

The wait list for public housing is approximately 36-48 months.¹⁴

The lack of affordable housing leaves many in precarious housing situations, and creates a backlog that impacts the entire homeless assistance network.

Each day a person remains in an emergency shelter waiting for affordable housing, another homeless person languishes on the streets.

Existing Resources:

Currently, our community has nearly 350 beds for those without shelter, split into three phases of care:

- **Emergency Shelter:** 53 beds for individuals; 70 for families
- **Transitional Housing:** 66 individual beds; 63 family beds
- **Permanent Supportive Housing:** 54 individual beds; 32 family beds

Current Resource Gaps:

Housing: The existing homeless housing inventory needs to be expanded by at least 350 units over the

next ten years.

Services: In addition to the need for housing, many homeless persons are in need of services to address factors that may have contributed to their homelessness.

Homeless needs vary and may range from simple needs (financial assistance for start-up costs and deposits) to complex needs (mental health/substance abuse treatment, job training, literacy, budgeting and life skills training).

For many homeless persons the gap falls between income and housing costs.

Any effort to address this problem (rather than simply managing it on a case-by-case basis) will require increased educational opportunities and job training in conjunction with a broad-based community effort to provide more affordable housing and higher-paying jobs.

The Vision:

- All individuals and families who are, have been or are at risk of becoming homeless have access to a safe, sanitary, decent and affordable place to call home, and access to the services

necessary to maintain that housing.

- Local residents, property managers, owners and service providers work together to develop needed housing, community development programs and services.

Goals & Strategies:

1. Provide an additional 350 beds for homeless persons for the next 10 years and increase affordable housing. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families; Increase the affordable housing inventory in Gainesville and Alachua County; Explore the feasibility of reintroducing rooming/ boarding houses; Facilitate the development of group homes for homeless people who do not need intensive support services.

2. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk persons from losing their housing. Establish a Housing Support Team (HST) to help clients maintain housing (landlord/tenant relations; tenants'

rights; budget/life skills); Provide supportive services to at-risk households such as employment training, education, budgeting workshops; Reduce the number of forfeited deposits in existing housing assistance programs through trainings on tenant rights and responsibilities, legal guidance and liaison with landlords.

For detailed goals and strategies, please refer to the Sustainable Housing logic model.



Health Care & Supportive Services

The Problem:

The current service structure, while comprehensive in scope, falls short of meeting the needs of the community.

Limited resources lead to high caseloads and decreased effectiveness.

Services alone often fall short if the person receiving them does not have safe and stable housing.

Health problems that affect homeless persons - physical, psychological, and ad-

diction-related - surface as both causes and effects of homelessness.

A lack of access to adequate preventative health care, health insurance, affordable health care, and transportation result in exacerbated illnesses and an inappropriate use of emergency rooms for issues that could have been prevented and/or treated at a doctor's office, clinic or other primary health care provider.

Mental health issues and addictions typically grow worse if left untreated.

According to the *New England Journal of Medicine*, homeless people spend an average of four days longer in the hospital, per visit, than comparable non-homeless people, at an extra cost of \$2,414 per hospitalization.¹⁵

Locally, Meridian Behavioral Healthcare's Crisis Stabilization Unit (CSU) reports homeless patients stay approximately five days at CSU versus three to four days for non-homeless patients.

The extra length of stay results in an additional cost of approximately \$500 per homeless patient.¹⁶

Discharging homeless patients to the streets undermines therapeutic interven-



Donna spends a part of her afternoons at the Downtown Community Plaza. With no other place to go, many homeless people congregate at the Plaza.

tion received at the CSU and does not support stabilization of mental health issues.

During the 2003 point-in-time survey of homeless individuals in Gainesville, Alachua County, 24% of those surveyed indicated that a physical or mental disability was a contributing factor to their becoming homeless.

Locally, public safety officials spend over \$1 million a year dealing with homelessness. Much of this expense could be avoided with adequate mental health and substance abuse treatment beds for the homeless.

Transportation remains a major barrier to accessing services. Combined with local ordinances intended to create a geographically dispersed homeless assistance network, the lack of transportation

makes, for many, what is already a frustrating experience all the more discouraging.

Further, comprehensive data collection across agencies is only in its infancy. It is only in the past three years that service providers and funders have begun to amass baseline data on demographics and service needs among the homeless population, through annual point-in-time surveys and a tentative embrace of a Homeless Management Information System (HMIS).

The provision of services is only one component of a solution - getting people to utilize those services is of equal importance.

Currently, fragmented service provision impacts how effective outreach teams can be.

QUICK FACTS

The 2003 ACCHH point-in-time survey of homeless individuals indicated approximately 18% of homeless adults suffer from some type of mental illness (including depression).

Nearly 1 in 4 (23.5%) self-reported an addiction to alcohol and/or drugs. Of these, 55% indicated they needed treatment. Of those surveyed, 5.5% indicated a dual diagnosis of both substance abuse and mental health issues.

Nearly 40% of the survey respondents reported having some form of physical disability; yet less than 1 in 4 receive SSI or SSDI assistance. HIV/AIDS impacts 2% of homeless adults in Alachua County.

Those who reported having any kind of disability were two to three times more likely to have been victims of a crime in the past year than the general homeless population.¹⁷

The current Continuum of Care system, while effective for some, is not doing enough to permanently end homelessness.

Some clients respond well to the system's design, which intends to move people from emergency shelters through transitional housing and into permanent housing.

For others, however, the system simply ferries people from one service to another, and then back out onto the streets.

Existing Resources:

More than 30 agencies in Alachua County form the fabric of the existing homeless assistance network, and aim to provide services that move people from homelessness into shelter and, ultimately, permanent housing.

The Helping Hands and Equal Access clinics provide urgent medical care and behavioral health services. Gainesville Community Ministry offers dental and vision services.

These local clinics are overwhelmed by the current need for services and are unable to meet the demand without additional resources.

When these clinics are at capacity (an ongoing occurrence), homeless people turn to local emergency

rooms for needed medical care.

For homeless people with substance abuse problems, housing stability is "essential for successful treatment and recovery. Without a stable place to live, recovery often remains out of reach."

(Oakley and Dennis, 1996)¹⁸

People at risk of homelessness can access needed services if they are eligible for Medicaid or other public programs.

Medical and oral health Services are available to those with incomes below the poverty level through the County's We Care physician referral program.

Limited health care services are available to low income uninsured through the Health Department, ACORN and Archer Clinic.

Mental health services are only available through Helping Hands, Equal Access and to Medicaid participants via Meridian Behavioral Healthcare.

Success Story: B.L.

B.L. had been staying at the Peaceful Paths domestic violence shelter and had attended support group regularly over the course of 2 years. A nurse, B.L. was riding her bicycle when severely injured by a hit-and-run driver. Her recovery was long and arduous and was heavily impacted by the stress she experienced being in an abusive relationship.

Her husband, a former Green Beret, had been physically abusive. Outdoors, he enjoyed creeping from bush to bush and crawling through the field to sneak up on her. He told her she could never keep him out of the house... That he could always get in, no matter how many locks she put on the doors.

Confused and terrified, she remained unsure that her husband was abusive. He always laughed off his behaviors and accused her of being paranoid because of her injuries. As the result of the support and information she received in support groups, B.L. obtained a restraining order and filed for divorce.

B.L. came to shelter using a walker and was unable to sit for very long. When she entered the room a year later to update the group on her progress, the support group facilitator did not recognize her until she spoke.

She was walking without assistance, had lost weight, had a new hairdo, was exuding confidence and smiling. She had not smiled during the entire time she had attended group before.

B.L. wanted the group facilitator to see how much better she was, both emotionally and physically. She said she felt like a new person and wanted to thank her for the support she had received while attending support group, which made it possible for her to heal and start "a new life."¹⁹

Current Resource Gaps:

Despite the vast network of service providers in Gainesville, the supply of resources to serve the homeless has trailed demand for more than a decade.

Many services are available only to those in residence at a shelter. As noted earlier, approximately 650 homeless people are unsheltered on a given night. That leaves 65% of the population with very limited options for services.

No primary medical care or mental health/substance abuse services exist to serve homeless individuals who are not covered by Medicaid or Veterans' benefits.

Oral health services are available for children enrolled in Medicaid, and one

dental clinic exists to serve the needs of all homeless adults.

The Vision:

- All homeless or previously homeless individuals and families have access to all needed supportive services, medical care, oral health services, mental health care and/or substance use care.
- All temporary or transitional housing for homeless adults includes needed wraparound services. Access to these services will be made available as needed once permanent housing is obtained.

The charge of the health committee was to review and make recommendations about how to expand, fund and successfully deliver medical, dental, mental health and substance abuse

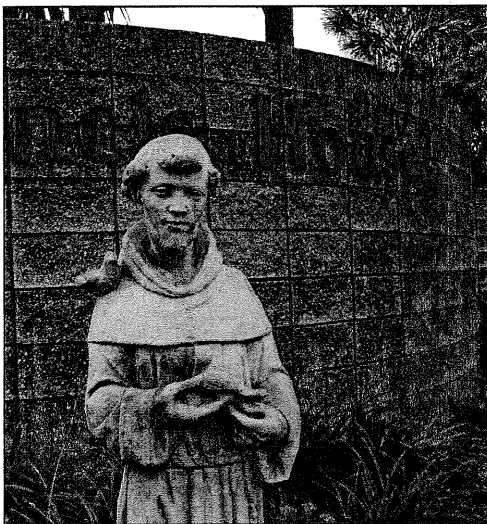
services for various homeless populations, especially chronically homeless individuals.

The charge of the services committee was to explore solutions to homelessness with the goals of 1) preventing homelessness when possible via timely access to resources; 2) minimizing the duration of homelessness when it occurs; and 3) stabilizing people who are chronically homeless via mental health treatment and permanent supportive housing.

Goals & Strategies:

1. Create First Entry/One-Stop Center to ensure coordination of services for homeless persons. Develop a model, three-phase plan to create a multi-faceted comprehensive service center for homeless individuals in Gainesville/Alachua County.

2. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services. Develop on-site medical service centers at Alachua County and City of Gainesville Fire Rescue/EMS stations to provide urgent care;



While St. Francis House and The Salvation Army are the best-known local shelters, their combined 60 emergency shelter beds represent less than 20% of the total beds available to homeless people in the community.

Public Safety & Homelessness

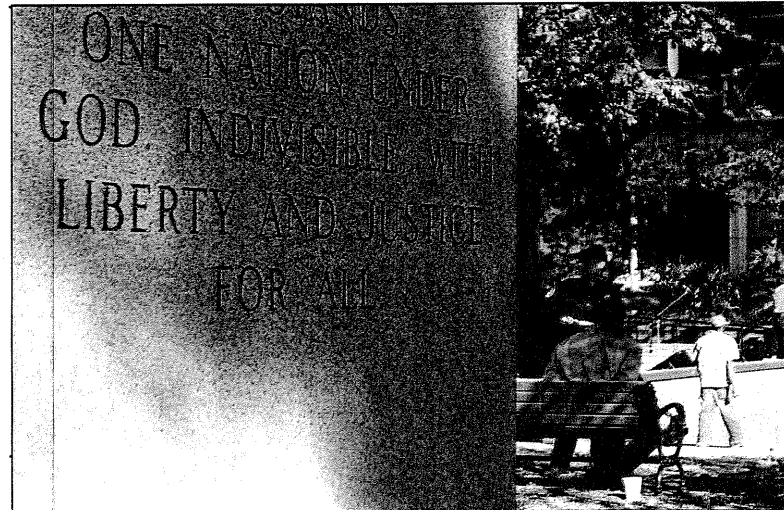
3. Increase capacity of local free clinics and programs that provide access to health care.

4. Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.

5. Provide life skills, mentoring, job training and placement, budgeting workshops, crisis management, and other supportive services to facilitate a stable way of life.

6. Increase faith-based initiatives to address homeless needs in Gainesville and Alachua County.

For detailed goals and strategies, please refer to the Services and Health logic model.



The current public safety response to homelessness in Alachua County includes:

- Crisis intervention
- Law enforcement
- Discharge planning from courts; jails; medical and foster care facilities.

The Problem:

The costs are significant. Locally, public safety agencies spend nearly \$1 million annually dealing with homelessness-related issues, including enforcement of local ordinances, transportation to emergency rooms, and investigations of civil and criminal matters.

Some existing ordinances in effect criminalize necessary behaviors of homeless people, such as sleeping (trespassing) and using the bathroom (public urination/defecation).

Law enforcement officers currently have limited options in dealing with violations of these ordinances.

When an individual lacks a permanent address, state ID, or confirmed ties to the community, officers are unable to utilize the Notice to Appear option and must arrest the person to ensure their appearance in court.

The cost to arrest, transport, book, house and process a person through First Appearance is more than \$600 per incident.²⁰

Homeless people also come into contact with public safety professionals as victims of crimes against a person (see side bar).

Effective interaction and crisis intervention with these populations requires special training which is not currently required at the Santa Fe Community College (SFCC) Academy of Public Safety.

Nearly forty percent of all homeless arrests were for ordinance violations in the 20-month period ending August 2005 (see side bar).

Substance abuse and mental health issues affect 18% and 23.5% of the homeless population, respectively.²¹

Alcohol and drug-related infractions (open container, possession of drugs and/or paraphernalia) constituted 37% of the offenses.

A review of municipal ordinances affecting homeless persons and an increase in substance abuse treatment programs could play a large role in reducing the need for public safety expenditures.

Current Resource Gaps:

Currently, the effectiveness of discharge planning is limited by a shortage of emergency shelter beds, affordable housing and training or vocational programs.

Many people at hospitals, jails, and other facilities are effectively discharged into homelessness without the resources to break their reliance on the homeless assistance network.

The Vision:

- Unnecessary criminal justice and public social services expenditures are reduced
- Public safety services are provided fairly and consistently
- Discharge Planning is provided along with housing location assistance to individuals prior to institutional discharge, including the foster care system, mental health facilities, hospitals, clinics, prisons and jail.

LOCAL FIGURES:

Gainesville Police Department's victim and arrest statistics for homeless individuals during a 20 month time period (1/1/04 - 8/31/05) indicate that 117 homeless persons were victims of crime (1% of all victims).

Over half (53%) of homeless victimization crimes were crimes against a person: battery (n = 33), aggravated battery (11), assault (1) aggravated assault (9), sexual battery (1), robbery (7) and domestic battery (1). During the same time period, 196 homeless persons were arrested for a total of 527 incidences (4% of all arrests). 53% were repeat offenders.

Nearly 40% of the offenses were for ordinance violations:

- open container (21%)
- trespassing (12%)
- possession of alcohol in a public park (3%) and
- urinating/defecating in public (2%)

Fourteen percent of the arrests were property offenses [(burglary (7%) and petit theft (7%)]; 13% were drug-related charges; 6% were battery charges; 2% were for panhandling; and 2% were for prostitution-related offenses.²²

Goals & Strategies:

1. Improve public safety services for homeless persons and reduce associated public expenditures. Increase awareness among public safety service providers and the community about the plight of homelessness in Gainesville and Alachua County; Reduce the number of homeless arrests through a review of existing city ordinances that make necessary acts of life illegal when homeless and via warrant amnesty days for minor offenses.

2. Improve discharge planning and housing location assistance to homeless individuals prior to discharge from services.

For detailed goals and strategies, please refer to the Public Safety logic model.

Implementation of the Ten Year Plan

The 10-year planning process will require long-term commitment from the first planning steps to full implementation.

It will require on-going volunteer and staff time and energy.

Commissioner Long and Mayor Hanrahan have created a Homeless Implementation Committee to facilitate the 10-year plan process.

The Implementation Committee will be comprised of the chairs and co-chairs of the seven committees (Steering, Housing, Health, Public Safety, Services, Faith-based and Finance).

The Implementation Committee will begin meeting immediately in 2006 and will report their progress to the Steering Committee every six months.

The 10-Year Plan is intended to be a living document. It is a map for the next ten years which should be modified as needed.

Members of the public and elected officials need to em-

brace it as a beginning point. Hundreds of community leaders have donated their time and energy into developing this plan. It is essential to keep the momentum going.

The first step should be to hire an administrator to coordinate with the Implementation Committee and to begin implementing the plan. We chose to do an expedited planning process (in 6 months, rather than a year or more) in order to see some immediate impact.

Goals & Strategies of Implementation:

1. Create an Office of Homelessness. Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; and coordinate with the Implementation Committee.

2. Seek funding for homeless programs outlined in the 10-year plan: Hire a grant writer to collaborate with city/county grant writers to identify po-

tential funding. The federal government has made ending homelessness a priority with additional funding targeted for homeless programs.

City and County elected officials should direct lobbying efforts to seek federal and state funds for homeless programs.

Locally, creative funding options could include an allocation of a portion of development funds for homeless initiatives and approaching Shands Healthcare and North Florida Regional Medical Center to assist with prevention and other health care programs for homeless (which will result in a cost savings to these medical centers).

3. **Implement the Homeless Management Information System (HMIS)** at the system-wide level to facilitate coordination of services. This objective will include finalizing and adopting the HMIS user documents and addressing privacy issues related to sharing of information on HMIS. The HMIS will facilitate coordination of services and reduce duplication of services. The HMIS data will be able to generate statistical reports to accurately assess needs, gaps in services,

and program outcomes for more effective utilization of resources.

4. **Enhance public awareness** regarding the plight of the homeless. The Office of Homelessness will be responsible for creating a publicity campaign to educate the public and dis-

pel negative stereotypes of homeless individuals and families. The 10-year plan will be widely distributed. We encourage stakeholders to actively promote the plan.

For detailed goals and strategies, please refer to the Implementation logic model.

What Can Our Community Expect?

The successful implementation of Gainesville/Alachua County's Ten Year Plan to End Homelessness will result in the following:

1. Significant savings in public systems from reduced use of services including hospital emergency rooms, ambulances, and law enforcement services.
2. Savings in other services systems, including homeless shelters and acute psychiatric and medical services, that can result from placement of individuals into supportive housing.
3. Enhanced quality of life for both those who are housed and homeless.
4. Demonstrated success through supportive housing retention rates.
5. Inspiration and energy from working together to help our neediest neighbors.

Logic Models

Gainesville/ Alachua County Ten-Year Plan to End Homelessness

The strategies presented in the logic models represent the committees' best ideas. It will be up to the Implementation Committee to prioritize the strategies and decide which ones to implement.

The expense column figures are **estimated** expenses. The Implementation Committee and City/County staff will research expenses and projected cost savings for the proposed projects over the next few months.

HOUSING Goal I:

Provide an additional 350 beds for homeless persons over the next ten years and increase affordable housing.

Objective 1A: Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Create a 501(c)3 non-profit Housing Trust, to be housed at the Alachua County Housing Authority until the Trust has staff and infrastructure to branch off on its own.	Housing Trust Committee, ACHA	In-kind	2006	Creation of Housing Trust.
2. Recruit local attorneys to draft Housing Trust documents. Recruit professionals in banking, real estate, government, etc. to serve on the Board of Directors.	Housing Trust Committee, Homelessness Administrator	In-kind	2006	Creation of volunteer board of directors with expertise necessary to ensure success of Trust.
3. Publicize the new Housing Trust and solicit donations.	Board of Directors, Homelessness Administrator	In-kind	2006-07	Public awareness of trust. Donations from a wide variety of sources.
4. Accept donations of land, housing, buildings, and funds. Utilize donations to purchase property, renovate buildings, and for local match for grants.	Board of Directors, Homelessness Administrator	In-kind	2006-ongoing	Donations enable Trust to increase housing for homeless persons.

Objective 1B: Increase the affordable housing inventory in Gainesville, Alachua County.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Establish a coalition of Homebuilders Association, Realtors Association, U.F., City and County to develop a strategy to increase the number of affordable housing units.	Homelessness Administrator, Implementation Committee, City, County, other community partners	In-kind	Start in 2006-07	Increased number of affordable housing units.
2. Encourage the development of mixed-use housing communities.	City/County	In-kind	Start in 2006-07	Increased number of affordable housing units.

Objective 1C: Target existing housing assistance funds for homeless housing.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Reallocate a portion of existing HOME tenant-based rental assistance (TBRA) funds for specific homeless populations (i.e., persons with disabilities).	City of Gainesville CDBG	Reallocation of existing funds	Start in 2006-07	Reduction in the number of homeless persons with disabilities living in shelters, on the streets, in the woods, etc.
2. City and County Public Housing Authorities (PHAs) establish a preference for homeless persons on their Section 8 and public housing waiting lists.	Alachua County Housing Authority, Gainesville Housing Authority	Reallocation of existing funds	Start in 2006	Reduction in length of time homeless persons spend in emergency or transitional shelter, freeing up space for homeless persons living on streets, in the woods, etc.

Objective 1D: Explore feasibility of reintroducing rooming/boarding houses.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Seek best practices/models for introduction of rooming houses into Gainesville community.	Homelessness Administrator	In-kind	2006	Selection of a best practice to be implemented in Gainesville, Alachua County.
2. Review City/County policies regarding rooming/boarding houses. Lobby for changes, if needed.	City/County, Homelessness Administrator	In-kind	2006	Ordinances that encourage rooming/boarding housing.
3. Compile a lists of abandoned (City/County owned) properties sufficient for rehabilitation for rooming houses.	City/County	In-kind	Start in 2006	Abandoned houses donated to trust, rehabilitated for rooming houses.
4. Encourage local landlords and housing providers to implement rooming/boarding housing programs.	Homelessness Administrator	In-kind	2007	Increased affordable housing options for homeless persons.
5. Encourage local organizations that provide housing assistance to use their existing short-term emergency funds to provide rental assistance for rooming/boarding housing rather than issuing motel vouchers.	Homelessness Administrator, Alachua County Coalition for the Homeless and Hungry	Reallocation of existing funds	2007, ongoing	Better utilization of existing housing assistance funds.

Objective 1E: Facilitate the development of group homes for homeless persons who do not need intensive supportive services.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Review City/County zoning ordinances for group homes.	City/County	In-kind	2006	Identification of zoning in need of modifications to support group homes.
2. Lobby for zoning that allows facilities with ten beds or less to be placed anywhere in the county, except for single-family residential areas.	City/County, Homelessness Administrator	In-kind	2006	Dispersment of group homes throughout the county.
3. Create a pilot project to provide up to ten units of housing in a group home that will monitor client progress.	City/County	In-kind	Start in 2006	Successful pilot results in additional group homes Increased housing options for homeless.

HOUSING

Facilitate housing stabilization once homeless persons secure permanent housing and prevent at-risk persons from losing their housing.

Goal II:

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Establish Housing Support Teams (HST) to help clients maintain housing (landlord/ tenant relations, budget/ life skills, etc.).	Service providers	Will depend on the number of HST specialists hired.	Start in 2007, ongoing	Homeless persons maintain housing once they find permanent housing.
2. Provide supportive services to at-risk households such as employment training, education, budgeting workshops, etc.	Service providers	Will depend on number of services, training, etc.	Start in 2008, ongoing	Reduction in the number of at-risk families and individuals who become homeless.
3. Reduce the number of forfeited deposits through training on tenant's rights and responsibilities, legal guidance and liaison with landlords.	Alachua County Coalition for Homeless and Hungry, local attorneys	In-kind	Start in 2006	Reduction in the number of forfeited deposits.

SERVICES/HEALTH

Create First Entry/One-Stop Center to ensure coordination of services for homeless persons.

Goal I:

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
<p>1. Phase One: Identify location(s) to be designated as "First Entry" center(s). Initially, the Center will house individual counters for local service providers. Stations would include case management, screening and referral, life skills and budgeting, mentoring, educational resources, legal aid, social security/SSI representation, DCF representation, vocational training/placement, and shuttle service to and from emergency or transitional housing. To include hiring management and support staff.</p> <p>2. Conduct coordinated, bi-monthly outreach at rotating sites to link homeless persons with existing services.</p> <p>3. Provide case management to implement the "Housing First" model.</p>	<p>Homeless Administration Implementation Committee, Alachua County Coalition for the Homeless and Hungry, and Providers.</p> <p>Service providers, Alachua County Coalition for the Homeless and Hungry</p> <p>Service provider case managers.</p>	<p>\$150,000+</p> <p>In-kind</p> <p>Will depend on the number of new hires.</p>	<p>Start in 2006/07, ongoing</p> <p>Start in 2006, ongoing</p> <p>Start in 2006-07, ongoing</p> <p>2009 -2012</p>	<p>Improved access to services for homeless persons. Improved coordination and elimination of duplication of services.</p> <p>Increased number of homeless persons accessing existing services.</p> <p>Improved stability for homeless persons; Increased accountability.</p> <p>Comprehensive array of services. Reduction in number of homeless persons without basic necessities.</p>
<p>4. Phase Two: Expand services to include medical care, child care, personal hygiene facilities (showers, laundry, lockers), communications (computers, telephones, message center, mail), substance abuse intervention, and recovery coaches. To include hiring intake staff and specialists, as needed.</p>	<p>Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers</p>	<p>\$500, 000+</p>		

<p>5. Phase Three: Expand services to provide emergency and/or transitional housing (number of beds will depend upon location and funding). To include hiring staff to manage the housing component. (Note: committee members were divided as to whether or not the Center should include beds. If it is deemed desirable to locate shelters away from the Center, the committee recommends shuttles to and from the Center.).</p>	<p>Office of Homelessness, Implementation Committee, City/County, Alachua County Coalition for the Homeless and Hungry, service providers</p>	<p>\$800,000+</p>	<p>2012-2016</p>	<p>Complete Continuum of Care under one roof. Reduction in the number of homeless persons living on the streets, in the woods, etc.</p>
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Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.

SERVICES/HEALTH Goal II:

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
<p>1. Develop on-site medical service centers at Alachua County and City of Gainesville Fire/EMS stations to provide urgent care for homeless individuals and other low income citizens.</p>	<p>Implementation Committee, City/ County Fire and EMS stations</p>	<p>\$100,000 or less</p>	<p>Starting in 2007, ongoing</p>	
<p>2. Increase capacity of Helping Hands Clinic (primary care) to three times per week. To include hiring administrative staff to recruit medical professionals to volunteer their services; and funds for medical supplies.</p>	<p>Helping Hands Clinic</p>	<p>\$130,000</p>	<p>Starting in 2008 - 2009</p>	<p>Improved health of homeless persons. Reduction in the number of inappropriate emergency room visits.</p>
<p>3. Expand We Care program to serve all eligible low-income residents of Alachua County. To include hiring additional staff to recruit volunteers and screen clients; funds for dental clinic supplies.</p>	<p>We Care program</p>	<p>\$75,000</p>	<p>Starting in 2008 - 2009</p>	
<p>4. Expand Community Ministries dental and vision services. To include hiring additional staff to recruit volunteers; and funds for supplies.</p>	<p>Gainesville Community Ministry</p>	<p>\$35,000</p>	<p>Starting in 2007 - 2008</p>	

<p>5. Implement a Mobile Medical Services Van program (similar to the one in Pinellas County) to be staffed by volunteer medical professionals and graduate level health professions students. Ensure sovereign immunity for medical volunteers.</p>	<p>County Social Services</p>	<p>\$500,000</p>	<p>2008-2010</p>
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Broaden wrap-around services and increase capacity of existing services for homeless individuals and low income families.

SERVICES/HEALTH Goal III:

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Increase substance abuse treatment beds by five to serve approximately 60 homeless persons per year.	Mental health service providers	\$320,000	Starting in 2009, ongoing	Reduction in substance abuse issues for homeless persons receiving treatment.
2. Increase mental health services for approximately 300 homeless individuals, to include case management, outpatient services and psychiatric services.	Mental health service providers	\$800,000	Starting in 2010, ongoing	Medical stabilization. Reduction in CSU visits.
3. Facilitate and coordinate homeless persons' access to benefits.	First Entry/One Stop Center staff, Service providers.	In-kind	Starting in 2006, ongoing	Reduction in number of homeless persons without income or benefits.
4. Increase access to available health services via van transport and bus tokens.	County	\$300,000+	Start in 2007	Improved access to existing medical facilities.
5. Expand Alachua County's transitional and permanent housing for homeless persons with disabilities (mental illness, substance use disorders, or physical health problems).	Alachua County Coalition for the Homeless and Hungry	\$800,000 +, depending on number of housing units	Start in 2007	Reduction in the number of homeless persons with disabilities living in shelter or on the streets.

SERVICES/HEALTH

Provide life skills, mentoring, job training and placement, budgeting workshops, crisis management, and other support services to facilitate a stable way of life.

Goal IV:

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide training on skills designed to help homeless persons maintain medical, residential and financial stability, such as medication adherence, social functioning, conflict resolution, stress management, budgeting, problem solving, and decision-making.	Service providers	\$300,000 plus	Start in 2006/07, ongoing	Homeless persons increase social functioning and maintain housing. Reduction in the number of crisis situations for homeless persons.
2. Provide one-on-one mentoring for homeless persons on basic life issues, such as home management, relationship skills, personal hygiene, self-management in the workplace, dealing with bureaucratic systems, etc. Formerly homeless and other community volunteers will serve as mentors.	Alachua County Coalition for the Homeless and Hungry, Homelessness Administrator	In-kind	Start in 2006-2007	Improved social skills and ability to deal with day to day stressors. Reduction in sense of isolation and feeling of helplessness.
3. Hire job coaches to assist approximately 100 homeless clients per year.	Office of Homelessness	\$200,000	Start in 2008, ongoing	Increase in the number of homeless persons who find gainful employment.
4. Explore opportunities for supportive employment for appropriate homeless individuals.	Office of Homelessness, Mental health & other service providers	Will depend on the type of shelter emp. program.	2010 -2012	Increased employment opportunities for persons with special needs.
5. Assist homeless persons in obtaining State ID cards so that they may better access services and employment opportunities.	Service providers	Less than \$10,000	Start in 2006, ongoing	Increased opportunities for employment. Reduction in arrests due to no identification.

6. Create a Homeless Services ID card (similar to the CHIP program in Clearwater) which can be tied to a life improvement plan; taken away in lieu of arrest for certain offenses (re-instated by the person's case worker); used to access resources from participating merchants, employers and landlords.	Office of Homelessness, service providers	Less than \$10,000	Starting in 2007-2008	Improved accountability, reduction in arrests, increased options for homeless persons without State IDs.
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SERVICES/HEALTH

Increase faith-based initiatives to address homeless needs in Gainesville, Alachua County.

Goal V:

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Encourage faith-based organizations to partner with Interfaith Hospitality Network (IHN).	Faith-based committee, Interfaith Hospitality Network.	In-kind	Starting in 2006, ongoing	Increased number of homeless families provided with shelter, food, support services and fellowship.
2. Recruit congregation members to serve as volunteers with IHN.	Pastors.	In-kind	Starting in 2006, ongoing	
3. Recruit churches to serve as host congregations for homeless families served by IHN.	Faith-based committee and IHN.	In-kind	Starting in 2006, ongoing	

PUBLIC SAFETY

Improve public safety services for homeless persons and reduce associated public expenditures.

Goal I:

Objective 1A: Increase awareness among public safety service providers and the community about the plight of homelessness in Gainesville/Alachua County.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Create a required "Homelessness Awareness" track at the SFCC Academy of Public Safety and an in-service training for veteran officers, based on the Broward County model.	Santa Fe Community College	In-kind	Start in 2006-07	Increased awareness among public safety service providers.
2. Offer "Homelessness Awareness" training to court and criminal justice personnel, EMS and Fire Rescue professionals, as well as the public.	SFCC, ASO, GPD, UPD, Courts, CJS, EMS, Fire Rescue	In-kind	Ongoing	

Objective 1B: Reduce the number of arrests of homeless persons.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Review City/County ordinances that may adversely affect the homeless population.	City/County attorneys, ASO, GPD, and policy group	In-kind	Start in 2006	Decriminalization of some behaviors made illegal by virtue of housing status.
2. Implement a regularly scheduled warrant clearance day for minor offenses.	State Attorney, Public Defender, Clerk of Court, ASO, GPD	In-kind	Spring of 2006, ongoing	Reduction of the number of arrests for outstanding warrants.

3. Review the amount and appropriateness of current bond schedule.	Courts	In-kind	2006	Creation of affordable bonds; reduction in number of days in jail for homeless persons with a bond.
4. Incorporate appropriate homeless defendants into Mental Health Court or Drug Court.	Courts	In-kind	Start in 2006, ongoing	Improved services for homeless persons with mental health or substance abuse issues.
4. Increase community service options in lieu of fines.	Public Defender, Court Services	In-kind	2006-07	Affordable options/penalties for homeless persons.
4. Create a graduated/"Three Strikes" fine policy.	Courts, State Attorney	In-kind	2006-07	Affordable options/penalties for homeless persons.
5. Hire a social worker to assist police with non-violent mental health complaints.	City, County, ASO, GPD	Under \$50,000	Start in 2006-2008	Improved services for mentally ill persons; reduction in inappropriate arrests.
5. Create an inebriation recovery center for publicly intoxicated individuals.	Service providers	\$150,000 - \$500,000	Start in 2010 - 2012	Reduction in the number of intoxicated persons arrested and transported to jail.
6. Increase the number of detoxification beds and crisis stabilization unit (CSU) beds.	Meridian Behavioral Healthcare	\$150,000 - \$500,000	Start in 2010-2012	Reduction in the number of intoxicated or mentally ill persons arrested and transported to jail.
7. Provide necessary public facilities (bathrooms, places to sleep, etc.).	City/County	Depends on facilities	Start in 2006	Reduction in the number of homeless arrests.

PUBLIC SAFETY

Improve discharge planning and housing location assistance to homeless individuals prior to discharge from services.

Goal II:

Objective 2A: Create, implement and coordinate an effective discharge planning system for potentially homeless persons (including inmates), based on the Broward County, FL and Commonwealth of Massachusetts models.

Strategies	Responsible Parties	Estimated expense	Target Date	Desired Outcome
1. Introduce principles of effective discharge planning to identified institutions; assist with policy development and implementation.	Community Discharge Policy Planning group	In-kind	Starting in 2006, ongoing	Reduction in the number of people who become homeless when released from institutions and foster care.
2. Identify individuals needing assistance to prevent homelessness at intake.	Jail, prisons, medical facilities, psychiatric hospitals	In-kind	Starting in 2006, ongoing	
3. Hire a Discharge Specialist to facilitate services for potentially homeless persons in the criminal justice system and other governmental institutions.	County	\$50,000 or less	2007 - 2008	
4. Supply a Community Resource Guide to identified institutions for dissemination to individuals about to be released into the community.	Alachua County Coalition for the Homeless and Hungry	In-kind	January 2006, ongoing	

PREVENTION

Prevent future homelessness for at-risk families Goal I: and individuals

Objective 1A: Provide healthcare to very low-income and homeless persons to prevent medical circumstances that contribute to homelessness.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Provide subsidized care for persons at 150% poverty level who are not eligible for CHOICES program.	County Social Services	\$500,000+	2008 - 2010	
2. Enroll homeless children and adults in Medicaid, KidCare, VA and Social Security programs.	Service providers, Office of Homelessness	In-kind	2007 - 2009, ongoing	Reduction in number of persons who become homeless due to medical circumstances.
3. Increase preventive health care options and preventive health education for at-risk citizens.	Health Department and other providers	\$500,000+	2008, ongoing	
4. Contract with Meridian Behavioral Healthcare, Inc., Alachua County Health Department, and others to provide care for very low-income citizens.	County	\$500,000+	2008, ongoing	

Objective 1B: Enhance educational, job training and employment related options for at-risk and homeless individuals and families.

Strategies	Responsible Parties	Estimated Expense	Target Date	Desired Outcome
1. Promote literacy programs for post-school adults and enhance after-school reading programs.	School Board of Alachua County	In-kind	2006, ongoing	Increased literacy rates among citizens. Reduction in unemployed persons.
2. Provide job coaches for at-risk citizens.	Service Providers	\$50,000 - \$150,000	2007, ongoing	Improved employment options for at-risk citizens.
3. Increase skilled apprenticeship programs.	School Board and SFCC	In-kind	2009 - 2012	Reduction in unemployed persons.