

THE GAINESVILLE/ALACHUA COUNTY 10-YEAR PLAN TO END HOMELESSNESS:
PROJECT GRACE: GAINESVILLE REGION/ALACHUA COUNTY EMPOWERMENT FOR THE HOMELESS

STATUS REPORT ON IMPLEMENTATION

Presented to the Joint Commissioners of Alachua County and the City Of Gainesville
April 13, 2006

Contents:

History of the 10-Year Plan	2
Prioritized Goals by Committee	3
Anticipated Budget – Short-Term Priorities	4
Implementation Committee Resolution (2/16/06) – Emergency Shelter	5
Recommendations	6
Costs, Savings and Benefits	6

Appendices:

- A. Recommended Budget Allocations
- B. Updated Project Priority Grid (Blueprint to End Homelessness)

HISTORY OF THE 10-YEAR PLAN TO END HOMELESSNESS

On March 31, 2005, the City of Gainesville and Alachua County hosted its first Homelessness Summit in an effort to mobilize the community to establish strategies and goals to end homelessness, rather than to continue to manage its symptoms. Key stakeholders, including homeless and formerly homeless individuals; business and civic leaders; politicians; law enforcement officials; downtown business owners; nonprofit and for-profit housing developers; hospital administrators; and representatives from the chamber of commerce, employment agencies, service providers, neighborhood associations and community and faith-based organizations participated in the summit and the ensuing six-month planning process. Alachua County Commissioner Rodney Long and City of Gainesville Mayor Pegeen Hanrahan co-chaired the summit.

More than 200 people attended the four-hour conference, which included a keynote address from Federal homelessness administrators and presentations on model programs throughout the State of Florida. A Steering Committee oversaw the work and plan development undertaken by six additional committees, focused on Public Safety, Supportive Services, Sustainable Housing, Health, Finance for Homeless Programs, and Faith-Based Initiatives. The committees began meeting in June of 2005 and met at least monthly throughout the process, with many committees and their related subcommittees meeting at least weekly throughout. To facilitate the ongoing development and implementation of the 10-Year Plan, the chairs of the Steering Committee appointed the chairs and co-chairs of the main work committees and select subcommittees to the Implementation Committee. This body is charged with establishing the framework within which the strategies and goals outlined in the plan can be brought to fruition, and with oversight of the overall implementation of the plan.

City, County and local nonprofit staff convened a second Homelessness Summit on December 1, 2005 to present the completed plan to the community. On December 15, 2005, plan delegates presented the 10-Year Plan to End Homelessness to City and County Commissioners at a Joint Commission meeting, at which point commissioners instructed City and County managers to work with the Implementation Committee of the Steering Committee to determine a strategy for implementing the 10-Year Plan to End Homelessness, which will include the following:

1. Costs, savings, and measurable outcomes for public investment;
2. Priorities for funding; and
3. Funding strategies with a timeline for execution of the plan.

PRIORITIZED GOALS BY COMMITTEE

PRIMARY Time Frame	PUBLIC SAFETY	HOUSING	SERVICES	HEALTH	IMPLEMENTATION	PREVENTION
SHORT TERM 2006-2007	1. Increase awareness among public safety service providers regarding homelessness in Alachua County.	1. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families. 2. Explore feasibility of and work to reintroduce rooming houses.	1. Increase faith-based initiatives to address homeless needs.	1. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.	1. Create an Office of Homelessness.	1. Provide supportive services and other assistance for individuals at risk of homelessness.
	2. Reduce unnecessary criminal justice expenditures related to homelessness.	3. Target existing tenant-based rental assistance to specific homeless populations (i.e. people with disabilities). 4. Increase the inventory of affordable housing in Alachua County via coalitions and support of mixed-use housing communities.	2. Create First Entry/One-Stop Center to ensure coordination of homeless services – PHASE ONE.		2. Seek funding for homeless programs outlined in the 10-Year Plan. 3. Implement the Homeless Management Information System (HMIS) at the system-wide level to facilitate coordination of services.	
MID-TERM 2008-2012	3. Improve Discharge Planning and housing location assistance to homeless individuals prior to discharge from services and institutions.	5. Facilitate the development of group homes for homeless people not needing intensive support services. 6. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk individuals from losing their housing.	3. Expand First Entry/One-Stop Center to better facilitate coordination of homeless services – PHASE TWO.	2. Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.		2. Enhance educational, job training and employment related options for at-risk and homeless individuals and families. 3. Provide healthcare to very low-income and homeless persons to prevent medical circumstances that contribute to homelessness.
LONG TERM 2013-2017			4. Expand First Entry/One-Stop Center to include housing OR transport to and from such housing - PHASE THREE.			

ANTICIPATED BUDGET – SHORT-TERM PRIORITIES

Note: Please refer to logic models in the Blueprint for complete information on goals & strategies.

Committee:	Goal:	Anticipated Cost:
Public Safety	Increase awareness among public safety service providers regarding homelessness.	\$0 (In-kind)
	Reduce unnecessary criminal justice expenditures related to homelessness.	\$0 (In-kind)
Sustainable Housing	Establish a local Housing Trust to provide additional housing for the homeless.	\$0 (In-kind)
	Explore feasibility of and work to reintroduce rooming houses.	\$0 (In-kind)
	Target existing TBRA to specific homeless populations.	\$0
	Increase affordable housing via coalitions and mixed-use housing communities.	\$0
Supportive Services	Increase faith-based initiatives to address homeless needs.	\$0
	Create One-Stop Center to ensure coordination of homeless services – PHASE ONE.	\$230,340.76
Health	Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.	\$240,000
Implementation	Create an Office of Homelessness.	\$71,539
	Seek funding for homeless programs outlined in the 10-Year Plan.	\$0 (In-Kind)
	Implement the HMIS at the system-wide level to coordinate services.	\$0 (in-Kind)
	Enhance public awareness regarding the plight of the homeless.	\$0 (advertising budget included in cost of Office on Homelessness)
Prevention	Provide supportive services and assistance for individuals at risk of homelessness.	\$100,000
	TOTAL ANTICIPATED SHORT-TERM BUDGET:	\$641,879.76

IMPLEMENTATION COMMITTEE RESOLUTION (2/16/06) – EMERGENCY SHELTER

On February 16, 2006, the Implementation Committee unanimously supported a resolution stating:

“The 10-year plan Implementation Committee urge the City and County Commissions to continue their support for emergency shelter in existing facilities, such as they are doing through the Alachua County Coalition for the Homeless and Hungry, the Alachua County Housing Authority, St. Francis House and Holy Trinity Episcopal Church, until the 10-year plan and its implementation eradicates that need.”

EMERGENCY OVERNIGHT SHELTER (IN EXISTING FACILITIES) ANNUAL BUDGET:

I. PERSONNEL GROSS WAGES

4 Overnight Staff @ \$10.55/hr	\$92,418.00
Fringe Benefits	\$7,069.98

5 Volunteers (In-Kind: \$10/hr)	\$32,850.00
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OR 3 Shelter Assistants @ \$7/hr	\$22,995.00
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	W/ Volunteers	W/O Volunteers
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TOTAL PERSONNEL:		\$132,337.98	\$122,482.98
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II. SUPPLIES

50 Sleeping Bunks (In-Kind)	\$12,000.00
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50 Sleeping Bunks (New)	\$12,000.00
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50 Bunk Mattresses (In-Kind)	\$4,500.00
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50 Bunk Mattresses (New)	\$4,500.00
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Blankets: 1,000 @ \$8/per	\$8,000.00
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40 Overflow Air Mattresses @ \$40/per	\$1,600.00
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Disinfectant (\$60/case * 52 cases)	\$3,120.00
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Toilet Paper/Paper Towels	\$3,000.00
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Storage Bins (In-Kind)	\$800.00
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Storage Bins (New)	\$400.00
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Toiletry Items/Medicines	\$12,000.00
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Supplies - Miscellaneous	\$3,000.00
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TOTAL SUPPLIES:	\$64,920.00
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III. OTHER EXPENDITURES

Telephones (2 @ \$120/mo)	\$1,440.00
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Utilities	\$12,000.00
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Laundry	\$10,000.00
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Liability Insurance @ \$100/wk	\$5,200.00
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Food	\$36,500.00
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Internet Access/HMIS	\$1,200.00
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HMIS Workstations	\$2,000.00
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HMIS/Systems Administration	\$5,000.00
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TOTAL OTHER EXPENDITURES:	\$73,340.00
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IV. TOTAL EXPENDITURES

	W/ Volunteers	W/O Volunteers
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		\$270,597.98	\$260,742.98
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In-Kind Donations		\$105,650.00	\$72,800.00
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REQUIRED FUNDS:		\$164,947.98	\$187,942.98
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Cost/person/day:		\$4.52	\$5.15
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RECOMMENDATIONS

To most effectively begin the implementation of the 10-Year Plan to End Homelessness and initiate reductions in the number of homeless people living in the area, the Implementation Committee requests that the Joint Commissioners of Alachua County and the City of Gainesville approve the following recommendations:

- (a) The Implementation Committee recommends that the City and County Commission accept the Revised Logic Model as the Blueprint for Implementation of the Project GRACE 10-Year Plan to End Homelessness.
- (b) The City and County Commission accept the short-term goals and objectives for implementation as outlined in the Blueprint and accept the below recommendations as priorities for funding from the funds allocated by the City, County and Clark Butler.
- (c) The City and County Commission provide priority funding for the Office of Homelessness and to hire the Homelessness Administrator to serve as the coordinator for implementing the 10-Year Plan to End Homelessness full-time by October 1, 2006. And, the City and County Commission refer to the City and County Managers to prepare a Request for Proposals to determine the duties, cost of the office, and pay range for the administrator, to be approved by the City and County Commission.
- (d) The City and County Commission provide priority funding from the funds allocated for the One-Stop Assistance Center, as defined by the Implementation Committee, on an interim basis until a permanent site is constructed or purchased. And, authorize the City and County Managers to work with the Implementation Committee to determine an appropriate site to be operational by January 1, 2007.
- (e) The City and County Commission set aside \$200,000 of the money allocated for implementing the 10-Year Plan to End Homelessness for matching funds for State and Federal grants.
- (f) The City and County Commission authorize Mayor Pegeen Hanrahan and Commissioner Rodney J. Long to begin a dialogue with our health care providers on ways of partnering to reduce the cost impact the homeless population has on emergency departments and to possibly assist with funding for a mobile medical unit.
- (g) The City and County require current and future service providers receiving funds for assistance with the homeless population to report to the HMIS.
- (h) The City and County Commission authorize the Implementation Committee of the 10-Year Plan to End Homelessness to continue its work until complete.

COSTS, SAVINGS AND BENEFITS

(c) GAINESVILLE/ALACHUA COUNTY OFFICE ON HOMELESSNESS

ESTIMATED COST: \$71,539

MODELS/BEST PRACTICES: Local Homeless Coordinating Board (San Francisco, CA);
Miami/Dade County Homeless Trust (Miami, FL)

BENEFITS & SAVINGS TO TAXPAYERS:

The establishment of a local Office on Homelessness, including a full-time Homelessness Administrator and half-time Grant Writer, will primarily serve to oversee the implementation of a One-Stop Assistance Center, and to ensure the development of a county-wide, unified strategy to prevent and reduce homelessness that has consistent policies supported by the City and County Commissions, departments of local government, housing and service providers, people who are homeless or formerly homeless, advocates, and business and neighborhood groups.

In addition to administering and coordinating many of the priorities listed within the plan, the Office on Homelessness will ensure the continued evaluation of City- and County-funded programs, assessing cost effectiveness and programs' success in achieving their goals and objectives. This oversight function, alongside an HMIS-driven One-Stop Assistance Center, will facilitate cross-agency performance measurement to assess the true efficiency of various City and County-funded programs, and promote better utilization of limited local resources for social and supportive services.

(d) ONE-STOP ASSISTANCE CENTER

ESTIMATED COST: \$230,340.76

MODELS/BEST PRACTICES: PATHMall (Los Angeles, CA); Broward Co. Assistance Center (Ft. Lauderdale)

BENEFITS & SAVINGS TO TAXPAYERS:

One-Stop Centers provide, in one location, access to a full spectrum of supportive services, community resources and counseling and mentoring programs. Individuals walk into the center, go through an assessment that is subsequently entered into the local Homeless Management Information System for data collection and analysis, and address the complex issues related to their homelessness without the myriad barriers that impede the current method of service delivery. In addition to promoting more comprehensive care, the one-stop model reduces wasteful duplication of existing services and promotes greater cost-effectiveness through shared resources, overhead and the coordinated intake process. **Homelessness can only be solved when the whole community works together.** Rather than one agency providing many services in a community, many different service agencies, public and private, work together in one facility to provide the full array of services that homelessness demands.

- **Services are integrated, and more accountable:** The One-Stop insures that case management, client tracking, and program outcomes are linked among agencies, through a computerized database and regular case management meetings among agencies.
- **More effective determination of client outcomes and program effectiveness:** Currently, homeless people travel from service to service, agency to agency, all over the community. Providers are never really sure if people they are referring to another agency ever make it to their destination, let alone receive the services they require – as soon as the agency refers their clients to another agency, the tracking system stops. Using a One-Stop model, agencies track outcomes jointly.
- **Reduction in homelessness through more efficient service utilization:** With agencies scattered across town, providers give a person a bus token and a referral form and send them on their way. It can take hours to receive just one service, and many people require multiple services.
- **Cost effective:** Agencies share the overhead cost of operating one building – rent/mortgage, utilities, security, maintenance, etc. In other cases, one grant covers operating expenses, freeing scarce agency resources to provide more direct services.

(e) HEALTH CARE PROVIDER DIALOGUE

ESTIMATED COST: \$0

BENEFITS & SAVINGS TO TAXPAYERS: People who are homeless are more likely to access costly health care services. In a 2005 study of local costs of homelessness conducted by Alachua County Housing Authority staff, Shands officials reported \$2.5 million in uncompensated Emergency Dept. care to homeless individuals in 2004, and estimated an additional \$625,000 in uncompensated physician charges to homeless individuals. From Oct. 1, 2002 through Sept. 30, 2003, Alachua County Fire Rescue wrote off as uncollectable \$47,460.08 in costs associated with transporting homeless individuals from encampments to local emergency rooms. This figure does not include the uncollectable costs of responses to homeless shelters in the area.

Further:

- According to a report in the New England Journal of Medicine, homeless people spent an average of **four days longer per hospital visit** than did comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.

- A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission cost. Their rate of psychiatric hospitalization was over 100 times their non-homeless cohort. The researchers conducting the study estimate that the **excess cost for treating these homeless individuals was \$3.5 million** or about \$2,000 per person.

Homelessness both causes and results from serious health care issues, including addictive disorders. Treating homeless people for drug and alcohol related illnesses in less than optimal conditions is expensive. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.

- Physician and health care expert Michael Siegel found that the average cost to cure an alcohol related illness is approximately \$10,660. Another study found that the average cost to California Hospitals of treating a substance abuser is about \$8,360 for those in treatment, and \$14,740 for those who are not.⁵

It is the intent of the Steering Committee to enter into a dialogue with local health care providers to evaluate potential partnerships to provide health care to homeless individuals. Many of the ailments for which homeless individuals seek medical attention in local emergency rooms – at a cost of approximately \$700 per visit – could be mitigated or prevented altogether with improved access to primary health care, such as that provided by the Helping Hands Clinic at a cost of just over \$16 per visit.

Frequently cited cost-saving studies do not quantify many of the direct costs associated with homelessness, such as costs to the police and courts, or the economic impact of homelessness on local businesses and tourism. Nor do they quantify the costs of soup kitchens, street outreach, many federally funded homeless services, uncompensated care by private hospitals, or the further drop in usage of public services, and increases in employment three, four and five years post-housing.

Further, such studies do not account for the unquantifiable benefits of housing homeless people:

- Positive economic and aesthetic impact the housing has on neighborhoods, by rehabilitating dilapidated buildings and increasing jobs and economic activity;
- Increased sense of safety within communities;
- Sense of dignity and social connection experienced by formerly homeless persons.

A growing body of research points to the financial benefits of ending, rather than managing, homelessness, particularly through the placement of homeless individuals in supportive housing programs. The University of Pennsylvania's Center for Mental Health Policy and Services Research tracked the cost of nearly 5,000 mentally ill homeless people in New York City for two years while they were homeless and two years after they were housed. By using these control groups to determine the most conservative estimates of cost reductions, then subtracting the cost of building and maintaining supportive housing, the researchers found that the annual net cost of supportive housing is only \$995 per person in a housing unit year round, or less than 5% of its annual cost. In other words, reductions in incarcerations, hospitalizations and shelter use, pay for 95% of the cost of housing. In other words, it costs essentially the same amount to house people as it does to leave them homeless.

APPENDIX A: RECOMMENDED BUDGET ALLOCATIONS
Gainesville/Alachua County 10-Year Plan to End Homelessness

Combined available funding: \$501,879.76

City of Gainesville

Incremental ad valorem revenues	\$100,000.00
CDBG funds	\$50,000.00
City Commission contingency fund	\$6,000.00
Balance of C. Butler donation	<u>\$45,879.76</u>
Total City Funds:	\$201,879.76

Alachua County

County General Fund	\$200,000.00
Donation from C. Butler	<u>\$100,000.00</u>
Total County Funds:	\$300,000.00

Recommendation VIII-C:
GVL/ALACHUA CO. OFFICE ON HOMELESSNESS: \$71,539.00

Recommendation VIII-D:
ONE-STOP ASSISTANCE CENTER: \$230,340.76

Recommendation VIII-C:
STATE/FEDERAL MATCHING FUND SET-ASIDE: \$200,000.00

TOTAL REQUEST: \$501,879.76

Recommendation VIII-D:

The City and County Commission provide priority funding for the Office on Homelessness and to hire the Homeless Administrator to serve as the coordinator for implementing the GRACE 10-Year Plan to End Homelessness full-time by October 1, 2006. And, the City and County Commission refer to the City and County Managers to prepare a Request for Proposals to determine the duties, cost of the office, and pay range for the Administrator to be approved by the City and County Commission.

GAINESVILLE/ALACHUA COUNTY OFFICE ON HOMELESSNESS

I. PERSONNEL GROSS SALARIES

1.0 FTE Homelessness Administrator

Salary	\$33,800.00
Health Insurance	\$10,000.00
Pension/Retirement	\$5,000.00
FICA	<u>\$2,600.00</u>
	\$51,400.00

.5 FTE Grant Writer

\$15/hr * .5 FTE * 50 weeks	\$15,000.00
Fringe	<u>\$1,224.00</u>
	\$16,224.00

TOTAL PERSONNEL: \$67,624.00

II. STAFF TRAVEL

Conferences/Trainings	<u>\$1,500.00</u>
TOTAL TRAVEL:	\$1,500.00

III. SUPPLIES

Printing/Postage (IN-KIND)	\$1,200.00
Office supplies/Equipment	<u>\$750.00</u>
TOTAL SUPPLIES:	\$1,950.00

IV. OTHER EXPENDITURES

Liability/Bonding Insurance (IN-KIND)	\$1,800.00
Telephone (Office/Cellular) (IN-KIND)	\$900.00
Office Furniture (IN-KIND)	\$750.00
Computer/Software (IN-KIND)	\$750.00
Internet Service (IN-KIND)	\$1,200.00
Office Space (IN-KIND)	\$3,600.00
Advertising	\$1,500.00
Membership: FL/Nat'l Homeless Coalitions	<u>\$165.00</u>
TOTAL OTHER EXPENDITURES:	\$10,665.00

V. TOTAL EXPENDITURES

	\$81,739.00	
In-Kind Donations	\$10,200.00	12.48%

TOTAL BUDGET REQUEST: \$71,539.00

Recommendation VIII-D:

The City and County Commission provide priority funding for the One-Stop Assistance Center as defined by the Implementation Committee on an interim basis until a permanent site is constructed or purchased. And, authorize the City and County Managers to work with the Implementation Committee for an appropriate site to be operational by January 1, 2007.

ONE-STOP ASSISTANCE CENTER

I. PERSONNEL GROSS WAGES:	
4 FTE Intake Specialists @ \$10.55/hr	\$21,100.00
Fringe	\$1,614.15
.5 FTE Janitorial (Stipend for H/L Client) @ \$10.55	\$10,550.00
TOTAL PERSONNEL:	\$33,264.15
II. SUPPLIES:	
Toiletries	\$8,000.00
Office Supplies/Equipment	\$10,000.00
Office Furniture	\$10,000.00
III. FACILITY COSTS & MAINTENANCE	
Telephone/Voice Mail System	\$10,000.00
Electricity	\$14,000.00
HMIS/Technical Support	\$5,000.00
Systems Administration	\$10,000.00
Lease/Mortgage	See below
Maintenance, Repairs, Upkeep	\$8,000.00
TOTAL FACILITY COSTS/MAINTENANCE:	\$47,000.00
IV. CO-LOCATED SERVICE PROVISION (IN-KIND)	
Case Management	\$0.00
Screenings, Referrals	\$0.00
Employment Services	\$0.00
Educational Services	\$0.00
V. OTHER EXPENDITURES:	
Internet Service	\$3,000.00
Liability/Insurance @ \$100/wk	\$5,200.00
VI. TOTAL EXPENDITURES:	\$196,728.30
In-Kind Donations	\$33,000.00
TOTAL BUDGET REQUEST:	\$163,728.30
Remaining funds for lease/mortgage:	\$66,612.46
or	\$5,551.04 month

Appendix B: Gainesville/Alachua County 10-Year Plan to End Homelessness: Blueprint to End Homelessness

PRIMARY Time Frame	PUBLIC SAFETY Expanded info pp. 2-4	HOUSING Expanded info pp. 5-10	SERVICES Expanded info pp. 11-13	HEALTH Expanded info pp. 14-15	IMPLEMENTATION Expanded info pp. 16-19	PREVENTION Expanded info pp. 20-22
SHORT TERM 2006- 2007	1. Increase awareness among public safety service providers regarding homelessness in Alachua County.	1. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families. 2. Explore feasibility of and work to reintroduce rooming houses.	1. Increase faith-based initiatives to address homeless needs.	1. Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.	1. Create an Office of Homelessness.	1. Provide supportive services and other assistance for individuals at risk of homelessness.
	2. Reduce unnecessary criminal justice expenditures related to homelessness.	3. Target existing tenant-based rental assistance to specific homeless populations (i.e. people with disabilities). 4. Increase the inventory of affordable housing in Alachua County via coalitions and support of mixed-use housing communities.	2. Create First Entry/One-Stop Center to ensure coordination of homeless services – PHASE ONE.		2. Seek funding for homeless programs outlined in the 10-Year Plan. 3. Implement the Homeless Management Information System (HMIS) at the system-wide level to facilitate coordination of services. 4. Enhance public awareness regarding the plight of the homeless.	
MID- TERM 2008- 2012	3. Improve Discharge Planning and housing location assistance to homeless individuals prior to discharge from services and institutions.	5. Facilitate the development of group homes for homeless people not needing intensive support services. 6. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk individuals from losing their housing.	3. Expand First Entry/One-Stop Center to better facilitate coordination of homeless services – PHASE TWO.	2. Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.		2. Enhance educational, job training and employment related options for at-risk and homeless individuals and families. 3. Provide healthcare to very low-income and homeless persons to prevent medical circumstances that contribute to homelessness.
			4. Expand First Entry/One-Stop Center to include housing OR transport to and from such housing - PHASE THREE.			

Public Safety

Goal 1: Increase awareness among public safety service providers regarding homelessness in Alachua County.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Create a "Homelessness Awareness" track at SFCC Academy of Public Safety & an in-service training for veteran officers.	Santa Fe Community College; ACCHH; GACOH	In-kind	Increased awareness and knowledge of homeless issues among public safety providers		Begin Fall semester 2006-2007	Seeking and reviewing models for existing "Homelessness 101" trainings.
	2. Offer awareness training to court & criminal justice personnel, EMS, Fire Rescue, and the general public.		In-kind			Ongoing	Upon creation or adaptation of curriculum, first opportunity likely will be Fall 2006 semester.
Anticipated Return on Public Investment:							
Finance:							
Other:							

Public Safety

Goal 2: Reduce unnecessary criminal justice expenditures related to homelessness.							
Time Frame/ Target Date	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target date:	Status:
SHORT TERM 2006- 2007	1. Review City/County ordinances that may adversely affect the homeless population.	City/County attorneys; GPD; ASO, and policy group	In-kind	Reduced # of arrests for outstanding warrants	Staff time		Cervone has been in contact w/ Gville City Attorney Marion Radson and written to City & County requesting the respective commissions direct City & County attorneys to begin the review.
	2. Implement a regularly scheduled warrant clearance day for minor offenses.	State Attorney, ASO, GPD, Public Defender & Court Clerk	In-kind		Staff time		Cervone has met with Judge Mary Day Coker and she will set up a meeting with affected judges to get their blessing and an idea of what they are willing to tolerate regarding amnesty.
	3. Review amount and appropriateness of current bond schedule.	Courts	In-kind	Affordable bonds; reduction in jail days for people w/ bonds	Staff time		
	4. Create a graduated "Three-Strikes" fine policy.	Courts, State Attorney	In-kind	Affordable options/ Penalties	Staff time		
	5. Increase community service options in lieu of fines.						Cervone will meet with Cyndi Morton (Court Services) to determine next steps.
	6. Incorporate appropriate homeless defendants into Mental Health Court or Drug Court.	Courts/Court Services	In-kind	Improved services for SMI or SA clients			Cervone will meet with Cyndi Morton (Court Services) to determine next steps.
MID- TERM 2008- 2012	7. Provide necessary public facilities.	City/County					Uncertainty as to whether this is in scope of Public Safety Committee or a City/County responsibility.
	8. Hire social worker to assist police with non-violent MH complaints.	City/County; GPD or ASO	<\$50,000/yr	Reduction in inappropriate arrests;			Will seek models and data on costs/benefits of social worker/police partnerships in other communities.
	9. Create inebriation recovery center for publicly intoxicated individuals.		\$150,000- \$500,000		Law Enf. grants	2010- 2012	
	10. Increase number of crisis stabilization unit (CSU) & detox beds available in community.	Local Mental Health/SA providers	Mental Health:				Proposal: merge this goal into Health Subcommittee goal 2 steps 2 and 3.
<p>Anticipated Return on Public Investment: Reduction in arrests for old warrants; increased availability of community service workers (cleanups, staff assistance, surveys); improved services for individuals with disabilities;</p> <p>Finance:</p> <p>Other:</p>							

Public Safety

Goal 3: Improve Discharge Planning and housing location assistance to homeless individuals prior to discharge from services and institutions.							
Time Frame/ Target Date	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target date:	Status:
SHORT TERM 2006- 2007	1. Supply a Community Resource Guide to identified institutions for dissemination to individuals about to be released.	ACCHH, Jail, Hospitals, Mental Health/ Substance Abuse facilities	In-kind	Reduced # of people discharged into homelessness	Existing ACCHH budget for resource guides; in-kind office supply donations		In progress – ACCHH has supplied resource guides to the jail to date. Much, if not all, of this goal's effectiveness is hinged upon access to and availability of shelter beds and/or relevant transitional housing programs.
	2. Introduce principles of effective discharge planning to identified institutions; assist w/ policy development and implementation.	ACCHH; GACOH; discharge policy planning group (to be formed)	In-kind		Staff time	Have identified national Best Practices for discharge planning from institutions. In contact w/ State Office on Homelessness re: models. Supporting State Office efforts to address discharge planning at state level (current Florida statute suggests, rather than mandates, that institutions not discharge people into homelessness.)	
MID- TERM 2008- 2012	3. Identify at intake individuals needing assistance to prevent homelessness upon release.	Criminal Justice system, MH & other hospitals, foster care	In-kind		Staff time	Jail is currently tracking inmates identifying themselves as homeless upon intake.	
	4. Hire a Discharge Specialist to facilitate services for potentially homeless people in identified institutions.	County	<\$30,000		Grants; existing budgets, staff dedication		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Sustainable Housing

1. Establish a local Homeless Housing Trust to serve as a vehicle for providing additional housing for homeless individuals and families.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT-TERM 2006-2007	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 out on its own.	Housing Trust (HT) Committee (to be formed); ACHA;	\$500 (IRS fee); In-kind	Creation of Housing Trust	Staff time		Judge Coker has contacted and begun to recruit volunteers to establish the 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.	HT Committee; GACOH; Implementation Committee	In-kind		Staff time		
	3. Publicize the Housing Trust and solicit donations.	HT Committee; GACOH,	In-kind; cost of printing/ advertising	Public awareness; donations	Donations; grants		Proposal: Merge into separate Public Awareness campaign logic model.
	4. Accept donations of land, housing, buildings and funds. Utilize donations to purchase property, renovate buildings, and for local match for grants.	HT Committee; ACHA; GACOH	In-kind	Increased housing options; improved leverage ratio for grant applications	Staff time		
Anticipated Return on Public Investment: No public investment costs; Finance: Other:							

Sustainable Housing

2. Explore feasibility of and work to reintroduce rooming houses.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT-TERM 2006-2007	1. Seek best practices/models for reintroduction of rooming houses into Alachua County.	GACOH	In-kind	Selection of model(s) to be implemented	Staff time		
	2. Review City/County policies regarding rooming/boarding houses. Lobby for needed changes.	ACHA; GACOH; City/County Housing Admins	In-kind	Ordinances that facilitate access to affordable housing	Staff time		In progress – Housing Committee has met with Ralph Hilliard, Tom Saunders and Jim Hencin to research existing ordinances and determine requirements for rooming houses.
	3. Compile lists of abandoned (City/County owned) properties sufficient for rehabilitation into rooming houses.	City/County	In-kind	Increase in Trust donations; increased housing options	Staff time		
	4. Encourage local landlords and housing providers to implement rooming/boarding house programs.	ACCHH; City/County; GACOH	In-kind	Increased affordable housing options	Staff time		
	5. Encourage local organizations that assist with housing to use existing funds for rooming houses in lieu of motels.	ACCHH; GACOH;	Reallocation of existing funds	Better utilization of existing housing funds	Staff time; existing resources		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Sustainable Housing

3. Target existing tenant-based rental assistance to specific homeless populations (i.e. people with disabilities).							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT-TERM 2006-2007	1. Reallocate a portion of existing HOME tenant-based rental assistance (TBRA) funds for specific homeless populations (i.e. those employed and/or with a disability).	City of Gainesville Comm. Development Block Grant office	Reallocation of existing resources	Reduction in # of homeless people w/ disabilities	Staff time; existing federal funding streams		
MID-TERM 2006-2007	2. City/County Public Housing Authorities (PHAs) establish a preference for homeless individuals linked w/ select services (i.e. Better Jobs/Better Wages, Life Improvement Plan, etc.) on Section 8 waiting lists.	ACHA; GHA		Reduction in shelter stay length, thereby freeing up existing shelter space for people on the streets.	Staff time; existing federal funding streams		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Sustainable Housing

4. Increase the inventory of affordable housing in Alachua County via coalitions and support of mixed-use housing communities.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT-TERM 2006-2007	1. Establish a coalition of Homebuilder and Realtor associations, UF and City and County to develop a strategy to increase the number of affordable housing units.	GACOH; Implementation Committee; City/County; community partners	In-kind	Increased number of affordable housing units.	Staff time		
	2. Encourage development of mixed-use housing communities.	City/County	In-kind		Staff time		
Anticipated Return on Public Investment: Finance: Other:							

Sustainable Housing

5. Facilitate the development of group homes for homeless people not needing intensive support services.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
MID-TERM 2008-2012	1. Review City/County Ordinances regarding group homes for homeless people who do not need intensive supportive services.	ACHA; GACOH; City/County Housing Admins	In-kind	Ordinances that facilitate access to affordable housing	Staff time		Proposal: Consolidate this goal with Housing Committee goal #2 (re: rooming houses).
	2. Lobby for zoning that allows facilities with 10 beds or less to be placed anywhere in the county, excluding single-family residential areas.	ACHA; GACOH; City/County Housing; ImpCom	In-kind	Ordinances that facilitate access to affordable housing	Staff time		
	3. Create a pilot project to provide up to 10 units of housing in a group home that will monitor client progress.	City/County; TBD service provider	\$TBD	Increase in affordable housing available to homeless	Potential grant: FL DCF Homeless Housing Assistance Grant (HHAG)		House of Hope is a potential model and a potential site. HHAG is competitively ranked on area need and cost per unit of housing created. With donation of land and/or building suitable for renovation, cost per unit drops drastically and improves chances of securing funding.
Anticipated Return on Public Investment:							
Finance:							
Other:							

Sustainable Housing

6. Facilitate housing stabilization once homeless people secure permanent housing and prevent at-risk individuals from losing their housing.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
LONG-TERM 2009-2015	1. Establish a Housing Support Team (HST) to help clients maintain housing (landlord relations; budget/life skills, etc.)	Service providers	Dependent on # of staff; In-kind	Increased stability once individuals find housing; reduction of new homeless			GCM STEPS program is a partial model for this goal, and highly successful.
	2. Provide supportive services to at-risk households, including employment training, education, budgeting workshops, etc.	Service providers	Dependent on # of staff; In-kind	Increased stability once individuals find housing; reduction of new homeless			
	3. Reduce the number of forfeited deposits through training on tenant's rights and responsibilities, legal guidance and liaison with landlords.	ACCHH; GACOH; local attorneys; GCM; CC; TSA	Reallocation of existing resources	Reduction in number of forfeited deposits	Recovered deposits would fund much of program		
<p>Anticipated Return on Public Investment: Federal studies indicate every dollar spent to prevent homelessness from occurring results in a savings of six dollars that would be needed to help someone regain housing.</p> <p>Finance:</p> <p>Other:</p>							

Supportive Services

1. Increase faith-based initiatives to address homeless needs.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Encourage faith-based organizations to partner with Interfaith Hospitality Network (IHN).	Faith-based committee; IHN	In-kind	Increased number of homeless families provided with shelter, food, supportive services and fellowship.			
	2. Recruit congregation members to serve as volunteers with IHN.	Local pastors	In-kind				
	3. Recruit churches to serve as host congregations for homeless families served by IHN.	Faith-based committee; IHN	In-kind				
Anticipated Return on Public Investment:							
Finance:							
Other:							

Supportive Services

2. Create First Entry/One-Stop Center to ensure coordination of homeless services.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Assist w/ obtaining State ID cards.	ACCHH; service providers	<\$10,000	Increased employment & services access	Existing resources; grants; State		Ongoing – highest priority of the Services Committee. Most people’s ability to access other services begins (and ends) with needing assistance obtaining an ID.
	2. Locate site for One Stop Assistance Center, or locate temporary site until such time as a permanent site is agreed upon.	City/County; ImpCom; GACOH; ACCHH; providers	In-kind	Improved access to services; better coordination of services; reduction in	Staff time		Proposal: If the ImpCom approves these priorities and goals and moves to go ahead with the One Stop Center, Homeless Admin create a separate logic model for One-Stop Implementation.
	3. Implement a One-Stop Assistance Center, including screening, referral and service linkage. Provide access to computers and case managers to assist in search for relevant and available services and benefits, and link individuals to those services.	GACOH; ACCHH; City/County	\$TBA In-kind agency staff time	service duplication; easier navigation of available services; reduced downtown visibility of homelessness	Local, State and Federal grants; City/County; private donations;		
	4. Increase access to health services via van transportation and bus tokens.	City/County	\$TBA	Reduction in inappropriate ER usages			Potentially ties in w/ Prevention goal of increasing affordable transportation options.
	5. Facilitate/coordinate access to mainstream benefits (SSI, SSDI, food stamps, TANF, etc.)	GACOH; One-Stop staff; HMIS admin		Reduction in local costs of homeless	VoA and state and federal benefit programs		Volunteers of America (VoA) currently grant-funded to assist w/ SSI, SSDI applications.
	6. Explore opportunities for supportive employment.	GACOH; ACCHH; providers	\$TBD	Increase employment opportunities	Grants		New funding in place for training programs and employment subsidies.
	7. Conduct coordinated, bi-monthly outreach at rotating sites.	GACOH; ACCHH; providers	In-kind	Increased # of homeless accessing services	Staff time		Local models in place include Breakfast on the Plaza and Veteran Stand-downs, both annual events.

2. Create First Entry/One-Stop Center to ensure coordination of homeless services (continued)

Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
MID-TERM 2008-2012	8. Expand one-stop services to include medical care, child care, and other needed services as identified through customer surveys, point-in-time surveys and data collection and analysis.	GACOH; ACCHH; City/County	\$TBA In-kind agency staff time	Comprehensive array of services. Reduction in # of homeless without basic necessities			
	9. Provide skill training (i.e. medical adherence, social functioning, conflict resolution, stress management, budgeting, problem solving).	GACOH; ACCHH; providers; mentors	\$TBD				
	10. Provide one-on-one mentoring for homeless individuals on basic life issues, such as home management, relationship skills, hygiene, self-management in the workplace, dealing w/ bureaucratic systems, etc.	GACOH; ACCHH; providers; mentors	In-kind	Increased social and housing stability. Reduction in crisis situations.			
	11. Create a Homeless Services ID card that can be tied to a life improvement plan; revoked in lieu of arrest for certain offenses and reinstated by a caseworker, and used to access resources by participating landlords, merchants, and employers.	GACOH; ACCHH; GPD/ASO	GACOH; ACCHH HMIS committee	Improved accountability; reduction in arrests			
Service TERM 2013-2015	12. Continue expansion of One-Stop services to provide emergency and/or transitional housing; or shuttle transport to/from such housing if located off-site.	GACOH; ACCHH; City/County	\$TBD	Complete Continuum of Care under one roof. Increased service usage.			

Anticipated Return on Public Investment:

Finance:

Other:

Goal 1: Increase access to free medical services to facilitate medical stabilization and reduce inappropriate use of emergency room services.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Fund County Health Dept. to provide urgent care to homeless referred by EMS and 24-hr triage for EMS.	GACOH; ImpCom; City/County; Fire & EMS stations; CHD	\$TBD	Reduction in inappropriate ER visits; maximization of existing resources	Grants; Hospital partnerships		Must: explore funding for supplies; determine scope of services; collaborate on triage protocols; develop transition plan for primary care by Helping Hands clinic until funds become available.
	2. Increase capacity of Helping Hands Clinic (primary care) to three times per week. To include hiring administrative staff to recruit volunteers and screen clients; funds for dental clinic supplies.	Helping Hands Clinic	\$60,000	Reduction in inappropriate ER visits; maximization of existing resources	Grants (inc. SAMHSA); Hospital partnerships		Will expand clinic to twice a week (from current 1x/wk). Site location to be determined; ultimate goal is expansion to 3x/wk.
	3. Fund County Health Department to provide primary care to 100 homeless people.	County Health Dept.	\$141,300	Improved health; reduced inappropriate ER visits			Develop triage protocol for assignment
	4. Expand Gainesville Community Ministry dental/vision services.	Gainesville Community Ministry	\$35,000				
MID-TERM 2008-2012	5. Expand We Care program to service eligible low-income residents.	We Care program	\$75,000				
Anticipated Return on Public Investment:							
Finance:							
Other:							

Goal 2: Broaden wrap-around services and increase capacity of existing services for homeless individuals and low-income families.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
MID-TERM 2008-2012	1. Expand Alachua County's transitional and permanent housing for homeless people with disabilities (mental illness, substance abuse disorders or physical health problems)	ACCHH; GACOH; providers	\$800,000	Reduction in number of homeless people with disabilities	Grants		Next step: prepare budget for Finance Committee to have information ready for grant proposals.
	2. Increase substance abuse treatment beds by five to serve approximately 60 individuals per year.	Meridian Behavioral Healthcare	\$320,000 See Status note	Reduction in substance abuse issues for people receiving Tx	Grants; capture of end-of-year state funding		\$320,000 (5 beds) serves 60 clients a year = \$64k/bed/year Due to staffing requirements, SA Tx beds should be increased in increments of 10 (the same # of staff are required for 1 bed or 10). Meridian currently has 15 funded beds and room for 20.
	3. Increase mental health services for approximately 300 homeless individuals.	Meridian Behavioral Healthcare	\$800,000 See Status note	Medical stabilization; reduced CSU visits	Grants; capture of end-of-year state funding		\$800,000 serves 300 clients a year = \$2667/client. Funding can be added in increments of 20, at an approximate cost of \$53,340 per caseload.
	4. Implement Mobile Medical Services Van program. 4a. Secure commitments of volunteer health professionals and graduate-level health profession students to staff van. 4b. Ensure charitable sovereign immunity for medical volunteers.	County Social Services	\$500,000	Improved health; reduced inappropriate ER visits	Grants		Option needs further exploration to determine cost effectiveness; interim objective is to expand transportation options to allow greater access to existing services.
Anticipated Return on Public Investment:							
Finance:							
Other:							

Implementation

Goal 1: Create an Office on Homelessness							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Hire a Homelessness Administrator to manage the Office of Homelessness; implement the 10-year plan; facilitate public awareness; coordinate with the Implementation Committee, Steering Committee, Housing Trust and other committees; search for funding; and recruit community volunteers.	City/County; ACHA	\$50,000-\$70,000/yr	Paid staff responsible for successful implementation of 10-year plan		Spring 2006	ACHA has hired Homeless Administrator to meet goals outlined in 10-year plan.
	2. Hire support staff and a grant writer.						Proposal: Move to be included in Implementation Goal 2 (Seek funding)
Anticipated Return on Public Investment:							
Finance:							
Other:							

Implementation

Goal 2: Seek funding for homeless programs outlined in the 10-year plan.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2017	1. Collaborate with City/County grant writers to identify potential funding.	GACOH	In-kind	Increased funding for projects	Staff time		Ongoing- registered w/ eCivis and in constant communication w/ local service providers re: funding via ACCHH & elsewhere
	2. Direct lobbying efforts to seek federal and state funds for homeless programs.	City/County	In-kind		Staff time		County has requested \$4 million each from state and federal governments.
	3. Evaluate creative funding options such as an allocation of a portion of development funds for homeless initiatives.	GACOH; City/County; ImpCom	In-kind		Staff time		
	4. Approach Shands HealthCare and North Florida Regional Medical Center to assist with prevention and other health care programs for the homeless.	GACOH; City/County; ImpCom	In-kind		Reallocation of existing expenditures		
	5. Change governmental priorities so homeless issues receive more support, either monetarily or through staff dedication.	GACOH; ImpCom; City/County	In-kind		Staff time		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Implementation

Goal 3: Implement the Homeless Management Information System (HMIS) at the system-wide level to facilitate coordination of services.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2017	1. Finalize and adopt the HMIS user documents.	ACHA; HMIS Subcommittee (ACCHH); providers	In-kind	Uniform, standard guidelines for HMIS providers	Staff time		
	2. Address privacy issues related to sharing of information on HMIS.			Reduction in reluctance re: HMIS among providers	Staff time		
	3. Implement HMIS data collection for agencies receiving homeless assistance funds.	ACCHH; providers	In-kind + nominal start-up costs		Staff time		
	4. Generate statistical reports to accurately assess needs, gaps in services and program outcomes for more effective utilization of services.	ACHA HMIS Administrator	In-kind	Improved analysis and reporting on current gaps	Staff time		
	5. Incorporate universal client outcome level data for short-term and longitudinal data analysis.		In-kind	Better service coordination; reduce service duplication	Staff time		
	6. Conduct client satisfaction surveys to evaluate needs and services.	ACCHH; providers	In-kind	Improved, more relevant & more effective services	Staff time		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Implementation

Goal 4: Enhance public awareness regarding the plight of the homeless.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Create a publicity campaign to educate the public and dispel negative stereotypes of homeless individuals and families.	GACOH; ACCHH	In-kind staff costs + media costs	Greater awareness and empathy regarding homelessness	PSAs; interviews & articles;		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Prevention

Goal 1: Provide supportive services and other assistance to individuals and families at risk of homelessness.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2017	1. Increase current utility and rent/mortgage assistance programs.	GRU; Catholic Charities; GCM; TSA; County	\$100,000+	Savings of \$6 for every \$1 spent; reduced homelessness	Current funding; possible local funding stream; Grants		
	2. Provide counseling and support groups to address isolation, poverty, recovery, grief and abuse.	UF Counseling Dept.; AC Crisis Center; providers	\$90,000	300 counseling sessions per year			
	3. Increase availability of education regarding personal finances and debt for at-risk persons.	City/County; GACOH; ACCHH	In-kind	Reductions in # of evictions and foreclosures	Staff time		
	4. Become an abuse-prevention community, with multi-generational primary violence prevention education programs for ending physical and psychological abuse.	Peaceful Paths; DELTA Violence Prevention Task Force; GPD; County Victim Services	\$50,000/yr	Reduction in # of women and teenagers who become homeless due to abuse or violence.	Centers for Disease Control Violence Prevention grant		Grant currently in place; potential partnership w/ Child Advocacy Center for FY2007.
	5. Educate, mediate and assist landlords and tenants regarding eviction practices and win-win solutions.	City/County; Public Housing Authorities; ACCHH; volunteer attorneys	In-kind	Reduced evictions	Staff time		
MID-TERM 2008-2012	6. Educate and assist ex-offenders regarding successful return to employment, education, housing, etc.	Service providers; House of Hope; County, State	\$TBD	Reduction in # of newly released inmates who become homeless	Grants		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Prevention

Goal 2: Enhance educational, job training and employment-related options for at-risk and homeless individuals and families.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
SHORT TERM 2006-2007	1. Provide job coaches to at-risk citizens.	Providers; Alachua/Bradford Regional Workforce Board	\$50,000+	Improved employment options for at-risk citizens	Grants		Proposal: Move to become an action step within awareness campaign.
	2. Promote awareness to local employers regarding flexible hours that are family-friendly and encourage child-care options.	GACOH	In-kind		Staff time		
	3. Promote literacy programs for post-school adults and enhance after-school reading programs.	School Board of Alachua County	In-kind	Increased literacy rates; improved job opportunities	Staff time; existing resources		
MID-TERM 2008-2012	4. Increase skilled apprenticeship programs.	SBAC; SFCC	In-kind	Improved job opportunities	Staff time		
	5. Increase affordable transportation options.	City, County	\$150,000+				
	6. Provide job skills training for middle and high school students.	SBAC	\$150,000+	Reduction in # of people limited to minimum wage employment.	Grants; partnerships		
Anticipated Return on Public Investment:							
Finance:							
Other:							

Prevention

Goal 3. Provide healthcare to very low-income and homeless persons to prevent medical circumstances that contribute to homelessness.							
Time Frame	Action Steps:	Responsibility:	Expected Costs:	Expected Outcomes:	Resources:	Target Date:	Status:
MID-TERM 2008-2012	1. Contract with mental and primary health service providers, and the public health department, to provide care for very low-income citizens.	County	\$500,000+	Reduction in number of people homeless due to medical circumstances			
	2. Provide subsidized care for people at 150% of poverty level who are not eligible for CHOICES program.	County Social Services	\$500,000+		Existing CHOICES funding stream		
	3. Enroll homeless children and adults in Medicaid, KidCare, VA and social security programs.	GACHOH; providers	In-kind				Proposal: Merge w/ Services goal 1 step 5 (re: benefit enrollment assistance)
	4. Increase preventative health care options and preventative health education for at-risk citizens.	Health Dept.; providers	\$500,000+				
Anticipated Return on Public Investment:							
Finance:							
Other:							

Date: May 2, 2006

To: Honorable Mayor and
Members of the City Commission

From: Jim Hencin
Block Grant Manager

via Russ Blackburn
City Manager

Subject: Homeless Management Information System

One of the recommendations from the Implementation Committee of the 10-Year Plan to End Homelessness that was approved by the City and County Commissions on April 13, 2006, was "to require current and future service providers receiving funds for assistance with the homeless population to report to the HMIS (Homeless Management Information System)." The City Commission further asked staff to provide information about the HMIS system and its likely impacts on service providers.

In 2000, Congress directed HUD to develop a strategy for collecting data on the extent and nature of homelessness in the nation as a whole. HUD's strategy, which it began implementing in FY 2001, was to mandate that all recipients of funds through the HUD "Continuum of Care" Homeless Assistance Program begin collecting unduplicated client level data and that local jurisdictions establish a homeless management information system by October 1, 2005.

Basically, an HMIS is a computerized data collection tool specifically designed to capture client level system-wide information over time on the characteristics and service needs of men, women and children who are experiencing homelessness. The components of an HMIS are expected to include client intake, case management and service tracking data related to those homeless individuals who are receiving services. In addition, most HMIS systems include an information and referral component with a database of available resources and means of providing on-line referrals.

Two years ago, the Alachua County Housing Authority took the lead in creating a local HMIS by purchasing the software from a nationally recognized vendor and agreed to serve as the administrator for the local HMIS, known as the North Central Florida Homeless Management Information System. After a deliberate process of developing a series of user agreements, releases and other necessary documents, local providers began signing up to use the local HMIS within the last year. To date, most of the local recipients of HUD Continuum of Care funds have begun to use the system and some non HUD-funded organizations have also begun using it. The only direct expense that a local provider would incur is a one-time license fee and an annual renewal fee, as well as the expense of providing and maintaining a computer with Internet access.

Homeless Management Information System
May 2, 2006
Page 2

There are currently five homeless service providers that receive funding through the City of Gainesville: Interfaith Hospitality Network, St. Francis House, Peaceful Paths, Arbor House and The Preserve. All of these organizations are either currently using the local HMIS or are in the process of setting themselves up to use it. Thus, there is no impact on these organizations.

We do not expect there to be an impact on other homeless service providers that may receive funding through the City in the future. The same organizations that are currently funded by the City have requested CDBG or HOME funds for the coming fiscal year and they are all currently participating in the local HMIS.

If the City Commission would like additional information about the HMIS, please let us know.

JH/km

Cc: Tom Saunders, Community Development Director