hours are Mon-Thur 8am-3pm (doctor), 9am-4pm (nurses), and Fri 8am-11am.

2965 Municipal Way Phone: 487-3155
1515 Old Bainbridge Rd. Phone: 487-3155

Big Bend Cares

Assistance with medical, dental, housing and other needs for people with HIV or AIDS. Free HIV Testing. Call for an appointment Mon - Thur 8:30 am - 5:30 pm, Fri 8:30am-4:30pm

2201 S. Monroe St. Phone: 656-2437 or 800-816-8954

Shisa, Inc.

Prevention, Outreach and education on HIV, AIDS, and other STD's. Monday - Friday 9:00 am - 5:00 pm
323 1/2 Macomb St. Phone: 224-8718

Capital Area Community Action Agency

Prescription Assistance. May only request assistance once a year. Call for appointment. Monday-Friday 8:30-5:00pm
309 Office Plaza Drive Phone: 222-2043

Catholic Charities

Prescription Assistance. May only request assistance once a year. Call for screening. Monday-Friday starting at 10:00am
1380 Blountstown Highway Phone: 222-2180

Legal Services

Legal Services of North Florida

Provides free legal representation to low income people with civil legal problems
2119 Delia Blvd Phone 385-0029

Social Security Cards and Benefits

Social Security Administration

Monday - Friday 8:00 am - 3:30 pm
2002 Old St. Augustine Road, Building B-12 Phone: 942-9514 or (800) 772-1213

Disability Advocates of North Florida

Supplemental Security, Social Security Disability and Claims Representation.
Phone: (850) 893-7970

Transportation

Starmetro (formerly Tal-Tran)

Monthly bus passes for low-income people looking for work (once only) or with two medical appointments per month. Must have id and income verification to qualify
Apply at 555 Appleyard Dr. Phone 891-5200

Job Training and Placement

ECHO's Jubilee Job Link

Job placement and counseling. Call for dates and times of the seminar. The seminar start at 8:45am and it is first come, first serve.
702 W. Madison Street Phone: 224-3246 ext. 211 or 209

WORKFORCEplus

Career advising and planning, job leads and placement, employment workshops, on-site recruitment, interviewing and hiring, employer/employee matching, local, state and national labor market information, assistance with customized training, employee layoff assistance.
Monday-Friday 8:00am-5:00pm
2525 S. Monroe St., Suite 3A Phone: 617-4500

Goodwill Industries

Job readiness, training, and placement. Call for an appointment
300 Mabry Street Phone: 576-5235

Vocational Rehabilitation

Provides services to those with physical or mental disabilities, for evaluation, training, and job placement.
1320 Executive Center Dr., Alkins Bldg, Suite 200 Phone: 245-3430

Ability1st

Job readiness, training and placement for people with special needs. Call for appointment.
Monday - Friday 8:30 - 5pm
1823 Buford Ct. Phone: 575-9621

Rent and Utility Assistance

*All agencies require scheduling an appointment
May only request assistance once a year.*

Catholic Charities

Rent, mortgage, and utility assistance. No deposits. Call between 9am - 10am Monday
1380 Blountstown Highway Phone: 222-2180

Capital Area Community Action

Rent and utility assistance.
309 Office Plaza Drive Phone: 222-2043

Haven of Rest

Utility assistance.
Contact: Pastor Glenn Burns Phone: 222-1076

Emergency Family Assistance for Housing Program (EFAHP)

One time \$400 Financial assistance for individuals with children facing eviction notice. Applications available at DCF offices and BBHC. For help, call: 1-877-891-6445 or come to the Coalition during walk in hours.

Pregnancy/Children Services

Pregnancy Help and Information Center

Offers aid and assistance to women who are pregnant, believe they might be pregnant, or have young children. Can provide counseling, support, food, clothing and other supplies.
1710 S. Gadsden St. Phone: 222-7177

Whole Child Leon

Website that links community services and resources to families with children under the age of 6. The parent must enter information into the site and will be given community resources that are appropriate for the family. Come to the Coalition during walk in hours for assistance if needed. The website is www.wholechildproject.org/leon.

Capital City Youth Services (CCYS)

Provides outreach and non-residential counseling services to individuals, families, and groups for children between ages 10-17 years. Call for more information.
2407 Roberts Ave. Phone: 576-6000

Budgeting

Catholic Charities

Provides free monthly management and budgeting classes on Wednesdays and Thursdays from 10:30am-11:30am. Walk-ins accepted.
1380 Blountstown Highway Phone: 222-2180

BIG BEND HOMELESS COALITION (BBHC)

"The leader of a compassionate, community partnership dedicated to coordinating resources that empower the homeless"



SERVICES GUIDE

Updated: January 2009

Location:

2729 W. Pensacola Street (Bus 3) - Tall, FL 32304

Phone: (850) 576-5566 Fax: (850) 577-0586

Website: www.bigbendhc.org

To see our social worker for information and referrals, walk-in hours are:
Monday and Thursday from 2:00pm – 4:45 pm

You may also want to contact 211 Big Bend for information about services:

Helpline 2-1-1: 24-Hour Counseling, Suicide Prevention, Community Information and Referrals
Big Bend Area call 2-1-1 or 850-224-NEED (850-921-4020 TTY)

Attachment # 17
Page 1 of 2

Emergency/Transitional Housing

The Shelter

Free lodging & meals for men, women, and families. Open everyday from 5:00pm-9:00am
480 W. Tennessee Street Phone: 224-9055 or 224-8448

Haven of Rest Christian Home for Men

Faith-based transitional facility for men. Open everyday from 4:00pm-6:00am. Cost is \$60 a week. Will provide free emergency shelter for up to 2 weeks (not including meals and showers).
510 W. Tennessee Street Phone: 224-7313

Someplace Else (operated by Capital City Youth Services)

Runaway & homeless shelter for youth ages 10-17. 24-hour facility.
2407 Roberts Ave Phone: 576-6000 (shelter location)

Refuge House

Emergency and transitional shelter for victims of domestic and sexual violence.
24-hour hotline: 800-500-1119 or 681-2111

ECHO Family Services (Formerly Bethany Family Apartments)

4 month emergency housing with supportive services for families with children. **Must be referred by a case manager.** Call for information.
2221 South Meridian Street Phone: 878-1722

Brehon House

For pregnant women ages eighteen or older. Can have one child (three years or younger). Call for information.
1315 Linda Ann Drive Phone: 671-5255

Lutheran Social Services' Inn Between Program

Transitional housing for families; can stay up to 24 months. Scattered sites through Tallahassee. **Must be referred by a case manager.**
Phone: 575-4309

HOPE Community

6 month transitional housing program with case management & supportive services for homeless families & individuals. Call M - F, 8a - 5pm for information. **Must be referred by a case manager or come in for BBHC walk-in hours.**
2700 Municipal Way. Phone: 576-5566 (HOPE is a project of BBHC)

Chelsea's House

Faith-based transitional facility for single women. Fill out an application at the Haven of Rest between 4pm-7pm everyday.
510 W. Tennessee St. Phone: 222-1076

Permanent Housing

Home Plate/A Place Called Home

Scattered apartments available for chronically homeless individuals who have a disability. **Must be actively working with a case manager.** The referral must be completed by a case manager. Project of BBHC and Ability 1st.
Phone: 576-5566 or 575-9621

Good News Outreach/ Maryland Oaks

Housing for single women with children and families. Rent ranges from \$500 for 2 bedroom and \$600 for 3 bedroom. Will accept Section 8 vouchers. Come into the office to apply.
3103 Bicycle Rd. Phone: 504-0500

Good News Outreach/ Mission Oaks

Unfurnished three-bedroom housing for single men. Rent for one room ranges from \$300-\$425 (includes cable and utilities). \$100 deposit required before moving. Will take Section 8 vouchers. Call for space availability.
1529 N. Mission Rd. Phone: 509-7627

Tallahassee Housing Authority—Public Housing

Housing program for families. Monthly rent is determined by the total income of the family. Please call or visit the website (www.talaha.org) to check on the waiting list.
2940 Grady Rd. Phone: 385-6126

Tallahassee Housing Authority—Section 8

Housing program for people with disabilities or aging out of foster care. Rent is determined by the total income. Please call or visit the website (www.talaha.org) to check on the waiting list.
2940 Grady Rd. Phone: 205-1683

Meal Sites

The Shelter

Lunch provided by Good News and Bethel Baptist Church on Monday-Saturday from 11:30am-12:30pm. Dinner is served at 7:30pm. You do not have to stay there to eat.
480 W. Tennessee Street Phone: 224-8448

Haven of Rest Rescue Mission

"Breakfast in the Park" Served in the Haven of Rest parking lot Saturdays at 8:00 am. You do not have to stay there to eat.
510 W. Tennessee Street Phone: 224-7313

First Presbyterian Church

Provided by ECHO on Sundays from 12:30pm-1:30pm
110 North Adams Street Phone: 222-4504

Grace Mission

Dinner before services on Tuesday and Friday evenings, Saturday and Sunday mornings
305 W. Brevard Phone: 224-3817

Food and Clothing

DCF Economic Services - Food Stamps

Also includes TANF and Medicaid eligibility, Monday - Friday 8:00-5:00 Apply online at <https://www.myflorida.com/accessflorida/>
2810 Sharer Rd, Unit 24. Phone: 921-8476 or 1-866-762-2237

Salvation Army - food pantry and clothing vouchers

Open Monday-Thursday 9:00-11:30am and 1:00-3:00pm
208 W. Virginia Street Phone: 222-0304

Capital Area Community Action agency

Emergency food vouchers, commodities, and clothing for families, Monday-Friday 8:30am-5:00pm (Call prior to coming)
309 Office Plaza Drive Phone: 222-2043

ECHO Outreach Ministries

Food pantry, clothing vouchers, household items, and furniture. Monday-Thursday 9:00am-11:30pm and 1:00pm-3:00pm. They are closed on Fridays.
702 W. Madison Street Phone: 224-3246

Catholic Charities - food and clothing (New location)

Food on emergency basis Monday through Thursday from 3:00pm-5:00pm. They accept the first 6-8 people. Can receive help once every four months.
1360 Blountstown Highway Phone: 222-2180

Good News Outreach

Food basket once a month. Thursdays from 10:00-1:00pm.
242 Lafayette Circle Phone: 412-0016

Anderson Chapel A.M.E. Chapel:

Clothing and food available to the public on Saturdays from 9:00am-2:00pm. Call for appointment if there is a need for assistance outside of those hours.
1307 Harlem St Phone: 224-2003

St. Vincent de Paul Thrift Store

Free clothing giveaway the first and last Thursdays of each month. Open Tuesday through Saturday 8:30am-4:30pm
4409 W. Pensacola St. Phone: 576-6099

Feed My Sheep (St. Francis Episcopal Church)

Food baskets available every Tuesday from 9am-11am.
3413 Old Bainbridge Rd. Phone: 562-1595

Drop-In Centers

Homefree Drop-In Center (Apalachee Center)

Serves breakfast, lunch, and snack. Groups offered. Monday-Friday 9:00am-4:00pm
523 E. Tennessee St. Phone: 222-7226

Bill Hanson Community Day Center (next to The Shelter)

Open 9:00am-11:30am and 1:00pm-5:00pm. Case management services available from community providers.
466 W. Tennessee St. Phone: 224-8448

Mental Health Services (Also see Medical Services)

Apalachee Center, Inc.

24 hour crisis stabilization, evaluations, medication management, and case management services available
2634 Capital Circle NE Phone: 523-3333

The Homeless Project (Apalachee Center)

Case management services for homeless people with mental illnesses. Monday-Friday from 8:00am-5:00pm. Dual-diagnosis group on Wednesdays.
523 E. Tennessee Street Phone: 523-3301

Ability1st

Supportive services and case management for persons with physical and mental health disabilities. Office hours: Monday-Friday at 8:30am-5:00pm. Outreach provided throughout the community.
1823 Buford Ct. Phone: 575-9621

Big Bend Mental Health Coalition (BBMHC)

Meetings held every second Monday of the month at the Public Library beginning at 10:30am. All people are invited to attend and learn more about mental health issues, as well as share their own experiences with mental health.

Substance Abuse Services

Apalachee Center for Human Services

24 hour detox and crisis intervention services.
2634 Capital Circle NE Phone: 523-3333

DISC Village

Outpatient treatment services for men, women and teenagers; Inpatient treatment for women and teenagers only. Call for information on substance abuse prevention.
603 N. MLK Blvd Phone: 661-0717

DISC Village Adult Residential

Residential treatment program for women seeking to maintain sobriety.
Monday-Friday 8am-5pm Phone: 922-2360 or 414-7545

Starting Point—Lloyd (Jefferson Co.)

Residential treatment for men in recovery; must be detoxed first or come out of a controlled environment.
Call for screening Phone: 580-4877

Frenchtown Outreach Center

Nightly self-help group and outreach services. Call for meeting times
808 W. Brevard St.(New Address) Phone: 222-5151 or 942-1563

AA Meetings

Call for times & locations. Phone: 224-1818

NA Helpline

Must leave a message and a volunteer will be paged to call you right back. Phone: 599-2876

Promise Land Ministries - Crawfordville (Wakulla Co.)

Residential treatment program for men. Call for screening.
20 Church Rd. Phone: 926-3281

ChristTown Ministries—Quincy (Gadsden Co.)

Residential treatment program for men and women. Call for screening.
2121 W. Jefferson St. Phone: 566-6077 or 591-6666

Mothers In Crisis

Provides prevention, intervention and outpatient services for those with substance abuse problems. Call for meeting times.
1500 Lake Ave. Phone: 222-7705

Education Services

Leon County School Board

Assistance with enrollment, transportation, and support for homeless youth and their families. Serving K-12. GED program available throughout the community.
2813 S. Meridian St. Phone: 488-2275 Ext. 1203



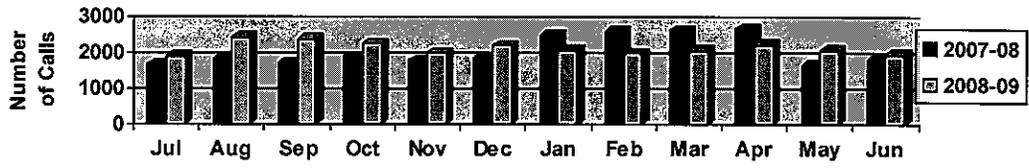
Helpline 2-1-1 Program

2008-09 Fiscal Year Service Snapshot

25,342 Helpline 2-1-1 Calls in 2008-09

Total calls increased from 24,349 (2007-08) to 25,342 (2008-09) representing a 4% increase in Call Volume (* See Note Below)

Monthly Call Volume



Calls By County	
Franklin	69
Gadsden	1,652
Jefferson	327
Leon	14,498
Liberty	83
Madison	406
Taylor	523
Wakulla	623
Unknown	2,386
Outside Primary Service Area	4,775

Gender	
Female	76%
Male	22%
Unknown	2%

Age	
0-12	<1%
13-17	<1%
18-35	51%
36-59	42%
60+	4%
Unknown	2%

Race /Ethnicity	
African-American	47%
White	45%
Hispanic	4%
Haitian	<1%
Other	<1%
Unknown	4%

Most Common Referrals

33,305 Referrals were made to 1,574 Programs

Catholic Charities	3,694
Community Action Agency	3,006
Salvation Army	1,824
FL Dept. of Children & Families	1,440
United Way BEST Tax Asst.	1,213
ECHO Outreach Ministries	1,134
Good News Outreach	592
City of Tallahassee Services	523
Leon County Government Svcs.	446
Big Bend Homeless Coalition	391
Refuge House	350
Florida State University	334
Elder Care Services	331
Legal Services of North Florida	327
The Shelter	327
Apalachee Center	304
Neighborhood Health Services	289
Tallahassee Urban League	256
Tallahassee Memorial Hospital	245
U.S. Marines Toys for Tots	211
Area Agency for Aging N FL	210
St. Vincent de Paul Society	205
Tallahassee Housing Authority	200
Workforce Plus	189
DISC Village	180
Capital Medical Society	140

The above referrals represent 55% of all referrals given to our callers.

Common Needs Requests**

Category	# Calls
Utilities Assistance	4,228
Rent/Housing Assistance	3,630
Relationship Concerns	2,869
Health/Medical Needs	2,387
Food Assistance	1,885
Emergency Shelter	1,446
Tax Assistance (VITA/BEST Project)	1,329
Substance Abuse	1,083
Legal Assistance	1,033
Situational Adjustment Issues	943
Job Assistance	938
Depression	643
Transportation	611
Stress	549
Loneliness	489
Disaster Relief	439
Victimization	338
Suicide	331

** Callers often have more than one concern

* **Note:** Overall, calls increased by 4 percent from the previous year. However, in FY07-08 Helpline 2-1-1 received 4,020 tax assistance calls compared to only 1,329 such calls in FY08-09, mainly in the months January through April. When tax assistance calls are removed from the totals of each year, there is an increase of 3,684 calls of all other types, representing an 18 percent increase in calls not related to tax assistance. Most of the call increases were related to basic needs assistance. Tax assistance calls decreased significantly in FY08-09 because advertisements directed people to the tax assistance website as the primary information resource rather than the 2-1-1 hotline.

**2-1-1 Always Answers.
www.211bigbend.org**

*****DRAFT***DRAFT***DRAFT*****
Edited February 9, 2010

Cold Weather Sheltering Guide

Objective

To provide a safe and warm environment for people in Leon County-Tallahassee when emergency shelters for the homeless population exceed their capacity during extreme cold or other adverse weather situations.

Pre-event

Define the Hazard

Leon County Health Department Recommendation

Emergency cold night shelter should be made available when the National Weather Service forecasts nighttime low temperatures, including the effects of wind chill, will fall below 35° F for 3 consecutive hours prior to sunrise.

Monitoring

National Weather Service Forecasts

Forecasts of nighttime low temperature (or wind chill temperature) below 35°F for 3 consecutive hours prior to sunrise

Situation Reports From

The Shelter advising that nearing capacity due to impending weather event

Other Homeless Services providers advising that nearing capacity due to impending weather event

Coordination

Upon the occurrence of one or more indicators listed above in "Monitoring" the Leon County Division of Emergency Management will initiate coordination conference calls with appropriate stakeholders

Calls will bring all stakeholders together to identify issue and its magnitude and determine shelter needs

Overflow for clients of The Shelter (Other Homeless Services providers); or

Over flow for clients of The Shelter (Other Homeless Services providers) plus need for community due to weather situation

Identification of Shelter Locations and Logistical Requirements

Shelters

Primary Sites

Lincoln Center (off-site overflow)

Church near (within walking distance) of The Shelter
Hope Community (off-site overflow)

Other

Contingency Shelter (off-site overflow) (should primary or secondary be unavailable)

Other Shelters for Communitywide shelter needs

Logistics

Tasking for logistical support will be discussed and determined on conference calls

Who will staff the shelter?

Who will transport clients to/from shelter?

Who will provide snacks and water for clients at shelter?

Who will provide for sleeping (cots/blankets/pillows) at shelter?

Who will secure the shelter (accountability of clients/provide safety)?

Who will clean-up shelter to pre-event state?

Event Occurs

If it is decided on the coordination conference call that sheltering is needed (one or more) the following steps will be accomplished

Shelter(s) to be used will be selected and activated

The Public will be notified

Shelter operations will be conducted

Set-up

Transportation

Population management

Close down when need has subsided

Maintain Situational Awareness

Continue daily coordination conference calls during event to assess situation and needs (more or less shelters)

Regularly update media

Press Releases

Media Briefings

Website updates

Agencies will track their costs

After Event Occurs

All stakeholders will be called together for an After Action Review

The sheltering response will be evaluated

What went well?

What did not go well, and how do we do it better next time?

Improvements will be integrated into the guide and the guide will be revised

The updated guide will be distributed to stakeholders

*****DRAFT***DRAFT***DRAFT*****



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

MEMORANDUM

TO: Richard Smith, Director, Leon County Emergency Management
FROM: Homer J. Rice, RS, MPH, Administrator
DATE: January 29, 2010
RE: Temporary Cold Night Sheltering Recommendations

Background:

Tallahassee has recently experienced an unusually cold period, thereby increasing the threat of hypothermia to people living outdoors without adequate shelter. To protect the health and safety of those without shelter, Leon County Emergency Management (EM) has coordinated with the City of Tallahassee to open several "cold night shelters." EM is spearheading a committee to create a policy to address the opening of such shelters. The Leon County Health Department is providing the following information and recommendation to aid in the decision process.

Recommendation:

Emergency cold night shelter should be made available when the National Weather Service forecasts that temperatures, including the effects of wind chill, will fall below 35 degrees Fahrenheit for 3 consecutive hours prior to sunrise.

Issues:

Hypothermia occurs when a person's core body temperature falls below 95⁰ F. According to the National Homeless Coalition, "Life-threatening cases of hypothermia often occur when the ambient temperature is between 32 and 40 degrees Fahrenheit." Hypothermia can cause the heart, brain, and kidneys to malfunction and may be life-threatening.

Several factors contribute to cold stress, including air temperature, wind, dampness and an individual's general health, body mass and habits (such as cigarette smoking and alcohol or drug use). Due to these multiple contributory factors, experts cannot predict how long an individual person can stay outside at a specific temperature. According to the U.S. Department of Labor, Occupational Safety & Health Administration, the Cold Stress Equation is expressed as, "Low Temperature + Wind Speed + Wetness = Injuries & Illness." Therefore any recommendation must consider the time and temperature relationship.

Solution:

Rather than use a single, ambient (surrounding) temperature as a trigger for opening cold weather shelters, the Leon County Health Department recommends using the effective temperature designation of 35⁰ F, which also takes into consideration the wind chill factor. For example, the surrounding temperature might be above freezing, but the wind chill factor could lower the effective, or "feels like", temperature to 20⁰ F. In that case, because 20⁰ F is below the threshold of 35⁰ F, a cold night shelter would be opened. According to the National

Weather Service, this temperature designation is based on the rate of heat loss from exposed skin caused by the effects of wind and cold. As the wind increases, the body is cooled at a faster rate causing the skin temperature to drop.”

Presently a temperature at or below 32^oF Fahrenheit is being used to trigger opening a temporary cold night shelter in Leon County. While this is an appropriate place to start, it does not take into consideration the other variables associated with cold stress. At this time neither the CDC nor OSHA has published recommendations or guidelines associated with hypothermia specific to shelter opening.

Sources:

1. U.S. Department of Commerce, National Oceanic and Atmospheric Administration, National Weather Service, December 2001.
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, “Extreme Cold: A Prevention Guide to Promote Your Personal Health and Safety.”
3. National Coalition of the Homeless, “Winter Homeless Services: Bringing Our Neighbors in from the Cold,” January 2010.
4. National Weather Service, “Wind Chill Temperature Index.”



**CARING FOR OUR NEIGHBORS:
A 10-YEAR PLAN
TO END CHRONIC HOMELESSNESS
IN TALLAHASSEE**

**The Report From
City of Tallahassee Mayor John Marks'
Task Force to End Chronic Homelessness
November 2006**



"No one should ever have to
experience homelessness ...
for a year, a month, a week,
not even a day."
- Mayor John Marks

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This report presents the culmination of a community planning process that was initiated and endorsed by Mayor John Marks of Tallahassee, Florida. This process was inclusive of a variety of stakeholders who represented the interests of our community and offered expertise and insight for the plan.

**More than 1,000
individuals
are estimated
to be homeless
in the Big Bend area
every day.**

**Source: Big Bend Homeless Coalition
Point-In-Time Survey 2005**



"I have learned that success is to be measured not so much by the position that one has reached in life as by the obstacles which he has had to overcome while trying to succeed."

- **Booker T. Washington**

INTRODUCTION

Tallahassee has a homelessness problem ... a problem that exists for well over 700 individuals on *any given day*. The entire eight-county Big Bend area and the overwhelming majority of cities and counties throughout the United States are faced with a growing number of people experiencing homelessness, particularly single-parent families and disabled adults experiencing long-term homelessness.

The Mayor's Task Force to End Chronic Homelessness brought together a team of area leaders in December 2004 to address the needs and problems of people who are experiencing chronic homelessness in the Big Bend area - including the needs and problems of those who provide the support and services. The conscientious work of these change-agents spanned a 10-month period to study the individual and systemic factors that cause and contribute to a person experiencing homelessness. This task force was charged with developing local solutions for the some of the most vulnerable among our neighbors, the chronically homeless.

The federal policy focus on ending chronic homelessness began with an initiative from our current president to end chronic homelessness in 10 years. To date, more than 200 cities, counties and municipalities around the U.S. have begun to develop and implement 10-year plans to end homelessness for the most vulnerable people: those who are disabled and living on the streets, in shelters and in encampments. Tallahassee's task force did not simply work on viable solutions to ending *chronic* homelessness; it also agreed that the entire community would be considered in developing this plan. We established that *ALL* people experiencing homelessness were to be considered when developing our 10-year plan's goals of prevention, intervention and community awareness. In addition, the task force determined that work will begin with a focus on Tallahassee, as the urban core of the eight-county Big Bend area, with the future goal of partnering with our outlying rural counties to develop their own local plans to end homelessness.

We must all work diligently and cooperatively toward creating a culture of permanent housing; a culture of preventing homelessness from ever happening; a culture of care, respect and persistence for those who do not have the resources to live the lives they deserve. We also must work to create a culture that empowers individuals by ensuring that they have the choices and voices to live safe and healthy lives in the Big Bend area. Helping people reintegrate into our community - to connect and find places - must be our primary motivator. To this end, **our vision for the Big Bend Community is for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it.** By building on current partnerships and creating new connections we must unite as allies in the systems-change needed to end homelessness as we know it.



John R. Marks, III
Mayor

ACKNOWLEDGEMENTS

The Mayor's Task Force to End Chronic Homelessness gratefully acknowledges the following individuals and organizations for their support and technical assistance in producing the 10-Year Plan to End Chronic Homelessness in Tallahassee:

Dr. Wendy Crook, Associate Professor, Florida State University College of Social Work and Director, Institute for Family Violence Studies

Alan Williams, Aide to the Mayor, City of Tallahassee Mayor's Office

Kay Freeman and Stephanie Shepherd, Big Bend Homeless Coalition

Chuck Mitchell

Ron Book and David Raymond, Chair and Executive Director,
Miami-Dade Homeless Trust

Steve Louchheim, Executive Director, Tallahassee Board of Realtors

Lisa Garcia, President, PR Florida Inc.

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

The City of Tallahassee, United Way of the Big Bend and the Brokaw-McDougall House for their hospitality in donating meeting space,

and especially

The many Big Bend community members who shared their visions for ensuring access to safe, decent and affordable housing and support for all members of our community who are without homes or who are at risk of becoming homeless.

EXECUTIVE SUMMARY

On December 8, 2004, City of Tallahassee Mayor John Marks launched a task force that was charged with recommending solutions to overcoming local systemic factors that contribute to homelessness, with a focus on chronic homelessness. The Mayor's Task Force to End Chronic Homelessness was formed to confront problems such as lack of affordable housing, health care and living wages. It also was tasked with addressing the multiple and complex needs of people experiencing chronic homelessness, which often include mental health and substance abuse issues and high usage of emergency services in the community. The task force focused on ending chronic homelessness in Tallahassee, as the urban core of the eight-county Big Bend area. Subsequent to the release of the plan, strategies will be developed to engage outlying counties in the 10-year planning process.

The task force's agenda is part of a national movement to develop a comprehensive federal approach to ending chronic homelessness. The long-range planning process began with a directive from President George W. Bush to the Department of Housing and Urban Development and has been passed on to local homeless coalitions. Cities and counties throughout the U.S. now are working in partnership with all levels of government toward the goal of developing plans to end chronic homelessness within 10 years.

Chronic Homelessness in Tallahassee

- Chronic Homelessness: Taking all aspects of chronic homelessness (disabling condition, unaccompanied, number of times homeless and length of homelessness), **26% of the adult respondents to the Primary Survey** [conducted in 2005 by Big Bend Homeless Coalition] **are chronically homeless.**
- Disabling Conditions: **Approximately 42% had one or more disabling conditions.**
- Experiences with Homelessness: 35% had been without a regular place to stay four or more times in the past three years and **46% had been homeless for more than one year.**

Early in its deliberations, the task force developed a mission, vision and goals to guide the group's development of a 10-year plan:

- The task force **mission**, which explains our purpose in global terms, is:
"To develop, disseminate and monitor a plan to end chronic homelessness."
- The **vision** captures what we want our community to look like in the future. It not only encompasses the task force vision in relation to chronic homelessness, but to homelessness in general:
"It is the vision of the Big Bend Community for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it."

After developing the mission and vision, the task force divided into three primary components to address each of the three established goals for the 10-year plan:

- ❖ **Prevention** (*before* homelessness): To assist people at risk for homelessness in maintaining housing.
- ❖ **Intervention** (*during* homelessness): To assist people experiencing homelessness by intervening with appropriate services.
- ❖ **Community awareness** (*ongoing*): To educate the community regarding the nature, causes and costs of homelessness, and to engage and mobilize them to participate in developing and implementing solutions to the problem.

For each of these components the task force approved objectives, as follows:

Prevention:

- 1. Affordable Housing** – Provide adequate affordable housing for low-, very low- and no-income persons and families.
- 2. Income** – Provide the support necessary to empower all citizens to meet or exceed the threshold for adequate income to sustain self-sufficiency.
- 3. Health and Well-being** – Minimize health crises through the provision of primary health care to all uninsured individuals.
- 4. Transportation** – Provide adequate transportation necessary to support independence.

Intervention:

- 1. Assessment:** To develop and implement a community-wide assessment system that matches the level of need of individuals experiencing homelessness with appropriate services.
- 2. Service Provision and Community Infrastructure:** To ensure that necessary, sufficient quality services and community infrastructure are available. These include case management, life skills education, range of best practice housing options and supportive services, mental health and substance abuse treatment, comprehensive stopgap services, i.e., supported employment, financial assistance, 30-day emergency shelter, short- and long-term transitional housing and permanent supportive housing.

Community Awareness:

1. Educate the community about the 10-year plan by disseminating strategic communications about the plan to key stakeholders within a six-month period following the plan's release. Education regarding the nature, causes and costs of homelessness and solutions to the problem is an ongoing effort of the Big Bend Homeless Coalition and its partners and will continue throughout the life of the organization.

2. Engage the community immediately following the release of the 10-year plan by disseminating information about the plan, the plight of the homeless and our community's responses to this problem through the mass media and other broadcast options. Continue to engage the community until homelessness ceases to exist.

3. Mobilize the community to participate in developing and implementing solutions to the problem.

The most essential recommendation of the task force is to identify and secure the necessary resources to implement the plan's goals and objectives.

The Task Force recommends that in order to support the goals of this plan, our community must take on the challenge of establishing a dedicated funding source for homeless programs and prevention. This plan does not state what source of funding should be used or how much should be made available. Instead, this plan recommends that a special sub-committee be tasked with identifying which funding sources would be best suited to address our homeless concerns and develop a budget commensurate to our needs. In order to implement a successful plan, there must be a mobilization of community and political will to ensure that a dedicated funding source is developed to support the goals and objectives recommended by the Mayor's Task Force to End Chronic Homelessness in Tallahassee.

See Appendix B for a complete list of task force Participants

In communities throughout America, the homeless have become almost invisible, like wallpaper that you rarely notice.

*Tallahassee Democrat Editorial
December 23, 2005*

NATIONAL PERSPECTIVE

Interagency Council on Homelessness (ICH)

Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The council is responsible for providing federal leadership for activities to assist homeless families and individuals. This interagency council is a collaboration of leaders from such federal departments as Housing and Urban Development (HUD), Veterans Affairs (VA), Social Security Administration (SSA), Agriculture, Commerce, Education, Health and Human Services and the White House Office of Faith-Based and Community Initiatives.

HUD Strategic Goal to End Homelessness and 10-Year Plans

According to the U.S. Interagency Council on Homelessness, research indicates that the small percentage of individuals who are chronically homeless accounts for the use of a large portion of the resources intended to meet the needs of the entire homeless population. For this reason, President Bush made it a national goal to end chronic homelessness in 10 years. Tallahassee will be joining over 200 other cities and counties that have committed to developing 10-year plans to end chronic homelessness. This task force's *10-Year Plan to End Chronic Homelessness in Tallahassee* is the culmination of a 10-month planning effort which is consistent with and complementary to this federal policy priority.

"Partnership trumps partisanship on this issue. It is critical that all community leaders come to the table on this issue. Ending homelessness benefits businesses by increasing quality of life; it benefits hospitals by decreasing demand on emergency and acute care; it benefits citizens as we enter 'planful partnerships' that re-moralize our community; and most importantly, it benefits people experiencing homelessness, as they finally get what they want ... a place to call home."

*ICH Executive Director,
Phillip Mangano*

STATE PERSPECTIVE

Department of Children & Families, Office on Homelessness

The state Office on Homelessness was established in 2001 to serve as a central point of contact within state government on the issue of homelessness. The office's primary duty is to coordinate the services of the various state agencies and programs that serve those persons or families who have become homeless, or are facing homelessness. The Office on Homelessness is supported in this role by a statewide Council on Homelessness. The council has adopted the 10-year goal to end homelessness, and commits to this partnership with the Mayor's Task Force to End Chronic Homelessness. It also commits to breaking down barriers in the state system and ensuring that all plans and services are client-centered.

In addition, the Council on Homelessness prepares an annual report on the conditions of homelessness in Florida. Based on the 2005 report there are an estimated 83,391 men, women, and children who are homeless on any given day in this state. This is an estimate, of course, because no matter how well we count persons experiencing homelessness, we will never be able to get an *exact* count. The result is a picture of what homelessness looks like at a particular point in time; a count that is most certainly an under-representation of the true number of persons experiencing homelessness in our communities on any given day. Statewide the top four factors contributing to homelessness are lack of affordable housing, underemployment/unemployment, family break up and medical or mental health related issues. Furthermore, there are others who for a variety of reasons are at risk of losing their housing.

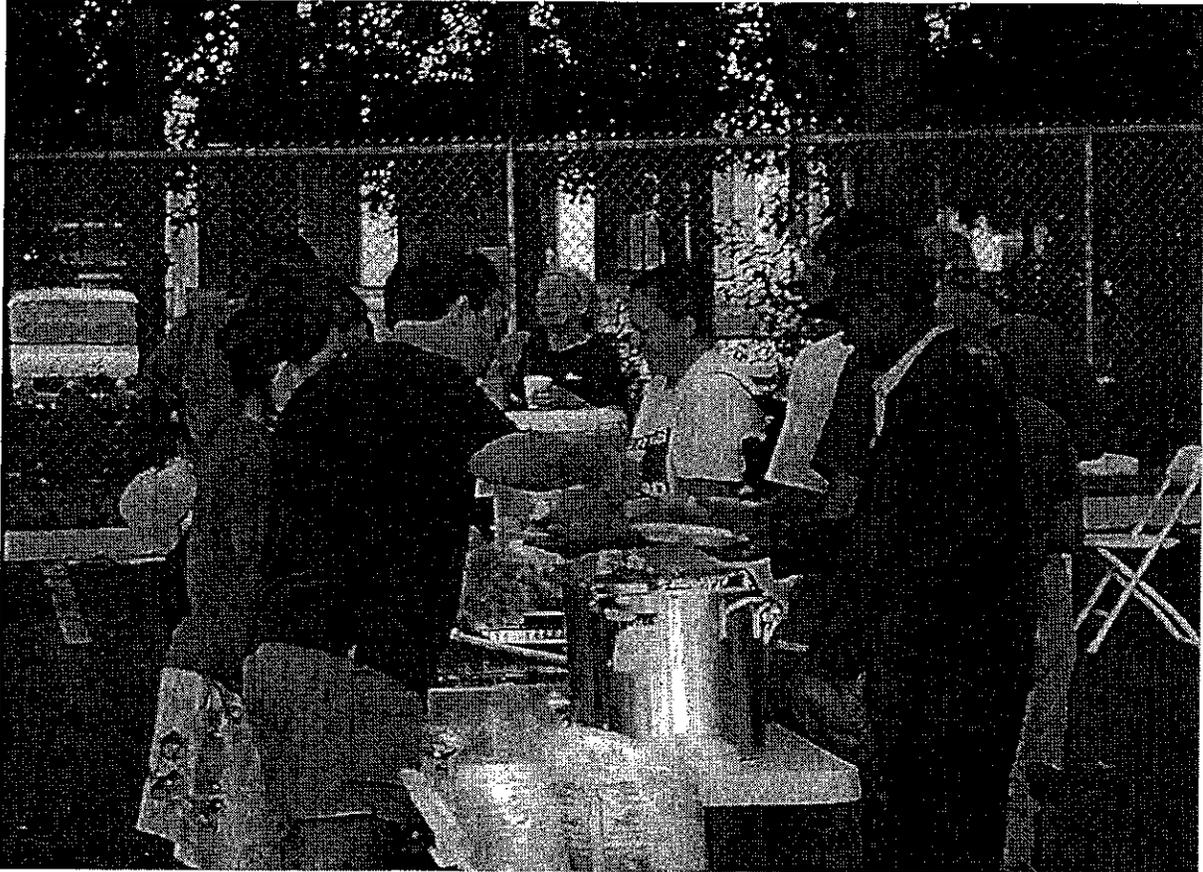
"The realization that there are people experiencing homelessness in our community should be a source of shame. It is time to recognize and address the institutionalized factors that led to this unconscionable state and offer real solutions; the short-term expenses are far outweighed by the long-term costs to our budget as well as our collective conscience."

-Dr. Wendy Crook, Florida State University College of Social Work



LOCAL PERSPECTIVE

WHO EXPERIENCES HOMELESSNESS: OVERVIEW, KEY FACTS



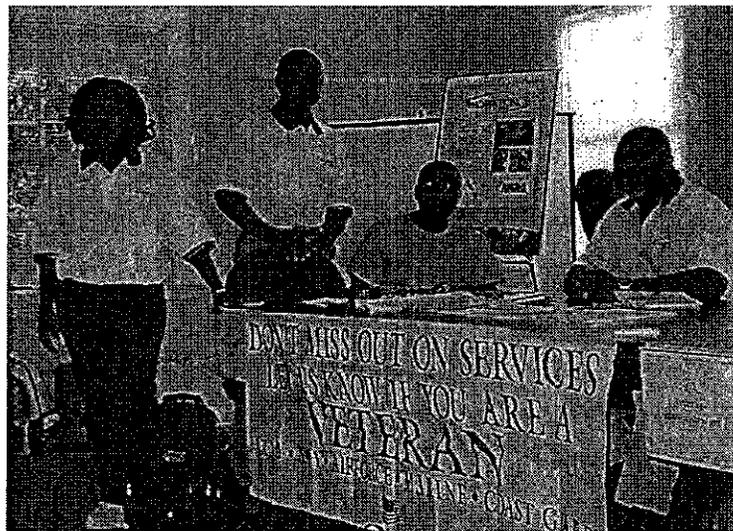
Volunteers at the Big Bend Homeless Coalition's annual Homeless Service Day serve food to participants and fellow volunteers.

According to the last census and survey conducted by the Big Bend Homeless Coalition in January 2005, the top four reasons why people are homeless in Tallahassee are: lack of affordable housing; unemployment or underemployment; family break up; and lack of adequate transportation. This point-in-time count is a survey of the community that gathers information from agencies, the public school system, shelters, homeless camps and public places such as the library and bus station.

The 2005 point-in-time count revealed that there are at least 739 children and adults who are experiencing homelessness in one day in Tallahassee; 398 were adults (54%) and 341 were children (46%). Estimates rise to above 1,000 people per day in the eight-county Big Bend area. The count represents only a "snapshot" of homelessness; over the course of one year it is estimated that *at least* 4,000 people in the Big Bend will experience what it is like to be without a place to call home. Key findings and trends in this report are briefly summarized below.

Demographics & Family Structure:

- Gender: Adult males continue to outnumber adult females.
- Race & Ethnicity: African-Americans continue to comprise the highest percentage of those identified through the primary survey and school system data, followed by Caucasians then Hispanics.
- Children: The number identified as homeless is larger than in previous years.
- Veteran Status¹: In 2005, 23% of respondents indicated they were veterans; over all survey years between 21% and 25% of adults were veterans.



Workforce Plus staff reach out to vets in our community to provide much needed employment and supportive services.

¹ All remaining data including veteran status refers to adult responses to the Primary Survey (Core Survey Instrument, n = 254)

- Family Structure: The vast majority of the adults (87%) were single and not currently living with child family members, or single parents (8%).
- Number of Families: There were 156 families identified through the primary survey and school data.

Education, Employment, Income & Benefits:

- Education: 32% had some college or a college degree; nearly one-third had less than a high-school degree.
- Employment: Approximately 36% were working for pay at the time of the survey. As in prior years, more than half were unemployed.
- Sources of Household Income: 56% of those with income only received income through work. One-fifth of adults received government cash assistance.
- Non-cash Benefits: More than one-third of the respondents received at least one of the mainstream governmental non-cash benefits in the month before the survey.
- Income & Benefits: In the month prior to the survey, 50% received no mainstream governmental (cash or non-cash) benefits, and one quarter had no income or benefits.
- Household Income: Almost 9 out of 10 of respondents reported household income of \$1,000 or less per month; 65% earned \$500 or less; 27% received no income.



Service Use:

- Services Used: 70% of those surveyed used emergency shelter and 59% used food programs in the past year. Only 8% of respondents indicated that they did *not* use any of the listed services in the past year and over half used two to four services.
- Services Helped: The service that was reported by the most respondents as helpful was emergency shelter (56%), followed by food/meals (52%).

- **Services Needed:** The most needed services were permanent housing (43%), food/meals (41%) and financial assistance (40%). More than one-third indicated they needed two to four services.

Experiences with Homelessness:

- **Length of Time in Tallahassee:** The proportion of those living in Tallahassee for more than one year is highest in 2005 (56%) when compared to previous years. Jobs, being born or growing up in Tallahassee, and family/friends were the three top cited reasons why people first came to Tallahassee.
- **Sleeping Arrangements:** Emergency shelter continues to be the place where the most respondents slept the previous night.
- **Reasons for Homelessness:** Unemployment remains the top reason cited.
- **Experiences in Past Year:** As in 2003, going to the ER for basic medical care and being in prison or jail are the two most commonly cited experiences from the past year. This is particularly true for the chronically homeless.

There is nothing worse than living a forgotten life, except dying a forgotten death.

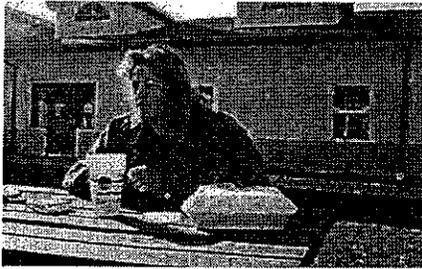
Rev. Tom Dohrman
Board Chair
Big Bend
Homeless Coalition

Chronic Homelessness:

- Taking all aspects of chronic homelessness (disabling condition, unaccompanied, number of times homeless and length of homelessness), 26% of the adult respondents to the Primary Survey are chronically homeless. This is higher than typical estimates produced elsewhere.
- The majority of these individuals were staying in emergency shelter, in the woods or on the streets.

- Disabling Conditions: Approximately 42% had one or more disabling conditions.
- Experiences with Homelessness: 35% had been without a regular place to stay four or more times in the past three years and 46% had been homeless for more than one year.

The information about service use and chronic homelessness yields a few possible conclusions and recommendations. Respondents were generally able to obtain food and shelter. However, low rates of access to some needed services suggest the need for expansion of transitional and permanent housing services and improved coordination with mainstream services. Furthermore, it suggests the need for



expanded or improved outreach, information and referral and case management. People experiencing chronic homelessness are particularly vulnerable to “falling through the cracks” and may also be those who are not as willing to come into services for a variety of different reasons. The coalition’s survey highlights the need for homeless persons to have access to a variety of services, including outreach to meet people in their environments. Through better gathering of data and more targeted support services, we can learn more about ending homelessness for this particularly vulnerable population.

We must continue improving our current systems so that we are providing the highest quality of services at every level in the continuum. Creating a community support system that engages *all* homeless persons - recognizing their unique and individual needs - is of the utmost importance. Creating this comprehensive support system is especially critical for those with disabilities - including those with co-occurring disorders - many of whom are chronically homeless and high users of community resources. By continually evaluating ourselves and making needed changes to the variety of ways we serve the homeless, we aim to maximize opportunities for successful transition off the streets, out of emergency and transitional housing and into permanent, affordable housing. In this process, we must also recognize and engage

consumers in regards to such critical areas as physical and mental health, income, employment needs and other support systems unique to each person in his/her environment.

The point-in-time count information discussed above is used in conjunction with agency and community input in the Continuum of Care planning process for services to people experiencing homelessness in our community. Current service capacities in each area of the continuum are identified: prevention, outreach/intake/assessment, emergency shelter/services, transitional housing/services and permanent housing; needs and demand for services are determined; and then gaps in services are recognized. Continuum partners then vote to prioritize the gaps. This information is used in planning services and funding priorities in the annual Continuum of Care plan for the Big Bend area. The planning of services to the homeless is coordinated by the Big Bend Homeless Coalition, which is recognized by federal, state and local governments as the designated lead agency in the Continuum of Care system of services to the homeless and to those at risk of becoming homeless.

ECONOMIC IMPACT

Ending chronic homelessness is not only the right thing to do morally; it is also the most cost-effective thing to do for a community and its residents. This emphasis reflects a growing body of research demonstrating that members of this group are poorly served by existing efforts even though they use a disproportionate share of emergency services and resources. In Asheville and Buncombe County (North Carolina) just 37 of an estimated 300 chronically homeless individuals cost the community over \$700,000 each year; this figure does not reflect the costs of the other 260+ chronically homeless. Another study by the University of California San Diego found that over an 18-month period, 15 chronically homeless individuals cost the city a total of \$3 million due to their high usage of emergency rooms, law enforcement and jails, mental health and substance abuse facilities.

The Big Bend area can realize considerable economic benefits by preventing homelessness and helping people exit homelessness – whether “chronic” or not. This occurs through the “return on investment” of creating more wage earners and thereby increasing both the number of taxpayers and purchasing dollars into the local economy. In 2004, a local economic impact study conducted by Dr. Wendy Crook of the Florida State University College of Social Work illustrated the revenues our community can reap by changing the status of people experiencing homelessness from tax *consumers* to tax *payers*. This report demonstrates both the tangible and intangible benefits to our community. Benefits are returned to our local economy by helping people move from homelessness to the highest levels of independence and self-sufficiency that they are able to achieve.

HOUSING AFFORDABILITY IN TALLAHASSEE

For low- and very low-income households all over the country, it is extremely difficult to find safe and adequate housing at a rate that is affordable. Furthermore, it is virtually impossible for people with disabilities receiving Supplemental Security Income (SSI) or a veteran’s pension to obtain decent, safe, affordable, and accessible housing in the community unless they receive housing assistance. Looking at the housing wage - 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 - for low- and very low-income households in Tallahassee sheds new light on the housing affordability problems experienced by some of our most vulnerable citizens in all eight counties:

“Homeless people should go out and get jobs!”

- In Tallahassee, a minimum wage earner (earning \$6.15 per hour) can afford **monthly rent of no more than \$320.**
- In Tallahassee, a worker earning the minimum wage must work **86 hours per week** in order to afford a two-bedroom unit at the area's fair market rent of \$687.

- *Out of Reach 2005*, National Low Income Housing Coalition

- In Tallahassee, an extremely low-income household (earning \$16,950, 30% of the area median income of \$56,500) can afford monthly rent of no more than \$423, while the fair market rent for a two-bedroom unit is \$687.
- A minimum wage earner (earning \$6.15 per hour) can afford monthly rent of no more than \$320.

“This extreme affordability gap between disability income and rents – combined with the growing scarcity of available federal rent subsidies necessary to close the gap – means that millions of the lowest-income people with disabilities have no choice but to live in untenable circumstances. The most visible of these individuals – [the] “chronically homeless” – live on our streets, in makeshift campgrounds, under bridges and highways, and in over-crowded and expensive emergency shelters.”

- Technical Assistance Collaborative (TAC), Consortium for Citizens with Disabilities (CCD)

- An SSI recipient (receiving \$564 monthly) can afford monthly rent of no more than \$169, while the fair market rent for a one-bedroom unit is \$556 and \$501 for an efficiency apartment.
- In Tallahassee, a worker earning the minimum wage (\$6.15 per hour) must work 86 hours per week in order to afford a two-bedroom unit at the area's fair market rent.

The housing wage in Tallahassee is \$13.21.

In other words, a full time (40 hours per week) worker must earn \$13.21 per hour in order to afford a two-bedroom unit at fair market rent. Housing affordability guidelines state that low-income households should pay no more than 30 percent of monthly income toward housing costs (i.e., a unit is considered affordable if it costs no more than 30 percent of the renter's income). This long-standing policy recognizes that money must be left over after the rent is paid to cover other basic needs such as food, clothing, transportation, etc.

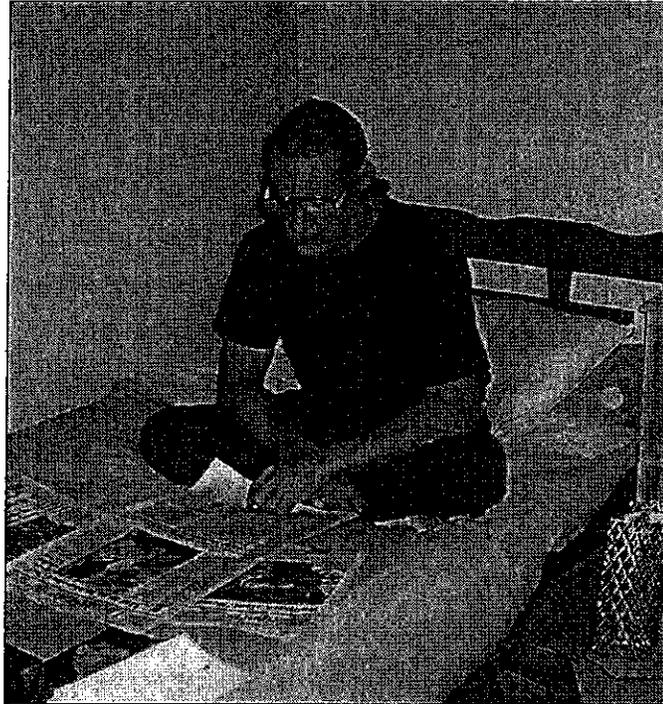
TALLAHASSEE'S INCLUSIONARY HOUSING ORDINANCE

Approved in the spring of 2005, this inclusionary zoning ordinance is designed to increase affordable homeownership in our community. Although relevant to the interests of this task force, the target populations of this ordinance exclude those who currently are homeless:

Eligible households shall be defined as those households composed of residents of the city earning 70 percent to 100 percent of MSA or county-wide median family income, adjusted for size, based upon the most recently published census or HUD data. In addition:

- (1) Households earning less than 70 percent of the area median family income but able to secure a first institutional mortgage wherein the lender is satisfied that the household can afford principal and interest mortgage payments in excess of 27 percent of its income, shall be deemed eligible households for purposes of owner-occupied housing provided pursuant to requirements of this division; and,
- (2) Households earning less than 70 percent of the area median family income but willing to pay rents in excess of 27 percent of its income, shall be deemed eligible households for purposes of rental housing provided pursuant to requirements set out in this article (Article VI, Sec. 9-241).

LOCAL INITIATIVE & RATIONALE



After being on the street and in shelters for many years, a resident of one of Tallahassee's transitional housing programs enjoys a quiet moment to read the newspaper. In 2005, transitional housing was identified by our community as one of the top three service gaps in our Continuum.

As part of the national movement to develop a comprehensive federal approach to ending chronic homelessness, this local task force was a "call to arms" to the many stakeholders and change-agents in our community to develop a 10-Year Plan to End Chronic Homelessness in Tallahassee. The Mayor's Task Force to End Chronic Homelessness brought key community stakeholders to the table to confront local *systemic* problems such as lack of affordable housing, health care and living wages. It was also tasked with addressing the multiple and complex *individual* needs of people experiencing homelessness including mental health, substance abuse issues and high usage of emergency services in the community.

It is important to note that these individual and systemic issues are not only critical to those who are *chronically* homeless; we also must continue to develop solutions for *homelessness of any kind*. This broader focus on homelessness was a decision made

by the task force in an effort to be inclusive and consistent with the missions and visions of so many local human service agencies working every day – with minimal resources – to end homelessness as we know it. It is with this spirit that the task force spent 10 months developing its 10-year plan, which is both consistent with and complementary to the current federal policy focus on ending chronic homelessness.

Mayor John Marks convened the task force on Dec. 8, 2004, in the Tallahassee City Commission chambers with over 25 community leaders and Philip Mangano, Director of the U.S. Interagency Council on Homelessness. Mr. Mangano reviewed the federal policy focus on ending chronic homelessness and stressed that for this critical work to effect real change a broad representation of community leaders must play key roles throughout the development and implementation of the plan. Local and state experts on homelessness educated the group about local, state and national issues regarding homelessness. At the close of the meeting, there was an open question and answer session among task force members; each person was able to voice his or her reasons for committing to ending homelessness in Tallahassee and Big Bend.

Over the next 10 months, the task force met monthly to develop a mission, vision, goals and objectives for those goals. After the development of three goals for the plan (prevention, intervention, community awareness), each goal group met at least once a month to develop realistic, measurable objectives. The full task force convened a meeting in September 2005 to review the work done by each of the goal work groups and to agreed upon the content and format of the plan. As revised versions of the plan became available they were reviewed by a volunteer review committee consisting of representation from the mayor's office and the task force (included two staff from the Big Bend Homeless Coalition). Plans were also released to the full task force for review and critical input. This entire 10-month process was facilitated by Dr. Wendy Crook of the Florida State University College of Social Work. Dr. Crook is respected both statewide and nationally as an expert on homelessness; she is also a tireless volunteer for local human service agencies.

In November 2005, the plan was formally released to key stakeholders in the community for review and feedback. Over the next several months, community input was incorporated; the plan was reviewed with homeless consumers, and consumer input was added. In February 2006, the full task force was once again convened by Mayor Marks for final approval of the 10-Year Plan to End Chronic Homelessness in Tallahassee.

The end goal of this entire plan is to end chronic homelessness and, hopefully, homelessness for all people not in stable housing. The solutions must also address the plight of those who are living in substandard housing, and those paying more than an affordable portion of their income on housing. This is an overwhelming goal indeed; however, we would be doing ourselves and our neighbors a disservice if we didn't seek solutions to issues that lead to poor quality of life and often results in homelessness. Over the course of developing this plan it has become increasingly clear that without an infusion and continuation of resources and a dedicated funding source homelessness will not be eradicated.

The Task Force will focus its energy on solutions to chronic homelessness, but we all must remember that it is equally as tragic for an individual to experience homelessness for one day.

Mayor John Marks

THE MAYOR'S TASK FORCE TO END CHRONIC HOMELESSNESS

Mayor John Marks issued a call to the community to develop a 10-year plan. The following stakeholders were invited by Mayor Marks to designate a representative who would participate in the task force:

- ❖ Local and State Government
- ❖ Universities and Colleges
- ❖ Service Providers
- ❖ Consumers
- ❖ Faith Based Community
- ❖ Substance Abuse
- ❖ Mental Health
- ❖ Employment
- ❖ Business Sector
- ❖ School District
- ❖ Law Enforcement
- ❖ Health Care
- ❖ Public Housing Authority
- ❖ United Way
- ❖ Foundations
- ❖ U.S. Department of Housing and Urban Development (HUD)

Despite a diversity of methodologies utilized across multiple continents, the current literature ... demonstrates a remarkable consistency that transcends borders, cultures and oceans: **homeless persons are 3-4 times more likely to die than the general population.**

*National Health Care for
the Homeless Council Inc.
2005*

For a full list of participants see Appendix B

MAYOR'S TASK FORCE

MISSION AND VISION

The task force mission, which explains our purpose in global terms, is:

To develop, disseminate and monitor a plan to end chronic homelessness.

The vision of the task force describes the desired end state of this 10-year plan. This vision captures what we, as the Mayor's Task Force to End Chronic Homelessness, want our community to look like in the future. It not only encompasses the task force vision in relation to chronic homelessness, but to homelessness in general:

It is the vision of the Big Bend community for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it.



Volunteers get involved with children at a local agency serving homeless families and single adults.

The task force approved two proclamations to forward to local governments (for approval) that support the vision of the 10-year plan. Upon acceptance by our local governing bodies, officials in the rural counties in the Big Bend area will be invited to make similar commitments to ending homelessness in their respective communities.

PARTNERSHIPS TO END HOMELESSNESS

Mayor John Marks and the Big Bend Homeless Coalition spearheaded this Task Force to End Chronic Homelessness in Tallahassee; however, none of the critical work could have been possible without key community partners. This spirit of partnership has been, for all involved in developing this 10-year plan, the main vehicle for ensuring clear communication, collaboration and planning toward a common end. With the support of the entire Mayor's Task Force to End Chronic Homelessness, the Big Bend Homeless Coalition has committed to facilitating the development and execution of this plan. Representatives from the mayor's office and the task force also have committed to continued work throughout the life of the plan to ensure its success.

Big Bend Homeless Coalition, Inc.

Established in 1986, Big Bend Homeless Coalition, Inc. is a nonprofit community-based organization. The coalition began as a group of dedicated service providers who realized the need for a centralized coordination body; this body became Tallahassee Coalition for the Homeless (now called the Big Bend Homeless Coalition to bring focus to the larger community of need and to support efforts in neighboring counties). The coalition formed partnerships with all organizations that served homeless persons and coordinated services to suit the needs of persons experiencing homelessness. It is this grassroots spirit, led by a vision to end homelessness one person at a time, that continues to drive the work of all community partners who work together to address individual and systemic factors that contribute to homelessness in our community.

In 1992, the coalition's mission was to serve as a leader in representing the best interests of the homeless population through *education, advocacy, and the coordination* of community resources in partnership with those who are homeless and those who serve them. The coalition then became a resource manager of funding sources, provided technical assistance and focused its efforts on advocacy, education and resource development on behalf of the agencies that provide direct service in the community. During this time, the coalition began to view the service delivery system as a Continuum of Care - a concept that emphasizes agency partnerships and collaborative

service efforts in order to eliminate duplication of effort and increase service efficiency. The Continuum model offers a seamless array of services for persons experiencing homelessness to empower homeless persons thus enabling self-sufficiency. As the lead agency in the Continuum of Care, the primary responsibilities of the coalition are as follows:

EDUCATE...

- o The community regarding issues of and pertinent to the homeless
- o Homeless persons regarding available services and housing
- o Ourselves on better methods to provide services to people who are without homes or who are at risk of homelessness in our community

ADVOCATE...

- o On the local, state and federal levels for homeless persons and their rights as citizens
- o For agencies who provide services to our community's homeless individuals and families

and COORDINATE...

- o Community stakeholders and service providers to reduce duplication of effort and services as well as to eliminate barriers and gaps within service systems
- o Local, state and federal resources in order to best serve our community's homeless neighbors, friends, families and coworkers.

"As part of our Continuum of Care, the City of Tallahassee and the Big Bend Homeless Coalition are working together, with community partners, to empower the homeless and instill hope in those who have been less fortunate."

Michael Hervey,
City of Tallahassee,
Neighborhood and
Community Services,
Housing and Grants
Administrator

The Big Bend Homeless Coalition is recognized by the state and federal governments as the lead agency in the Continuum of Care covering the eight-county Big Bend area. The coalition partners with other agencies, organizations, and the community-at-large primarily through monthly network meetings. These monthly meetings are an opportunity for service providers and other network partners to discuss services, make announcements, and address other issues pertaining to homelessness in our community. Training is held at each meeting on a variety of topics including applications for state and federal funding and accessing mainstream benefits for the individuals and families with and for whom we work.

Continuum of Care

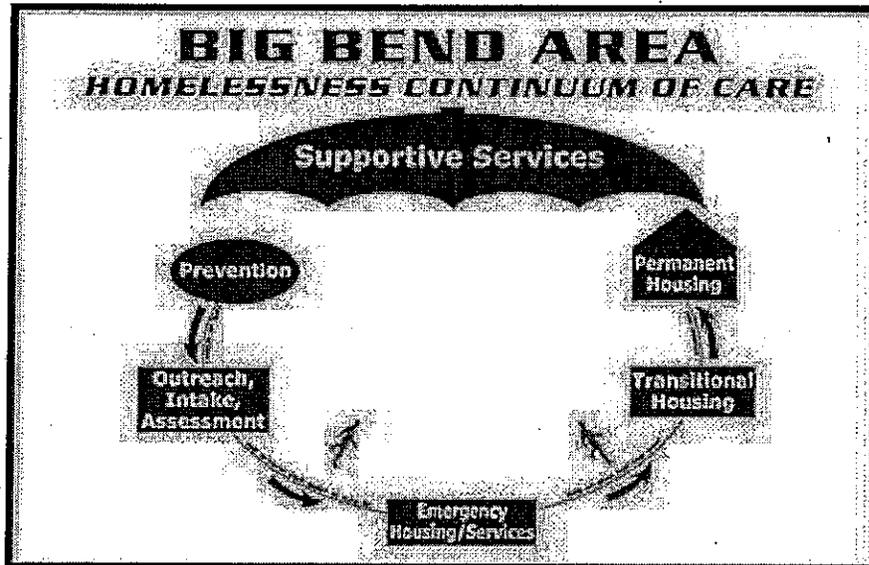
Components

"The Continuum of Care 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."
- United States Department of Housing and Urban Development

There are five basic components of the Continuum of Care:

- a. **Prevention strategies** that play an integral role in a community's plan to eliminate homelessness
- b. **A system of outreach, intake and assessment** for determining the needs and conditions of an individual or family who is homeless
- c. **Emergency shelters with appropriate supportive services** to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing search counselors to transition to housing as soon as possible
- d. **Transitional housing with appropriate supportive services** to help those homeless individuals and families who are not prepared to make the transitions to permanent housing and independent living, and
- e. **Permanent independent housing or permanent supportive housing** to help meet the long-term needs of homeless individuals and families.

Supportive Services are involved in each of the above components and can be best understood as an umbrella of supportive services.

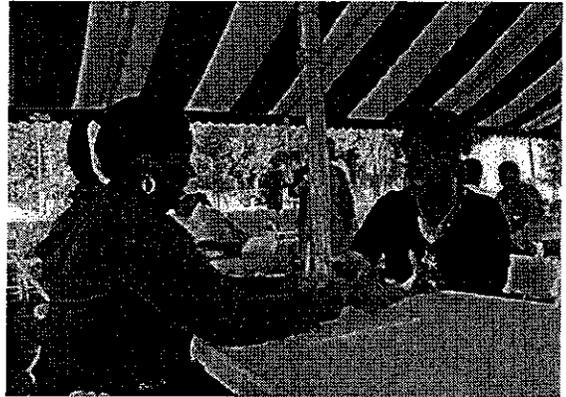


Prevention

Prevention takes place before individuals enter this system and includes measures such as emergency financial assistance to keep individuals in safe and stable housing with proper supports in place.

Outreach, Intake and Assessment

Outreach is the process by which homeless service providers and advocates make contact and form relationships with people experiencing homelessness. Intake and assessment are the ongoing, non-threatening processes used to learn about clients' situations and to determine – with the clients/consumers - which services are best suited to help them. Consumers are



referred to the agencies best able to help. This is the process necessary to ensure that clients can maximize the use of available resources including mainstream resources. It is through this process that referrals to appropriate service providers can be made, and it is the "front door" to coordination of homeless assistance.

Homeless Management Information System (HMIS)

The Homeless Management Information System – locally, named the Big Bend Information System (BBIS) – is a significant element of the Continuum of Care. The purpose of the BBIS is to coordinate resources for homeless persons through a community-wide, shared database that houses demographic information on homeless individuals served, as well as information on the availability and utilization of services, to better meet the needs of our homeless population. This is a critical part of the outreach, intake and assessment processes as it helps in decreasing duplication of services, fills in gaps in services to those in need, and tracks information over time to identify the individual strengths and needs of our neighbors.

Emergency Services

Emergency Services are those that can prevent homelessness or assist in stabilizing individuals and families, or shorten an episode of homelessness.

Transitional Services

Transitional Services are housing services to individuals or families for a period not to exceed 24 months. Transitional housing often includes built-in supportive services.

Permanent Housing

Permanent Housing usually is identified as affordable housing for individuals and families for an undetermined length of time. Housing is considered affordable when no more than 30 percent of an individual's gross monthly income is needed for housing. Permanent housing is usually secured with a lease for a minimum period of one year. Lack of affordable housing is the number one reason for homelessness at the local, state and national levels.

People think that just because
you're homeless, you're not human.

Stanley Thompson, homeless, Tallahassee Democrat, January 14, 2006

Many families live on the margin,
staying barely out of homelessness
but never far from it.

- Tallahassee Democrat editorial, January 23, 2006

Needs, Gaps and Priorities in This Continuum of Care

During the first several months of every year, the Big Bend Homeless Coalition leads the Continuum in conducting the annual gaps analysis for the Continuum of Care plan. Continuum partners include, but are not limited to: service providers, businesses, local governments, law enforcement, private citizens, formerly homeless individuals and people experiencing homelessness. This process includes several elements:

- Service providers conduct a week-long count in February to get a snapshot of whom is served by their agencies;
- Actual counts of whom and how many are not served due to limited capacity are conducted; and
- Agencies record their capacity to provide a range of services, including number of beds (resource inventory).

Annual agency capacity inventories highlight the need for service providers to obtain resources for new programs, and for the community to intensify the prevention services and affordable housing stock to keep individuals and families from ever entering homelessness.

Many subgroups of homeless persons appear particularly vulnerable [to death], especially those living with AIDS, street youth, mentally ill veterans, and those who live chronically on the streets.

As part of the gaps analysis process, network partners answer a series of subjective questions about the Continuum of Care strengths, weaknesses and opportunities for improvement. The aggregated data from all three components above and the subjective questionnaire are distributed via email and absentee suggestions are obtained before the network meeting during which gaps are prioritized. The gaps analysis and resource inventory results also are reviewed by all members present at the respective network meeting. The gaps identified through this process are then voted on and ranked in order of priority. The gaps analysis and prioritization network meetings are widely advertised, giving our

National Health Care for the Homeless Council Inc., 2005

entire community an opportunity to participate. In 2005, the top three priorities identified by our Continuum (in order) were:

- 1) Permanent Housing – both supportive and independent housing,
- 2) Transitional Housing and
- 3) Services for Persons with special needs – prevention and ongoing support.

The Continuum of Care plan and priorities are used as the foundation upon which we develop and deliver services to the adults and children experiencing homelessness in our community. In addition, these priorities are the basis on which local projects are solicited for inclusion in all consolidated funding applications such as the HUD SuperNOFA (Notice of Funds Availability) and the State of Florida Office on Homelessness Challenge Grant and Homeless Housing Assistance Funding.

[Money] must be earmarked to opportunities that deliver housing today, not tomorrow. Otherwise, the homeless ranks will grow, the essential work force we need in our hurricane-ravaged communities will relocate, and our economic recovery will suffer.

Mitch Friedman, Chair
Coalition of Affordable Housing Providers

THE PLAN

Foundations for Success

Homelessness and lack of affordable housing are state- and nation-wide crises, not just problems of the City of Tallahassee. Unless we develop a sufficient supply of affordable and safe housing, there will always be those who are chronically and episodically homeless. We *must* ensure that affordable housing is available for the neediest people. In addition, in keeping with its designation as an "All American City" and ratings such as "Best Parks & Recreation Department" in the nation, we want to make Tallahassee and Leon County a model for the nation: where all residents live in stable, affordable, decent permanent housing; where an individual or family does not pay more than 30% of their income for housing; where a family does not have to hold down 2.5 jobs to have a place to call home; and a place where they can feel safe, warm and not in jeopardy of condemnation or eviction.

We must address these issues with a holistic, community approach. Ending homelessness must be a community priority with broad support.

**Kay Freeman
Executive Director
Big Bend Homeless
Coalition**

The most fundamental recommendation of the task force – in service to the goals of the plan – is to develop a dedicated funding source for: assistance to the chronically homeless, the homeless and those at risk of homelessness; the development of additional affordable housing (including rental subsidies) for those in need; and expansion of supportive services to help those who are in housing to remain housed.

This plan does not state what source of funding should be used, or how much should be made available. Instead, this plan recommends that a special sub-committee be tasked with identifying which funding source(s) would be best suited to address all homeless concerns and develop a budget commensurate to our community's needs. Funding decisions are left to the elected officials who charged the committee with creating this plan.

Overview

The work of the task force toward developing a results-oriented 10-year plan to end chronic homelessness in Tallahassee spanned a 10-month period beginning December 2004 and coming to a close in September of 2005. Under direction of the Big Bend Homeless Coalition, the next several months were taken to incorporate task force and community input, including input from people experiencing homelessness. The development, implementation and oversight of this plan will be in service to the vision of the task force:

It is the vision of the Big Bend community for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it.

The full task force studied issues surrounding homelessness - including the personal and professional effects that homelessness has on our lives - and discussed key partners needed to develop solutions to both chronic homelessness and homelessness overall. With the mission and vision established, the task force then began to establish specific goals for the 10-year plan.

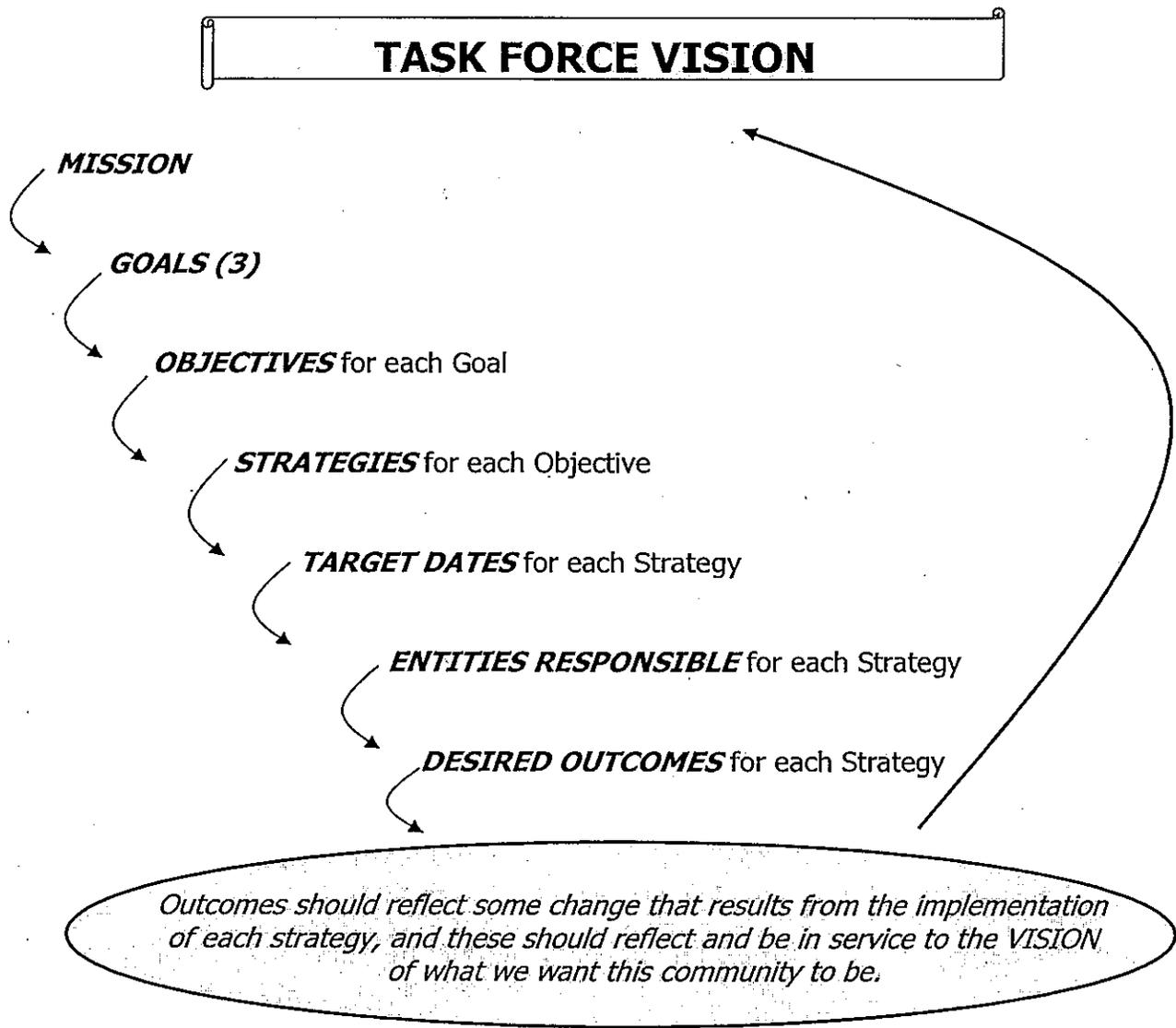
During the planning process, a goal development subcommittee met several times to make recommendations to the full task force regarding possible goals for the plan. Through group process and consensus, the full task force adopted the following goals for its 10-year plan to end chronic homelessness:

- ❖ **Prevention** (*before* homelessness): To assist people at risk for homelessness in maintaining housing.
- ❖ **Intervention** (*during* homelessness): To assist people experiencing homelessness by intervening with appropriate services.
- ❖ **Community awareness** (*ongoing*): To educate the community regarding the nature, causes and costs of homelessness, and to engage and mobilize them to participate in developing and implementing solutions to the problem.

These goals were then used to establish individual workgroups that were charged with deliberating and making recommendations to the full task force ways to operationalize their respective goals. The three goal groups met monthly over a five month period.

Organization

The following format guided the workgroups:



Goal #1: Prevention

PREVENTION GOAL: To assist people at risk for homelessness in maintaining housing.

OBJECTIVES:

1. Affordable Housing – provide adequate affordable housing for low-, very low- and no-income persons and families.

1.1. Increase the stock of affordable rental properties with rents below market rate through construction or purchase of additional units, or rehabilitation of existing units.

Strategies:

- Identify appropriate Continuum of Care members with the capacity to develop and implement specialized housing for chronically homeless/homeless people and families.
- Develop additional housing stock through the HUD SuperNOFA and other federal and state sources.

Entities Responsible: Big Bend Homeless Coalition and Continuum of Care, affordable housing developers

Target Date: Ongoing

Desired Outcomes:

- A decrease in homelessness and the demand for support services.
- An increase in the safety and stability of individuals and families.
- A decrease in the number of evictions that lead to homelessness: increase the percent of families/individuals who avoided evictions by 10% each year.
- Development of 50 affordable housing units per year targeted at low- to no-income individuals and families.

1.2. Increase the stock of subsidized rental housing available to low to no-income persons.

Strategy: Obtain funding for additional HUD vouchers and other rental subsidies and support for special needs populations.

Entities Responsible: Tallahassee Housing Authority and the City of Tallahassee

Target Dates: *Year one:* Planning and research
Year two: Begin applying for subsidies

- Desired Outcomes:**
- A decrease in homelessness and the demand for support services.
 - An increase in the safety and stability of individuals and families in Tallahassee.
 - Development of 50 affordable housing units per year targeted at low- to no-income individuals and families.

1.3. Increase supportive services to those at risk of becoming homeless (e.g., emergency financial assistance, case management for permanent housing, mortgage delinquency assistance).

- Strategies:**
- Increase supportive services to people at risk of homelessness (e.g., housing case management, supportive housing programs).
 - Expand the Homeless Management Information System to gather data about those at risk of eviction, homelessness and conduct outreach to avoid homelessness.
 - Increase financial resources to prevent evictions.

Entities Responsible: Big Bend Homeless Coalition and Continuum of Care, Community Human Service Partnership (CHSP), Department of Children & Families' Office on Homelessness (specifically, the Emergency Financial Assistance for Housing Program - EFAHP) and the City of Tallahassee legislative liaison

Target Dates: *Year one:* Gather data to determine if particular census tracts suffer higher eviction rates.
Year two: Provide information on eviction prevention.

- Desired Outcomes:**
- Increase the percent of families/individuals who avoided eviction by 10% each year.
 - A decrease in homelessness and the demand for support services.
 - An increase in the safety and stability of individuals and families in Tallahassee.

2. Income – Provide the support necessary to empower all citizens to meet or exceed the threshold for adequate income to sustain self-sufficiency.

2.1. Expand access to mainstream resources which assist low- to no-income individuals and families.

Strategies:

- Continue implementation of the ACCESS system, which is the Department of Children and Families' one-stop application process for food stamps, Medicaid, temporary assistance, and refugee assistance. Recruit appropriate members of the continuum of care to the ACCESS system.
- Advocate for a policy change whereby indicators of housing stability would be included in applications for mainstream resources to determine those at risk of losing housing.

Entities Responsible: DCF Office on Homeless, Big Bend Homeless Coalition and Continuum of Care and City of Tallahassee

Target Dates: Ongoing

Year two: 10% increase in clients using ACCESS.

Desired Outcomes:

- More providers are able to help clients access mainstream resources.
- Increase in the scope of services that people are linked to for prevention and support.
- Increase in housing instability data being gathered about those at risk of losing housing.

2.2. Increase continuum capacity for providing employment training and job placement for persons at risk of homelessness.

Strategies:

- Expand opportunities for employment training and job placement.
- Promote the availability of and access to existing employment training.
- Assist the underemployed with training and job search services to help improve their income.

Entities Responsible: Greater Tallahassee Chamber of Commerce and other key partners, such as Workforce PLUS, Goodwill Industries and ECHO Outreach Ministries' Jubilee Joblink, Tallahassee Community College and Lively Vocational-Technical School

Target Dates:

Year one: Develop comprehensive data base on existing resources, determine usability and gaps in training.

Year two: Develop training to meet the need and demand for job services.

Year two and ongoing: Implement training, evaluate effectiveness and track success of students.

Desired Outcome:

- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.

2.3. Coordinate and promote financial literacy training opportunities for at-risk populations community-wide to utilize resources to the maximum capacity and identify gaps in financial literacy services.

Strategy:

- Facilitate access to training for at-risk populations by bringing trainings to consumers.
- Identify gaps in financial literacy services for low- to no-income persons.

Entities Responsible: Financial institutions, Big Bend Homeless Coalition and Continuum of Care, City of Tallahassee

Target Date:

Year two

Desired Outcome:

- Dissemination of 100 brochures to those least likely to seek financial literacy training with the desired outcome of improved money management skills, increase in savings and improved credit rating.
- Staffing for a community financial literacy trainer who will provide targeted, on-site services to four key locations in Tallahassee.



The foundation for planning for services in our community is networking.

2.4. Increase availability and accessibility of emergency financial assistance necessary to maintain housing and prevent episodes of homelessness.

Strategy: Create local, state and national outcry for the need to direct state and local resource to prevent homelessness and enable our poorest citizens achieve a basic standard of living.

Entities Responsible: Department of Children & Families' Office on Homelessness, Continuum of Care partners responsible for advocacy to increase awareness of the need for funding and the economic gain to our state achieved by increasing the standard of living.

Target Dates: Began October 2006 and will continue annually throughout the life of the plan
Immediately gather data from DCF on current level of assistance available and estimate on total funding to meet the need of our state and present information to local delegation serving in the House and Senate.

Desired Outcomes:

- Increase amount of state and federal funds available by 3-5% each year, until full need to met.
- A decrease in the number of evictions that lead to homelessness: increase the percent of families/individuals who avoided eviction by 10% each year.
- A decrease in the number of families that are behind on mortgage payments and are at risk of homelessness.
- Increase in the shared responsibility of preventing homelessness.
- Number of evictions and foreclosures prevented will directly correspond to the increase in funding.

2.5. Increase the funding for and access to emergency childcare assistance for those seeking employment.

Strategies: Expand partnerships with the Early Learning Coalition on the local level and the Florida Children's Forum on the state level.

Entities Responsible: Big Bend Homeless Coalition and Continuum of Care

Target Date: Year two: Establish baseline needs and determine needed financial expansion.

Desired Outcomes:

- Increase needed financial resource by 10% each year, until full demand is met.

- Increase in the number of families gaining access to emergency childcare assistance for those seeking employment, enabling families to stabilize family incomes.
- Number of "new families" gaining access to subsidized childcare will be proportional to increase in available funding.

3. Health and Well-being – Minimize health crises through the provision of primary health care to all uninsured individuals.

3.1. Increase access to and availability of adequate and affordable medical care.

Strategies:

- Educate patients in self-advocacy and communication skills used with health-care providers, to empower patients in taking responsibility for their own health.
- Support, advocate and educate the public about the advantages of CareNet, We Care, Community Health Centers and avoiding emergency room visits.



Entities Responsible: Big Bend Homeless Coalition, CareNet, Continuum of Care, Community Health Centers, Tallahassee Memorial HealthCare (TMH) and Capital Regional Medical Center (CRMC)

Target Date: October 2006

Desired Outcomes:

- A decrease in the number of patients using emergency rooms as walk-in treatment centers (3-5% yearly decrease).
- Increase in primary health care usage (5% increase in "patient base" at Bond and Neighborhood Health Centers).

3.2. Coordinate discharge planning with local and state institutions.

Strategy: To take the lead in developing model plans for discharge planning and the implementation of same, to avoid "street" discharge.

Entities Responsible: State Office on Homelessness and the Florida Coalition for the Homeless

Target Dates: *Year one:* Begin establishing baseline June 2007 and develop strategy for legislative bill development and passage.

Year two: March 2008 – present bill and advocate passage.

Desired Outcome: 10% yearly decrease in the number of people who become homeless upon release from hospitals, mental health facilities, jails, prisons, and substance abuse centers.

3.3. Develop Safe Havens, Assisted Living Facilities (ALFs) and Convalescent Centers.

Strategies:

- Identify appropriate agencies to develop safe havens, assisted living facilities (ALFs) and convalescent centers or "halfway houses" for those with special medical needs who are homeless or at-risk.
- Develop memoranda of understanding with hospitals and treatment centers that will prevent the discharge of patients without adequate case management and shelter.

Entity Responsible: Continuum of Care partners, city and county officials

Target Date: November 2007

Desired Outcomes:

- Decrease in the number of individuals needing medical treatment among the homeless population.
- Increase in understanding how to access and link to appropriate care (e.g., Safe Haven, ALF and Convalescent Care).
- Increase in the number of beds available for special needs population – see goal 2 1.1.

4. Transportation – Provide adequate transportation necessary to support independence.

4.1. Increase access to public transportation and provide feedback on services provided by public transportation.

Strategy: Advocate for improved public transportation to meet the needs of those without personal means of transportation.

Entities Responsible: Big Bend Homeless Coalition and StarMetro

Target Date: Ongoing

Desired Outcomes:

- o Increased mobility and independence of homeless and formerly homeless persons.
- o 10% growth in riders among the low- to no-income, measured by the increase in "free" or reduced passes.

4.2. Advocate for appropriate infrastructure (including sidewalks) for those with transportation needs.

- o Increase evening and weekend access to transportation via public transportation
- o Ensure affordable access to specialized transportation for those with medical needs.

Strategy: Identify key routes for those without personal transportation and request sidewalks, bike lanes, and safety measures for the pedestrians using those routes.

Entities Responsible: Big Bend Homeless Coalition, Continuum of Care and StarMetro, Transportation Disadvantaged Committee

Target Date: Year two

Desired Outcome: Increased mobility and independence of homeless and formerly homeless persons.

Goal #2: Intervention

INTERVENTION GOAL: To assist people experiencing homelessness by intervening with appropriate services.

Task force recommendation:

A "housing first" model should be used for those who are already homeless or for whom homelessness cannot be prevented. 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. For Tallahassee, this approach requires a fundamental shift in our sheltering strategies, away from the current system to a model in which short term housing is provided for the minimum time needed to access transitional shelter and then permanent housing with the supportive services focused on an immediate and comprehensive needs assessment, resource acquisition and housing placement.

As the supply of permanent affordable housing is increased, the necessary time of stay in emergency shelter is reduced, and access to permanent housing is expedited. There will continue to be a need for both emergency and transitional housing; however, with shifts in our housing strategies, emergency shelter will be more accessible to those who truly need short-term, emergency housing. Transitional housing will continue to serve as the stabilizing period for families and individuals before moving on to more self-sufficient, permanent housing options in the community. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.



Case Management and other supportive services are essential to success for many people experiencing homelessness.

INTERVENTION OBJECTIVES:

1. Assessment – To develop and implement a community-wide assessment system that matches the level of need of individuals experiencing homelessness with appropriate services.

Strategy:

Establish one-stop-shopping for professional intake, assessment, referral and placement, using HMIS where appropriate. HMIS is critical to knowing what services clients are being linked to; it is also critical in getting a picture of if/how people are moving through the continuum of care to appropriate services as soon as possible.

Entities Responsible:

Continuum of Care, Big Bend Homeless Coalition and the Big Bend Management Information System (BBIS - our local HMIS), CHSP agencies

Target date:

End of year three

Desired Outcomes:

- Every person who is identified as homeless, or at risk of homelessness in our community will be matched within 30 days with an appropriate service to enable him or her to return to stable housing.
- Emergency shelter being used as permanent housing will more appropriately be used for emergency 30-90 day housing.
- Increase capacity for gathering data from all components of the continuum of care, regardless of whether they have targeted homeless programs.
- Increase capacity to learn about high users of public resources (e.g., health and mental health care providers, law enforcement, etc.).
- 10% yearly increase in the number of "records" entered into BBIS.

2. Service Provision and Community Infrastructure – To ensure that necessary, sufficient quality services and community infrastructure are available. These include case management, life skills education, range of best practice housing options and supportive services, mental health and substance abuse treatment, comprehensive stopgap services, i.e., supported employment, financial assistance, 30-day emergency shelter, short- and long-term transitional housing and permanent supportive housing.

Strategy:

Identification of needed services and community infrastructure will be performed by the community planning process undertaken by the community network coordinated by Big Bend Homeless Coalition.

Entity Responsible:

This includes the identification of service priorities, capacities, and unmet needs.

Continuum of Care partners, Big Bend Homeless Coalition

Target date:

Immediate and Ongoing

Desired Outcomes:

- Increased ability to identify service priorities for unmet needs and capacities and increased ability to document progress toward accomplishment of vision.
- Increased ability to develop and implement appropriate range of services and resources to meet the identified unmet needs of the population.

Goal #3: Community Awareness

COMMUNITY AWARENESS GOAL: To educate the community regarding the nature, causes and costs of homelessness, and to engage and mobilize them to participate in developing and implementing solutions to the problem.



Mayor John Marks and former Senator John Edwards host a community forum to discuss systemic factors that lead to poverty.

Objectives:

1. Educate the community about the 10-year plan by disseminating strategic communications about the plan to key stakeholders within a six-month period following the plan's release. Education regarding the nature, causes and costs of homelessness and solutions to the problem are ongoing efforts of the Big Bend Homeless Coalition and its partners and will continue through the life of the organization.

Strategies:

- Release of the plan: One news conference and community forum (combined) with press kit containing a news release, copy of the 10-year plan, appropriate background, talking points and contact list. All media outlets in Leon and surrounding counties will receive the press kit within a one-week period after release of the plan.
- Subsequent news coverage: Media availability, news conferences, meetings and telephone calls to local media and other available Big Bend media as determined by the task force and the coalition, to facilitate news coverage. Task force recommendation is that there should be one news opportunity per month for the six months following the release of the plan.

- News release(s): One per month, where appropriate.
- Op-Ed article(s) in the *Tallahassee Democrat* and other key print media: One for each print outlet.
- Letters to the editor from task force members and community stakeholders: Two for each print outlet.
- Appearances on morning radio and television shows highlighting the issues and calling for community commitment to the solutions: WCTV "In the Spotlight," WTXL Morning Show, Troy and Dawne in the Morning, and other broadcast opportunities as identified by the task force.

Entities Responsible: Big Bend Homeless Coalition, with recommendations from the task force

Target Date: Specific tasks to be accomplished in the six-month period following completion of the plan; community awareness will be ongoing until homelessness ceases to exist.

Desired Outcomes:

- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.

2. Engage the community immediately following the release of the 10-year plan by disseminating information about the plan, the plight of the homeless and our community's responses to this problem through the mass media and other broadcast options. Continue to engage the community until homelessness ceases to exist.

Strategies:

- Release of the plan: One news conference and community forum (combined) with press kit containing a news release, copy of the 10-year plan, appropriate background, talking points and contact list. All media outlets in Leon and surrounding counties will receive the press kit within a one-week period after release of the plan.
- Subsequent news coverage: Media availability, news conferences, meetings and telephone calls to local media and other available Big Bend media as determined by the task force and the coalition, to facilitate news coverage. Task force recommendation is that there should be one news

opportunity per month for the six months following the release of the plan.

- News release(s): One per month, where appropriate.
- Op-Ed article(s) in the *Tallahassee Democrat* and other key print media: One for each print outlet.
- Letters to the editor from task force members and community stakeholders: Two for each print outlet.
- Appearances on morning radio and television shows highlighting the issues and calling for community commitment to the solutions: WCTV "In the Spotlight," WTXL Morning Show, Troy and Dawne in the Morning, and other broadcast opportunities as identified by the task force.
- Direct mailing and public speaking engagements to key stakeholders in the Big Bend area, requesting their involvement.
 - Create within the first year of the plan's release a speaker's bureau/public speaking group of no fewer than five members tasked with engaging all key stakeholders – adapting the message to fit the audiences and including homeless/formerly homeless persons.
 - Establish a recurring community forum and/or "Update to the Community" from the mayor, the task force and the coalition. This forum and/or letter to the public would be an update on the plan (to remain accountable to the public). Goal is quarterly.
- Encourage through e-mail updates, invitations to attend Big Bend Homeless Coalition and continuum events, meetings, etc. key community leaders to get involved in our community's responses to homelessness.
- Consider potential language barriers when communicating with the public.

Entity Responsible: Big Bend Homeless Coalition, with recommendations from the task force

Target Date: Specific tasks to be accomplished in the six-month period following completion of the plan; speaker's bureau to be formed within first year after final

release of the plan; community awareness will be ongoing until homelessness ceases to exist.

Desired Outcomes:

- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.

3. Mobilize the community to participate in developing and implementing solutions to the problem.

Strategies:

- Develop in one month following the plan's release a communications matrix to identify key audiences/stakeholders, problems with communicating with that audience, and solutions.
- Develop within two months of the plan's release a master communications plan – utilize a professional public relations expert to create this plan (communications matrix would guide this plan).
- Facilitate the committee responsible for producing progress reports on the 10-year plan.
- Develop in the year following the plan's release a speaker's bureau with no fewer than five members that will discuss the nature, causes and costs of homelessness and solutions (must include homeless & formerly homeless individuals) and seek speaking opportunities at Big Bend area civic and community group meetings.
- Increase consumer involvement: in monthly networking meetings held by the Coalition; as members of the Coalition's community planning and development committee; and encourage homeless service providers to involve consumer input in policy & procedure development.



- Within one year of the plan's release, partner with Continuum of Care providers to develop an informal program to get community members "into" programs that work with people who are experiencing homelessness – to see the people and the programs first hand. To be developed through a subcommittee of the coalition's community planning and development committee.
- Consider potential language barriers when communicating with the public.

Entity Responsible: Big Bend Homeless Coalition, with recommendations from the task force

Target Date: Specific tasks to be accomplished in the six-month period following completion of the plan; speaker's bureau to be developed within one year of the plan; community awareness will be ongoing until homelessness ceases to exist.

Desired Outcomes:

- Ongoing knowledge and support for the 10-year plan and efforts of the coalition and its partners.
- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.

Homeless people struggle in silence and anonymity on most days, frequently gaining public attention only when something bad happens.

*Tallahassee Democrat editorial
January 23, 2006*

IMPLEMENTATION and OVERSIGHT/MONITORING

Who will approve the final plan?

The Mayor and Tallahassee City Commission will approve the final plan.

Who (what entity) will be responsible for oversight of the 10-year plan?

Task Force members came to a consensus that the 10-year plan will be reviewed by an "oversight committee" to consist of representatives from the following three entities: 1) The mayor's office, 2) Big Bend Homeless Coalition and 3) volunteer representatives from the task force. Accountability will rest with this oversight committee.

How often will it be reviewed?

Semi-annually. There will be a "progress to date" at six months, and an annual report to give an account of each year's progress.

Who will be responsible for preparing data for the review?

The Community Planning and Development (CPD) Committee of the Big Bend Homeless Coalition will be responsible for establishing baseline data and benchmarks and for measuring actual outcomes. This committee consists of a minimum of 5-7 Continuum of Care partners, including service providers, at least one person experiencing homelessness and other key stakeholders. The CPD committee will meet quarterly. The CPD committee also will appoint a representative to participate on the 10-Year plan oversight committee.

How will progress be reported to the community?

Through the regular communication mechanisms in place as part of the Big Bend Homeless Coalition's coordination, collaboration and advocacy efforts.

How often will progress be reported? A "progress to date" report will be done every 6 months to continuum of care partners, with an annual report released by the Office of the Mayor.

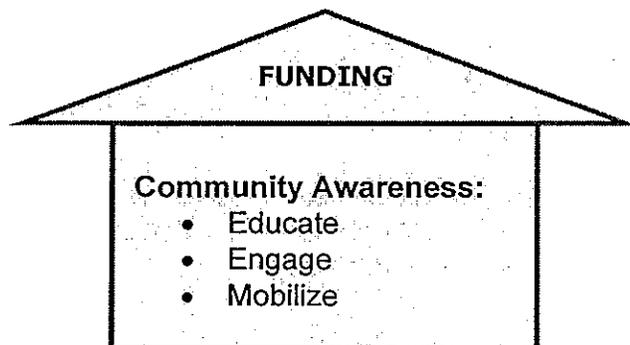
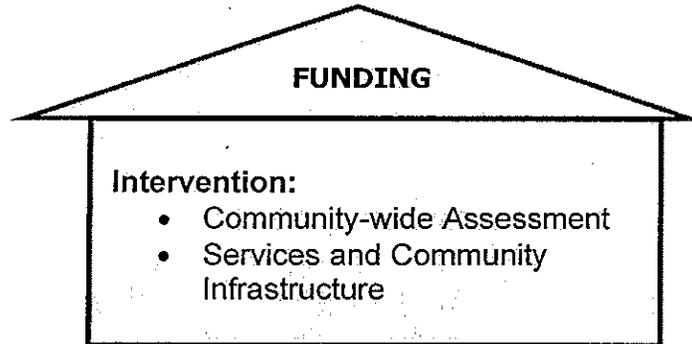
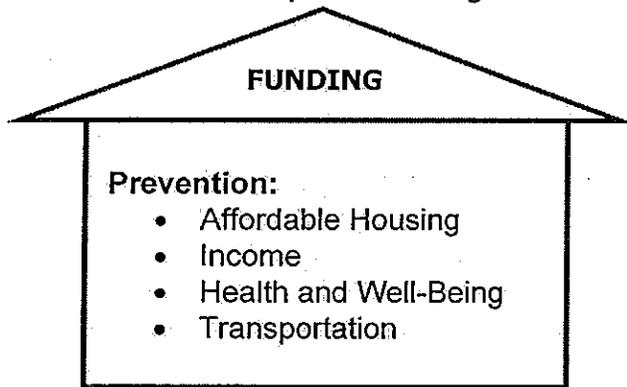
To whom will the annual report be released? Key stakeholders as defined by the mayor's office, the Task Force and the Big Bend Homeless Coalition continuum partners.

How often will amendments be made to the plan? And by whom?

The full task force will meet every two years to review the plan and make amendments if needed.

SUMMARY AND CONCLUSION

This report presents the culmination of a community planning process that was initiated and endorsed by Mayor John Marks of Tallahassee, Florida. This process was inclusive of a variety of stakeholders who represented the interests of our community and offered expertise and insight for the plan. The results of the planning process can be summarized by the following:



APPENDIX A: COST ESTIMATE, YEAR ONE

The following itemization is a cost estimate for the first year of implementing this plan. This itemization is an attempt to capture the full cost of providing all operating, supportive, capital, and professional services needed to reach the desired outcomes detailed in the plan. It is the expectation that in subsequent years as more housing is developed, more people become housed and self sufficient and as other federal departments such as SAMHSA and HHS begin to fund supportive services the line items expenses will either shift, be eliminated or decrease.

The primary factors contributing to the cost of the plan is the capital outlay to build new affordable housing units each year for 10 years, and the rental subsidies to be used as an intervention tool for those currently experiencing homelessness and for those who are at risk of homelessness.

No doubt, it is expensive, however the human toll and lack of action is more expensive. If we fail to act we risk spending as much as \$40,000 (Culhane) per chronically homeless individual per year. If we act the opportunity savings are exponential.

Each objective is broken down into component parts and, using today's dollars, assigned an estimated expense.

GOAL 1: PREVENTION

1. Affordable housing

1.1. Increase the stock of affordable rental properties by 50 units

Line Item	Capital	Operations
Construction & site development	\$ 4,600,000	\$ 0
Land Acquisition	403,850	0
Total	\$ 5,003,850	\$ 0

1.2. Increase available HUD and other mainstream rental subsidies by 50 additional units

Line Item	Capital	Operations
Monthly rent 50 units at \$542 for 12 months	\$ 0	\$ 325,200
Supportive services:		
Personnel:		
2 Case mgrs.		
1 Housing administrator		
.25 Finance admin		
.25 Clerical support	0	123,500
Operating/Admin:		
Physical plant		25,000
Oversight .5 FTE		16,000
Client Assistance	0	5,000
Total	\$ 0	\$ 494,700

1.3. Increase supportive services to those at risk of becoming homeless

Line Item	Capital	Operations
Eviction prevention		
Rental/utility assistance 100 additional households		\$ 50,000
Access to medical care Doctor visits, prescriptions, labs, etc. \$5,000/yr. per person	\$ 0	500,000
Personnel:		
2 Outreach workers		
2 Case managers		
1 Employment Specialist		
1 Admin.	0	202,800
Operating:		
Office space, utilities, supplies, insurance, audit, etc.	0	30,000
Coordination: HMIS:		
3 Data Entry staff		78,000
Connectivity		3,000
Hardware, software		4,600
Total	\$ 0	\$ 868,400

2. Income:

2.1. Increase client resources to help meet their own daily living needs

Line Item	Capital	Operations
Expand ACCESS to State on-line system used to assist in securing mainstream resources	\$ 0	\$ 0
Advocate for collection of housing stability date	0	0
Total	\$ 0	\$ 0

2.2. Income employment and job placement: Expand employment services for 1000 additional at risk persons

Line Item	Capital	Operations
Personnel: 5 Counselors 1 Employer recruiter 1 Administrator	\$ 0	\$260,000
Operations: Office space, utilities, phone, supplies, connectivity, etc.		\$20,000
Hardware/software		\$12,000
Admin/oversight	0	\$14,600
Total	\$ 0	\$306,600

2.3. Financial Literacy

Line Item	Capital	Operations
Monthly classes at 4 location: 1 trainer	\$ 0	\$39,000
Publications: brochures, text books, etc		\$ 6,000
Travel		\$ 6,000
Cell phone	0	\$ 1,300
Total	\$ 0	\$52,300

2.4 Advocate for increased emergency financial assistance

Line Item	Capital	Operations
1 Advocacy Coordinator	\$ 0	\$ 52,000
1 Educator/Consultant	0	\$ 75,000
Total	\$ 0	\$127,000

2.5 Emergency childcare assistance for job seekers

Line Item	Capital	Operations
100 additional parents served at \$35 day for 2.5 children for 11 days each	\$ 0	\$ 96,250
Administration	0	\$ 5,000
Total	\$ 0	\$101,250

3. Health and Well-being

3.1 Increase access to and availability of adequate/affordable medical care

Line Item	Capital	Operations
Personnel: Patient/community educator 1 FTE	\$ 0	\$ 33,800
Total	\$ 0	\$ 33,800

3.2 Discharge Planning

Line Item	Capital	Operations
Personnel: Discharge planner 1 FTE	\$ 0	\$ 33,800
Total	\$ 0	\$ 33,800

3.3 Safe Havens, ALF's and Convalescent care (Please refer to 2 1.1 for unit information)

Line Item	Capital	Operations
Personnel: Referral coordinator 1 FTE	\$ 0	\$ 33,800
Total	\$ 0	\$ 33,800

4 Transportation

4.1 Increase access for those without personal means of transportation

4.2 Advocate for improved infrastructure for those without transportation

Line Item	Capital	Operations
Personnel: Coordinator 1 FTE	\$ 0	\$ 33,800
Total	\$ 0	\$ 33,800

SUMMARY OF COSTS FOR GOAL 1

Line Item	Capital	Operations
1.1 Increase the stock of affordable rental properties.	\$5,003,850	\$ 0
1.2 Increase HUD and other mainstream rental subsidies	0	494,700
1.3 Increase supportive services for those at risk of homeless	0	868,400
2.1 Increase client resources to help meet daily living needs	0	0
2.2 Income employment and job placement	0	306,600
2.3 Financial Literacy	0	52,300
2.4 Advocate for increased emergency financial assistance	0	127,000
2.5 Emergency childcare assistance for job seekers	0	101,250
3.1 Increase availability of adequate/affordable medical care	0	33,800
3.2 Discharge Planning	0	33,800
3.3 Safe Havens, ALF's and Convalescent care	0	33,800
4.1 Increase access for those without transportation	0	33,800
4.2 Advocate for improved transportation infrastructure	0	33,800
Total	\$ 5,003,850	\$ 2,085,450

GOAL 2: INTERVENTION

1.1. Assessment – One Stop Center

Line Item	Capital	Operations
Admin/medical building	\$ 1,200,000	\$ 0
Equipment start-up	50,000	0
Assessment team:		
1 Intake Specialist		
2 Medical Professionals (Primary & Psychiatric)		
2 Nursing professionals		
4 Case Mgr.		
1 Clerk/data entry	0	610,600
Utilities, maintenance, phones, connectivity, etc	0	75,000
Supplies: medical/office	0	25,000
Total	\$ 1,250,000	\$ 710,600

1.2. Safe Haven – 16 communal bed, low-demand, housing for hard to reach and serve

Line Item	Capital	Operations
Construction (4,000sq. at \$115 per)	\$ 460,000	\$ 0
Acquisition	400,000	0
Operating including supportive services	0	375,000
Total	\$ 860,000	\$ 375,000

1.3. Triage Center – 110 bed crisis housing, assessment and case management

Line Item	Capital	Operations
Construction	\$ 2,200,000	\$ 0
Land Acquisition	450,000	0
Operating Expenses	0	1,000,000
Total	\$ 2,650,000	\$ 1,000,000

1.4. Community Infrastructure: Provision of immediate housing for the disenfranchised

Line Item	Capital	Operations
Rental/utility assistance 200 - 1 bedroom at FMR for 1 yr.	\$ 0	\$ 1,334,400
10 Case managers - supportive services	0	364,000
Operating costs	0	150,000
Total	\$ 0	\$ 1,848,400

1.5. Resource needs identification

Line Item	Capital	Operations
Consultant & Plan Implementation	\$ 0	\$ 50,000
Total	\$ 0	\$ 50,000

SUMMARY OF COSTS FOR GOAL 2

Line Item	Capital	Operations
1.1 Assessment – One Stop Center	\$ 1,250,000	\$ 710,600
1.2 Safe Haven – 16 bed	860,000	375,000
1.3 Triage Center – 110 bed	2,650,000	1,000,000
1.4 Community Infrastructure	0	1,848,400
1.5 Resource needs identification	0	50,000
TOTAL PROGRAM EXPENSE	\$ 4,760,000	\$ 3,984,000

GOAL 3: COMMUNITY AWARENESS

1.1. Educate: Community Awareness

Line Item	Capital	Operations
Public relations consultant	\$ 0	\$ 50,000
Print materials: The plan, press kits, flyers, brochures	0	12,000
Media/educational opportunities and coverage	0	0
Total	\$ 0	\$ 62,000

1.2. Engagement with the community: Distribution of materials, etc.

Line Item	Capital	Operations
Utilizing existing personnel	\$ 0	\$ 0
Mailings and information inclusion in utility bills	0	32,000
Total	\$ 0	\$ 32,000

1.3. Mobilize: Stimulate interest and work with advocacy leaders

Line Item	Capital	Operations
Utilizing existing personnel and public relations consultant	\$ 0	\$ 0
Total	\$ 0	\$ 0

SUMMARY OF COSTS FOR GOAL 3

Line Item	Capital	Operations
1.1 Educate: Community Awareness	\$ 0	\$ 62,000
1.2 Engagement with the community	0	32,000
1.3 Mobilize	0	0
Total	\$ 0	\$ 94,000

ESTIMATED PLAN COST

Line Item	Capital	Operations
GOAL 1: PREVENTION	\$ 5,003,850	\$ 2,085,450
GOAL 2: INTERVENTION	4,760,000	3,984,000
GOAL 3: COMMUNITY AWARENESS	0	94,000
Total	\$ 9,763,850	\$ 6,163,450

This estimated plan cost does not include current inputs. It specifically addresses the additional resources both capital and on-going operational costs that are needed to end chronic homelessness. In order to accomplish this goal existing resources and services must be maintained.

APPENDIX B: TASK FORCE PARTICIPANTS

The following individuals participated in developing the 10-Year Plan to End Chronic Homelessness in the Big Bend

21st Century Council	Mr. Steve Meisburg
Ability1 st	Mr. Daniel Moore
Bethel Community Development Corporation	Mr. Darryl Jones
Bethel Missionary Baptist Church	Dr. Carolyn Ryals
Big Bend Homeless Coalition	Mrs. Kay Freeman Ms. Stephanie Shepherd Reverend Thomas Dohrman Ms. Adrienne Criste Ms. Arika Beachy Mr. Jason Purify
Blueprint 2000 Intergovernmental Agency	Ms. Shelonda Gay
City of Tallahassee	Mr. Tom Coe Ms. Andi Lyons
City of Tallahassee, Neighborhood and Community Services	Mr. Michael Hervey Ms. Martha Bentley Ms. Joyce Martinez
City of Tallahassee, Office of the Mayor	Mayor John Marks Mr. Alan Williams
Department of Children & Families (DCF) Office on Homelessness	Mr. Tom Pierce Ms. Bonnie Hazelton Mr. Darius Graham
District II DCF Alcohol & Drug Administration Office	Mr. Daniel Moore
Downtown Improvement Authority	Ms. Marilyn Larson
Fannie Mae	Ms. Pam Duncan Ms. Evett Francis
Florida Agricultural & Mechanical University	Mr. Delmas Barber
FAMU/UF Extension Office	Ms. Tonda Nelson
Florida State University, Center for Civic Education and Service	Mr. Bill Moeller
Florida State University, College of Social Work	Dr. Wendy Crook

Goodwill Industries – Big Bend	Ms. Dee Austin Ms. Donna Warlick
Good News Outreach	Mr. Jim Bailey
Greater Tallahassee Chamber of Commerce	Mrs. Sue Dick
Homeless Participants	Mr. James Campbell Mr. Daniel Berg Mr. James Harris Ms. Theima Daniels
Leon County Schools	Mr. Jon Cramer Ms. Kenyetta Williams
Leon County Sheriff's Office	Captain Craig Dennis
Planet Gumbo	Ms. Su Ecenia
Private Citizens	Ms. Elizabeth Banks Mr. Justin Sikes Ms. Tracee Ford
Tallahassee Housing Authority	Mrs. Claudette Cromartie Ms. Latweeta Wynn Mr. Eric Wood
The Tallahassee-Leon Shelter	Mr. Grant Slayden Dr. Christie Koontz Ms. Tess Tomasi
Tallahassee Memorial HealthCare	Ms. Catherine Heimbecher
Tallahassee Police Department	Sergeant Jim Martinez Lieutenant Brian Donaldson
Tallahassee Community College	Mr. Kurt Salsburg
United Way of the Big Bend	Dr. Ken Armstrong
U.S. Department of Housing and Urban Development	Mr. Jim Nichol

Thank you to all of the individuals who participated.

APPENDIX C: DEFINITIONS



10-Year Plan: A 10 year plan is a strategic community plan which develops action steps that seek an end to chronic homelessness.

Affordable Housing: Housing affordability guidelines state that low, very low- and no-income households should pay no more than 30 percent of monthly income toward housing costs (i.e., a unit is considered affordable if it costs no more than 30% of the renter's income). This long-standing policy recognizes that money must be left over after the rent is paid to cover other basic needs such as food, clothing, transportation, etc.

Big Bend Information System (BBIS): The local Homeless Management Information System (see HMIS).

Case Management: This continuum acknowledges quality case management services as including, but not being limited to a comprehensive assessment of an individual's or family's social, health, and educational/employment circumstances. Also included are screening for mental health, alcohol or drug abuse. After the assessment, the case manager and consumer will develop a plan to assist the individual/family in overcoming challenges, build on strengths and regain their independence.

Chronic Homelessness: Refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

Continuum of Care: A local homeless assistance continuum of care is a framework for a comprehensive and seamless array of emergency, transitional, and permanent housing, and services to address the various needs of homeless persons and persons at risk for homelessness. The nature and configuration of housing and services may be unique to each community or region, depending on local needs, assets, and preferences. Big Bend Homeless Coalition (formerly Tallahassee Coalition for the Homeless) is the lead agency in the Big Bend continuum of care system of services to the homeless and those at risk.

Emergency Services: Services that can prevent homelessness or assist in stabilizing individuals and families, or shorten an episode of homelessness.

Emergency Shelter: An emergency facility that provides temporary shelter for homeless individuals and/or families up to 60 days. It provides at a minimum the basic needs of a place to sleep, compassionate care, a clean environment, reasonable security, and referrals

to other agencies. Most emergency shelters provide additional support services, including meals, case management, counseling, advocacy and help with future plans.

Goal: Goals follow from the mission statement and are general and global with regard to activities and products. Goals are not specific as to when or how something will be accomplished but speak instead to aspirations.

Homeless Management Information System (HMIS): A significant element of the Continuum of Care – locally, named the Big Bend Information System or BBIS. The purpose of HMIS is to coordinate community resources for homeless persons through a community-wide, shared database that houses demographic information on homeless individuals served, as well as information on the availability of services for homeless persons in this community. The goal of this system is to help agencies in the continuum of care better meet the needs of the homeless population.

Homeless: The term "homeless" or "homeless individual or homeless person" includes— (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is— (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Children and Youth: (A) means individuals who lack a fixed, regular, and adequate nighttime residence ...; and (B) includes— (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings ... (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

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. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.

Income (low- and very-low income): Section 3(b)(2) of the United States Housing Act of 1937 (USHA) defines "low-income families" and "very low-income families" as families whose incomes are below 80 percent and 50 percent, respectively, of the median family income for the area with adjustments for family size. Legislative history as well as the statutory language provides that income limits are to be calculated on a metropolitan statistical area basis except when specified otherwise in the statute. These income limits are generally referred to as Section 8 income limits because of the historical and statutory links with that program.

Intake/Assessment: The ongoing, non-threatening process used to learn about the client's situation and determine which services are best suited to help the consumer. They shall be delivered through a non-judgmental interview process. Referrals to organizations within our continuum of care are made after intake and assessment has been completed. Consumers are referred to the agency or agencies best able to help the consumer. Referrals can be made either through traditional means (walk-ins, phone calls and fax) or through the use of the HMIS and the 211 linkage. The urgency of the need for additional services shall be based on the client's self reported need. This is the process necessary to ensure clients can maximize the use of available resources including mainstream resources. It is through this process that referrals to appropriate service providers can be made, and it is the "front door" to coordination of homeless assistance.

Mission: Mission statements describe a group's purpose in global terms – they explain what the group [or agency] is all about.

Objective: Objectives are specific and precise and allow us to measure progress being made toward the achievement of a goal. They declare what will be accomplished by a certain date and by whom.

Outreach: Outreach is the process by which homeless service providers and advocates make contact and form a relationship with the homeless. This engagement process is intended to assist homeless individuals and families in utilizing available services by meeting consumers "where they are."

Permanent Housing: Housing usually identified as affordable housing for individuals and families for an undetermined length of time. Permanent housing is usually secured with a lease for a minimum period of one year.

Special needs populations: as defined by HUD, special needs populations include the chronically homeless, veterans, youth and those homeless individuals who have a serious mental illness, chronic substance abuse, HIV/AIDS or are victims of domestic violence.

SuperNOFA: HUD publishes an annual Notice of Funding Availability (NOFA) for Continuum of Care Homeless Assistance in the Federal Register; applicants must submit specific information about a proposed project, along with their continuum of care applications. Each application must include a certification that the project is consistent with

the consolidated plan of the jurisdiction where each proposed project is found. The Big Bend Homeless Coalition submits this consolidated application – called the SuperNOFA – on behalf on our eight-county catchment area.

Supportive Housing: Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives.

Support Services: Services that directly assist homeless individuals and families in locating and retaining housing. It also includes services which assist financially and personally, thereby assisting the person or family in avoiding additional episodes of homelessness. The services include, but are not limited to: medical care, mental health counseling, prescription assistance, transportation, educational classes, job counseling and job placement, childcare and legal services.

Transitional Housing: Housing services to individuals or families for a period not to exceed 24 months. Transitional housing often has built-in supportive services available.

Vision: A desired end state; what we want our community to look like in the future.

APPENDIX D: OBJECTIVES FROM THE PLAN

Prevention:

1. Affordable Housing: Provide adequate affordable housing for low-, very low- and no-income persons and families.

1.1. Increase the stock of affordable rental properties with rents below market rate through construction or purchase of additional units, or rehabilitation of existing units.

1.2. Increase the stock of subsidized rental housing available to low, very low- and no-income persons.

1.3. Increase supportive services to those at risk of becoming homeless (e.g., emergency financial assistance, case management for permanent housing, mortgage delinquency assistance).

2. Income: Provide the support necessary to empower all citizens to meet or exceed the threshold for adequate income to sustain self-sufficiency.

2.1. Expand access to mainstream resources which assist low-, very low- and no-income individuals and families.

2.2. Increase continuum capacity for providing employment training and job placement for persons at risk of homelessness.

2.3. Coordinate and promote financial literacy training opportunities for at-risk populations community-wide to utilize resources to the maximum capacity and identify gaps in financial literacy services.

2.4. Increase availability and accessibility of emergency financial assistance necessary to maintain housing and prevent episodes of homelessness.

2.5. Increase the funding for and access to emergency childcare assistance for those seeking employment.

3. Health and Well-being: Minimize health crises through the provision of primary health care to all uninsured individuals.

3.1. Increase access to and availability of adequate and affordable medical care.

3.2. Coordinate discharge planning with local and state institutions.

3.3. Develop Safe Havens, Assisted Living Facilities (ALFs) and Convalescent Centers.

4. Transportation: Provide adequate transportation necessary to support independence.

4.1. Increase access to public transportation and provide feedback on services provided by public transportation.

4.2. Advocate for appropriate infrastructure (including sidewalks) for those with transportation needs.

Intervention:

1. Assessment: To develop and implement a community-wide assessment system that matches the level of need of individuals experiencing homelessness with appropriate services.

2. Service Provision and Community Infrastructure: To ensure that necessary, sufficient quality services and community infrastructure are available. These include case management, life skills education, range of best practice housing options and supportive services, mental health and substance abuse treatment, comprehensive stopgap services, i.e., supported employment, financial assistance, 30-day emergency shelter, short and long term transitional housing and permanent supportive housing.

Community Awareness:

1. Educate the community about the 10-year plan by disseminating strategic communications about the plan to key stakeholders within a six-month period following the plan's release. Education regarding the nature, causes and costs of homelessness and solutions to the problem are ongoing efforts of the Big Bend Homeless Coalition and its partners, and will continue through the life of the organization.

2. Engage the community immediately following the release of the 10-year plan by disseminating information about the plan, the plight of the homeless and our community's responses to this problem through the mass media and other broadcast options. Continue to engage the community until homelessness ceases to exist.

3. Mobilize the community to participate in developing and implementing solutions to the problem.

APPENDIX E: DESIRED OUTCOMES FROM THE PLAN

The most fundamental recommendation of the task force – in service to the goals of the plan – is to develop a dedicated funding source for: assistance to the chronically homeless, the homeless and those at risk of homelessness; for the development of additional affordable housing (including rental subsidies) for those in need; and for expansion of supportive services to help those who are housing to remain housed.

Prevention:

- A decrease in homelessness and the demand for support services.
- An increase in the safety and stability of individuals and families.
- A decrease in the number of evictions that lead to homelessness.
- Development of 50 affordable housing units per year targeted at low-, very-low and no-income individuals and families.
- More providers are able to help clients access mainstream resources.
- Clients using ACCESS system increased by 10% by year two.
- Increase in the scope of services that people are linked to for prevention and support.
- Increase in housing instability data being gathered about those at risk of losing housing.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Dissemination of 100 brochures to those least likely to seek financial literacy training with the desired outcome of improved money management skills, increase in savings and improved credit rating.
- Staffing for a community financial literacy trainer who will provide targeted, on-site services to four key locations in Tallahassee.
- A decrease in the number of families that are behind on mortgage payments and at risk of homelessness.
- Increase in the shared responsibility of preventing homelessness.
- Number of evictions, foreclosures prevented will directly correspond to the increase in funding.
- Increase in the number of families gaining access to emergency childcare assistance for those seeking employment, enabling families to stabilize family incomes.
- Number of "new families" gaining access to subsidized childcare will be proportional to increase in available funding.

- A decrease in the number of patients using emergency rooms as walk-in treatment centers (3-5% yearly decrease).
- Increase in primary health care usage (5% increase in "patient base" at Bond and Neighborhood Health Centers).
- 10% yearly decrease in the number of people who become homeless upon release from hospitals, mental health facilities, jails, prisons, and substance abuse centers.
- Decrease in the number of individuals needing medical treatment among the homeless population.
- Increase in understanding how to access and link to appropriate care (e.g., Safe Haven, ALF and Convalescent Care).
- Increase in the number of beds available for special needs population – see goal 2 1.1.
- Increased mobility and independence of homeless and formerly homeless persons.
- 10% growth in riders among the low-, very low- and no-income, measured by the increase in "free" or reduced passes.

Intervention:

- Development of 50 affordable housing units per year targeted at individuals and families experiencing homelessness (includes chronically homeless) – this is in addition to the 50 units in the prevention goal for low-, very low- and no-income individuals and families, for a total of 100 additional units per year (includes rental subsidies).
- Every person who is identified as homeless in our community will be matched within 30 days with an appropriate service to enable him or her to return to stable housing.
- Emergency shelter being used as permanent housing will more appropriately be used for emergency 30-90 day housing.
- Increase capacity for gathering data from all components of the Continuum of Care, regardless of whether they have targeted homeless programs.
- Increase capacity to learn about high users of public resources (e.g., health and mental health care providers, law enforcement, etc.).
- 10% yearly increase in the number of "records" entered into BBIS.
- Increased ability to identify service priorities for unmet needs and capacities and increased ability to document progress toward accomplishment of the vision.
- Increased ability to develop and implement appropriate range of services and resources to meet the identified unmet needs of the population.

Community Awareness:

- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.
- Ongoing knowledge and support for the 10-year plan & efforts of the Coalition and Continuum partners.

APPENDIX F: TARGET DATES FOR IMPLEMENTATION OF STRATEGIES

Six months following approval of the plan ...

- News conference and community forum (combined) with press kit and news releases to all media in Leon and surrounding counties.
- Meet with local media and other available Big Bend media as determined by the task force and the Coalition (one news opportunity per month for the six-months following the release of the plan).
- Direct mailing and public speaking engagements to key stakeholders in the Big Bend area, requesting their involvement.
- Develop a communications matrix to identify key audiences/stakeholders, problems with communicating with that audience, and solutions.
- Develop a master communications plan – utilize a professional public relations expert to create this plan (communications matrix would guide this plan).
- Planning for the establishment of a dedicated funding source for homeless services and prevention.
- Gather data from DCF on current level of assistance available and estimate on total funding to meet the need of our state and present information to local delegation serving in the House and Senate.

End of Year One...

- Planning for the establishment of a dedicated funding source for homeless services and prevention.
- Planning for development of 100 affordable housing units (includes rental subsidies) for low-, very low- and no-income individuals and families.
- Planning and research toward the goal of increasing HUD vouchers and other rental subsidies and support for special needs populations.
- Gather data to determine if particular census tracts suffer higher eviction rates.
- Increase the percent of families who avoid eviction by 10% annually.
- Increase the number of homeless services providers using ACCESS to assist clients in accessing mainstream resources.
- Identify or develop a comprehensive data base on existing resources for employment training and job placement and determine usability and gaps in training among these services.

End of Year Two ...

- The establishment of a dedicated funding source for homeless programs and prevention.
- Development of 100 affordable housing units (includes rental subsidies) for low-, very low- and no-income individuals and families.
- Begin applying for additional HUD vouchers and subsidies/support for special needs populations.

- Provide information to the community on eviction prevention as it relates to homeless prevention and affordable housing.
- Increase the percent of families who avoid eviction by 10% annually.
- Increase number of clients using ACCESS to apply for and obtain mainstream resources by 10% annually.
- Develop training to meet the need and demand for job services.
- Implement training, evaluate effectiveness and track success of students.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Dissemination of 100 brochures to those least likely to seek financial literacy training.
- Staffing for a community financial literacy trainer who will provide targeted, on-site services to four key locations in Tallahassee.
- Establish baseline needs for subsidized childcare and determine needed financial expansion.

End of Year Three ...

- Establish one-stop-shopping for professional intake, assessment, referral and placement, using HMIS where appropriate.
- Development of 100 affordable housing units (includes rental subsidies) for low-, very low- and no-income individuals and families.
- Increase the percent of families who avoid eviction by 10% annually.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Increase financial resources for subsidized childcare by 10% each year, until full demand is met.

Ongoing ...

- Develop additional housing stock through the HUD SuperNOFA and other federal and state sources (100 units a year for 10 years) for low-, very low- and no-income individuals and families.
 - Identify appropriate Continuum of Care partners with the capacity to develop and implement specialized housing.
 - Obtain funding for additional Housing Choice (Section 8) vouchers and support for special needs populations.
- Advocate for and assist with increasing supportive services to people at risk of homelessness (e.g., housing case management, supportive housing programs).
- Increase the percent of families who avoid eviction by 10% annually.
- Continue to implementation of the ACCESS system among homeless service providers.
- Recruit appropriate members of the Continuum of Care to BBIS and increase in the number of "records" entered into BBIS by 10% annually.
- Advocate for a policy change whereby indicators of housing stability would be included in applications for mainstream resources to determine those at-risk of losing housing.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Coordinate and promote financial literacy training opportunities community-wide.

- Identify gaps in financial literacy services for low-, very low- and no-income persons.
- Increase financial resources for subsidized childcare by 10% each year, until full demand is met.
- Expand the Homeless Management Information System to gather data about those at risk of eviction, homelessness and conduct outreach to avoid homelessness.
- Educate patients in self-advocacy and communication skills used with health-care providers, to empower patients in taking responsibility for their own health.
- Support, advocate and educate the public about the advantages of CareNet, We Care, Community Health Centers and avoiding emergency room visits.
- A decrease in the number of patients using emergency rooms as walk-in treatment centers (3-5% yearly decrease).
- Increase in primary health care usage (5% increase in "patient base" at Bond and Neighborhood Health Centers).
- 10% yearly decrease in the number of people who become homeless upon release from hospitals, mental health facilities, jails, prisons, and substance abuse centers.
- Identify appropriate agencies to develop safe havens, assisted living facilities (ALFs) and convalescent centers or 'half-way houses' for those with special medical needs who are homeless or at-risk.
- Advocate for improved public transportation to meet the needs of those without personal means of transportation.
- Identify key routes for those without personal transportation and request sidewalks, bike lanes, and safety measures for the pedestrians using those routes.
- The identification of needed services and community infrastructure will be informed by the community planning process that is undertaken by the community network that is coordinated by the Big Bend Homeless Coalition. This includes the identification of service priorities, capacities, and unmet needs.
- Facilitate committee responsible for producing progress reports on 10-year plan.
- Develop a speaker's bureau that will discuss the nature, causes and costs of homelessness and solutions (must include homeless and formerly homeless individuals).
- Work diligently to increase consumer involvement.
- Increase awareness about the problem of homelessness in our community.
- Increase participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.
- Develop an informal program to get community members "into" these social service programs that work with people who are experiencing homelessness – to see the people and the programs first hand.
- Consider potential language barriers when communicating with the public.

APPENDIX G: PROCLAMATIONS

ENDORISING THE BIG BEND AREA TASK FORCE TO END CHRONIC HOMELESSNESS City of Tallahassee, Florida

1. **WHEREAS**, the Bush Administration has called for a 10 year Initiative to End Chronic Homelessness; and
2. **WHEREAS**, America's cities are on the front lines of response to homelessness; and
3. **WHEREAS**, approximately 3,000 to 4,000 people experience homelessness in our community every year; and
4. **WHEREAS**, individuals and families experiencing chronic homelessness are living with poverty and chronic conditions such as mental illness and substance abuse; and
5. **WHEREAS**, there exists new research findings, housing programs and discharge planning models that demonstrate that ending chronic homelessness is within our community's grasp; and
6. **WHEREAS**, the abolition of chronic homelessness requires collaboration and coordination of resources at all levels of government, together with community institutions, businesses, and faith-based organizations, to best determine how to implement prevention and intervention strategies; and
7. **WHEREAS**, nearly 200 major cities across the country have already created and committed to 10 year plans to end chronic homelessness; and
8. **WHEREAS**, the US Conference of Mayors adopted a resolution encouraging cities to create and implement performance based, results oriented strategic plans to end chronic homelessness in 10 years; and
9. **WHEREAS**, the National League of Cities officially adopted a resolution supporting the Bush Administration goal of ending chronic homelessness in the US in ten years;
10. **NOW, THEREFORE, BE IT RESOLVED** that the Tallahassee City Commission, by the authority vested in us, does hereby endorse and wholly support the Big Bend Area Task Force to End Chronic Homelessness.
11. **NOW THEREFORE, BE IT FURTHER RESOLVED** that the Tallahassee City Commission will work with the Task Force to ensure policies and resources to support its goals; and
12. **NOW THEREFORE, BE IT FURTHER RESOLVED** that Tallahassee, Florida is a community where all citizens have the opportunity to access adequate, safe and decent housing and the means to sustain it.

**ENDORISING THE BIG BEND AREA TASK FORCE
TO END CHRONIC HOMELESSNESS
County of Leon, Florida**

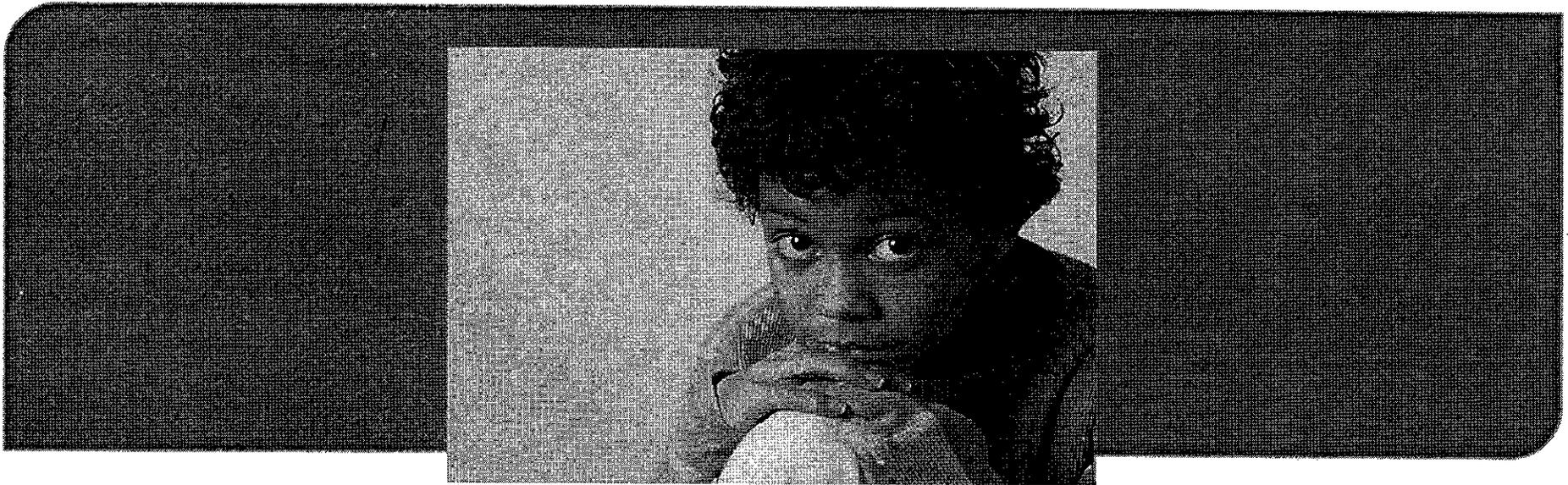
- 1. WHEREAS**, the Bush Administration has called for a 10 year Initiative to End Chronic Homelessness; and
- 2. WHEREAS**, America's communities are on the front lines of response to homelessness; and
- 3. WHEREAS**, approximately 3,000 to 4,000 people experience homelessness in our community every year; and
- 4. WHEREAS**, individuals and families experiencing chronic homelessness are living with poverty and chronic conditions such as mental illness and substance abuse; and
- 5. WHEREAS**, there exists new research findings, housing programs and discharge planning models that demonstrate that ending chronic homelessness is within our community's grasp; and
- 6. WHEREAS**, the abolition of chronic homelessness requires collaboration and coordination of resources at all levels of government, together with community institutions, businesses, and faith-based organizations, to best determine how to implement prevention and intervention strategies; and
- 7. WHEREAS**, nearly 200 major communities across the country have already created and committed to 10 year plans to end chronic homelessness; and
- 8. WHEREAS**, the National Association of Counties adopted a resolution endorsing the Bush Administration's national goal of ending chronic homelessness in ten years; and
- 9. WHEREAS**, the National Association of Counties further adopted a resolution encouraging counties to develop 10 Year Plans incorporating the latest research on effective engagement, housing, and services strategies to prevent and end chronic homelessness.
- 10. NOW, THEREFORE, BE IT RESOLVED** that the Leon County Commission, by the authority vested in us, does hereby endorse and wholly support the Big Bend Area Task Force to End Chronic Homelessness.
- 11. NOW THEREFORE, BE IT FURTHER RESOLVED** that the Leon County Commission will work with the Task Force to ensure policies and resources to support its goals; and
- 12. NOW THEREFORE, BE IT FURTHER RESOLVED** that Leon County, Florida is a community where all citizens have the opportunity to access adequate, safe and decent housing and the means to sustain it.

APPENDIX H: Continuum of Care Partners

State Agencies/Organizations
Department of Children and Families – District II Alcohol, Drug and Mental Health
Department of Children and Families - Homeless Contracts
Department of Children and Families - Office on Homelessness
Department of Community Affairs
Department of Transportation
Florida Alliance for Assistive Services & Technology (FAAST)
Florida Coalition for the Homeless
Florida Commission on Human Relations
Florida House of Representatives
Florida Housing Coalition
Florida Housing Finance Corporation
Local Government Agencies
City of Tallahassee
Leon County
Leon County Schools
VolunteerLEON
Public Housing Authorities
Tallahassee Housing Authority
Non-Profit/Faith Based Organizations
211 Big Bend
Advocacy Center
Ability1 st (Center for Independent Living)
Apalachee Center, Inc. (formerly Apalachee Center for Human Services, Inc.)
Bethel Baptist Church
Big Bend Cares, Inc.
Big Bend Center for Human Services
Big Bend Community Based Care
Big Bend Fair Housing Center
Big Bend Regional Prevention Center
Brehon Institute for Family Services, Inc.
Capital Area Community Action Agency
Capital City Youth Services
Catholic Charities
Catholic Volunteers in Florida
Children's Home Society
Diamond Literacy Academy

Disability Advocates
DISC Village
Divine Interventions of Tallahassee
ECHO Outreach Ministries
Evergreen Horizons
First Assembly of God Church
First Presbyterian Church
Frenchtown Outreach Center
Good News Outreach
Goodwill Industries – Big Bend
Homeless Expression and Art (HEArt)
Lutheran Social Services
Leon County Extension, Nutrition and Parenting Education Program
Life Church
MACAA
Mothers in Crisis
Planet Gumbo
Refuge House
Salvation Army
Shisa, Inc.
Sisters, INC. - Destiny Restoration House
Step One
Tallahassee Equality Action Ministries (TEAM)
Tallahassee Lenders Consortium
The Tallahassee-Leon Shelter
True Wisdom New Hope Ministries – New Hope Foundation
University Lutheran Church and Student Center at Florida State University
United Way of the Big Bend, Inc.
Veterans Administration
Workforce PLUS
Business/Business Associations
Awards 4 U
21 st Century Council
Blue Print 2000 Intergovernmental Agency
Downtown Improvement Authority
Florida A&M University (FAMU)
Florida State University (FSU)
Ghazvini Consulting
GTO
Hancock Bank
Kopy Kat Copy Center
Mad Dog Design & Construction

Marpan Supply Company
My Friend's Place
PC Wireless
Premier Bank
Premier Construction
Sprint
StarMetro (formerly TalTran)
SuperCuts
Tallahassee Chamber of Commerce
Tallahassee Community College (TCC)
Private Citizens (Includes Homeless and Formerly Homeless Individuals)
Names are withheld to protect the identity of those private citizens who are struggling to survive.
Other Key Partners (Medical providers, Law enforcement, foundations and others)
BlueCross BlueShield of Florida
Bond Community Health Center
CareNet
Fannie Mae Foundation
Gadsden County Health Department
Jack & Jill of America, Inc. – Tallahassee Chapter
Leon County Sheriff's Office
Leon County Health Department
Neighborhood Health Services
Tallahassee Memorial HealthCare
Tallahassee Police Department
WeCare Network



Continuum of Care and Homelessness in Leon County

Presented by
The Big Bend Homeless Coalition
2010

"The Continuum of Care 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."

- United States Department of Housing and Urban Development

State Perspective

There are an estimated **59,000** men, women and children who are homeless on any given day in Florida.

There are only **31,000** beds for those who are homeless.

Local Perspective

**There are at least 750 people
experiencing homelessness on any
given day in Tallahassee**



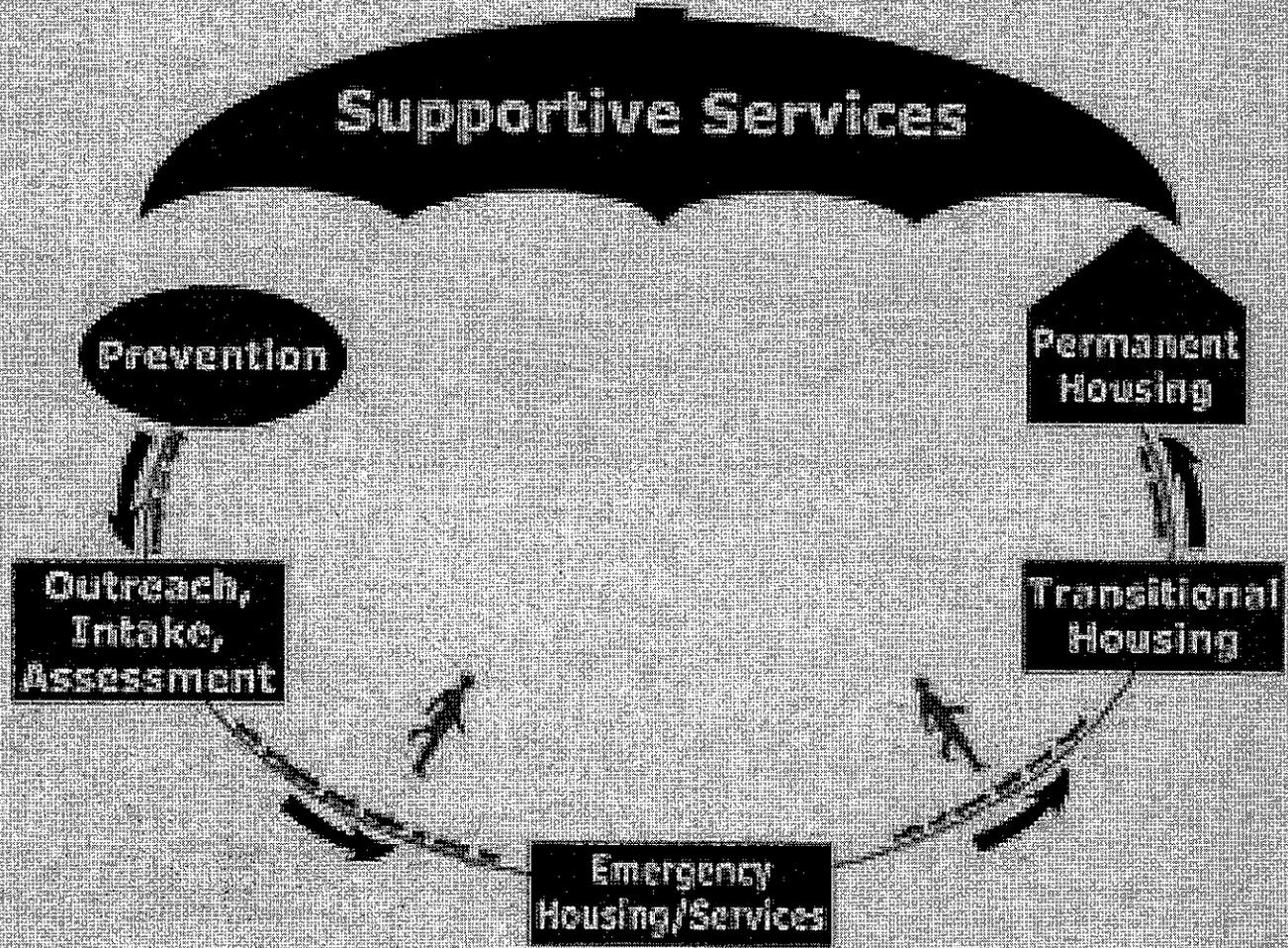
285 are children

Local Perspective

- 55% are males
- 22% are veterans
- 47% have a disabling condition (most frequent – physical disability)
- 38% are children
- 8% in Tallahassee less than one month
- 47% are African American
- 34% have some college education

NOTE: These numbers are not directly comparable due to different population surveys.

BIG BEND AREA HOMELESSNESS CONTINUUM OF CARE



The Hospital Analogy

- ◎ Prevention
- ◎ Outreach, Intake, Assessment
- ◎ Emergency
- ◎ Transitional
- ◎ Permanent (Supportive) Housing

Basic Components of the Continuum of Care

- Prevention (e.g., Community Action Agency, Catholic Charities, Brehon, ECHO)
- Outreach, intake and assessment (e.g., Big Bend Homeless Coalition, Apalachee Center)
- Emergency shelters (e.g., The Shelter, Haven of Rest, Refuge House)
- Transitional housing (e.g., BBHC's HOPE Community, LSS's Inn Between, VOA's Veterans' Village)
- Permanent independent housing or permanent supportive housing (e.g., BBHC's and Ability I^{SC}'s Home Place, Good News' Maryland Oaks)
- Supportive Services should be available throughout the CoC

Subpopulations within a Homelessness Continuum of Care

- Single adult males & females
- Families with children
- Families with no children
- Unaccompanied children and youth
- Elderly persons
- Persons with drug or alcohol addictions
- Persons with mental illness
- Persons with dual or multiple physical or mental disorders
- Survivors of domestic violence
- Veterans
- Persons with HIV/AIDS
- Persons who are chronically homeless

Key Characteristics of a Successful Continuum of Care

- Proactive
- Long-range
- Comprehensive
- Collaborative
- Strategic
- Based on an assessment of community needs and priorities
- Proactive
- Meets criteria for competitiveness for funding

**"Partnership trumps partisanship on this issue.
It is critical that all community leaders come to the
table on this issue.**

**Ending homelessness benefits businesses by
increasing quality of life; it benefits hospitals by
decreasing demand on emergency and acute care;
it benefits citizens as we enter 'planful
partnerships' that re-moralize our community;
and most importantly, it benefits people
experiencing homelessness, as they finally get
what they want ...a place to call home."**

Former ICH Executive Director, Philip Mangano

Local Planning Process

Big Bend Homeless Coalition is the Lead Agency in our Local Continuum of Care

BBHC covers the following counties:
Leon, Gadsden, Wakulla, Madison, Jefferson,
Franklin, Taylor and Liberty

- Lead Agency designated by the State of Florida and the U.S. government
- BBHC coordinates: monthly meetings, resources inventory, needs assessment, gaps analysis, priority-setting for the CoC, submission of the HUD CoC funding application

How funding works in the CoC

part one

Funding streams the Coalition applies for, in its role as Lead Agency, along with local agencies who are invited to submit project proposals for inclusion in the grant application
(note: final funding decisions are made by the funders – HUD and DCF, not the Coalition)

HUD Homeless Continuum of Care funding (CoC grant)

Types of projects funded:

Transitional housing

Safe Havens housing (housing for hard-to-serve mentally ill homeless)

Permanent housing (e.g. Home Place)

SROs (a special type of permanent housing)

Recent recipients include:

Lutheran Social Services – construction fund (fully expended)

Big Bend Homeless Coalition – ongoing Home Place program

Ability 1st – ongoing A Place Called Home program

Florida DCF Homeless Housing Assistance Grant (HHAG)

Types of projects funded:

Construction for housing for people who are homeless

Recent recipients include (all construction projects – all funds fully expended):

Refuge House

Big Bend Homeless Coalition

Good News

How funding works in the CoC

part two

Examples of funding streams for homeless services that do NOT flow through the Coalition:

- City of Tallahassee Community Development Block Grants (CDBG)
- City of Tallahassee Emergency Shelter Grants (ESG)
- City of Tallahassee General Revenue and CHSIP allocation
- Leon County CHSIP allocation
- United Way
- State of Florida Emergency Shelter Grants (ESG)
- Federal funding for homeless veterans
- Federal funding for Health Care for the Homeless
- Federal funding for Education for Homeless Children and Youth programs
- Federal funding for substance abuse recovery programs
- Federal funding for mental health services
- Federal funding for employment services and job training
- State funding for employment services and job training

Big Bend Continuum of Care

2009 HOUSING PRIORITIES

- Emergency and transitional housing for those who are
 - coming out of prison or jail and homeless
 - homeless and mentally ill
 - homeless families with children and youth

- Affordable permanent housing, including permanent supportive housing

Leon County Emergency and Transitional Housing

	Number of Beds	Capacity Utilization
<i>Emergency Shelters</i>		
The Shelter	1110	134%
ECHO's Bedrham Apartments (Fam)	76	100%
Refuge House (DVA)	36	100%
Haven or Rest	60	100%
<i>Total Emergency Shelter Beds</i>	<i>282</i>	
<i>Transitional Housing</i>		
BBlC's HOPE Community	1110	120%
Brenton House (Fam)	24	100%
Good News Mercy House	11	100%
Chelsea House	12	100%
Hope House	10	100%
LSS InnBetween (Fam)	35	100%
Refuge House (DVA)	72	100%
ECHO's Bedrham Apartments (Fam)	32	100%
<i>Total Transitional Housing Beds</i>	<i>304</i>	

Estimate of Local Unmet Needs

	Number of Beds Needed
<i>Emergency Shelter</i>	
Beds for families with children	42
Beds for single adults	1169
<i>Total</i>	<i>1211</i>
<i>Transitional Housing</i>	
Beds for families with children	112
Beds for single adults	121
<i>Total</i>	<i>233</i>
<i>Safe Haven</i>	
Beds for single adults	75
<i>Permanent Supportive Housing</i>	
Beds for families with children	98
Beds for single adults	267
<i>Total</i>	<i>365</i>
<i>Grand Total</i>	<i>1854</i>

Where do we go from here?

- ◎ Re-ignite the 10-year Plan to End Chronic Homelessness and fund the needs
- ◎ Require local agencies to commit to working cooperatively
- ◎ Prioritize unmet needs:
 1. Separate emergency shelter for homeless women and families with children
 2. Safe Haven
 3. Permanent supportive housing



Tallahassee-Leon Shelter, Inc.

Who are Tallahassee's Homeless?

59% from Leon County & 82% from Big Bend Area
75% men & 25% women



50% white & 50% black



31% military veterans (of the men)



26% seniors & 4% children

60% have mental or physical disabilities



19% work, 29% unemployed less than 6 months, and only 14% receive financial benefits



Tallahassee-Leon Shelter, Inc.

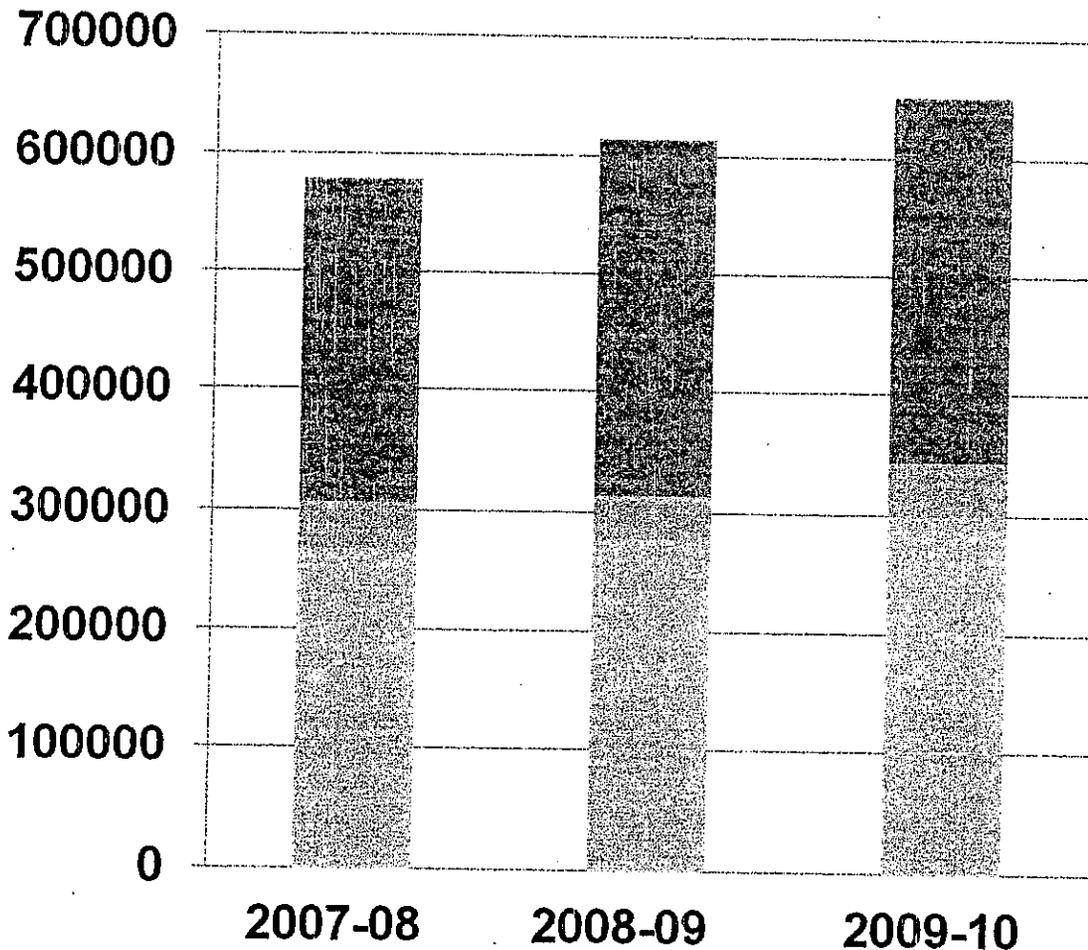
Mission

The Tallahassee-Leon Shelter provides shelter, food, support, and referrals to our community's homeless persons.

1. Downtown Location - close to services the homeless need
2. Open Door – anyone can come in 365 days a year with no waiting period or application process
3. No Time Limit – guests can stay as long as they want or need
4. Free – no charge for our guests
5. Safety Net - shelter, food, medical, services and referrals



Tallahassee-Leon Shelter, Inc. Shelter Budget History

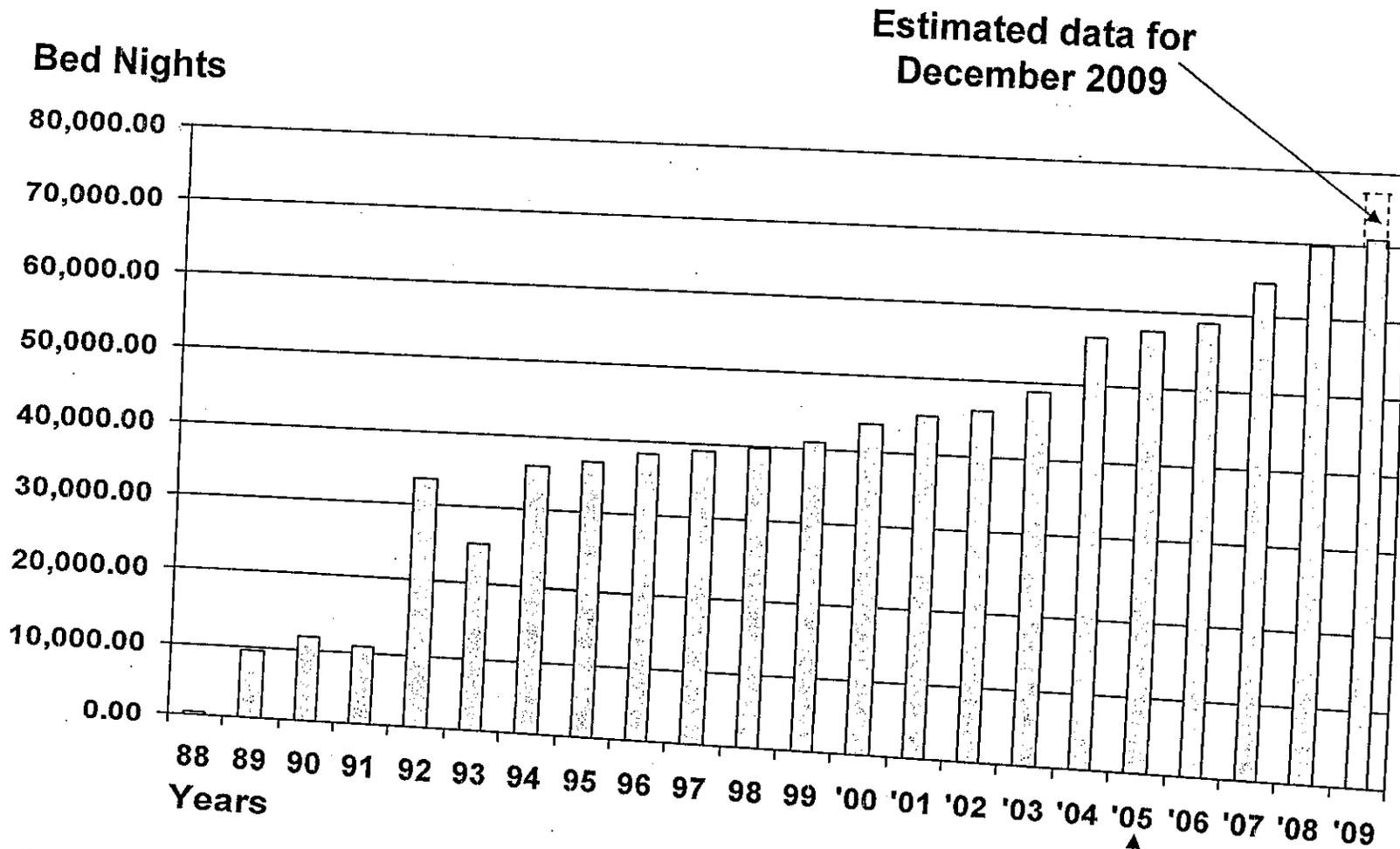


Most food & many staff provided by volunteers & in-kind donations

- Other Revenue
- CHSP - Day Center
- CHSP - Shelter



Tallahassee-Leon Shelter, Inc. Shelter Guest History



HOPE Community opens



Tallahassee-Leon Shelter, Inc. Day Center Service Providers

- Bethel Church (lunch)
- Good News Outreach (lunch)
- Ability First
- Big Bend Homeless Coalition (case managers)
- Veteran's Administration
- Alcoholics Anonymous
- Apalachee Center for Human Services
- Leon County Schools
- Big Bend Community Based Care
- Epilepsy Association (occasional)
- Diabetes Center (occasional)
- FSU College of Medicine (occasional)
- Leon County Health Department (occasional)



Tallahassee-Leon Shelter, Inc.
FY 2007-08
Health Clinic Accomplishments

- Up to 149 guests seen by the nurse(s) per evening
- 1,702 unduplicated guests were treated
- 49 guests were transported to the emergency room after being assessed by nurse
- Unnecessary emergency room visits were prevented – 50% reduction from last year's 98
- 16 cases of head lice were prevented from infecting others
- 244 guests were referred for further medical care



Tallahassee-Leon Shelter, Inc.
FY 2007-08
Health Clinic Accomplishments

- 9 guests were “Baker Acted” because they were a threat to themselves or the safety of others and 6 returned to The Shelter stabilized on medication programs, while 3 were committed for long-term care
- 19 guests were placed in detox or rehab programs for substance abuse
- 69 mentally ill guests are issued prescribed meds on daily basis and become stabilized
- 22 diabetic guests receive insulin treatments and save potential loss of limbs
- 14 guests with seizure disorders receive daily doses of medication and seizures are prevented or reduced.

Attachment # 10
Page of 15



**Tallahassee-Leon Shelter, Inc.
FY 2007-08
Day Center Accomplishments**

- Decreased complaints from neighboring businesses
- Decreased number of guests arrested & incarcerated
- Services by 13 different providers for our guests
- 22 guests received VA or SSI benefits
- 39 chronically homeless adults placed in apartments of their own this year
- Guests assisted in job searches



Tallahassee-Leon Shelter, Inc. Shelter Property





Tallahassee-Leon Shelter, Inc. Why Downtown?

- From purpose statement: "...easily accessible..."
- From purpose statement: "...safe haven..."
- We own it
- Considerable investment in infrastructure
- Close to medical walk-in clinics (Medical Ctr Vital Care, Patients First)
- Close to legal services (Public Defender, Legal Aid & LSNF)
- Close to food pantries & on-site meals (5 locations)
- Close to day labor (Labor Finders & Trojan Labor, 3 others within 1.6 miles)
- Close to bus terminals (StarMetro, Greyhound, etc.)
- Close to public library
- Close to local government
- Preference of homeless persons (64% opposed move & 39% would be unlikely to use, according to a 2003 study commissioned by the City)

"Close" defined as within 1 mile walking



Tallahassee-Leon Shelter, Inc. Being a Good Neighbor

- Built a privacy fence
- Lease an easement so that guests may enter from the rear instead of Tennessee Street
- Request TPD “drive by” presence; TPD officer is Board member
- Staff members “patrol” grounds
- Release guests over an extended interval in the morning
- Request that guests not congregate adjacent to or on the property
- Opened the Bill Hanson Community Day Center to get homeless off the streets and provide a place for services



Tallahassee-Leon Shelter, Inc.

FY 2007-08

Shelter Accomplishments

- almost 3,000 guests received essential support services, including meals, clothing, transportation, filled prescriptions, household items, or rent/utilities assistance
- 400 guests received a ride home, a phone call, or a sleeping bag.
- 2,180 guests stayed overnight (69,765 nights of lodging)
- 144,000 meals were served during the year
- over 215 individuals used the Shelter as a short-term crutch and returned to stable housing in 30 days or less
- How many lives are saved by getting the homeless out of the cold?

Attachment # 10
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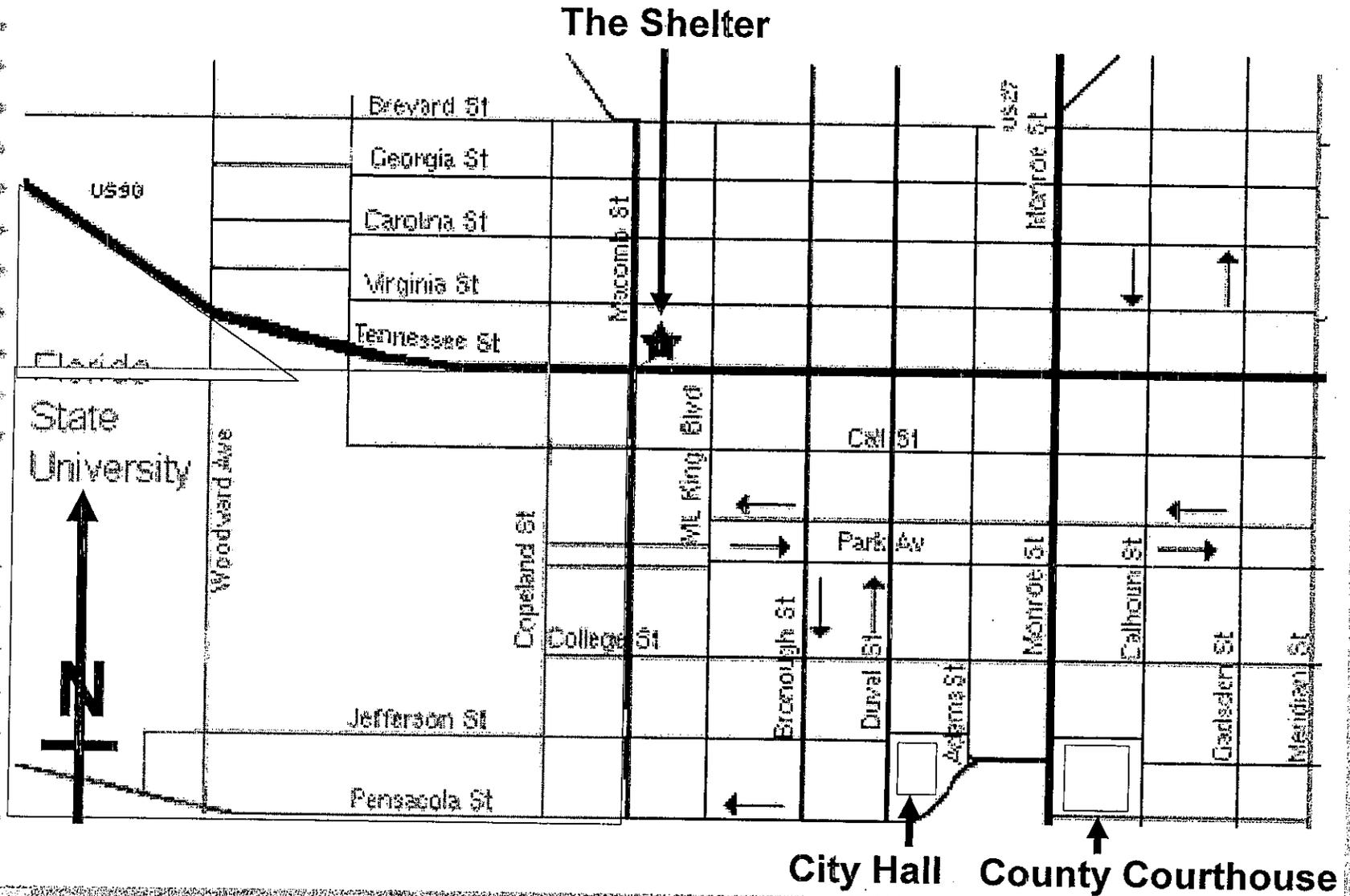


Tallahassee-Leon Shelter, Inc. Some Facts

- Open for 22 years
- Incorporated in Florida in 1988
- IRS 501c(3) status, donations are tax-deductible
- 20 unqualified (clean) audits in a row by Lanigan & Associates, CPA
- Women's Center opened in 1998; domestic violence victims stay here too
- Bill Hanson Community Day Center opened in 2004
- 13 other agencies use our facility to provide services



Tallahassee-Leon Shelter, Inc. Location



2 December 2009

Attachment # 14 of 15 10



**Thank you for taking the time to
learn about the Shelter and how
we serve the homeless persons
of Tallahassee.**

Leon County Emergency Management's Plan for Severe Weather Events

MAIN OBJECTIVE

To provide a safe and warm environment for people in Leon County-Tallahassee when emergency shelters for the homeless population exceed their capacity during extreme cold or other adverse weather situations.

Pre-Event Activities

- DEFINE THE HAZARD

- Leon County Health Department Recommendation

- Emergency Cold Night Shelter should be made available when the National Weather Service forecasts nighttime low temperatures, including the effects of wind chill, will fall below 35°F for 3 consecutive hours prior to sunrise.

Pre-Event Activities (Cont.)

- MONITORING:

- National Weather Service Forecasts:

- Forecasts of nighttime low temperature (or wind chill temperature) below 35°F for 3 consecutive hours prior to sunrise

- Situation Reports From:

- The Shelter advising that nearing capacity due to impending weather event.

 - Other Homeless Services providers advising that nearing capacity due to impending weather event.

Pre-Event Activities (Cont.)

- **COORDINATION**

- Upon the occurrence of one or more indicators listed above in “Monitoring” the Leon County Division of Emergency Management will initiate coordination conference calls with appropriate stakeholders
- Calls will bring all stakeholders together to identify the issue and its magnitude and determine shelter needs
 - Overflow for clients of The Shelter (Other Homeless Services providers); or
 - Over flow for clients of The Shelter (Other Homeless Services providers) plus needs for community due to weather situation

Pre-Event Activities (Cont.)

- Identification of Shelter Locations and Logistical Requirements
 - Primary Sites:
 - Lincoln Center (off-site overflow)
 - Church near (within walking distance) of The Shelter
 - Hope Community (off-site overflow)
 - Other
 - Contingency Shelter (off-site overflow) (should primary or secondary be unavailable)
 - Other Shelters for Communitywide shelter needs

Pre-Event Activities (Cont.)

- Logistics
 - Tasking for logistical support will be discussed and determined on conference calls
 - Who will staff the shelter?
 - Will transport to/from the shelter be needed?
 - Who will transport clients to/from shelter?
 - Who will provide for sleeping (cots/blankets/pillows) at shelter?
 - Who will secure the shelter (accountability of clients/provide safety)?
 - Who will clean-up the shelter?

Event Activities

If it is decided on the coordination conference call that sheltering is needed (one or more) the following steps will be accomplished

- Shelter(s) to be used will be selected and activated
- The Public will be notified
- Shelter operations will be conducted
 - Set-up
 - Transportation
 - Population management
 - Close down when need has subsided
- Maintain Situational Awareness
 - Continue daily coordination conference calls during event to assess situation and needs (more or less shelters)

Event Activities (Continued)

- Regularly update media
 - Press Releases
 - Media Briefings
 - Website updates
- Agencies will track their costs

Post-Event Activities

- All stakeholders will be called together for an After Action Review
- The sheltering response will be evaluated
 - What went well?
 - What did not go well, and how do we do it better next time?
- Improvements will be integrated into the guide and the guide will be revised
- The updated guide will be distributed to stakeholders