Moving from Managing Homelessness to a Focus on Ending Homelessness in the City of Gainesville & Alachua County

This report was prepared by OrgCode Consulting, Inc. for the City of Gainesville and Alachua County. The viewpoints are those of the author.

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Introduction and General Observations

Homelessness is solvable in Alachua County. While it is impossible to stop people from entering into homelessness under all circumstances, there is no reason for people to languish in homelessness. With the right array of services and professionalism of service providers, homelessness should be diverted whenever it is safe, appropriate and possible; short in duration and non-recurring if diversion is not possible.

It would seem, however, that Alachua County has been well intentioned, but ineffective in responding to homelessness. Chronic homelessness is so well entrenched that it has become institutionalized – even accepted, normalized, or resigned to being a permanent condition within the community. And in the absence of a mobilized, informed strategy with professionals delivering effective evidence-informed interventions, a series of initiatives – often delivered by volunteers or paraprofessionals – have popped up, but without success in the overall issue.

A walk through of Dignity Village is devastating. The catastrophe of the policy response to street homelessness is anything but a demonstration of dignity. The tents and makeshift shelters are one step removed from an overwhelming loss of life if ever there is a stiff wind and an open fire. Problematic substance use and drug dealing is rampant. Murmurs of human trafficking are difficult to ignore. Conflict between people is exacerbated by the living conditions. Staff that are available spend all of their time dealing with pettiness and trying to embrace the chaos rather than being able to focus on permanent housing. People staying there are so resigned to their fate that some have clearly started to exert permanence on the land through elaborate structures and barricades to delineate space.

Another example of failed policy and implementation – and not the only shelter in the County – is Grace Marketplace. It is difficult to comprehend why an antiquated model of shelter delivery has been employed with graduated succession through program areas. More than 50 percent of those in the Pavilion area of the shelter have been residing there more than 12 months. And while the low barrier nature of that part of the approach should be applauded, it is again evident that a focus on getting people out of homelessness is absent. Meanwhile, for the rest of the dorms the prospects for housing are limited because of the self-imposed barriers like requiring guests to be sober or working on sobriety, or working or focusing on work.

In visiting seven other locations where homeless persons were known to be living outdoors 38 different people were encountered. Of those, 33 had been housed at some point within the County. Generally, these 38 people have high acuity – which means they have myriad complex, co-occurring issues with their health and wellness (primarily mental illness along with chronic health issues with their liver, kidneys, stomach, lungs or heart), exposure to various risk factors (such as violence), barriers in their ability to

perform daily living skills, and their history of homelessness. Almost none of them use shelter and none had a desire to ever go to Dignity Village. Many of them reported having served in the Armed Forces, but the nature of their discharge was uncertain. All of those engaged could rattle off a litany of services they use, but not one could name a person or organization helping them get out of homelessness.

And that is just a sample of what is happening in the community amongst services to people that are homeless.

There is only one known cure to homelessness: housing. Absolutely everything in a homeless service delivery system should focus on getting people out of homelessness and into housing. Issues like mental illness or dependence on drugs or alcohol do not need to be conquered for someone to be effective in housing. There is now almost two decades of empirical, published data proving that people can be successful in housing when provided the right supports without having to jump through any transitional housing or rehabilitative hoops first.

This report outlines an approach to move forward in better ending homelessness in the County, and offers commentary on how to transition from the current approaches to funding and delivering homeless services to one that is more fiscally sound with greater intentionality placed on ending homelessness.

Riding the Wave of Expectations Nationally

The US Department of Housing and Urban Development (HUD) provides most funding for homeless programs and services in the country. They establish policy and expectations for local communities in the delivery of those programs and services. Local communities, through what is known as the Continuum of Care (CoC), educate, organize, and prioritize service providers for receipt of HUD investment.

With the reauthorization of McKinney-Vento through the HEARTH Act in 2009, HUD has become much more intentional in expectations of communities to focus on ending homelessness rather than simply managing homelessness. Communities are expected to decrease first time homelessness, decrease the length of time homeless, and increase access to permanent housing. The approach is supposed to be driven by data. People served are supposed to be prioritized based upon depth of need, and there is to be a common assessment tool used in coordinating access to services.

The seriousness of HUD's direction cannot be underestimated. In the most recent Notice of Funding Availability (NOFA) communities ranked projects in different tiers of importance. Whereas in previous years there seemed to be enough money to go around for programs and services ranked high and low by the community, this year there was not – and there is unlikely to be for many years to come. Despite the protests of many local service providers and assertions to the contrary, HUD did not cut any funding for communities – each community ranked each project's importance in their own community.

Sadly, within the local CoC, transitional housing which has been soundly rebuked because of a lack of effectiveness was ranked higher and important projects like Permanent Supportive Housing were ranked lower by the community. Approximately $200,000 was lost in funding for homeless initiatives in the community because the community did not prioritize service properly and make important decisions to align to the HEARTH Act.

HUD has retooled how communities are scored in applications for funding. Meanwhile, the amount of funding nationally has been oversubscribed. The NOFA invited communities to apply for up to 3% in planning grants, up from 1.25% in the previous competition. It also allowed CoCs to apply for 5% in bonus funding (representing $295 Million nationally). In addition, of the renewals that were funded across the country, the permanent housing renewals received upward adjustments based on Fair Market Rents, adding about $80 Million in funding pressure nationwide. In short, there was a demand for funding that was 20% higher than available funds. This means that local communities, especially the CoC, had to hunker down with local service providers and make hard decisions on the projects to keep and which to be ready to release. This should have been based upon effectiveness and proven results.

In 2016, the next NOFA is expected to be released. There is every reason to believe it will continue down the pathway of the previous NOFA. If service providers and the CoC thought the previous awards were harsh, especially for Tier 2 projects, that is likely only going to serve as a wake-up call as lesser demands from HUD are unlikely.

What can be expected? HUD has been hinting at the following in conferences and webinars:

- Support only services are not a priority;
- Transitional housing, which started a rapid decline nationally, is on its final legs;
- Demonstrated compliance with HUD guidelines and regulations, especially as it relates to HEARTH Act expectations are a must;
- The community's coordinated entry system should be operational, with a common assessment tool used throughout all funded service providers;
- All programs and services should be focused on getting people out of homelessness quickly and into housing permanently.

Housing First Works

In many communities across the country there is disconnect between what people believe to be the causes of homelessness and the characteristics of the population that is homeless – and the truth. Even seasoned service providers that have been doing the work for generations can be stuck in a mindset that homelessness is the fault of a person, or that one specific issue like an addiction or a serious mental illness is what causes homelessness. Consider the facts:

- About 3.2 million are living in poverty on any given day in Florida; only about 200,000 live in a federally assisted housing unit. Of the remaining 3 million, only about 36,000 experience homelessness on any given day. In Alachua County, some 21.6% of the 260,000 people that call the county home live in poverty - yet only a small fraction of the 56,000 living in poverty experience homelessness. There are just 3,088 federally assisted housing units in the county scattered across 38 projects. The key findings? Almost nobody that is economically poor is homeless; and very few economically poor people have government assisted housing. Almost every person that is poor finds their housing in the private market without a subsidy of any sort.

- About 4% of the Alachua County population is overcrowded in their housing. Almost all economically poor people are housed as a single family unit, and almost all of these are in the private market without any subsidy.

- A little less than 4% of Florida's population lives with a Serious Mental Illness. About 64% receive NO treatment or counseling for their mental illness. Almost everyone with an SMI in Florida (over 525,000 people) is housed.

- About 6.5% of Florida's population is dependent on alcohol and about 2.5% of Florida's population is addicted or dependent on other drugs. Over 90% receive NO treatment, and almost all are housed.

- 14% of the adult population in Florida has a felony conviction. Almost all of them are housed.

- There are 591 housed, registered sex offenders in Alachua County. Across the state there are only 1,038 transient (unhoused) registered sex offenders.

- Median gross rent for Alachua County ($883) exceeds what is affordable to an SSI (Supplemental Security Income) household. A person working full-time hours

at minimum wage in Florida earns just shy of $1,300 per month. Almost everyone that lives on minimum wage employment or government assistance is housed.

Housing First accounts for these facts. The philosophy of Housing First is that housing is the first step in ending homelessness. It is not to say that some individuals don't need assistance with life skills, addiction or mental illness – some do – but these issues are best supported when a person has the security of tenure. There is no point in working on these issues while the person is homeless. Furthermore, when housing is the first step, housing is seen as a basic human need that everyone requires, not a reward that a select few get after being homeless.

Housing First is also an intervention. This means that there is deliberate action to improve the situation of people experiencing homelessness that requires interfering with their homelessness status. People experiencing homelessness are then persuaded to consider alternatives to choices they have been making in their life, while getting linked to a range of resources that will help facilitate the effectiveness of staying housed. The empirical data and independent evaluation of Housing First interventions proves that it works[1] when an organization is trained to deliver Critical Time Intervention; Recovery Oriented Housing-Focused Intensive Case Management; or, Recovery Oriented Housing-Focused Assertive Community Treatment. An organization cannot just declare that they are doing Housing First. They need to be delivering one of these three approaches with fidelity to the model of practice.

In a system of services that are rooted in a Housing First approach, there is no service provider that uses compliance measurement to determine if someone can be accepted into a program. The services are deliberately provided with as few barriers as possible to increase the likelihood of people accessing the services. There is less of a focus on rules and means to extract service from a person or punish them for breaking rules, and a greater focus on shared expectations, mutuality and collaboration with the persons being served. Historic requirements that some service providers have like testing for alcohol or drug use, taking medication, or forced engagement with mental health services are all removed from service delivery because it interferes with people getting rapid access to housing. Housing First rejects all notions that a person has to be healed or fixed prior to being ready to be housed and move out of homelessness.

Once a system of services is firmly entrenched in Housing First one would expect to see more services delivered *in vivo* – in the natural settings where a client can be encountered – and fewer requirements that a person that is homeless comes to a

[1] Appendix A offers a cross-section of citations that can be examined to see the overwhelming proof that Housing First outperforms all other approaches to addressing homelessness.

facility to get services. For those that are housed through the program, this almost always means home-based visits; engaging people where they actually live. In choosing who should get housing and supports, Housing First intentionally seeks out those with the deepest needs first.

Housing First transcends jurisdictions in its effectiveness. As a truly best practice, the intervention not only works, it is replicable. Examples that the community can look towards to see the effectiveness of the approach include other communities in Florida like West Palm Beach; other communities in the South like Mobile, Alabama; state-wide initiatives like what has been achieved in Utah, Michigan, and Connecticut; CoC-led approaches like ECHO in Austin, Texas or Partners Ending Homelessness in Guilford County, North Carolina; and, even examine where individual large service providers decided to lead monumental change such as Crossroads Rhode Island in Providence, Rhode Island, The Link in Minneapolis, Minnesota, Presentation Partners in Housing in Fargo, North Dakota, or HOPE Services in Hilo, Hawaii.

One of the most important aspects of effectiveness to note in each of the above noted places is that they did not wait for new resources to be brought to them nor did they exert energy complaining about a lack of resources. Instead, they were resourceful, changing what they had done with the money and talent they had rather than just starting anew. In each of the examples there is strong leadership focused on outcomes, not focused on keeping all homeless service providers happy or funded.

Getting There from Here

It is time for the community to implement a transition process to a new way of responding to homelessness that focuses on housing. This should be the focus of the CoC, as well as the County, the City of Gainesville, and to the extent possible, private funders, foundations and other community entities that invest in homeless programs and services.

Set a timeline for the "new normal".

A sense or urgency needs to be established to ensure the objective of having a housing focused approach to homeless service delivery is in place within one year.

As contracts get renewed at the City and County level, and as the CoC enters into the next NOFA round, the intention should be to have the "switch flipped" to a new way of working on homelessness issues by no later than July 1, 2017.

This provides sufficient time to:

- Wind down projects that are not working;
- Analyze the total volume of investment in housing and homeless services in the community from all sources, and align them to a shared vision of ending homelessness;
- Educate service providers on how to deliver the interventions properly;
- Establish policies and procedures;
- Put in place a quality assurance plan for the work that is being done.

Wind down Dignity Village.

Dignity Village is a catastrophe. Fixing homeless services in the community requires a bold move to demonstrate the seriousness with which the issue is being considered and Dignity Village is the right place to start to demonstrate that seriousness. Dignity Village is a massive policy and operational failure, which is putting lives at risk and consuming considerable resources in a way that is not ending homelessness.

To wind down the encampment, the following is recommended:

- Accept no new entries, effective immediately.
- Ban all open fires and flames immediately.
- Address all behaviours that are already deemed to be unacceptable at the site such as building quasi-permanent structures, drug manufacturing, having aggressive dogs, and leaving one's site in disarray.

- Establish a wind-down date (suggested to be no later than December 31 of this year).
- If any person leaves – voluntarily or because of incarceration or hospitalization – do not permit re-entry.
- Complete the VI-SPDAT on each occupant.
- Prioritize people in each section of Dignity Village based upon the following: meeting the definition of chronic homelessness as established by HUD; VI-SPDAT score; and, tri-morbidity.
- Assemble a group of professionals (temporarily taking them from other duties as necessary) responsible for creating a homeless solution plan for each person in priority sequence (homeless solution plans could include things like independent permanent housing; family reunification; supportive housing; etc.).
- House people in priority sequence from the site.
- In the weeks leading up to the closure, enhance police presence to crack down on other infractions (as encampments get closer to the end there is usually elevated risk and stress).
- Bulldoze and transform the landscape of the site on or before December 31, 2016.
- Secure it so that re-entry is not possible.

Reconfigure shelters.

Shelters must be a process by which people get housed again. They must not be a destination unto themselves. There must be steadfast focus on getting people out of shelter and into housing pronto. There must be nothing that delays people from that focus.

To that end, to reconfigure shelters, the community is encouraged to:

- Set up a robust diversion strategy so that as many people as possible that are seeking shelter can go to an alternate safe and appropriate place rather than shelter as much as possible.
- Establish a targeted length of stay to have a person move from shelter to permanent housing.
- Remove ALL programming that has nothing to do with the housing process (for example, eliminate: employment readiness and job training from shelters; Alcoholics Anonymous and similar time meetings; bible studies and religious education).
- Navigate an exit from the shelter for the person in an intentional collaborative process between service providers rather than having the person navigate their own way through services.
- Remove ALL requirements of sobriety or working on sobriety from ALL shelter programs;

- Remove ALL work requirements or working on employment requirements from ALL shelters.
- Ensure general counselling and assistance programs are removed.
- Determine appropriate tasks for volunteers related to the housing process.
- Stop delineating shelter populations such as the Pavilion or Veteran's programs and instead implement an integrated housing-focused shelter program.
- Complete the VI-SPDAT on each occupant that has been in the shelter 15 or more days, or has come back to shelter three or more times in the last three months.
- Prioritize people across all shelters based upon the following: meeting the definition of chronic homelessness as established by HUD; VI-SPDAT score; and, tri-morbidity.
- House people in priority sequence, linking people to wrap around supports as necessary based upon their acuity and depth of need.
- Insist that housing focus conversations happen with each shelter user daily.
- Insist that every shelter user has a housing plan in place if they have stayed 8 or more days within the shelter, or returned to shelter three or more times in a three month period.
- Craft shelter policies and procedures that reinforce the housing focus of shelter.

Train people to expectations and professionalize the industry locally.

Over the next year, the CoC, along with the County and City should embark upon a joint training plan to educate service providers on how to deliver the interventions properly to get the intended results. This should be jointly funded across the three parties, and each training should directly be related to contract expectations, performance metrics, and overall system performance – whether that service is funded by the County, City, CoC or none of the above.

The following are trainings that the community would seem to benefit from receiving:

- VI-SPDAT
- Housing Focused Shelter Operations
- Safe and Appropriate Shelter Diversion
- Housing Focused Street Outreach
- Excellence in Housing-Based Case Management
- Introduction to Motivational Interviewing for Homelessness and Housing Professionals
- Assertive Engagement
- Recovery and Wellness
- SPDAT

Purchased service contracts driven by outcomes.

Alignment between the CoC, County and City is going to be beneficial moving forward, especially as it relates to contract expectations and contract language.

The purpose of a homeless program is to end homelessness. It is possible to articulate the service delivery method(s) that are expected to achieve that result for each program area. That leads to a set of data indicators and expected outcomes as a result of trying to solve that problem in that way.

A broader grants-based approach, which is open-ended and allows service providers to outline their specific approach for doing work, is going to be ineffective and inappropriate for the amount of change required in the community and the current technical capacity of service providers. Funders MUST lay out the expectation and then train to that expectation. Variation will result in more people dying and prolong the experience of homelessness.

Consideration may also be given to incentivized contracting. When this is employed service providers get a base amount of funding each year for general operations, but otherwise are funded when they get people housed (with the Funder articulating the characteristics of who they want housed – such as chronic homeless single adult with higher acuity score on the VI-SPDAT), and are funded at future intervals if that person does not return to homelessness.

Establish policies and procedures.

As it stands, there are not community-wide policies and procedures for all operations that serve people that are homeless. As such, variations of services are rampant across the community. While individual providers may have policies and procedures there is nothing that holds the strategy of ending homelessness together operationally. These are a must.

The community is strongly encouraged to have the following:

- A universal grievance process for program users.
- Shelter standards.
- Outreach standards.
- Recovery-Oriented Housing Focused Intensive Case Management standards.
- Standards for the involvement of professional and non-professional volunteers.
- Standards of coordinated entry and use of a common assessment tool.
- Community worker safety strategy standards.

Related to this, the community is strongly urged to have an open data system with HMIS to track the service use of individuals and their whereabouts, with standards that outline data sharing, confidentiality and breach procedures. And furthermore, the

community is strongly urged to have an open, transparent Release of Information for all parties involved in ending homelessness for any particular individual or family.

Enhance leadership and provide direction.

There are many activities occurring within the community. There is no leader or body holding it all together. There are unclear priorities and a fractured landscape of services that are not well coordinated, and certainly without mutual accountability.

Ideally, the CoC, County and City could reach mutual agreement on which of those bodies would step forward to lead change in homeless services and know that they have the unwavering support of the other two entities (and no, that does not mean the non-leaders pull their funding out of the system...at least not in the short-term). Squabbling about jurisdiction, funding incompatible initiatives, and the lack of a cohesive strategy are all problematic to people experiencing homelessness, service providers that have a contractual relationship with more than one entity, and for elected officials and the general public to know where accountability lies.

It is also possible that the leader (or leaders) that are charged with the task of navigating a new direction for the community does not have the experience or training to lead an end to homelessness. If that is the case, professional development should be invested in as soon as possible.

Meet HUD requirements ASAP.

The community runs the risk of losing more funding and losing more programs if it does not get its act together to be in compliance with HUD expectations. This is a role for the CoC. As soon as possible the CoC should:

- List all of HUD's expectations in the new normal of delivering homeless programs and services.
- Educate the service provider community and other relevant partners on the requirements and implications of each.
- Indicate which actions are happening, and which have not been started.
- Develop a timeline and project matrix with a person appointed to be accountable for completion, to make sure each requirement is fulfilled as soon as possible.

Appendix A – Housing First Citations List

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