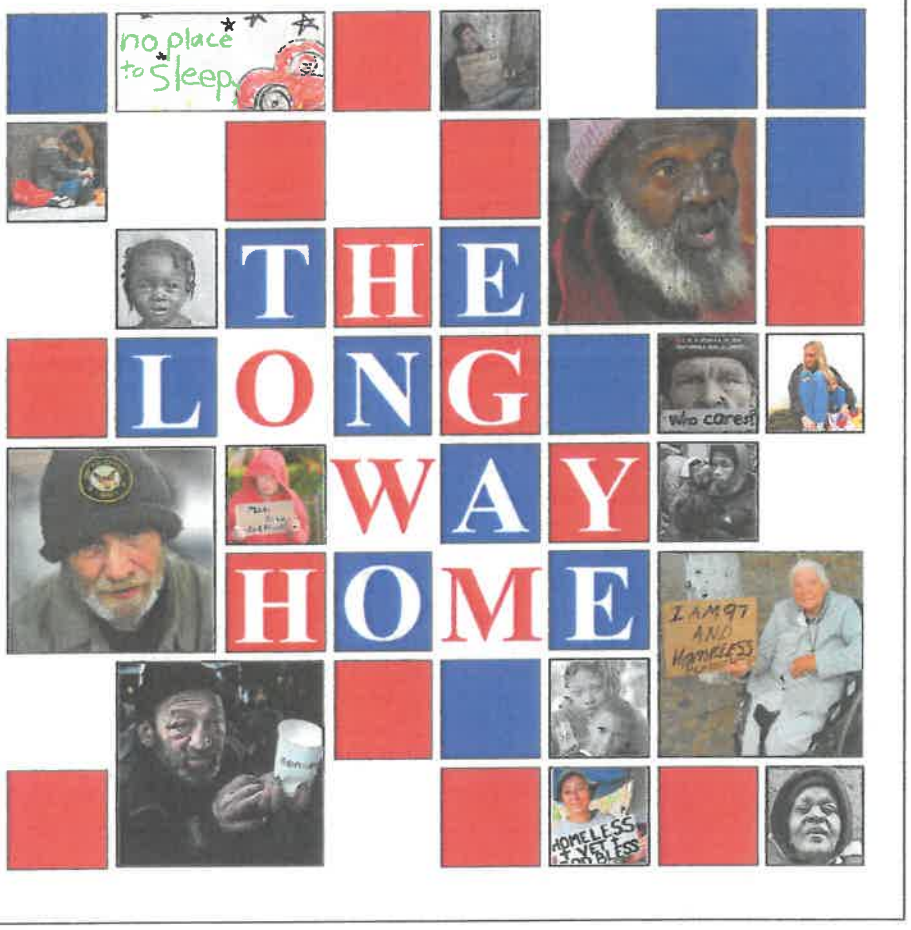
Public Policy Institute
of Marion County, Inc.

Homelessness



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Acknowledgements

The Public Policy Institute of Marion County
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Finally, the study committee thanks the many community members who have expressed support and guidance during the completion of this study. This includes, but is not limited to, the work group chairs listed above, Jack Hillesland for his assistance in editing and formatting the final report and all of the study participants who came together with the intention of creating a community plan for addressing homelessness in Marion County.

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PPI Purpose, Mission, Vision, Objectives

The Public Policy Institute of Marion County

The Public Policy Institute of Marion County, Inc. (PPI) is a 501©(3), not-for-profit, non-partisan organization established in 1999 to provide a careful analysis of the issues and trends that shape and affect public policy on Marion County. Housed at the College of Central Florida, the Institute is dedicated to advancing the public interest and improving quality of life by providing an opportunity for local citizens to come together in a structured and thoughtful manner to address recognized local concerns. To this end, the PPI Board of Directors, with the help of local leaders and decision makers, annually selects a timely study issue. Over the ensuing 6-12 month period a non-partisan study committee of interested citizens carefully and thoughtfully researches the study topic. Recommendations identified by the study committee during the process are brought to the public upon the completion of the project.

Mission:

To give the community a sense of hope and optimism by creating a broad base of community involvement in identifying, researching and establishing dialogue on community wide issues, and then in recommending and helping to implement timely solutions.

Vision:

The Public Policy Institute will be recognized regionally as a significant leadership organization that continually helps to improve our community by identifying and researching the major issues that are negatively impacting our quality of life, and by identifying and supporting the implementation of viable solutions to address those issues.

Objectives:

- To provide formal and informal networks within which individuals may come together to share their knowledge, resources and experiences.
- To periodically identify short-term community projects that can be accomplished in a 12-18 month period with meaningful results.
- To provide a process where community leaders can work through problems, and participate in open discussions (conferences and seminars).

- To involve a broad range of individuals in the study process in order to generate dynamic, synergistic, creative and catalytic leadership in addressing each critical issue, and to provide "stay-in-place" solutions.
- To create a shared sense of community, in that any issue must be addressed, discussed and debated in an atmosphere of mutual fairness, respect, civility and sincerity with all others – where the highest aspiration is to serve the common good.

Executive Summary

At the inception of the study of the Marion County homelessness issue in September of 2017, guest speaker Ronald Book, Chairman of the Miami Dade Homeless Trust Board of Trustees, proclaimed that to successfully address homelessness in the community, you need to have three things; leadership, a plan and funding. Homelessness: The Long Road Home has been a study aimed at determining what of these 3 factors exist in Marion County as well what needs to be done to create these factors that can lead to success in serving one of our most vulnerable populations. The intention of the information contained in this study is to draw the leadership together and provide a framework the community can follow to positively address the challenge of homelessness. Throughout this study, many have shared their confidence that with the proper leadership and plan, the funding will be available to support a coordinated, proven approach that is based on a solid foundation of understanding Marion County's current situation.

Like other Public Policy Institute studies, this study has drawn community members together to a create conversation about homelessness as well as draw individual knowledge from the participants. Work groups were created to examine key aspects of homelessness with a charge to develop recommendations that the community could follow in developing a plan to address homelessness. 67 individuals from 33 organizations participated in various levels on the completion of this study.

In addition to the involvement of local leaders, community advocates and social service providers, this study also sought input from outside of Marion County. With funding from the Public Policy Institute, the City of Ocala, Marion County Government and the United Way of Marion County, the PPI contracted with the Florida Housing Coalition to assess Marion County's homeless services system and to make recommendations for how to increase its effectiveness. Their work engaged governmental entities, social service organizations, business leaders and community advocates in gathering data about how homeless individuals are served in Marion County. The work of the Florida Housing Coalition developed recommendations that paralleled those developed by the local PPI study process. The report completed by the Florida Housing Coalition is discussed in greater length later in this study's report and their full report is included in the appendix and by this reference, made a part of this study.

This study has examined not only local efforts to address the issue of homelessness in Marion County, it has also researched the efforts of other communities across the country seeking best practices as well as "lessons learned" that can be applied to local efforts. Based on data, the research of the study's work groups and the report by the Florida Housing Coalition, the following recommendations are proposed within the body of this study. These recommendations are listed in order of importance based on the work of this study.

Study Recommendations

Leadership

1. **Restructure the Lead Agency and HMIS Lead roles within the Continuum of Care (CoC) to improve performance of the Marion County Continuum of Care.** The Marion County Continuum of Care is the primary organization responsible for addressing homelessness in Marion County. State and Federal dollars for addressing homelessness are received and distributed to direct service agencies by the CoC. In its current state, the Lead Agency/Collaborative Applicant and HMIS Lead roles are both held by the Marion County Homeless Council. Additionally, the Marion County Homeless Council also serves as a direct service agency which receives funding from the Continuum of Care and provides services to Marion County residents. Best practices favor having an organization managing the CoC efforts and not also be a direct service provider. The Florida Housing Coalition study included in this report highlights how the CoC leadership roles could be restructured to meet this recommendation.

2. **Build the membership and engagement of the Marion County Continuum of Care Board of Governors to provide stronger leadership in addressing Marion County homeless efforts.** CoC Board of Governors is elected by the CoC membership. They meet monthly to provide direction and vision for the CoC as a whole. This Board should be strengthened by recruiting recognized community leaders with decision making authority that would be engaged participants in the oversight of the Marion County Continuum of Care. In current practice, the Board of Governors of the Continuum of Care has a membership smaller than what is outlined in the Charter that governs its performance and responsibilities. Additionally, the engagement level of some of its members challenges the ability of the body to provide leadership.

Comprehensive Plan

3. **Create/expand outreach to homeless individuals and families.** In the last 12-18 months, efforts have been started to reach out to homeless individuals and connect them to services that will move them from homelessness to stability. Outreach services have already shown their effectiveness and need to be expanded beyond the current capacity.

4. **Create a central access point for comprehensive services for homeless individuals and families.** While many services do exist to meet the needs of homeless individuals, their locations are scattered and the web of services is difficult for homeless individuals to understand and navigate. A central point

where services of many types can be accessed would create a more user friendly and successful system for meeting the needs of the homeless. This central point could also be used as a hub for outreach services to assist in connecting homeless individuals to the services they require.

This central access point could also serve as a "day center" type of facility giving the homeless population a place to gather safely and receive services. As noted in the Florida Housing Coalition report, local emergency shelters are "high barrier" shelters and do not provide an opportunity of individuals to remain there during daytime hours. A "day center" facility could positively impact loitering and vagrancy activities among the homeless population.

5. **The Coordinated Entry process should be strengthened and more highly utilized by all service providers meeting the needs of the homeless.** Although there has been improvement in the Coordinated Entry system in the last 12 months, however many organizations participate in the Coordinated Entry process in a limited manner. In some instances, they revert back to their individual organizational policies to determine who they will house. The homeless assistance system works best when all providers operate as part of a larger plan to set priorities and house the most vulnerable individuals according to a uniform assessment tool that all organizations follow.

6. **Increase utilization of best practices by providers of direct services regardless of the sources of their funding.** There is a large variance among local housing providers in how much they follow proven best practices as they carry out their mission to address homelessness. Some organizations have been set up to help certain populations and receive all or most of their funding from private sources. Regardless of funding sources, the homeless services system in Marion County will operate most effectively if the service providers are knowledgeable of best practices in housing homeless individuals and follow them.

Funding

7. **Identify funding to expand Permanent Supportive Housing in Marion County.** Permanent supportive housing is a proven solution to homelessness for the most chronically homeless people. It pairs housing with case management and supportive services. Some individuals will require this level of support throughout their lifetime. By providing stable housing for these individuals, the community saves more than the cost of housing in healthcare, criminal justice and other social service costs.

8. **Shift resources from sheltering and transitional housing to rapid re-housing efforts.** Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Data shows that Marion County has a sufficient supply of shelter and transitional housing beds with the exception of shelter beds dedicated to domestic violence. New resources and some existing resources should be shifted to rapid re-housing.

   The recommendations above have varying lengths of time required for implementation. Because of this, some impact in reducing the homeless population could be made quickly. Other efforts, which will also reduce the homeless population, will take longer to put in place. The goal of implementing these recommendations is to create a more humane, systematic, coordinated approach to serving the homeless population and to reduce homelessness in Marion County by 60% by 2024.

Scope of Study

Each January, the U.S. Department of Housing and Urban Development conducts its national Point In Time (PIT) count of homeless persons. After declining over the last decade, the count rose in 2017, to more than 553,000 homeless people nationwide.[13] About 20 percent of the homeless people in the United States are under the age of 18, and another 10 percent are age 18 to 24. Women account for 39 percent of all homeless persons, and nearly 29 percent of the unsheltered homeless people are women.[13]

Florida's homeless population ranks 4th among states and accounts for 6% of the total homeless population in the United States. Key causes of homelessness are lack of affordable housing, unemployment, poverty, mental illness and the lack of needed services and substance abuse and the lack of treatment services.[13]

At the outset of this study, the participants began with the intentions of better understanding the homeless population in Marion County and developing ways in which service delivery for this population could be improved. By accomplishing these goals, not only would those receiving services benefit by having shelter or long-term housing provided to them, the community as a whole would benefit by having less homeless individuals in public places, less vagrant activity and a reduction in activities that often act as a barrier to the public enjoying open spaces, especially in the downtown area.

For the purposes of this study, homeless persons are defined as individuals that are literally on the street with no shelter available to them as well as individuals that are

staying in a facility designed to provide short term assistance at no cost to the recipient. Individuals that are staying with friends, relatives or neighbors as well as those that are staying in temporary housing, but are incurring a cost for that housing are not considered homeless. This is an important distinction due to the fact that different federal agencies that measure homeless populations utilize different definitions. The latter group discussed above is NOT homeless under the Housing and Urban Development (HUD) definition of homelessness, but individuals in this group are considered homeless by the Department of Education (DOE) under the McKinney Vinto act. This study utilizes the HUD definition.

Conduct of Study

Announcement and Invitation to Participate

Homelessness: The Long Road Home started with a community breakfast in September of 2017. This event brought community leaders together to announce the purpose of the study and what it intended to accomplish. Ronald Book, Chairman of the Miami Dade Homeless Trust, spoke to those gathered to share what they have accomplished in addressing homelessness in the Miami area. This event also included an invitation to our community to participate in the study that would be undertaken in the next 12-16 months. Contact information was gathered so that attendees could be invited to the upcoming study group meetings.

Full Study Group Meetings

The full study group convened bi-weekly for the first 4 months of the study from September 2017 to January 2018. The meeting schedule transitioned to bi-monthly from February 2018 to September 2018. These meetings were open to the public and held on Thursday mornings at the College of Central Florida in room 101 of the Ewers Center. Attendees for these meetings were documented. Anyone expressing an interest in participating at the kick-off breakfast, as well as anyone attending these full group meetings were invited to all subsequent meetings. The process was designed intentionally to create as much inclusiveness in the study as possible. Each meeting had between 25 and 35 individuals in attendance. Collectively, 67 individuals from 33 organizations participated in the study. A full list of participants is included in appendix A of this report.

In these full study group meetings, multiple organizations were invited in to showcase local services for the homeless, concepts and best practices promoted by the state and federal government as well. Additionally, presentations from local governmental agencies were provided on how they are structured to address homeless individuals in Marion County. All told, there were presentations from nine direct service agencies, five

governmental entities, four other organizations and 5 presentations on best practices. In addition to these presentations, the full group meetings also included updates on the efforts of the four work groups as well as the role the Florida Housing Coalition would play in this study.

Work groups

Before forming the work groups, the full study group evaluated topics that were re-occurring during the initial meetings of the study. Participants signed-up for work groups based on personal interests and areas of expertise. Chairs for each of the four work groups were identified based on their areas of knowledge and skill sets. Each of these work groups were charged with meeting monthly outside of the full study group and reporting back on their efforts regularly.

Each Work Group was tasked with the following responsibilities:

- Develop committee goals and desired outcomes
- Set meeting times and agendas
- Schedule guest speakers and additional members as needed
- Work group chairs meet regularly with the study chair

Work group descriptions:

1. Asset Mapping – Document and review the organizations and services existing in Marion County which assist individuals that are homeless or at risk of becoming homeless.

2. Best Practices – Research proven strategies for effectively addressing homelessness both locally and nationally. Provide input on how these efforts could be implemented in Marion County.

3. Integration of Services – Identify services needed by homeless individuals and develop a method to connect individuals to these wraparound services of various types creating the best opportunity for individuals to escape homelessness.

4. Communication and awareness – Connect with community members and businesses to create an understanding the impact the homeless population has on them. Upon conclusion of the study, develop a plan of how the report and its recommendations can be shared with the community so that proper actions can take place.

Each of the Work Group chairs met periodically with the study chair to discuss the efforts of the Work Group and discuss their activities, findings and next steps for each of the groups. Work Group chairs gave their final reports in August and September of

2018 and met with the study chair to develop sections of the study's final report. The Work Group chair for Best Practices was Donnie Mitchell of Marion County Community Services. Jason Halstead of Brothers Keeper/Saving Mercy chaired the Asset Mapping work Group. Jim Hilty, of A.G. Edwards and formerly a City Councilman chaired the Integration of Services Work Group. Tina Banner, APR. CPRC and Toni James, APR. CPRC co-chaired the Communication and Awareness Work Group. At the end of the work group process, each gave a final report of their findings. These recommendations are included later in this report.

Work Group Findings

Asset Mapping

The Asset Mapping Work Group, chaired by Jason Halstead, focused on gathering data about the services in the community whose mission is to address the needs of the homeless population. This is information that many community organizations requested to direct homeless individuals to the proper services needed (see the responses to the survey in the Communication and Awareness Work Group section).

With the assistance of United Way of Marion County's 2-1-1 Information and Referral service, the work group compiled a list of organizations that assist the homeless population, including their locations, contact information and services provided. See appendix B. This list includes thirty-two organizations with thirty-eight different locations.

One significant asset that was noted as missing from the community's assets in addressing homelessness was a location for homeless people to gather during daytime hours. The Salvation Army, which serves as the county's largest emergency shelter requires those staying there to leave the premises after breakfast and not return until dinner is served.

A location that serves both as a central access point for services, and a "day center" could accomplish three primary goals. 1) Create a safe, controlled and lawful environment for the homeless population to spend time in when not occupied with other activities such as employment, education and receiving social services. 2) Provide a gathering place away from businesses that are now negatively impacted by the loitering of the homeless population as well as reducing the amount of panhandling that currently takes place. 3) Most importantly, be an opportunity to connect the homeless population to social services they need as well as case management to transition them out of homelessness.

SEE RECOMMENDATION #4

Best Practices

The Best Practices Work Group, chaired by Donnie Mitchell, researched effective collaborations as well as the efforts of individual organizations that have a demonstrated track record of serving the homeless population in their geographic area. Similar to the Miami trip completed at the beginning of this study, this work group looked far and wide for successful efforts that could be considered for local implementation. Some of the efforts they explored represent a similar effort already in existence in Marion County, while others represent a new or innovative strategy. Not all of projects they examined focus specifically on getting homeless individuals housed. What they examined also includes projects that address the accompanying needs of the homeless population.

Findings

Sarasota, Florida. Sarasota used the recommendations from the Florida Housing Coalition's study to revamp their crisis response system addressing homelessness. This is the study scope that the Florida Housing Coalition completed for Marion County whose report is included in this study. Based on the report, Sarasota reorganized the Suncoast Partnership (their Continuum of Care) for greater effectiveness. Local agencies put in place a more efficient system for identifying and tracking people that need help. Additionally, the city and county coordinated their approach to share the burden of addressing homelessness in the Sarasota area.[10]

SEE RECOMMENDATIONS #1 and #2

With the support of the city/county partnership, an experienced developer was brought in to build permanent supportive housing that will accommodate 88 additional individuals. 90 percent of the units will go to homeless individuals suffering from diagnosed mental illness. In partnership with a local service agency, the residents will be provided with mental health and social service supports so that they can remain safely in their homes. The support programing is designed to stabilize individuals that may have resisted help in the past. The development is also placed on a bus line to assist residents in accessing employment and other service needs.[9]

SEE RECOMMENDATION #7

Another aspect of the revised partnerships in Sarasota is a newly incorporated coordinated entry system. With each group feeding information into coordinated files, it becomes easier to better track, manage and refer clients between a variety of support services the homeless might need in their transition from the streets to housing.

SEE RECOMMENDATION #5.

The Sarasota Police Department also has implemented the use of Homeless Outreach Teams (HOT Teams). These teams assist the homeless population through outreach, case management and a voucher program. HOT teams conduct daily outreach and are the bridge between homelessness, the Continuum of Care and the services it includes. The Sarasota Police Department defines the role of the HOT team as; educating individuals on what services are available from the local Continuum of Care through the coordinated entry system, encouraging individuals at every contact to meet with HOT team members and accept services offered by providers, and taking law enforcement action only when education and encouragement have failed. Homeless outreach has become an important function within the Sarasota Police Department.[4]

SEE RECOMMENDATION #3

State of Utah. Utah is seen as a model of how to address homelessness. Between 2005 and 2015, the state of Utah decreased their chronically homeless population by 91 percent. Chronically homeless are a subset of the homeless population that Is often the most vulnerable. These are people who have been living on the street for more than a year, or four times in the last three years. They also have a disabling condition that might include mental illness, addiction, or a physical disability or illness. According to the U.S. Department of Housing and Urban Development, that represents about 20 percent of the national homeless population.

Utah accomplished this reduction by implementing a model known as Housing First. This model is discussed at length in this report. In this model, getting individuals housed comes first and services come later. Under previous anti-homelessness models, individuals have to prove they are sober and drug-free before they can get housing. Data shows that by meeting housing needs first, there is a higher success rate keeping individuals stably housed.

According to HUD estimates chronically homeless individuals cost local governmental entities between $30,000 and $50,000 per person annually for services like emergency room visits and jail time. Housing them simply costs a lot less.

When Utah began this effort, they launched a pilot project in Salt Lake City that housed 17 of the hardest cases and provided them with services. Almost two years later, all of those people remain housed.

SEE RECOMMENDATION #6

Lehigh Valley, Pennsylvania. Lehigh Valley Health Network supports a "street medicine" program that provides basic primary care to people who live in dozens of encampments throughout eastern Pennsylvania's Lehigh Valley. During their visits

street medicine teams apply antibiotic ointments to cuts, wrap sprains and treat chronic conditions such as blood pressure, and diabetes. Teams split up to talk one-on-one with people on park benches, at bus stops and in fast food restaurants. They provide a week's worth of prescriptions as needed. They note that homeless patients are very grateful to receive these services and seldom miss appointments.

Local leaders of this effort are committed to establishing the street medicine approach as a legitimate way to deliver health care not only to the homeless, but also to other underserved people. Proponents of street medicine are pressing for more financial support from hospitals that can benefit greatly when homeless individuals receive care that helps keep them out of emergency rooms. Lehigh Valley Health Network officials were pleased to see a $3.7 million savings in health care costs due to the street outreach. Additionally, emergency room visits by the program's patients have fallen by about 75% and hospital admissions by roughly 67%.[8]

SEE RECOMMENDATION #6

Lexington, Kentucky. With the support of the Urban County Council of Lexington, the City of Lexington and the New Life Day Center have partnered to develop an innovative program called LexGive. The program offers a ride and a job to those wanting the opportunity to work and earn a daily wage. The city provides jobs cleaning up the community. Private businesses needing day laborers are also encouraged to participate.[7]

In addition to the wages participants earn from working, they also receive two meals during the day. At the end of the work day, they are transported back to the New Life Day Center, where outreach specialists are there to connect them with other service needs they may have and to attempt to connect them to housing if needed.

Community members that want to support those in need in the community are encouraged to give via lexgive.com, administered by the United Way of the Bluegrass. Instead of giving change to panhandlers which risks supporting dangerous addictions to alcohol and illegal drugs, the contributions support the operations of the Jobs Van which provides immediate employment opportunities for panhandlers. Participating partners report that with this program, Lexington has seen a significant reduction in the amount of panhandling on city streets.[3]

SEE RECOMMENDATION #6

Integration of Services

The Integration of Services Work Group, chaired by Jim Hilty, focused on examining how individual organizations worked collaboratively in addressing the needs of the

homeless population in Marion County. They also examined how other wrap around services also needed by the homeless population such as health services, job skills and career assistance, legal assistance and obtaining official identification documents are accessed. Finally, the group reviewed the overarching planning documents of other organizations. Two of these documents that received significant examination were Marion County Community Service's existing 5-year comprehensive plan and United Way of Marion County's 2-1-1 information and referral service.

Findings

Strong communication, operating in silos is common. Local direct service programs assisting the homeless have a high level of communication among the providers. Whether in one-on-one settings or at community meetings such as the Marion Children's Alliance and Continuum of Care Membership meetings, staff of these organizations interact regularly and are routinely updating each other on the services that their programs offer. However, there is very little effort among similar organizations to adjust their services to eliminate gaps between the services they provide or to reduce barriers for individuals receiving services from multiple programs.

Coordination of wrap-around services is improving. There are some long standing examples of organizations providing services collectively to the homeless population. As an example, Brother's Keeper and Interfaith Emergency Services have a history of working together with Brother's Keeper utilizing Inferfaith's location and facilities to provide daily noon meals to individuals needing food assistance. Recently, the City of Ocala's outreach teams have begun having mental health professionals join them as they visit homeless individuals in the community. This has been a beneficial partnership given the number of homeless individuals that are impacted by mental health and substance abuse issues.

Access to services remains a barrier. After examining information shared by the Asset Mapping Work Group and reviewing the programs contained in the 2-1-1 information and referral database, the work group was confident that a strong cadre of services exist in Marion County. However, access to these services remains a challenge, especially to those that do not have transportation. Services are much more effective in meeting the needs of the homeless population when they are taken to those needing the service. The outreach/mental health partnership mentioned above is a good example of services being taken to those needing them.

Improving the Marion County HMIS system. Improving the participation and engagement of programs entering data into the local Homeless Management Information System would improve the information sharing and coordination among social service organizations addressing homelessness. Currently, those participating in

HMIS varies greatly among local organizations. Only organizations receiving state and federal funding are mandated to participate in the HMIS system.

Creation of a central access point would aid in the homeless population receiving services they need. A central access point for a multitude of services, located at a location frequented by the homeless population, would enhance service delivery of varying types. It would also facilitate the navigation of services for the homeless population. Rather than having to know where different services are located and how to get to them, all services could be accessed starting at one location. This central access point could also be used as a hub for the outreach services focused on transitioning individuals into housing.

In the site visit that study participants made to Miami Dade County, it was observed firsthand how central access points there could play a critical role in connecting individuals to health services, governmental services, educational and employment opportunities and especially housing services to get individuals housed and off the street. The creation and mission of the Marion County Veteran's Center was discussed as a local example of this concept that is working very effectively.

SEE RECOMMENDATION #4

Communication and Awareness

The Communication and Awareness Work Group was co-chaired by Tina Banner, APR. CPRC and Toni James, APR. CPRC. The bulk of the work for the Communication and Awareness work group will take place after the publication of this study. The information contained in this document will be an important tool to educate community members and change the perception of what homelessness really looks like. There is a common misperception that homeless individuals are lazy, unmotivated and only looking for a handout. Certainly, this may occur from time to time. But as we have discussed in this study, the vast majority of the homeless population are willing to take the necessary steps to get housed and remain stably housed. The challenge is the barriers they encounter such as mental illness, substance abuse and economic hardships.

In addition to the role of changing society's concept of homelessness, the Communication and Awareness committee surveyed local community members including individuals, businesses, faith-based communities, social services and governmental entities. Input was sought from both organizations serving the homeless as well as those negatively impacted by the homeless. The five-question survey received 30 responses. The questions and a summary of the responses are shared below.

Findings

Question #1 What is the impact of homelessness on your organization?

Respondents indicated that the homeless population negatively impacts businesses and redevelopment efforts, especially in the downtown area. Whether downtown or in other locations, vagrancy activities require organizations to spend staff time and resources to address illegal and destructive activities on their premises. Social service providers indicated that homeless individuals are a part of the population they normally serve. This does add additional service demands, especially for law enforcement agencies.

Question #2 Describe the homeless population that you interact with.

The majority of homeless individuals respondents reported interacting with were adult males. This is confirmed when looking at the PIT count and data about the homeless population in the HMIS database. It was also mentioned that many of the individuals encountered clearly have mental health issues. There were also some individuals identified as travelers that were not staying locally but moving through the area. One final strong theme among the responses was that many of the interactions took place with individuals that were loitering in public spaces. Some of these interactions were pleasant, but others involved panhandling and in some instances, aggressive confrontations.

SEE RECOMMENDATION #4

Question #3 What procedures do you have for dealing with the homeless at your organization and what does that look like?

Most of the survey respondents indicated that they have no procedures specific for dealing with the homeless population. Social service organizations, law enforcement and first responders do have set policies that they follow. Some organizations responded that they would benefit from better understanding the social service response to homelessness so they could better connect individuals they encounter with community services.

Question #4 What resources do you have currently to help the homeless population?

Respondents with procedures for dealing with the homeless referred to those procedures. Many other responses stated that their organization did not have resources for helping the homeless. Others indicated that they referred homeless individuals to the social services that they were aware of.

Question #5 What resources do you need?

The most common response, especially from social service organizations was more resources (funding) for their program to expand services to the homeless.

Some respondents were very clear in saying that a unified plan to separate vagrancy from homelessness that addresses both in a comprehensive way was the greatest need. Many organizations also indicated that being educated on the resources that exist and where to direct people needing services would be very beneficial.

Continuum Of Care

The Continuum of Care (CoC) Program, overseen by the U.S. Housing and Urban Development Department (HUD) is designed to assist individuals and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability. More broadly, the program is designed to promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its program to the particular strengths and challenges within that community.[6]

Each year, HUD awards funding competitively to nonprofit organizations, states, and/or units of general purpose local governments, collectively known as recipients. In turn, recipients may contract or subgrant with other organizations or government entities, known as subrecipients, to carry out the grant's day-to-day program operations.

The CoC is the group that takes on coordination of homeless services and homelessness prevention activities across a specified geographic area. As defined by HUD, the Marion County Continuum of Care is designed to:

- Promote community-wide commitment to the goal of ending homelessness
- Provide funding for efforts by nonprofit providers, states, and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness
- Promote access to and effective use of mainstream programs by homeless individuals and families
- Optimize self-sufficiency among individuals and families experiencing homelessness

Since 1995, HUD has requested that communities submit a single application for homeless assistance funding through a locally established CoC. Over the years, CoCs have been encouraged to undertake several additional planning and administrative tasks, but without codified definitions of the associated responsibilities. CoC Lead Agencies can apply to HUD for planning funds on behalf of CoCs to support existing

and new responsibilities. This planning includes ensuring there is a community-wide coordinated plan for homeless housing and services and homelessness prevention assistance. Since the passage of the HEARTH Act, It is important for CoCs, recipients, and subrecipients to understand and integrate into their work practices related to centralized or coordinated intake, rapid re-housing, performance measurement, and increased access to mainstream services.

A CoC's three primary responsibilities include the following:

1. Operating the CoC
2. Designating and operating an HMIS
3. CoC planning

A brief summary of each responsibility is presented below.

Operating a CoC

To operate successfully, a CoC must fulfill the following responsibilities specified in the CoC Program:

- Conduct semi-annual meetings of the full membership
- Issue a public invitation for new members, at least annually
- Adopt and follow a written process to select a board
- Appoint additional committees, subcommittees, or work groups
- Develop and follow a governance charter detailing the responsibilities of all parties
- Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor the performance of recipients and subrecipients, evaluate outcomes, and take action against poor performers
- Evaluate and report to HUD outcomes of ESG and CoC projects
- Establish and operate a centralized or coordinated entry system
- Establish and follow written standards for providing CoC assistance

Designating and Operating a Homeless Management Information System

While most communities have operated an HMIS for several years, the CoC defines the responsibilities of the CoC with respect to operation of the HMIS. A community may already be fulfilling many responsibilities associated with its HMIS, but as of 2012 CoC places greater emphasis on the CoC's role in monitoring HMIS implementation and compliance with applicable HMIS regulations and Notices. The CoC HMIS must:

- Designate a single HMIS
- Select an eligible applicant to manage the CoC's HMIS
- Monitor recipient and subrecipient participation in the HMIS
- Review and approve privacy, security, and data quality plans

CoC Planning

With respect to planning responsibilities, the CoC must:

- Coordinate the implementation of a housing and service system within its geographic area
- Conduct a Point-in-Time count of homeless persons, at least bi-annually
- Conduct an annual gaps analysis
- Provide information required to complete the Consolidated Plan(s)
- Consult with ESG recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG recipients and subrecipients

Data Collection

Data collection is an important tool in setting strategy for designing and managing the homeless services system. This data is also instrumental in measuring the effectiveness of the system and monitoring the community's progress in addressing the issue of homelessness in Marion County. In addition to the data that is collected and maintained in the Homeless Management Information System (HMIS), there are two other pieces of data that are the responsibility of the Continuum of Care and are required by the federal government. These are the Point In Time (PIT) Count, and the Housing Inventory Count (HIC).[11]

Homeless Management Information System

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. As a requirement for receiving federal and state funding for addressing homelessness through the local Continuum of Care, each homeless services system is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Ideally this data system is used by all homeless service providers to enter information about all clients that seek services from their organization. This allows all organizations serving the homeless population to share information, both in aggregate as well as

about individual clients. The system is designed to increase the efficiency of use of local resources and at the same time reduce duplication of efforts. In addition, the Continuum of Care can use the HMIS system to confidentially aggregate data on the homeless population that is being served.

As mentioned above, the use of this system is a requirement for receiving state and federal funding. However, only organizations that are recipients of these dollars are required to input data into the HMIS system. Locally, this is just a handful of providers. Organizations that do not receive these dollars are not required to participate in the HMIS system. This creates a challenge in Marion County because the incomplete data does not provide an accurate picture of the homeless situation and hampers communication among providers about what resources individuals in the local homeless population have or are receiving.

SEE RECOMMENDATION #6

Point In Time Count

The PIT Count takes place annually in the last week of January. The U.S. Department of Housing and Urban Development (HUD). requires that communities receiving federal funds from homeless assistance grants annually conduct a count of all sheltered people in the last week of January. Unsheltered counts are required every other year, although

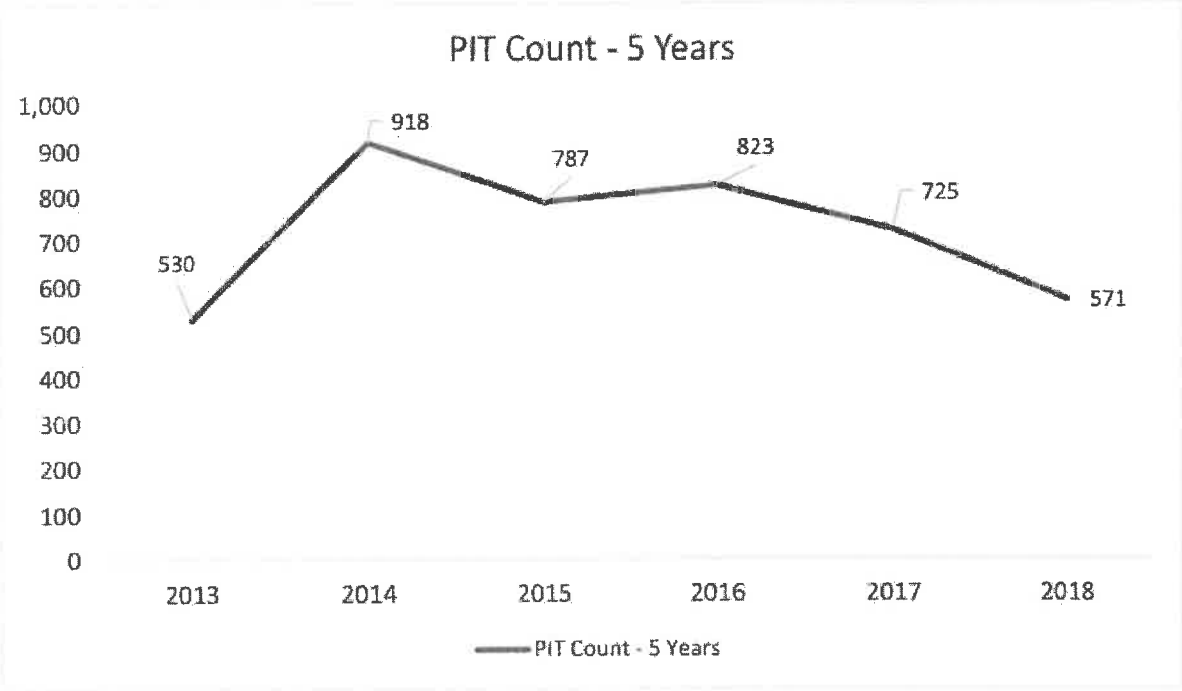

Figure 1: PIT Count past 5 years
Source: HUD PIT Count 2013-2018

most communities, including Marion County, perform an unsheltered count annually. The unsheltered counting effort is completed by outreach workers and volunteers are organized to canvas Marion County to literally count the people who appear to be living in places not meant for human habitation. In 2018, the Marion County Continuum of Care began performing three PIT Counts each year to better understand the homeless population and to better track trends in homelessness based on the time of year. While these three counts are done in the same manner, it is the count in the end of January that is reported to the federal government and used for official purposes.[14]

The PIT Count is important because it establishes the dimensions of the problem of homelessness and helps community leaders track progress toward the goal of ending homelessness. With any such effort, there are clearly limitations in achieving complete accuracy. The PIT Counts are not without limitations. However, they are the best measure that quantifies the number of people experiencing unsheltered homelessness in addition to those who are sheltered. And, despite its flaws, the annual Point-In-Time counts result in the most reliable estimate of people experiencing homelessness from which progress can be measured.

Housing Inventory Count

The HIC Count is a point-in-time inventory of provider programs within the community that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing. Examples of organizations that would be included in this count in Marion County are Interfaith Emergency Services, Salvation Army and the domestic violence shelter. Not only does the HIC count document the inventory of what is available to assist individuals, it also provides information about the occupancy of these resources that can be used for planning the community's capacity. A chart showing the 2018 housing inventory as well as its utilization is included in Appendix C.

Outreach

Early in the course of this study, representatives from this study, representatives from the City of Ocala and representatives from Marion County completed a site visit to Miami Dade County to see how their homeless services system operates. One of the most impressive takeaways from that visit is the outreach efforts underway to engage homeless individuals, determine their specific needs and get them connected not only to housing resources, but also other resources to assist them in becoming stably housed long term. The outreach professionals, called "green shirts" because of the color shirts they wear are out in the community interacting with people that are homeless or at risk of becoming homeless on a daily basis.

Street outreach efforts are a key component to linking those needing services to the coordinated entry process. In many communities the Coordinated Entry assessment roles can be completed by outreach staff. These outreach staff are individuals that can flexibly navigate to reach homeless persons wherever they reside. Often these outreach services are defined as mobile teams whose primary goal is to reach and engage the unsheltered population. In Marion County there has been a collaborative effort to have outreach staff accompanied by trained mental health workers to provide mental health assessments and services to those experiencing homelessness. This is an important connection of services due to the fact that many homeless individuals suffer from mental health and substance abuse issues.[12]

Outreach services can be thought of more broadly as well. This broader definition of outreach could include homeless liaison staff associated with public schools, workers at social service offices, fire protection staff, or police and other first responders. Many communities across the country have developed Homeless Outreach Teams (HOT Teams) to provide outreach services. HOT teams provide the focus and the expertise to understand the issues surrounding homelessness and the strategies for addressing it. HOT members are able to get to know members of the homeless community and the service providers that can help them, and they are critical for connecting the two. However, HOT members cannot address the problem on their own. They are most effective when they coordinate closely with law enforcement and social service agencies that are involved in addressing the housing needs of the community.[13]

The work of these teams can be slow and laborious, and situations are seldom resolved right away. On average, it can take 15 to 20 contacts with a homeless person before he or she accepts an offer of help.[13] During this process HOT teams come to see homeless persons as individuals with names and stories, and in many cases dreams for a better future. They frequently help people obtain meals, lodging, employment, direct them to welfare and health services and aid them in various other ways.[13] The advantage of having a homeless outreach team or any team specifically assigned to homelessness issues is that they start to build trust within the community.[13]

Being a HOT team member takes a distinctive set of skills and a special mindset. In many respects, team members must adopt a social worker-like perspective. They must have compassion, excellent communication skills, and tremendous patience, among other attributes. They also need to be provided information on the services available in the community to persons experiencing homelessness and how to refer individuals to those services. They should also receive specialized training covering topics such as psychology, the homeless culture, and detailed instruction on connecting individuals with services.[13]

Outreach is a critical component of addressing homelessness in Marion County. Until recently, individuals had to navigate their way to social service agencies to receive assistance. This is changing, especially here in Marion County. The city of Ocala recently created a Department of Community Programs and Homeless Prevention to enhance outreach efforts to connect homeless individuals to services. In addition to their Community Services Liaison who has been performing this role for since May of 2016, the city has added two additional full-time staff as "rangers" working in the downtown area where there is a higher population of homeless individuals due to the proximity of Social Services organizations such as Salvation Army and Interfaith Emergency Services. The City of Ocala also contractually allows and provides on-site monitoring of two non-profit groups that distribute food and clothing. Through these efforts, the City has reconnected 104 individuals with their support networks to get them off the streets and out of emergency shelters in Marion County. The City certainly should be commended for leading the efforts to address this issue. There continues to be a need to expand the outreach services in Marion County to better connect homeless and those at risk of being homeless to services.

SEE RECOMMENDATION #3

Jurisdictions such as San Diego County and Colorado Springs are using GIS technology to map homelessness encampments. This information supports everyday outreach activities and can be life-saving during severe weather or fire events in which evacuations may be necessary.[13] The city's Community Services Liaison began utilizing this same technology in 2017 to assist in outreach and to enhance the accuracy of Marion County's PIT Count.

Coordinated Entry

Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the community's homeless services system, made up of numerous social service agencies, in a streamlined way. Standardized assessment tools and practices are used locally which take into account the unique needs of those needing housing assistance.[2]

Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless services system. Through coordinated entry, all the social service agencies work collaboratively to ensure that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. This coordinated entry process transforms the homeless services system from a network of projects making individual decisions about whom to serve, into a fully integrated system using shared practices and criteria, thus better addressing the needs of homeless individuals in Marion County. By gathering information through a standardized assessment process, coordinated entry provides data that can be used for

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

system and project planning and resource allocation.[2]

Coordinated entry works by establishing a common process to assess the situation of all households who request help through the homeless services system. Core Elements are; (1) establishing uniform access points throughout the community, (2) using a standardized assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing, (3) establishing policies and procedures to prioritize households identified as most vulnerable with the highest needs, (4) based on the prioritization, referring clients to appropriate and available housing and supportive services.[2]

Coordinated entry changes the way people that are homeless or at risk of becoming homeless access resources in the homeless services system, resulting in benefits for all of the system's stakeholder groups:

- Persons at risk of or experiencing homelessness are able to
  - locate housing or services they need faster;

– be referred only to services that they are likely eligible for; and
– get access to services once referred;

- Housing and supportive services are able to
  – avoid inappropriate or ineligible referrals for their services; and
  – better manage prospective participants through a centralized prioritization list;

- Public and private funders are able to
  – be confident that housing and supportive services projects are serving the intended people ("side doors" to projects are closed);
  – see increased compliance with eligibility requirements;
  – have access to better data for system and service planning; and
  – experience improved reporting.

- CoC or homeless system planners are able to
  – identify areas for improvement and take action on better outcomes specific to system performance;
  – identify areas for improvement and take action on increased efficiency of homeless services system activities; and
  – improve fair access and ease of access to resources, including mainstream resources

A key component of a successful Coordinated Entry process is the utilization of a uniform assessment process. Assessment is the process of gathering information about a person needing assistance from the homeless services system. Assessment includes documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make him or her more vulnerable while homeless. These include family composition, mental or health issues, substance abuse issues, disabilities, criminal history, etc.
The assessment process's role is to collect sufficient information to make prioritization decisions consistently and facilitate access to housing and supportive services that are available in Marion County.[2]

In Marion County, this assessment task is completed by trained outreach liaisons and social service staff utilizing two screening tools. These tools, the Vulnerability Index (VI) and the Service Prioritization Decision Assistance Tool (SPDAT) work together to assess the severity of needs for individuals homeless or at risk of homelessness. These individuals can then be prioritized for receiving services. There are similar, but unique VI-SPDAT tools for individuals, families and youth. Copies of the VI-SPDAT forms used here in Marion County are included in Appendix B.

SEE RECOMMENDATION #5

Housing First Model

In recent years there has been a shift in strategies to address homelessness. While in existence since the 1990's, the Housing First Model gained prominence when the United States Interagency Council on Homelessness included it as a proven best practice in their 2010 strategic plan to address homelessness. Programs across the country have shifted to this new model that focuses on getting people housed before addressing the underlying reasons for their homelessness. Research has shown that by getting families and individuals into stable housing and meeting their immediate needs first, they can then better address issues that create challenges to their stability such as, mental health issues, managing their finances, substance abuse issues, etc. Not only have many organizations transitioned to this approach successfully, federal funding to address homelessness through the Department of Housing and Urban Development has prioritized funding to efforts utilizing this approach. Housing First has been found effective in reducing homelessness, especially in individuals with co-occurring mental illness and substance abuse disorders.[13]

"In the Housing First model assistance prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues."[5]

Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. Housing First does not require people experiencing homelessness to address all of their problems or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. The Housing First approach enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. This is in stark contrast to traditional efforts to address homelessness. This "low barrier" approach is focused on stabilizing the individual and then moving forward from this stable foundation. Supportive services are then offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage.

Housing First programs can vary in duration and often provide rental assistance depending on the household's needs. Those receiving housing sign a standard lease that moves them into stable housing. Once housed, they are able to access supports as necessary to address the underlying causes of their homelessness.

Two key approaches that utilize the Housing First model are Permanent Supportive Housing and Rapid Re-housing. These approaches are designed to meet the needs of two very different populations.

Rapid Re-housing is employed for a wide variety of individuals and families. It provides short-term rental assistance and services that are gradually reduced over time (typically over 3 to 24 months depending on the situation) to transition the client to housing stability without continuing to receive financial assistance. In Rapid Re-housing clients obtain housing quickly, increase self-sufficiency over time, and remain housed long term. The Core Components of rapid re-housing—housing identification, rent and move-in assistance, and case management and services—operationalize Housing First principals.[5]

SEE RECOMMENDATION #8

The second approach, Permanent Supportive Housing is geared to meet the needs of a very different population. Permanent Supportive Housing is intended for individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. It provides long-term rental assistance and supportive services. Many of the clients Permanent Supportive Housing is designed to serve are individuals that would struggle to live independently long term. Often, they require financially subsidized housing long term, or even indefinitely. However, this increased cost for housing is offset by savings in other social services within the community. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter. One study found an average cost savings on emergency services of $31,545 per person housed in a Housing First program over the course of two years.[5]

SEE RECOMMENDATION #7

There is a large and growing evidence base demonstrating that Housing First is an effective solution to homelessness. Clients in a Housing First model access housing faster and are more likely to remain stably housed. This is true for both Permanent Supportive Housing and Rapid Re-housing programs. Permanent Supportive Housing has a long-term housing retention rate of up to 98 percent. Studies have shown that Rapid Re-housing helps people exit homelessness quickly and remain housed. A variety of studies have shown that between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.[5]

More extensive studies have been completed on Permanent Supportive Housing finding that clients report an increase in perceived levels of autonomy, choice, and control in Housing First programs. A majority of clients are found to participate in the optional

supportive services provided, often resulting in greater housing stability. Clients using supportive services are more likely to participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence, and spend fewer days hospitalized than those not participating.

SEE RECOMMENDATION #6

Criminalization of Homelessness

The criminalization of homelessness refers to measures that prohibit life-sustaining activities such as sleeping/camping, eating, sitting, and/or asking for money/resources in public spaces. These ordinances include criminal penalties for violations of these acts. Over the past 25 years, cities across the country have penalized people who are forced to carryout out life-sustaining activities on the street and in public spaces, despite the fact these communities lack adequate affordable housing and shelter space. Ultimately, many of these measures are designed to move homeless persons out of sight, and at times out of a given city.

This philosophy is changing rapidly in cities across the country. In June, 2018 the Police Executive Research Forum released a report entitled "The Police Response to Homelessness". Their report takes the position that making arrests is not an effective response. Rather, today's police and sheriff's departments see their role as taking leadership and finding innovative solutions, which often involve multi-faceted activities with social service agencies, other government departments and other partners.[13]

Agencies increasingly are viewing the homeless issue as a problem to be solved, rather than an enforcement issue that can be addressed by arresting homeless persons. So the police role is evolving. Because most police and sheriff's departments are not given funding and resources to take on responsibilities for helping homeless persons, they must develop partnerships with a wide range of social service agencies and other government departments in order to have an impact.[13] As mentioned earlier when discussing outreach efforts, many communities are developing HOT Teams. Law enforcement agencies often participate in this direct outreach to homeless individuals, building partnerships with a wide range of service providers.

Police leaders increasingly recognize that they cannot make the problem of homelessness go away through enforcement actions alone. However, when homeless individuals commit serious crimes, they need to be held accountable.[13] For the vast majority of people experiencing homelessness, arrest and incarceration should be a last resort, not a first option for minor offenses. Providing housing, treatment, counseling and other services is a far more effective approach for most people that are homeless.[13]

In some communities, law enforcement is partnering with social service providers to provide transitional housing and a range of services for persons who might otherwise be homeless or in jail because they were involved in minor criminal activity. These services can be provided at a fraction of what it would cost to keep a person in jail. In addition, they are being connected to case management and social services that help them break the cycle of homelessness and their past criminal activity.

Florida Housing Coalition Report – Ending Homelessness in Marion County

To complement the work done locally by study participants, Florida Housing Coalition (FHC) was commissioned by the PPI to provide an external, expert analysis of the homeless services system in Marion County. They reviewed local efforts and made fourteen specific recommendations in 5 broad categories. The categories examined were: 1) Outreach and coordinated entry, 2) Prevention and diversion, 3) Short-term emergency shelter, 4) Rapid re-housing, and 5) Permanent supportive housing. The full FHC report is included in Appendix D and made a part of this report. Many of the recommendations made in the FHC report are consistent with the recommendations included in this report. This consistency re-enforces the validity of these recommendations. Instead of re-stating all of the FHC recommendations, in this section we will highlight key recommendations that are also supported by local research and would be important steps in increasing the effectiveness of the homeless services system in Marion County.

A key finding of the FHC work was that Marion County lacks a system of collaboration among community stakeholders. Recommendation 1A in the FHC study is to build capacity in the Continuum of Care Lead Agency to better coordinate the community effort to prevent and end homelessness. This recommendation is consistent with recommendation #1 of this study.

SEE RECOMMENDATION #1

Recommendation 1B of the FHC study also pertains to the Continuum of Care as an organization. The recommendation is to build the capacity of the Continuum of Care Governing Board.

SEE RECOMMENDATION #2

Recommendation 2A lists three specific strategies that can be implemented to enhance outreach efforts in Marion County. We have discussed outreach earlier in this document and also drew the conclusion that the growing outreach efforts are moving in the right direction but need to be enhanced to increase the effectiveness of the homeless services system.

SEE RECOMMENDATION #3

In recommendation 2C, the FHC report suggests enhancing the Coordinated Entry system similar to the recommendation made in this study. The FHC study goes a step further than this study's recommendation and suggests that not only state and federal funding, but also local funding be provided ONLY to agencies participating in the Coordinated Entry process. This recommendation is designed to reduce the "side door" fulfillment of housing resources that is happening with some local organizations.

SEE RECOMMENDATION #5

Similar to how barriers to housing were discussed in the Housing First model, the FHC report examined the barriers that exist for homeless individuals to enter local emergency shelters and access their services. Recommendation 3A is to lower the barriers to entry for all emergency shelter and transitional programs. This study does not disagree with the recommendation, but also acknowledges that this has been a topic of local conversation in recent history. Based on this local conversation, we anticipate that, for a variety of reasons, this recommendation would be difficult to achieve.

According to the HIC Count there are regularly times when all shelter beds are not being utilized. Recommendation 3D is to limit the use of motel vouchers for housing the homeless population, especially when shelter beds are available.

The FHC examination found that locally, rapid re-housing efforts receive approximately $220,000 in funding. Based on housing needs, recommendation 4A proposed increasing local funding of rapid re-housing by $280,000 to increase service availability to transition families and individuals into housing.

SEE RECOMMENDATION #8

Finally, in their examination, the FHC recognized a significant scarcity of permanent supportive housing in Marion County. The study participants recognized this same shortage on their site visit to Miami. On that visit some strategies were presented to address the local shortage of permanent supportive housing units. Recommendations 5A and 5B of the FHC highlight additional strategies that can be employed to increase the supply of this specific type of housing. These strategies include private investment by the community, local government incentivizing development of permanent supportive housing, and partnerships between local government and non-profits to create and operate housing units of this type.

SEE RECOMMENDATION #7

One important difference between the recommendations in this study and those included in the Florida Housing Coalition report pertains to the subject of developing a coordinated access point for community services. The FHC report refers to it as a pavilion or engagement center.

The FHC report does not recommend the creation of such a facility. It bases this position on: 1) uncertain costs to develop and operate the facility, 2) investments into addressing homelessness need to be in permanent housing solutions, 3) the same need could be met by emergency shelters keeping their facilities open during daytime hours.

The PPI study team placed a significantly higher level of importance on the creation of a physical coordinated access point as a vital resource for addressing the homelessness issue in Marion County. The FHC assessment did not appreciate the extent of the research, planning and design that has been invested in the design and program for a facility to elevate the challenges created by the homeless for the local businesses and the enhancements that can be achieved by coordinating and enhancing comprehensive coordinated services in one location.

First, as it has been discussed throughout this study, connection to a variety of services including the outreach services that both studies recommend be enhanced is vital to successfully impacting homelessness. Such a facility could be a quantum leap forward in accomplishing that goal. Second, feasibility studies have been done to identify both infrastructure and on-going costs related to such a facility. Thus, there is a strong basis to understand what the costs would be. Additionally, the FHC study makes the assumption that funds spent on the creation and operation of a coordinated access point would reduce funding available to address housing needs in other ways. Funding is not a "zero sum game" where funding one effort detracts from another. Funding being identified for both efforts is a real possibility, especially if a coordinated access point can show a positive impact in addressing the needs of the homeless and the community. Finally, there have been multiple conversations in the past about changing the operating structure of local emergency shelters to a lower barrier model that could resolve the need for a coordinated access point that also can serve as a day shelter. Due to difficulties associated with that type of transition, including resources that would be required, our view is that a change in the homeless services landscape that the FHC suggest is unlikely. If the FHC assumption was accurate that creation of a coordinated access point would pull resources away from creating permanent housing solutions, then making this change at the emergency shelters would have the same result.

SEE RECOMMENDATION #4

Funding

When services of this magnitude are required to serve a population in any community, Funding is always one of the key components to a successful plan. As it was mentioned in the remarks by Ron Book when this study was kicked off, "you need three things; leadership, a plan and funding". State and federal funding continue to flow into Marion County to address homelessness. These funds will not be enough to accomplish the recommendations in this study. Both the City of Ocala and Marion County Government are increasing the resources they commit to impacting homelessness. With these resources, we can have a greater impact than ever before, but there is still a need for additional resources dedicated to this cause.

The Miami Dade Homeless Trust that was visited early in this study benefits greatly from a 1% food and beverage tax that is used to support their homeless services system. A one percent (1%) Homeless and Domestic Violence Tax is collected on all food and beverage sales by establishments that are licensed by the State of Florida to sell alcoholic beverages for consumption on the premises, except for hotels and motels. Only businesses that make over $400,000 in gross receipts annually are obligated to collect this tax. This tax creates a strong on-going funding source that leverages federal, state and private funds to enhance the homeless services system.

It is beyond the scope of this study to form a specific recommendation as to the creation of a particular type of on-going funding source to support the homeless services system in Marion County. The study does however acknowledge the impact that the creation of an on-going funding source could have on service delivery.

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Appendix

APPENDIX A

Study Participants:

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Crief Greg Graham, Ocala Police Department

Karla Grimsley, Interfaith Emergency Services

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Anita Winter, Early Learning Coalition

Tara Woods, Ocala Police Department

Cathy Wyckoff, Community Advocate

Dennis Yonce, City of Ocala

John Zobler, City of Ocala

APPENDIX B

Agency Name	Site Address	City	Zipcode	Phone	Service Provided
MARION COUNTY HOMELESS COUNCIL	108 North Magnolia Avenue	Ocala	34475	(352) 732-1369	*Homelessness Advocacy Groups*
SHEPHERD'S LIGHTHOUSE	5930 Southeast Robinson Road	Belleview	34420	(352) 347-6575	*Transitional Housing*
WINGS OF FAITH FELLOWSHIP CHURCH OF GOD	5066 Southeast 64th Avenue Road	Ocala	34472	(352) 687-4600	*Food Pantries*
ARNETTE HOUSE	2310 Northeast 24th Street	Ocala	34470	(352) 622-6135	*Runaway/Youth Shelter*
MARION COUNTY VETERANS HELPING VETERANS	2730 East Silver Springs Boulevard	Ocala	34470	(352) 433-2320	*Food Pantries* Veterans
CITRA FIRST UNITED METHODIST CHURCH	2000 Northeast 180th Street	Citra	32113	(352) 595-3151	*Food Pantries*
FIRST BAPTIST CHURCH OF SALT SPRINGS	24100 Northeast Highway 314	Salt Springs	32134	(352) 685-2364	*Food Pantries*
HELP AGENCY OF THE FOREST	14148 East Highway 40	Silver Springs	34488	(352) 812-9158	*Food Pantries*
BELLEVIEW UNITED METHODIST CHURCH	5640 Southeast Brown Road	Belleview	34420	(352) 245-2100	*Food Pantries*
RAMAH MISSIONARY BAPTIST CHURCH	10545 58th Avenue	Belleview	34420	(352) 245-1944	*Food Pantries*
FIRST BAPTIST CHURCH OF BELLEVIEW	11126 Southeast 62nd Avenue	Belleview	34420	(352) 307-5199	*Food Pantries*
FAMILIES IN NEED	20761 Chestnut Street	Dunnellon	34431	(352) 208-3514	*Food Pantries*
FOOD FOR CHRIST	4909 Southeast 165th Avenue	Micanopy	32667	(352) 591-6097	*Food Pantries*
	Avenue F And US Highway 441	Mc Intosh	32664	(352) 591-6097	*Food Pantries*
LOVE INC OF THE HEART OF FLORIDA	15797 South Highway 441	Summerfield	34491	(352) 245-8774	*Food Pantries*
INTERFAITH EMERGENCY SERVICES	435 Northwest 2nd Street	Ocala	34475	(352) 629-8868	*Food Pantries*
					Transitional Housing/Shelter
					Transitional Housing/Shelter
	260 Marion Oaks Lane	Ocala	34473	(352) 347-0567	*Food Pantries*
	15150 Northwest Gainesville Road	Reddick	32686	(352) 591-2260	*Food Pantries*
	11350 Northeast Highway 316	Fort Mc Coy	32134	(352) 236-2543	*Food Pantries*
	10500 North US Highway 27	Ocala	34482	(352) 629-5379	*Food Pantries*
BROTHER'S KEEPER - MARION COUNTY	2 West Fort King Street	Ocala	34471	(352) 622-3846	*Food Pantries*

	435 Northwest 2nd Street	Ocala	34475	(352) 629-8092	*Soup Kitchen*
SALVATION ARMY - MARION COUNTY					
	320 Northwest 1st Avenue	Ocala	34475	(352) 732-8326	*Food Pantries*
					Soup Kitchen
					Community Shelter
SAINT THERESA'S CATHOLIC CHURCH SOCIAL SERVICES					
	11528 South Highway 301	Belleview	34420	(352) 245-1359	*Soup Kitchen*
					Food Pantries
COMMUNITY OF GRATITUDE					
	13335 Volkman Avenue	Ocklawaha	32179	(352) 288-3499	*Food Pantries*
OCALA DOMESTIC VIOLENCE AND SEXUAL ASSAULT CENTERS					
	2001 Southwest 3rd Avenue	Ocala	34478	(352) 622-5919	*Domestiv Violence Shelters*
SILVER SPRING SHORES PRESBYTERIAN CHURCH - SKILLS					
	674 Silver Road	Ocala	34472	(352) 687-1119	*Food Pantries*
LIVING WATERS WORSHIP CENTER					
	3801 North US Highway 441	Ocala	34475	(352) 629-2107	*Food Pantries*
HELPING HANDS FOUNDATION					
	101 Northeast 16th Avenue	Ocala	34470	(352) 732-4464	*Transitional Housing Shelter*
CHURCH OF GOD DELIVERER USA					
	18180 Northwest 56th Terrace	Reddick	32686	(352) 591-2132	*Food Pantries*
CHRIST'S CHURCH OF MARION COUNTY					
	6768 Southwest 80th Street	Ocala	34476	(352) 861-6182	*Food Pantries*
ANNIE W. JOHNSON SERVICE CENTER					
	20625 West Pennsylvania Avenue	Dunnellon	34431	(352) 489-8021	*Food Pantries*
HOLY FAITH EPISCOPAL CHURCH					
	19924 West Blue Cove Drive	Dunnellon	34432	(352) 489-2685	*Food Pantries*
BROADWAY COMMUNITY OUTREACH MINISTRIES					
	2027 West Silver Springs Boulevard	Ocala	34475	(352) 690-2367	*Food Pantries*
OPEN ARMS VILLAGE					
	1839 Northeast 8th Road	Ocala	34470	(352) 304-6229	*Transitional Housing Shelter*
ZION UNITED METHODIST CHURCH					
	510 NW Dr. Martin Luther King Jr. Drive	Ocala	34475	(352) 629-4359	*Soup Kitchen*
HOPE OUTREACH HELP CENTER					
	18350 North Highway 301	Citra	32113	(352) 575-0789	*Food Pantries*
VOLUNTEERS OF AMERICA					
	111 Northeast 12th Avenue	Ocala	34473	(352) 260-1374	*Transitional Housing/Shelter* Veterans*

2018 Marion County Housing Inventory Count

Proj. Type	Organization Name	Project Name	Bed Type	Target Pop. A	Year-Round Beds	Seasonal Beds	Overflow Beds	PIT Count	Total Beds	Utilization Rate
ES	Arnette House, Inc.	Emergency Shelter	Facility-based beds	YMF	12	0	0	4	12	33%
ES	Arnette House, Inc.	HHS RHY	Facility-based beds	YMF	12	0	0	5	12	42%
TH	Arnette House, Inc.	TH Boys Group Home		YM	6			3	6	50%
TH	Arnette House, Inc.	TH Girls Group Home		YF	6			5	6	83%
ES	Creative Services, Inc.	Domestic Violence Shelter for Women	Facility-based beds	SFHC	41	0	12	38	53	72%
OPH	Interfaith Emergency Services	Duplex PSH/Disability Required		SF	8			6	8	75%
ES	Interfaith Emergency Services	Elizabeth House Emergency Shelter	Facility-based beds	SFHC	3	0	0	3	3	100%
ES	Interfaith Emergency Services	Emergency Family Shelter	Facility-based beds	SMF+HC	15	0	0	15	15	100%
ES	Interfaith Emergency Services	Womens/Childrens Shelter	Facility-based beds	SFHC	13			13	13	100%
PSH	Marion County Homeless Council, Inc.	H.O.M.E.S.		HC	12			12	12	100%
PSH	Marion County Homeless Council, Inc.	H.O.M.E.S. II		SMF	5			5	5	100%
PSH	Ocala Housing Authority	(VASH) Permanent Supportive Housing		SMF+HC	130			102	130	78%
TH	Project Hope of Marion County	TH Hope Villas		HC	32			32	32	100%
OPH	Shepherd's Lighthouse	Phase II Permanent Housing		SMF+HC	12			12	12	100%
TH	Shepherd's Lighthouse	TH for Women		SFHC	12			10	12	83%
TH	St. Theresa	2017- 2018 St. Theresa - TH		HC	10			10	10	100%
TH	The Salvation Army	(CoC) HUD Transitional Housing		HC	24			24	24	100%
TH	The Salvation Army	(GPD) TSA Transitional Housing		SMF	10			10	10	100%
ES	The Salvation Army	Red Shield Emergency Shelter	Facility-based beds	SMF+HC	75	0	0	75	75	100%
ES	The Salvation Army	Red Shield Weather Nights	Facility-based beds	SMF	0	30	10	0	10	0%
TH	The Salvation Army	TH Alpha Transitional Housing		SMF	6			6	6	100%
TH	Volunteers of America, Inc.	(GPD) TH Ocala Ritz Transitional Housing		SMF	50			47	50	94%
RRH	Volunteers of America, Inc.	(SSVF) Permanent Housing		SMF+HC	10			10	10	100%
					Sum : 504	Sum : 30	Sum : 22	Sum : 447	526	85%

APPENDIX C

APPENDIX D

ENDING HOMELESSNESS IN MARION COUNTY

October 2018

Table of Contents

Executive Summary

On any given night, there are 420 households experiencing homelessness, comprised of 571 persons, in Marion County.[i] Addressing homelessness in any community can be a daunting task, but a task that can be accomplished. The recommendations in this report offer a roadmap to a system that ensures homelessness is entirely prevented whenever possible or, if it cannot be prevented, is a rare, brief, and one-time experience. The efforts taken by the United Way, the Public Policy Institute, Marion County, and the City of Ocala demonstrate a community-wide effort to start the action steps necessary to begin addressing and ultimately ending homelessness.

In order to effectively address the complex issue of homelessness, the community must agree on a common understanding of the problem. We suggest the following: the problem of homelessness is a lack of housing. Lack of access to a home is the one attribute all households experiencing homelessness have in common. Communities often address what they think are the causes of homelessness. For example, a community may devote significant resources to first addressing mental health disorders, substance use disorders, budgeting problems, parenting skills, or lack of other basic life skills. While these issues are important to address, access to housing is often prioritized second. Safe and stable housing is the only true end to homelessness.[ii]

No community can address homelessness in silos.

In this report we review the current and desired state in Marion County under five broad categories of an effective homeless crisis response system. The five broad categories are:

1. Outreach and Coordinated Entry
2. Prevention and Diversion
3. Short-term emergency shelter
4. Rapid ReHousing
5. Permanent Supportive Housing

While there are many recommendations in this report, we focus on two major problems in Marion County: (1) Lack of permanent housing interventions and (2) Lack of system collaboration among community stakeholders. In order for the recommendations to be successful, a system-wide effort must be a top priority. Permanent housing is the goal, and system-wide collaboration is the path forward. No community can address homelessness in silos.

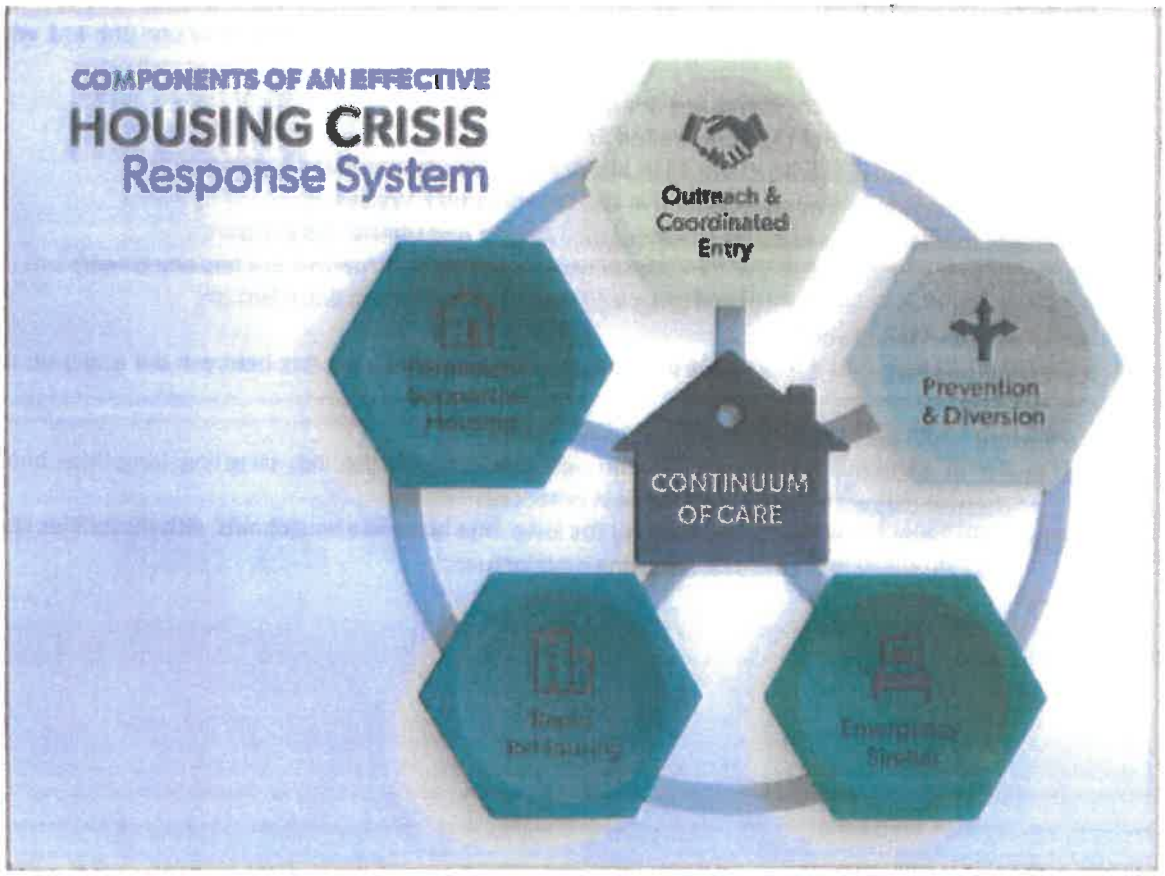
We would be remiss if we did not stress the importance of implementation. A report such as this is a critical first step in identifying strengths and weaknesses of the system in its current state. However, the community and leaders in it have the great responsibility of actually implementing the recommendations. We know that if these recommendations are dutifully implemented, Marion County will see a significant reduction in homelessness. From our experience in other communities in Florida, Marion County can expect that implementation of our recommendations will result in a 40% reduction in sheltered homelessness, and a 50% reduction in unsheltered homelessness.

Summary of Recommendations

The Coalition is confident these recommendations offer a roadmap to creating an effective system to significantly decrease homelessness in Marion County. In order for these recommendations to be implemented successfully, we recommend a workgroup be assembled made up of community stakeholders who are committed and action-oriented to move the needle on homelessness in Marion County.

List of recommendations:

1a. Build capacity in CoC Lead Agency to better coordinate the community effort to prevent and end homelessness.
1b. Build capacity of the CoC governing board.
2a. Integrate outreach into the Coordinated Entry System.
2b. Implement diversion practices in all intake and assessment processes at all agencies.
2c. Increase service agency participation in the Coordinated Entry System.
3a. Lower the barriers to entry for all emergency shelter and transitional programs.
3b. Focus emergency shelter and transitional program services on permanent housing placement.
3c. Integrate shelter and transitional programs into the Coordinated Entry System.
3d. Limit use of motel vouchers.
4a. Establish a targeted Rapid ReHousing program for households scoring between a 4 and 9 on the VI-SDPAT.
4b. Ensure Rapid ReHousing providers are using best practices.
5a. Invest in permanent housing units through scattered-site leasing, targeting long-time homeless households with disabilities. Use best practices.
5b. Increase permanent supportive housing for long-time homeless households with disabilities through deeply subsidized affordable housing development.


COMPONENTS OF AN EFFECTIVE
HOUSING CRISIS
Response System
Outreach &
Coordinated
Entry
Prevention
& Diversion
CONTINUUM
OF CARE

Overview of the System Evaluation Process and Recommendations

Our research for this report examined each component of the homeless assistance system: (1) Outreach and coordinated entry, (2) Prevention and Diversion, (3) Emergency shelter, (4) Rapid ReHousing, and (5) Permanent Supportive Housing. Given the critical importance of the Continuum of Care (CoC), we also met with CoC stakeholders, the CoC Lead Agency, the CoC governing board, the business community, the faith community, and persons experiencing homelessness.

> Achieving these goals is grounded in a shared vision of what it means to end homelessness: that **every community must have a systemic response.**
> *-Home, Together*, United States Interagency Council on Homelessness

In addition to robust stakeholder interviews, we also looked at local government plans impacting homelessness and affordable housing, the Point in Time Count, affordable housing data from the Shimberg Center, and system performance measures. This attention to data enables use of metrics that draw a picture of the system's effectiveness. There are several ways the community collects data at the individual and systems level. For purposes of this report, we examined two main metrics as they are considered to be the measure of a community's performance to addressing homelessness: (1) the Homeless Management Information System (HMIS) and (2) the Point in Time (PIT) Count. The HMIS and the PIT Count are the two main ways the U.S. Department of Housing and Urban Development (HUD) measures a community's progress on ending homelessness.

Since 2016, HUD uses System Performance Measures (Sys PM), drawn from the HMIS, to serve as a guide to community's progress. System Performance Measures are important for two reasons. First, the CoC's reported performance on these metrics directly impacts future federal and state funding – higher performing CoCs will be rewarded, while lower performing CoCs will lose funding. Second, these measures provide useful data for the local community to improve the system. For instance, seeing increased numbers of first-time homeless is an indication that the Diversion component of the system should be improved. Similarly, if few people are moving directly from the street to an apartment, then the Outreach and Rapid ReHousing components of the system must be enhanced.

The Sys PM include the following measures:

1) Length of time persons remain homeless in the community;
2) Percentage of people who exited homelessness to permanent housing and later return to homelessness (i.e., returns to homelessness within a specified period of time);
3) Changes in number of total people homeless and those in specific homeless subpopulations, such as veterans, chronically homeless, families with children, unaccompanied homeless youth;
4) Employment and income growth for persons in HUD CoC funded programs;
5) Number of persons who become homeless for the first time in the community; and,
6) Percentage of people successfully moved from street outreach into, and retaining, permanent housing.

It is important to note that positive Sys PM measures depend on having an effective homeless assistance system with a solid foundation in: (1) strong leadership at the CoC level; (2) an emphasis on the system rather than individual agencies or programs; (3) a comprehensive and high-quality HMIS; and (4) a commitment to making decisions based on data and outcome measures.

Of note, our review of the Marion HMIS indicates that HMIS data quality is not currently a good measure of progress being made in Marion County. Nationwide, 2016 was set as the benchmark year against which progress would be measured in subsequent years. Due to some missing and inconclusive data in 2016 for Marion County, it is hard to evaluate the system based on this data. However, significant improvements were made in 2017 and 2018. These improvements are most likely the result of the CoC Lead Agency improving data quality. It is also important to note that though the PIT Count numbers have decreased in the last two years, the number of unduplicated persons served, as documented in HMIS, have increased. It is most likely that the HMIS data is a more accurate reflection of the actual number of persons served in programs like emergency shelter, transitional housing, and permanent housing programs.

As a whole, the programs and services offered in Marion County are somewhat fragmented. While there is some collaboration, it is often the case that organizations work in silos. To see a significant reduction in homelessness requires the system to work together as a whole. Each provider offering services in the components below need to understand their role in the greater system of ending homelessness.

Our recommendations review the current state of each component, strengths and challenges, desired state, specific strategies, and outcomes.

Continuum of Care

Desired state

1. **A CoC Lead Agency that demonstrates effective leadership, communication, and strategic action to drive the community's effort to prevent and end homelessness.**
2. **A Continuum of Care membership working collaboratively, in line with the strategic plan of the CoC Lead Agency.**
3. **An effective CoC Board of Governance focused on the "big picture" of ending homelessness, comprised of the right persons, and understanding of best practices in homelessness.**

Current state – strengths and challenges

Since 2009 with the passage of the HEARTH Act, local communities have been asked to reorganize their homeless assistance systems and work strategically, as a community, to develop a more effective system. Using good data and reliable outcome measures, the Continuum of Care (CoC) leadership group plans for and implements a homeless assistance system that ensures fewer households experience homelessness, and that when homelessness does occur, persons are quickly returned to housing in which they can stabilize.

The CoC Lead Agency in Marion County is the Marion County Homeless Council (MCHC). In addition to its role as the CoC Lead Agency, MCHC is also a nonprofit service provider. MCHC excels as a service provider in Marion County, often serving the hardest to serve households with Prevention, Rapid ReHousing, and Permanent Supportive Housing. Based on our research, there are strengths represented in MCHC's current operations. Some of the strengths are: (1) success in increasing capacity to monitor and administer federal and state grant dollars within the past year; (2) strong hires within the past year to assist with data quality, coordinated entry, and leadership; (3) separate boards for the nonprofit as a service provider and CoC Lead Agency. This is a tremendous effort for any organization.

From interviews with stakeholders, we understand MCHC has had capacity issues in its role as the CoC Lead Agency. These challenges include: (1) communication breakdown to the community providers, local government, and other stakeholders; (2) unclear distinction between service provision and CoC Lead Agency duties; (3) lack of capacity to monitor and administer federal and state grant dollars.

Many people in the community, including some service providers, local government staff, and a handful of CoC Lead Agency board

WHAT IS A COC?

A Continuum of Care (CoC) membership comprises stakeholders representing many sectors of the community, all working to end homelessness.

The Continuum of Care Board of Governance acts on behalf of the CoC and the community – to plan and implement effective homeless assistance systems.

The CoC Lead Agency is the entity responsible for carrying out the policies enacted by the CoC Board, operating the HMIS, ensuring compliance with best practices, and coordinating the system components.

members expressed dissatisfaction with MCHC as the CoC Lead Agency. The impact of these stakeholders' dissatisfaction has created rifts and a lack of coordination of effort.

MCHC was extremely cooperative throughout the Coalition's research for this report. It was evident that MCHC desires to be a part of this assessment and to work proactively on system improvements going forward. MCHC expressed a struggle with lack of local support and a lack of nonprofits with capacity to receive the federal and state funding coming through the CoC Lead Agency.

We recommend MCHC either continue on as a homeless service provider or the CoC Lead Agency, but not both. Attempting to do both jobs is simply too much for such a small agency and pulls the staff in too many directions, ultimately resulting in diminished performance. We recommend adopting one of two strategies: either MCHC remains the CoC Lead Agency or the City and County form a partnership, like an Office on Homelessness, to serve as the designated CoC Lead Agency. We offer more detail on these strategies below. The process of changing the designated CoC Lead Agency is not explicitly stated in the Board of Governance charter. Our interpretation is that the CoC membership has responsibility for any change in the CoC Lead Agency. MCHC could choose to step out of that role, in which case CoC members would vote for a replacement. If MCHC wishes to remain the CoC Lead Agency, the membership would vote to either keep MCHC as the Lead Agency or designate a new CoC Lead Agency.

If MCHC does not serve as the CoC Lead Agency, we recommend a Marion County-City of Ocala Office on Homelessness become the CoC Lead Agency. Though this would require significant adjustments to existing relationships and investment of time. Our experience is that local governments often have more capacity to engage with the community, administer grant funds, and monitor how funds are used. Because the County receives HUD funding for homelessness, it could leverage the HUD CoC program funding to maximize resources available to ending homelessness and administration. If this strategy is adopted, we recommend that CoC members vote to simultaneously strip MCHC of its CoC Lead Agency status and designate the County-City Office on Homelessness as the Lead.

In addition to the CoC Lead Agency challenge discussed above, CoC Board of Governance is also a challenge. While there is a diverse range of professionals and stakeholders on the MCHC Board, our research revealed concerns related to efficiency in meetings and a lack of big-picture strategic deliberation necessary for any effective system. When board meetings begin to be an inefficient use of time, not only does it cause detriment to MCHC as the CoC Lead Agency, but board members disengage from their duties. There is also a tendency for the Board of Governance to micro-manage the duties of the CoC Lead Agency because of its lack of faith in MCHC. As mentioned above, the Board's responsibility is to remain focused on the big picture, support the CoC Lead Agency, and move the community forward.

We recommend building capacity of the Board of Governance. One of the most efficient means of doing so is completing a board grid (see Appendix C for an example board grid) displaying the current makeup of the board and fill in gaps in the following areas: affluence/influence, professional diversity, ethnicity, race, stakeholder group, and gender. Once those gaps are identified, the Board should start a recruitment effort.

We should note that the Board of Governance should support the CoC Lead Agency in its effort to end homelessness and lead the community in carrying out the strategic plan to prevent and end homelessness in Marion County. The designated CoC Lead Agency should be supported in their role and capacity to carry out their designated duties. The Board of Governance could also utilize further nonprofit board training to strengthen its effectiveness.

Recommendations to get from current to desired state

Recommendation 1a	**Build capacity in CoC Lead Agency to better coordinate the community effort to prevent and end homelessness**	
	Proposed Strategy 1 (*Either A or B*)	**Performance Measurement**
	<u>Strategy A</u> Continue with Marion County Homeless Council (MCHC) as CoC Lead Agency, with the following changes: 1. MCHC would cease providing direct services to homeless households so it can focus its work on leading the CoC system. 2. Marion County and City of Ocala must provide additional funding for MCHC directed at building capacity through: (a) hiring additional employees with expertise and leadership abilities; (b) improving the administrative infrastructure, and (c) providing technical assistance and training for the CoC Lead Agency and provider organizations. <u>Strategy B</u> Create a new joint County-City Office on Homelessness to serve as the CoC Lead Agency, as described below. 1. MCHC would cease serving as CoC Lead Agency so it can focus its work on direct services. 2. Marion County and the City of Ocala must provide sufficient funding to hire and train additional staff with expertise in HUD CoC funding, HMIS administration, CoC leadership, etc. Some staff with this expertise from MCHC should be considered for hire.	• Annual evaluation of CoC Lead Agency by the CoC Governing Board aimed at evaluating performance. • Annual strategic plan developed by the CoC Governing Board with measurable goals and timelines. • Improved coordination and collaboration among CoC member providers and the community at large, as measured by a survey.
1b	**Build capacity of the CoC governing board**	
	Proposed Strategy	**Performance Measurement**
	Recruit recognized community leaders with decision-making authority who are solutions-focused and systems-focused. The board must be focused on the big picture: the homeless assistance system as a whole, CoC performance, effective use and leveraging of funding, and housing outcomes.	• Complete a board grid displaying the current makeup of the board and fill in gaps in the following areas: affluence/influence, professional diversity, ethnicity, race, stakeholder group, and gender. • Further nonprofit board training.

Outreach, Diversion, and Coordinated Entry

Desired state

A robust outreach program targeting persons sleeping outside and bringing them into the Coordinated Entry System to be prioritized on the By Name List for permanent housing. Diversion to be offered at every "front door" of the homeless assistance system including: emergency shelters, service entry points into Coordinated Entry, and city-funded outreach.

Current state – strengths and challenges

Outreach, diversion, and coordinated entry all serve as entry points into the homeless assistance system. When designed properly, they help divert households from entering the system, target the most vulnerable households for permanent housing, and prioritize households who need housing and services assistance. Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless assistance system. Ideally, coordinated entry can be the framework that transforms a CoC from a network of projects making individual decisions about whom to serve into a fully integrated crisis response system.[iii] Coordinated entry helps in three main ways:

1) **Provides a centralized, fair process for households to get matched with the appropriate housing and/or services intervention;**
2) **Increases collaboration between service providers working with households experiencing homelessness; and,**
3) **Guides decision-making and resource allocation in an accurate, data-driven manner.**

Every CoC Lead Agency was required by HUD to have the Coordinated Entry System (CES) implemented by January 23, 2018.

One of the strengths of coordinated entry in Marion county is that it has been in place for approximately one and a half years. With this head start, MCHC has conducted an annual monitoring report of the CES to measure successes and identify ongoing challenges. The main successes from MCHC's assessment were: 67 households, comprised of 178 persons, were placed in housing. Twenty-four of those households were living in places not meant for human habitation (car, woods, abandoned home etc.). The remaining households were case managed or housed from within homeless shelters or transitional housing programs.[iv]

One of the biggest challenges in the community is the lack of a coordinated, strategic effort with buy-in from homeless service providers

A second strength of the system is the number of providers currently offering housing assessments. Housing assessments are the way households begin the process of being matched with a housing resource. The Coordinated Entry Assessor housed at MCHC also provides outreach to the domestic violence shelter, the jail, and to unsheltered homeless persons living on the street or in the woods. Our

research found that there is good participation in completing initial assessments, but engagement from providers wanes after this phase of the process.

Follow-up procedures necessary for effectively stabilizing persons experiencing homelessness are prioritization and referral. The main goal of coordinated entry is to ensure the most vulnerable are prioritized. While MCHC has established this as a standard process, providers are not fully participating. For example, MCHC maintains a "By Name List" which prioritizes households, meaning the most vulnerable household is at the top of the list. Ideally, providers would only accept referrals for their programs from the By Name List, thus ensuring the neediest households are prioritized. However, providers still accept referrals through other means – even providers who are required to fully participate in the CES as mandated by HUD. These "side door" access points pose a significant challenge to the process and do not allow for the high priority households to be served in the best way.

Though only HUD-funded recipients and subrecipients are required to participate in the CES, its functionality is crippled without full cooperation from every provider in the system. As mentioned in this report, one of the biggest challenges in the community is the lack of a coordinated, strategic effort with buy-in from homeless service providers. We recommend all homeless service providers tie in with the CES. Providers can do this by offering to be an access point, entering their data into HMIS, and only filling housing vacancies with persons on the By Name List.

Another challenge is the lack of coordination between outreach and coordinated entry. From community observation, it appears there are four main outreach providers with outreach-specific funding:

1) City of Ocala – Dennis Yonce, Social Services Liaison
2) Marion County Homeless Council – Liz Jones, Coordinated Entry Assessor
3) Deliverance Outreach Ministries
4) HIS Compassion – Diane Coleman

Outreach is a strategy that involves interacting with unsheltered people who are homeless in whatever location they naturally stay (e.g., in campsites, on the streets), building trust through assertive engagement, and offering access to appropriate housing interventions. The City of Ocala's outreach is targeting appropriate households and is providing a significant amount of diversion via bus transportation to confirmed housing options, mental health treatment, or substance abuse treatment. However, outreach is not as tied in with coordinated entry to the level it could be.

DIVERSION: WHAT'S THE POINT?

Diversion is a strategy that prevents homelessness for people at the point when they are seeking shelter. Effective diversion helps the individual or family stay housed where they currently reside or helps them identify immediate alternate housing arrangements.

When necessary, diversion may help by connecting the household with services, mediation, and/or financial assistance to keep them from entering the homeless system.

Funding for diversion is important as it is much more cost effective to divert someone from the homeless assistance system.

Note that diversion is different from prevention, in that diversion catches the person at the point they are about to enter shelter and diverts them to another solution. Homelessness prevention, on the other hand, assists the household prior to their accessing the homeless system.

We recommend coordination between all efforts in identifying households experiencing homelessness, assessing them for appropriate housing options, and prioritizing households for housing. This coordination would not require any additional funding or resources but would require collaboration. For example, outreach workers should participate in all By Name List meetings providing updates for persons they are in contact with. Outreach workers should coordinate their efforts between one another to ensure they are working most effectively. They can also work on all the pre-housing work including: getting persons document-ready, housing navigation, and warm hand-offs to support services.

Recommendations to get from current to desired state

Recommendation 2a	**Integrate outreach into the Coordinated Entry System**	
	Strategy	**Performance Measurement**
	Outreach activities should include: 1. Administering the VI-SPDAT to all homeless household contacts. 2. Targeting outreach to chronically homeless people who are not accessing the homeless assistance system. 3. Assertively engaging households on the By Name List to ensure they are connected to housing and not falling through the cracks.	Outreach workers are trained, administering VI-SPDATs, and attending By Name List meetings within two months of plan implementation.
2b	**Implement diversion practices in all intake and assessment processes at all agencies**	
	Strategy	**Performance Measurement**
	1. Create a standard diversion assessment to be completed with each household trying to access services, unless the household is chronically homeless, or it is reasonably expected that they will remain homeless if assistance is not provided. 2. City outreach should include funding for diversion and not draw from outside funding sources.	• At minimum, 20% of households seeking services from the homeless assistance system are diverted away from shelter. • 100% of shelter providers and Coordinated Entry access points are utilizing the diversion assessment tool.
2c	**Increase service agency participation in the Coordinated Entry System**	
	Strategy	**Performance Measurement**
	1. Local government funding and CoC Lead Agency funding should only be provided to agencies participating in the CES (e.g. taking referrals from only CES to fill vacancies). This can be enforced through RFAs, contracts, and project monitoring. 2. Conduct By Name List meetings twice monthly for veterans and non-veterans, for a total of four meetings.	• 100% of HUD and locally funded providers accept referrals for vacancies exclusively through CES. • The CoC Lead Agency conducts twice monthly By Name List meetings for veterans and non-veterans. Agencies present should include: Veteran service organizations; housing providers serving households moving out of homelessness, including emergency shelter, transitional housing, and permanent housing; law enforcement; behavioral health providers; and other applicable healthcare providers.

2d	Improve effectiveness of Coordinated Entry System	
	Strategy	**Performance Measurement**
	The CES should be evaluated annually to identify successes and challenges. Stakeholders engaged to evaluate the process should include households who have been through the coordinated entry process, involved staff, homeless housing and service providers, and CoC Board of Governance. A committee of these stakeholders could be formed to conduct the evaluation. An annual survey of providers could be collected to help inform the evaluation on a broader scale.	• System Performance Measures from HMIS display improvement from previous year. • Increased participation of homeless housing and service providers with the CES. • Low vacancy rate in housing projects (Less than 5%). • Experience of households going through the coordinated entry process is mostly positive.

Emergency Shelter

Desired state

Uniform, low barrier eligibility requirements for households to obtain shelter and transitional housing. Support services in emergency shelter and transitional housing are housing-focused, decreasing length of stay and creating flow in the system.

Current state – strengths and challenges

There are three emergency shelters in Marion County: Interfaith Emergency Services, Salvation Army, and Creative Services (a domestic violence shelter). Given their waiting lists, Interfaith Emergency Services and Salvation Army both identified need for increased family shelter capacity. Men's beds at the Salvation Army only tend to overflow during cold nights and the winter. Interfaith remains at capacity with women and families.

A significant challenge in Marion County's homeless system is access to low barrier emergency shelter. The only low barrier shelter is the domestic violence shelter, Creative Services. By nature of funding, domestic violence shelters are required to be low barrier to better serve women and families fleeing domestic violence and other unsafe situations. However, the other two shelters in the CoC are "high barrier shelters." High barrier shelters are those that screen out individuals and families with zero income, substance use disorders, behavioral health disorders, domestic violence, and criminal backgrounds. When those challenges are considered a reason to deny a household shelter, often there is nowhere else to turn. In turn, this forces an increase in the number of unsheltered homeless in the CoC.

Though the 2018 Point in Time (PIT) Count only shows four unsheltered families, this number is likely higher due to the difficulty of identifying unsheltered families. Homeless families often sleep in cars or other places not meant for human habitation. In households without children, there are 255 total unsheltered persons, 85 of which are chronically homeless. Unsheltered households represent 48% of the total number of households experiencing persons. This number includes 202 households representing 271 total persons. Seventy-nine percent (215) of unsheltered persons are male. Those unsheltered households are not all unsheltered due to shelters being at capacity – it is because of the barriers to access emergency shelter. There are many reasons households do not want to stay in emergency shelter, but a main factor includes high barriers.

Examples of the barriers at emergency shelter are no tolerance for persons with substance use disorders unless there is a desire to seek treatment, random drug testing, participation in life skills and other mandatory classes, maximum stays, and lack of access to the shelter during daytime hours.

IN MARION COUNTY, 48% OF ALL HOUSEHOLDS EXPERIENCING HOMELESSNESS ARE **UNSHELTERED**.271 PERSONS SLEEP OUTSIDE OR IN A PLACE NOT MEANT FOR HUMAN HABITATION EVERY NIGHT IN MARION COUNTY

In Marion, shelter and transitional program case management services are mainly focused on life issues unrelated to housing. The lack of a strong housing focus results in longer shelter stays and a slower flow of exits so new vacancies can be available.

Strengths of Interfaith Emergency Services, Salvation Army, and Creative Services include available case management services and some financial assistance to help move into permanent housing. All providers are access points for Coordinated Entry. The Coordinated Entry Assessor from MCHC comes to Creative Services on a regular basis to assist in conducting VI-SPDATs to help households who qualify for the By Name List and obtain permanent housing. Creative Services also provides diversion, when possible, to safe alternatives to the shelter.

HIS Compassion also provides emergency shelter services in the form of motel vouchers. While the vouchers do not have high barriers to obtain, households must have a plan for self-sufficiency due to the high cost of motel vouchers. Motel vouchers are a costly form of shelter, and we recommend they only be utilized when no other appropriate shelter options are available. The money utilized for the motel vouchers could be reallocated to Rapid ReHousing. The motel vouchers could also be utilized for emergency shelter while a household is waiting to transition into Rapid ReHousing.

In Marion, transitional housing programs are one of the main sources of homeless assistance. These programs are, by nature, high barrier. In Marion, households must present with a particular household structure, meaning families can only present as a married heterosexual couple with children or a single mom with children. Same sex couples with children and fathers with children do not have access to emergency shelter or transitional housing.

HUD has placed a priority on permanent housing as the solution for households experiencing homelessness. When communities are aligned with HUD's priority, programs are better funded, creating a more responsive system. One way in which HUD has recommended an increase in permanent housing is to reallocate transitional housing to either emergency shelter or Rapid ReHousing. Either could be done in Marion County. If transitional housing programs serving women and families changed to a low barrier emergency shelter model, that would open up more shelter availability. If some transitional housing programs reallocated funding to Rapid ReHousing, they would be able to provide the same support services but in a permanent housing environment. We recommend transitional housing funding be reallocated to Rapid ReHousing. Many communities have made these transitions. Transitional housing programs should not be funded with any type of CoC funding or local government funding unless there is action to better align with a low barrier, housing-focused model. Continuing to fund transitional housing programs could result in a decrease of overall funding to the homeless assistance system.

HOUSING-FOCUSED

The best emergency shelters focus on a singular mission: placing clients into permanent housing as quickly as possible. An effective emergency shelter accomplishes this goal by offering housing-focused services for rapid placement in permanent housing.

An emergency shelter should be a temporary residence. Positive outcomes are best realized outside of a shelter environment, where individuals can receive follow up support services in their home.

Permanent housing should always be the goal of every system component.

Recommendations to get from current to desired state

Recommendation 3a	**Lower the barriers to entry for all emergency shelter and transitional programs**	
	Strategy	**Performance Measurement**
	Drug testing, criminal background checks (with the exception of sex offenders at family shelter), sobriety requirements, time limits, treatment compliance requirements, employment requirements, and program fees should be eliminated at all shelters and transitional programs. Local government funding and ESG funding should require low barrier, housing-focused shelter through RFPs, contracts, and monitoring.	• 100% of shelter beds and transitional housing comply with the Housing First model. • Staff are properly trained on trauma-informed care, basic behavioral health knowledge, and Housing First.
3b	**Focus emergency shelter and transitional program services on permanent housing placement**	
	Strategy	**Performance Measurement**
	Services offered to residents should include housing navigation, access to coordinated entry, and housing-focused case management. Ancillary services such as mental health and substance abuse counseling, employment services, and life skills coaching should be provided post-housing from community providers.	• Case managers are trained on Housing First, housing-focused case management. • Length of stay is reduced over time. This could be measured in 6-month increments from the time of housing-focused implementation. • Housing placements are increased over time. This could be measured in 6-month increments from the time of housing-focused implementation.
3c	**Integrate shelter and transitional programs into the Coordinated Entry System**	
	Strategy	**Performance Measurement**
	Programs should implement a procedure whereby VI-SPDATs are conducted in a uniform manner, about 10 days after a resident's entry into the program. This allows households the opportunity to self-resolve and reduces conducting VI-SPDATs on households who would have resolved on their own. Volunteers should not be conducting VI-SPDATs to ensure quality control.	• One, or at maximum, two shelter staff are trained and conducting VI-SPDATs. • Appropriate shelter staff should participate in By Name List meetings for coordination. • Shelters and transitional programs track the number diverted from their programs.
3d	**Limit use of motel vouchers**	
	Strategy	**Performance Measurement**
	Where no appropriate shelter exists, motel vouchers can be used as an alternative to provide emergency shelter. These motel vouchers should only be utilized when all emergency beds are full. The emergency shelters are not always at capacity. The vouchers could be targeted to households waiting to be rapidly rehoused when there are no shelter beds available.	• Motel vouchers only used when there is no vacancy or appropriate shelter.

Rapid ReHousing

TRANSITIONAL HOUSING VS. RAPID REHOUSING

Transitional housing programs are typically focused on "preparing" an individual for permanent housing or getting them "housing ready".

Rapid ReHousing programs are focused on quickly placing an individual in an apartment, and immediately providing support services to ensure the individual is able to sustain the housing placement and improve their quality of life.

Research shows that Rapid ReHousing is far more effective at ending homelessness, is more cost effective, and can be replicated. For those reasons, the federal government has largely eliminated funding for Transitional Housing programs.

Desired state

A robustly funded Rapid ReHousing component in the homeless assistance system which maintains an 80% housing stability rate of households served. The community should implement this strategy as a cohesive effort. Annual monitoring of the programs should show homelessness is reducing overall and grant compliance.

Current state – strengths and challenges

Rapid ReHousing is a permanent housing solution designed to help households quickly exit homelessness. It has three main components: (1) housing navigation/location, (2) financial assistance, and (3) support services. Rapid ReHousing is already a part of the homeless assistance system in Marion County.

Rapid ReHousing is an ideal solution as it places emphasis on permanent housing and rapid exits out of homelessness. It is also a flexible intervention that can be used for almost any household experiencing homelessness. The Rapid ReHousing model contrasts with transitional housing in this way. The overemphasis of transitional housing and recovery programs in Marion County contributes to the lack of resources for more effective solutions, including Rapid ReHousing and Permanent Supportive Housing.

Robust Rapid ReHousing allows for flow in the system. Households are able to move out of shelter and transitional programs quickly, allowing for newly homeless to have a place to stay. For the program to work effectively, best practices need to be followed in all aspects of administration and operation. Best practices in Rapid ReHousing are described below.

1. *Housing Navigation/Location*. Housing location is the starting point for Rapid ReHousing. Once a household has been identified for Rapid ReHousing, they need to be matched with an appropriate apartment in the community. Existing rentals in the regular market are used. Best practices show that having a Housing Locator at either the community or agency level helps expedite this process. The housing search can often be delayed by case managers having to search for housing each time they get a new client. A Housing Locator is responsible for finding housing, negotiating with landlords, and keeping a comprehensive list of landlords willing to work with the Rapid ReHousing programs.

2. *Financial Assistance*. Once housing is located, the program then assesses what initial financial assistance is needed. The majority of

households will have zero to low income at entry and will require move-in assistance (e.g. security deposit, first and last month's rent). Each month thereafter, case managers meet with the household to determine the amount of financial assistance that is needed. This is determined one month at a time. Rapid ReHousing assistance can be short or medium term. Short term assistance is up to 3 months. Medium term assistance can last anywhere from 3 -24 months. Most households will stabilize within 6-12 months.

3. *Support Services*. Immediately upon move in, support services are offered by a case manager or Housing Stabilization Specialist who works with the households on goals related to housing stability. These goals are often related to obtaining income through employment and benefits. Support services help households rapidly stabilize until they are able to assume full responsibility for housing.

HUD provides funding for Rapid ReHousing through the Emergency Solutions Grant (ESG), HOME Tenant Based Rental Assistance, HUD CoC program, and Supportive Services for Veteran Families (SSVF). The state disburses funds through the State Housing Initiatives Partnership (SHIP) program with rental assistance as an eligible use. These are just a few of the sources that can be used to fund this intervention. In Marion County, while ESG, SSVF, and CoC program funding are currently used for Rapid ReHousing, there are untapped resources that could be used to expand Rapid ReHousing. We recommend a strategic plan for funding which compiles all the funding sources for Rapid ReHousing and targets the funding through a handful of providers capable of administering the funds and fully complying with grant requirements.

Support services help households rapidly stabilize until they are able to assume full responsibility for housing.

There are currently three providers administering Rapid ReHousing in Marion County, with a total investment of $218,395. One of the challenges with the programs is there is not 100% cooperation with Coordinated Entry, meaning vacancies can be filled outside of Coordinated Entry. Because the Coordinated Entry System is designed to prioritize households who have been assessed for housing, it is important for providers to fill their vacancies with referrals directly from Coordinated Entry. Coordinated Entry assess households, prioritizes them on a By Name List, and then refers them to the appropriate provider for housing. We recommend this effort be more coordinated, and providers fully cooperate.

Currently, the By Name List identifies 189 households who scored between a 4 and 8. These households are considered "moderate barrier" households. Moderate barrier households are households in which lack of income, natural supports, and resources present barriers for obtaining housing. We recommend targeting the Rapid ReHousing funds to those households to help them exit the homeless assistance system. We are recommending an increase in investment from $218,395 to $500,000 total. Existing funding sources not being currently utilized for Rapid ReHousing should be used first, with any gap in funding being addressed through other sources. (e.g. local government, private/philanthropy, healthcare sector). Transitional housing program funding and homelessness prevention funding could also be reallocated for Rapid ReHousing. We recommend half of the homelessness prevention funding be reallocated in the next grant cycle. We also recommend expanding the VI-SPDAT score up to 9 for Rapid ReHousing.

Lastly, we recommend providers be trained in utilizing the best practices mentioned above to improve program efficacy. Training can be provided through organizations who provide technical assistance for

homeless programs, webinars through those technical assistance providers, and HUD guidance. Our observations of current Rapid ReHousing programs show there is a lack of understanding on the part of subrecipients on how to properly administer the grants. An effective Rapid ReHousing program should maintain an 80% housing stability rate, meaning 80% of households remain stably housed 12 months after financial assistance has ended. Additionally, programs should see less than 15% rate of return back into the homeless assistance system.

Recommendations to get from current to desired state

Recommendation 4a	**Establish a targeted Rapid ReHousing program for households scoring between a 4 and 9 on the VI-SDPAT**	
	Strategy	**Performance Measurement**
	1. Utilizing the coordinated entry process, these households should be targeted for Rapid ReHousing assistance by the most appropriate agency. 2. Local community to significantly increase funding to these programs through use of SHIP rental assistance strategy, HOME Tenant Based Rental Assistance, ESG funding, and private/philanthropy dollars. 3. Half of transitional housing program funding and homelessness prevention funding should be reallocated to Rapid ReHousing. Estimated increase in funding: $280,000 Total investment: $500,000 to serve between 100 and 200 households.	• Increase of $150,000 for two years to get to a total of $500,000 annual RRH funding. • Serve 100 households in first year. • Serve total 200 households in second year. • All funding sources require use of Coordinated Entry and the By Name List for housing placement.
4b	**Ensure Rapid ReHousing providers use best practices**	
	Strategy	**Performance Measurement**
	All Rapid ReHousing providers should receive uniform training on best practices in implementing a Rapid ReHousing program including the following components: 1) Housing Navigation 2) Financial Assistance 3) Support Services Training can be through various means. The Florida Housing Coalition recommends their own in-person or webinar training or the National Alliance to End Homelessness webinar training.	• Case managers are trained on Housing First, housing-focused case management. • Programs maintain less than 15% rate of returns to homelessness. • 80% of program participants remain stably housed for a period of 12 months after assistance is terminated. • Minimal findings in funders' monitoring reports.

Permanent Supportive Housing

Desired state

At minimum, 125 site-based rental assistance units and 100 tenant-based rental assistance units available to chronically homeless households prioritized through the By Name List within three years.

Current state – strengths and challenges

Permanent Supportive Housing (PSH) is a housing intervention characterized by three components:

1. ***Permanent.*** **Tenants may remain in housing as long as they are abiding by their tenancy responsibilities.**
2. ***Supportive.*** **Tenants have access to the supportive services they need and want.**
3. ***Housing.*** **Housing is decent, safe, affordable, and integrated into the community.**

While Rapid ReHousing focuses on households with low to moderate barriers, PSH is designed for households experiencing chronic homelessness. Typically, these households score 10 or higher on the VI-SPDAT and have long lengths of homelessness. Another significant difference is the cost of PSH. PSH is one of the highest cost interventions in homeless services; therefore, it should be reserved for only chronically homeless households. In a scattered site leasing model, PSH generally costs between $10,000 and $15,000 per household annually. Even with this cost, research demonstrates that the program typically pays for itself by taking chronically homeless individuals off the street, out of jails, out of crisis stabilization units, out of detox facilities, and out of emergency rooms, and directly into an apartment with the support they need to maintain stable housing.

In Marion, MCHC is currently the only provider with permanent supportive housing targeting non-veteran chronically homeless households. There are a handful of other permanent housing options, but they do not target chronically homeless households. There are four 3-bedroom units, and 5 scattered site slots for individuals. While there are 9 apartments available, there are 173 persons experiencing chronic homelessness, including 52 persons in families and 121 individuals. These numbers reflect a significant lack of PSH in Marion County.

Though PSH has almost 30 years of research proving its effectiveness, providers in Marion County still have a hard time accepting this is an effective way to end homelessness. Many of the comments made through interviews were that of concern that people would not improve

WHO NEEDS PSH?

PSH should be reserved only for the highest need individuals, typically persons with multiple disabilities including mental health, substance use, or physical health disorders.

Individuals with long lengths of time homeless and disabilities are considered chronically homeless.

Because these individuals are the highest need candidates, and are typically unlikely to sustain housing without significant support, they require intensive support and deep rental subsidies offered in a PSH program.

once they were in housing or would not be able to maintain housing. All of this is contrary to the PSH research demonstrating households become more stable and access treatment and healthcare at higher rates once they are in stable housing.

An example of the cost savings for an individual in PSH is demonstrated below:

Sample Utilization Costs for an Individual Prior to Housing			
Utilization of Services	*Cost per Service*	*Frequency/annually*	*Cost Total*
Jail	$65/night	60	$3,900
Hospital/ER	$3,000[v]	10	$30,000
Crisis Stabilization Unit	$2,000/stay[vi]	6	$12,000
Detox	$300/day	12	$3,600
			Total: $49,500

Sample Utilization Costs for an Individual Post Housing			
Utilization of Services	*Cost per Service*	*Frequency/annually*	*Cost Total*
Jail	$65/night	18	$1,170
Hospital/ER	$3,000	3	$9,000
Crisis Stabilization Unit	$2,000/stay	2	$4,000
Detox	$300/day	12	$3,600
			Total: $17,770

The scenario above represents a moderate to high utilizer of services. In cases of the highest utilizers, the average cost is around $100,000/year. Based on a conservative estimate of $49,500 per year in utilization of crisis services, 50 people experiencing chronic homelessness would cost $2,475,000. By contrast, PSH for those 50 individuals would cost approximately $500,000. Since the research demonstrates significant reductions in crisis utilization services post housing, we have assumed a 70% reduction. If you add the sample utilization costs post housing to the cost of housing ($10,000/person annually), the total would be $1,388,500. This scenario demonstrates $1,085,500 in savings.

The data clearly demonstrates a significant decrease in costs if individuals are given an opportunity to access stable housing and intensive supports.

In Jacksonville, FL Ability Housing, a nonprofit affordable housing developer, is a part of a Florida Housing Finance Corporation demonstration project for permanent supportive housing. Ability's PSH program demonstrated that 58 of the highest utilizers in Duval County cost $4,943,322 pre-housing and $2,484,330 post-housing.[vii] The data clearly demonstrates a significant decrease in costs if individuals are given an opportunity to access stable housing and intensive supports.

We recommend a significant increase in funding for PSH in Marion County. We recommend a $500,000 investment funded through several sectors: healthcare, private, foundations, business, and local

government. This investment needs to be a top priority for the workgroup. The $500,000 would cover leasing and support services costs for 50 chronically homeless individuals. Apartments existing in the community would be utilized for the program.

Additionally, we recommend the creation of project-based PSH developments. There is funding through the Florida Housing Finance Corporation to create these projects. Obtaining a site and applying for this funding can be challenging; therefore, working with an experienced PSH developer and an experienced housing first organization are critical to the success of any PSH development. A major strength in Marion County is the prospect of two PSH site-based projects. Currently, Volunteers of America has already acquired a site and funding through the Florida Housing Finance Corporation to build permanent housing targeted towards homeless households. A portion of these can be set aside for chronically homeless households. The other opportunity for a site is the new Saving Mercy project. We have encouraged them to partner with an experienced developer to help develop the site and build permanent housing.

These two targeted strategies - increasing investment and increasing affordable housing stock - could potentially reduce chronic homelessness by 50% or more over the next two years.

Recommendations to get from current to desired state

Recommendation 5a	**Invest in permanent supportive housing units through scattered-site leasing, targeting long-time homeless households with disabilities. Use best practices.**	
	Strategy	**Performance Measurement**
	1. Significantly increase community investment in permanent supportive housing leasing and services costs through private/philanthropic dollars, the healthcare sector, the Housing Authority, and local government funding. Example: • Housing Authority to set aside 50 vouchers over a 2-year period for chronically homeless. An appropriate service provider needs to be identified within the community. • Local government (city and county) contribute a total of $500,000 annually to pay for housing and services for 50 individuals. Total increase in funding: $442,000 Total investment: $500,000 Total households served: 100 Total investment: $500,000 plus HA vouchers to serve between 100 and 200 households. 2. Providers should be trained on best practices in a Housing First permanent supportive housing program. Training can be provided from a variety of sources, including the Florida Housing Coalition. Training can be enforced by funders through contracts requiring monitoring and ongoing training.	• Increase of $442,000 local funding over two years to get to a total of $500,000 annual permanent supportive housing funding. • Increase of 50 housing choice vouchers over two years for a total of 50 vouchers for chronically homeless households. • Total of 50 persons served in year 1. • Total of 100 persons served in year 2. • All funding sources require use of Coordinated Entry and the By Name List to accept referrals.

5b	Increase permanent supportive housing for long-time homeless households with disabilities through deeply subsidized affordable housing development	
	Strategy	**Performance Measurement**
	1. Local government to incentivize developers to build affordable supportive housing development. 2. Local government funding to invest in creation of affordable supportive housing units. 3. Two local nonprofits serving homeless households to invest in and build approximately 125 units. Financing for housing can be applied for through Florida Housing Finance Corporation.	• One new affordable housing project per year for three years, increasing the stock of affordable housing by 125 units total.

Affordable Housing

The health, safety, and welfare of Ocala and Marion County and the strength of the local economy hinges on an adequate supply of affordable housing for working families, elders, and people with disabilities living on fixed incomes. Having a healthy, affordable place to call home is the foundation of our lives and the basis of a strong local economy. Below are some statistics showing that thousands of families in Ocala and Marion County struggle with high housing costs:

- **Over 25,000 low-income households are paying more than 30% of their incomes for housing, the maximum amount considered affordable by experts.**
- **Over 13,000 very low-income households are severely cost burdened, meaning that they pay more than 50% of their income for housing.**
- **A typical family at 80% of Area Median Income pays between 74% and 78% of its income for housing and transportation costs combined.**
- **Workers in most of the Ocala/Marion County metro's most common occupations don't earn enough for a 1-bedroom apartment at Fair Market Rent.[viii]**

During the course of the Coalition's research, the topic of housing affordability was repeatedly raised as a significant barrier to addressing homelessness. There is a strong link between housing affordability generally, and occurrences of homelessness in a community with a serious shortage of affordable housing for extremely low-income households. Thus, any systems approach to homelessness must acknowledge the broader housing environment.

Extremely low-income (ELI) households are typically severely housing cost burdened, paying more than 50% of their household income towards rent. With high housing costs, the household must make sacrifices to pay for groceries, utilities, transportation, healthcare, and other household expenses. Households are often one or two crises away from experiencing homelessness.

Low income also poses a threat to housing affordability and financial crises. Persons experiencing homelessness often require hands-on workforce training in order to gain the skills and job readiness necessary for securing and maintaining employment with sufficient income to afford housing.

Households experiencing the cost burden of rent could be at risk of homelessness. Homelessness is often attributed to a financial crisis that then leads to housing instability. Addressing affordable housing will help alleviate the high cost of housing and ultimately, positively impact the community.

THE LOCAL GOVERNMENT ROLE

There are many tools available to local governments and the private sector to promote access to, and development of, affordable housing.

In general, we support shared equity models (community land trusts), adjustments to impact fees to incentivize affordable housing, establishing inclusionary zoning programs, encouraging accessory dwelling units, pursuing equity from the state, reducing barriers to development of affordable housing through regulatory changes, starting land bank programs, and establishing housing trust funds.

These programs, even if adopted holistically, will not shift the housing environment overnight. These programs require commitment and dedication, but the best time to start is now.

Broader Context Issues

Homeless Management Information System (HMIS)

Because federal and state funding depend on data from HMIS, and because federal funding depends on the number of providers that utilize HMIS, it is crucial to have a fully supported and highly functional HMIS. HMIS can assist in connecting persons in need with resources available to support them. Complete and accurate HMIS data also provides a much clearer picture of ongoing homelessness in the County, rather than relying on imperfect PIT numbers as the only measure.

MCHC has taken steps to try to improve not only the HMIS utilization rate by providers, but also has made additions to the staff to enhance its ability to report data, improve data quality, and maximize efficiencies in HMIS. This effort should be continued by the designated CoC Lead Agency. Any and all funded providers should be fully equipped and trained to enter data into HMIS. Data quality should be reviewed regularly to ensure providers are cleaning up any data they need to and filling in missing data fields. This can be monitored by the CoC Lead Agency and enforced through funding contracts.

Charity Interventions

In Marion, there are many faith-based and charity-style interventions. Charity-style interventions are services aimed at managing the immediate needs associated with homelessness, including: food distribution, clothing, camping gear, and hygiene items. While providing food, clothing, and other assistance certainly addresses unmet needs, it often is an uncoordinated effort. Tuesday mornings is a great example of agencies and the faith-based community working together. However, there are other concerted efforts that are not plugged into the broader system of care. We do not recommend eliminating availability of these services. We do recommend staff persons delivering these interventions are trained to effectively engage with persons experiencing homelessness, are familiar with the network of services available, and are able to connect the individual with more intensive case management and housing interventions as necessary. The intervention should not end with the delivery of clothing and food, it should end with connecting the recipient to the right service providers to address individual need as assessed by the intervention worker.

Another aspect to charity-style interventions is benevolence. It is often the case that faith-based organizations, such as churches, set aside money for local financial assistance. We recommend these funds be pooled together and utilized as a source of private funding for permanent supportive housing and other gaps as identified by the Continuum of Care.

Nonprofit Capacity

During the Coalition's assessment, a repeated challenge that presented itself was lack of nonprofit capacity. A nonprofit is considered high capacity when there is a strong Board of Directors, diverse funding portfolio, strong leadership, financial and business acumen, and capacity to administer and comply with funding requirements. The major concerns were a lack of using best practices in homeless services and a low capacity to comply with funding requirements. For the homeless assistance system to work effectively, nonprofits must understand how to properly administer funds and utilize best practices. Even if components of the system are robustly funded, if the nonprofits do not understand the requirements to comply with funding or how to spend it properly, the system will not function well, and ultimately outcomes will not be achieved.

We recommend the CoC Lead Agency, the local government, and any other grantors thoroughly educate their recipients on grant administration as well as monitor for compliance. Contracts should require nonprofit recipients to utilize a housing first approach, demonstrate their experience in administering

similar programs, and have properly trained staff. All grantees should be monitored annually to ensure compliance.

Pavilion

An idea that was presented a few times in stakeholder interviews was an idea of an open pavilion or engagement center. There wasn't much clarity on the cost or if it was a closed center or an open-air pavilion. The Coalition does not recommend either of these options. Any investment into addressing homelessness right now needs to be in permanent housing solutions. Though the idea of a centralized location where people experiencing homelessness can get their basic needs met seems appropriate, it will most likely not have the intended impact. People sleeping outside generally do not access mainstream homeless resources and shelters. Even if you build a center designed to serve that population, there will still be people who do not access those services and remain street homeless. Outreach and permanent housing are the two main ways to help those households. Also, centers like these have annual operational costs which will detract from the amount of funding available for permanent housing. If emergency shelters are willing to keep their facilities open during the daytime, it would resolve much of the need for a center like this.

Veteran Homelessness

For purposes of this report, the Coalition did not include the population of veterans experiencing homelessness. There are federal dollars available that specifically address veteran homelessness and serve as a source funding for those veterans. The city and county need not invest in any extra money into that population for purposes of housing.

Other Issues

Throughout the assessment, other issues were raised including transportation barriers and the criminalization of homelessness. For purposes of this study, the Coalition did not further research either of these issues. However, there was consensus among stakeholders that these represent significant challenges, especially the criminalization of homelessness. Simply defined, the criminalization of homelessness is a system that consistently utilizes punitive measures to try and address homelessness. This often results in several arrests of people experiencing homelessness for things such as loitering and open lodging. These are often referred to as "homeless charges" and end up putting a burden on the criminal justice system to try and address these issues. For example, arresting an individual for sleeping outdoors will only temporarily remove them from that location. Once they are released from jail, without housing, they will return to the streets. As this person gets arrested multiple times, costs related to keeping them in jail and continuing to cycle through the court increase. Other communities have taken steps to try and divert those typically arrested for these charges from jail. One such example is in Sarasota where the police have partnered with the CoC Lead Agency to provide outreach to people sleeping outside to offer services and get them connected with the homeless assistance system. As an alternative to arresting for a charge such as open lodging, they contract with the Salvation Army to provide a low-barrier shelter bed to divert them. Such strategies should be considered as an alternative to current practices to provide more cost-effective solutions for people sleeping outside.

Endnotes

[i] Marion County Point In Time Count, 2018.
[ii] United States Interagency Council on Homelessness. "Home, Together." 2018.
[iii] US Department of Housing and Urban Development. "Coordinated Entry Core Elements Guidebook." 2017. <https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>
[iv] Marion County Homeless Council. "First Year Review of Coordinated Entry Process." 2018. Email.
[v] Agency for Health Care Administration, State of Florida
[vi] Substance Abuse and Mental Health Services Administration. "Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies." HHS Publication No. (SMA)-14-4848. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
[vii] Ability Housing. "The Solution That Saves." 2018.
[viii] Florida Housing Coalition. "Home Matters Report." 2017.

Appendix

Appendix A: Stakeholder Input

Stakeholder Interviews

The Coalition conducted interviews with more than 40 stakeholders in Marion. The purpose of these meetings was two-fold. First, interviews with stakeholders served as a vehicle for data collection. Many interviews included a request for organizational information, if available, so that the Coalition's systems analysis could benefit from information not publicly available. Second, interviews were designed to illuminate opportunities and challenges within the homeless delivery system, and to gain an understanding of the impact of homelessness on the community.

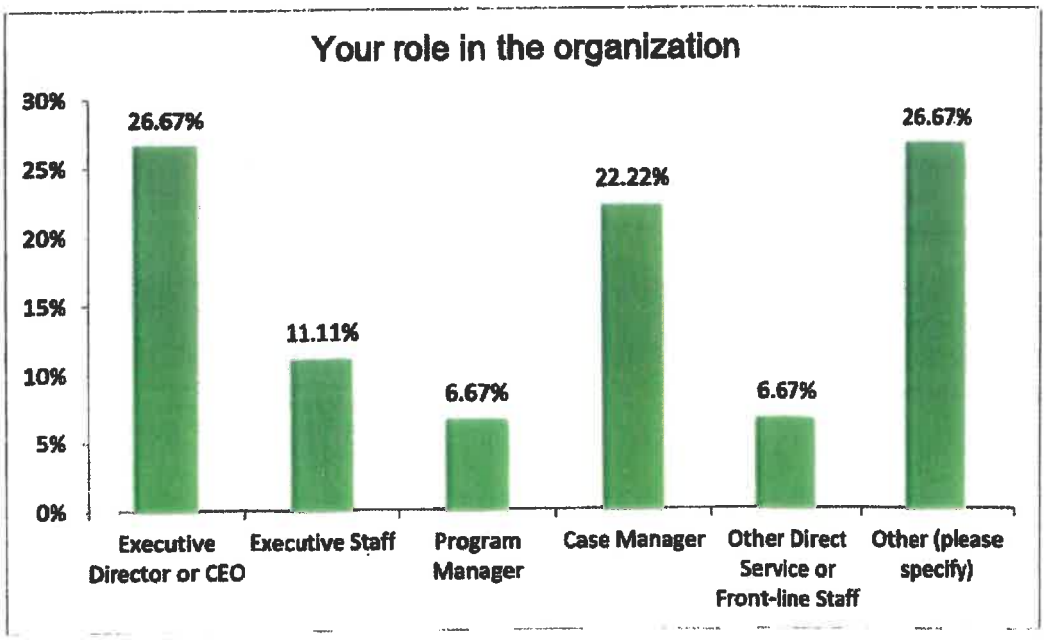
Service provider stakeholders shared invaluable perspectives on concerns regarding the broader system of homeless services and housing challenges. Business owners, Board members, County Commissioners, law enforcement officials, and numerous other stakeholders provided important input on the negative effects of homelessness on the County.

Service Provider Survey Summary

In addition to individual interviews, the Coalition administered an online survey using SurveyMonkey with contact information from MCHC. The survey was conducted from July 31st through September 7th. One hundred and twenty-eight persons representing 57 homeless service providers were sent the online survey via a web link. Forty-five persons (35%) representing 29 providers responded and completed the survey.

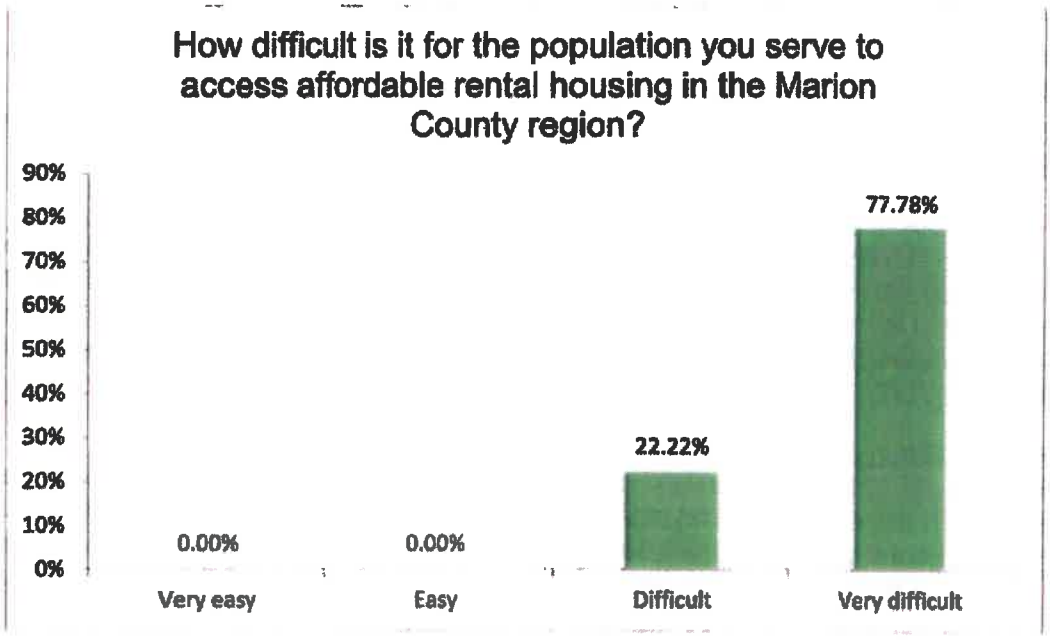
Respondent Roles

Approximately 27% of respondents were senior executives (Executive Director or CEO), followed by case managers (22%), executive staff (11%), program managers (7%), and other direct service staff (7%). Of the descriptions entered for the Other category (27%), respondents included volunteers, program coordinators, specialists, and advocates.



Access to affordable housing

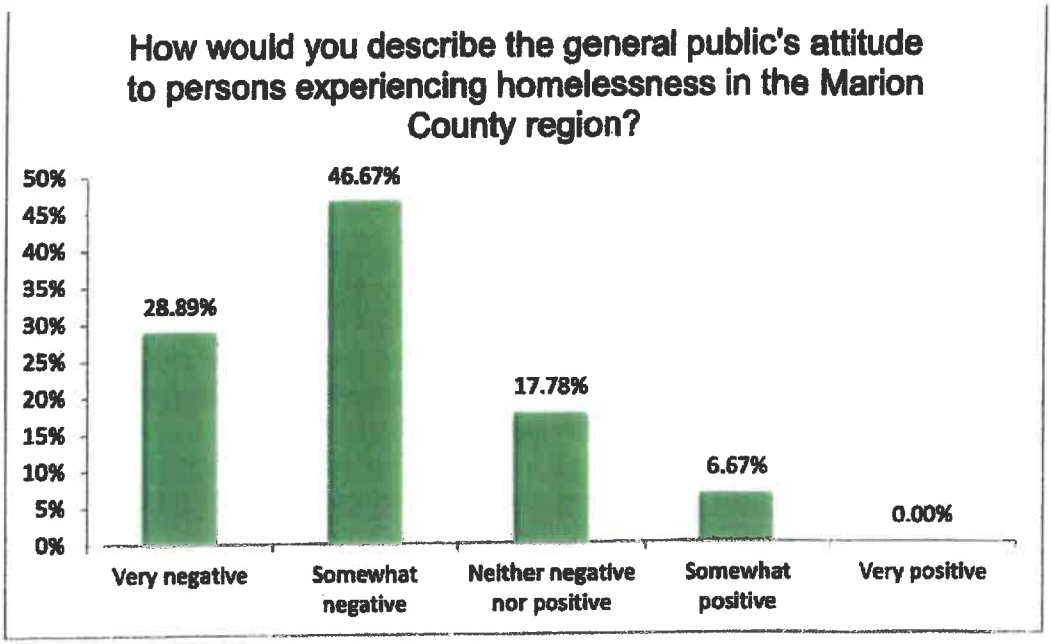
Respondents were asked to indicate the degree of difficulty in accessing affordable rental housing in Marion. The majority of responses (78%) indicated it is very difficult to access affordable housing, with the remaining respondents indicating it is difficult. It is evident from these responses that service providers recognize a severe lack of affordable rental housing for their clients. This indicates that at the very low end of the housing market, rentals affordable to extremely low-income households are in short supply. Extremely low-income households are defined as households making 30% of Area Median Income (AMI) or less.



General Attitudes

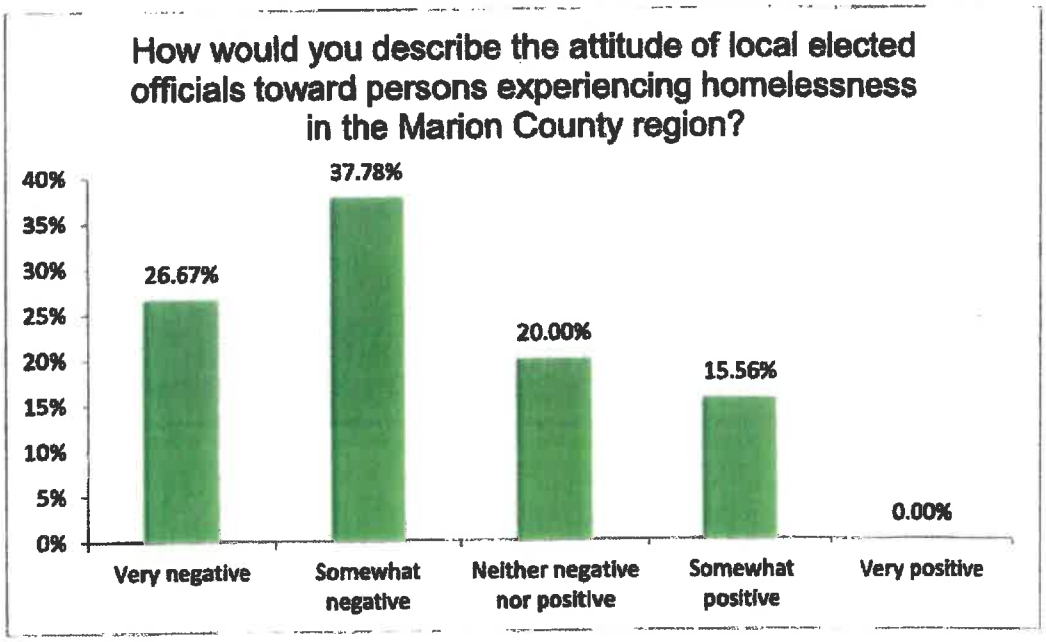
General public attitudes to persons experiencing homelessness have a direct impact on those individual's quality of life, ability to obtain services and support from the community, and sense of participation in community social fabric. To gauge the general public's attitude toward persons experiencing homelessness, respondents were asked to describe the general public's attitudes to persons experiencing homelessness.

Almost half of respondents (47%) indicated a somewhat negative attitude in the general public toward persons experiencing homelessness, while 29% of respondents said the general public has a very negative attitude. Combined, over 75% of respondents believe the general public has a negative attitude to persons experiencing homelessness.



Local elected officials' attitude

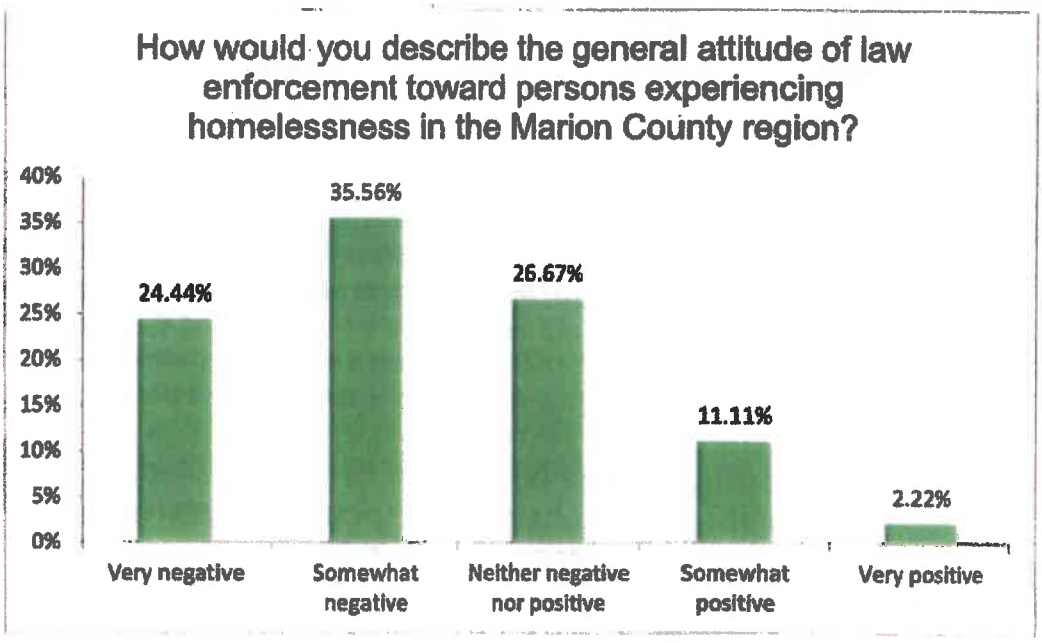
Local elected officials hold a great responsibility of responding to the needs of their constituents, including persons experiencing homelessness. This response shapes local policy and funding decisions that impact the availability of housing and services for low income and persons experiencing homelessness. Service providers answered 27% of officials have a very negative attitude, while 38% have a somewhat negative attitude. Combined, 64% of respondents indicated a negative attitude.



Law enforcement attitude

Interactions with law enforcement officers affect the daily life of a small subset of persons experiencing homelessness. This includes enforcement of local ordinances, the degree to which those ordinances are enforced, and the approach taken in daily communication between police officers and those who are homeless. The general attitude of law enforcement to persons experiencing homelessness impacts the qualitative characteristics of engagement between the two parties.

Sixty percent of respondents indicated they believe law enforcement holds a generally negative attitude toward persons experiencing homelessness (24% indicated a very negative attitude, 36% indicated a somewhat negative attitude). A minority of respondents (40%) indicated law enforcement holds either a neutral, a somewhat positive attitude, or a very positive attitude. We should note that, even though the impression of positive attitude to persons experiencing homelessness is in the minority in the survey, these figures are still indicative of a strong neutral or positive attitude.



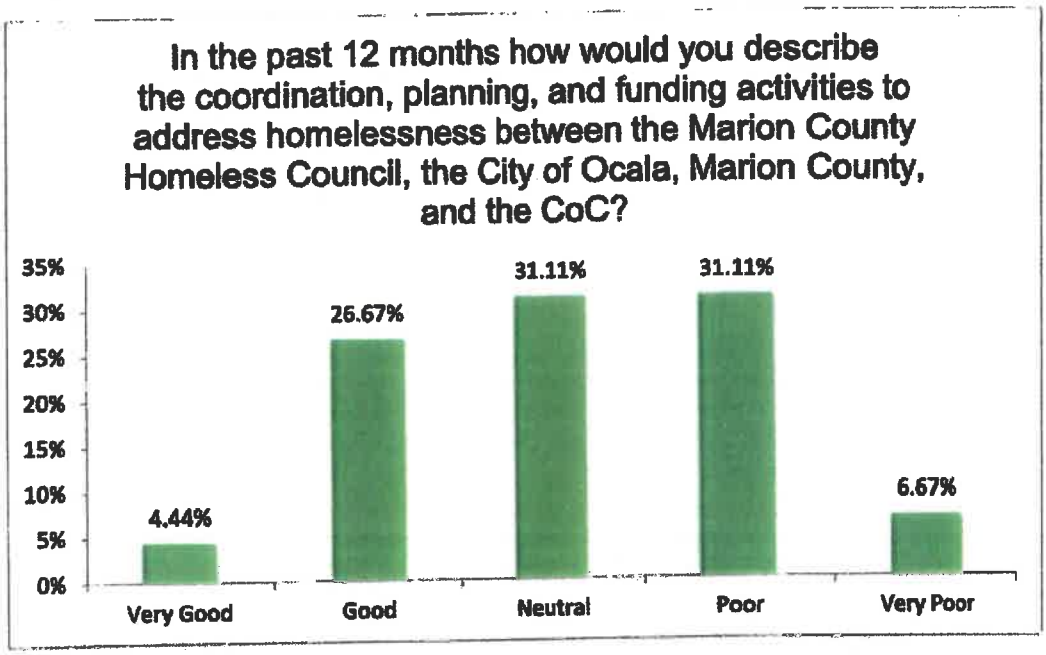
Marion County Homeless Council (MCHC)

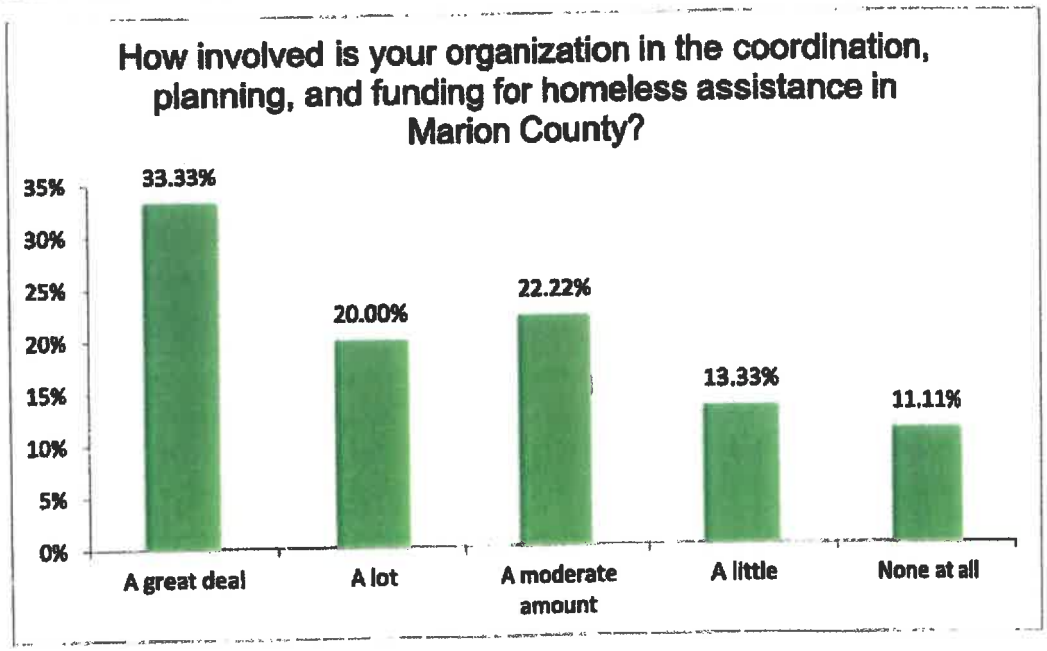
Every community has a local homeless Continuum of Care (CoC) led by a single designated CoC Lead Agency. The CoC Lead Agency serves as the authorized conduit to access federal and state homelessness funding; it is also responsible for coordinating local resources, managing data in the Homeless Management Information System (HMIS), and preparing strategic plans to address homelessness in its catchment area. The CoC Lead Agency plays a critical role in the proper functioning of any homeless service delivery system.

The CoC Lead Agency with responsibility for Marion County is the Marion County Homeless Council (MCHC). To gauge service provider impressions of MCHC as the CoC Lead Agency, the survey asked respondents to describe the coordination, planning, and funding activities of the CoC.

Sixty-two percent of respondents indicated either a neutral or negative impression of MCHC. Only 38% percent of respondents indicated a positive impression. When asked about their organization's

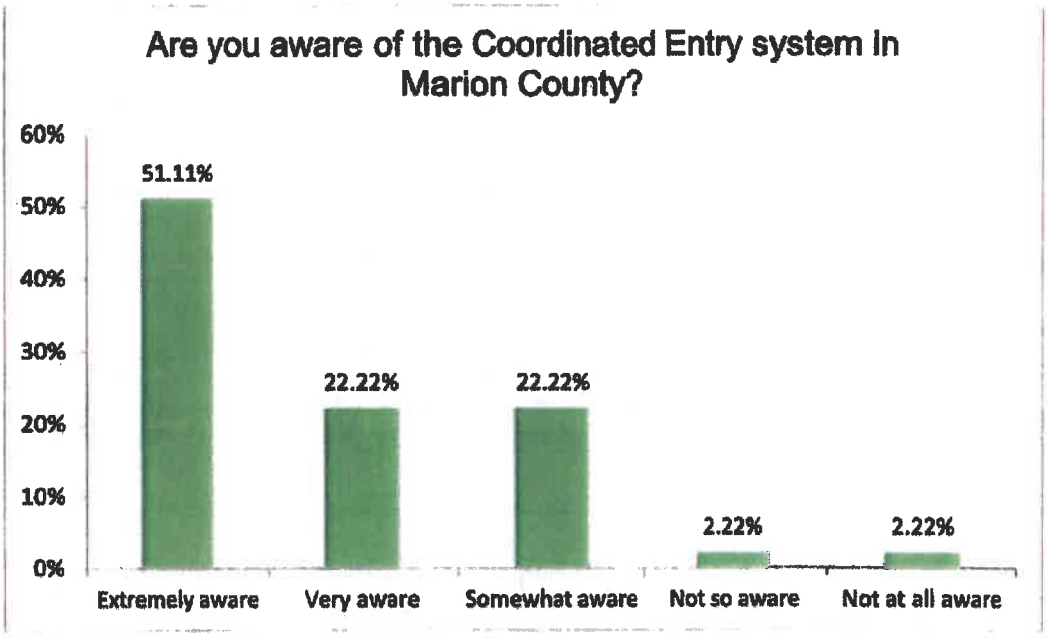
involvement in the coordination, planning, and funding for homeless assistance 75% of respondents indicated either a moderate amount (22%), a lot (20%), or a great deal (33%). Twenty-four percent of respondents indicated little to no involvement with the coordination, planning, and funding.

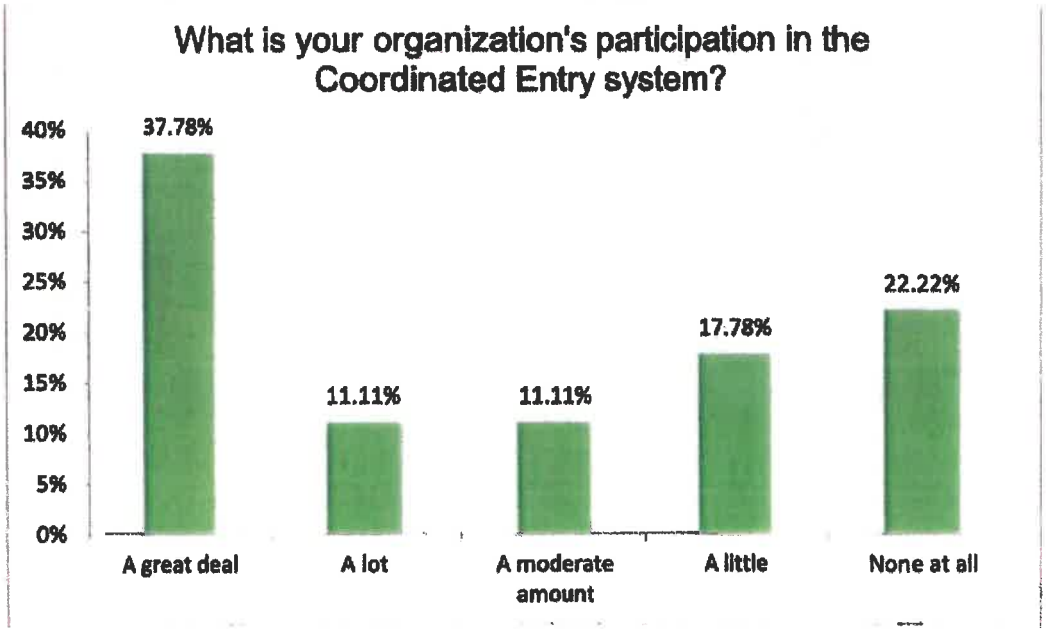




Coordinated Entry

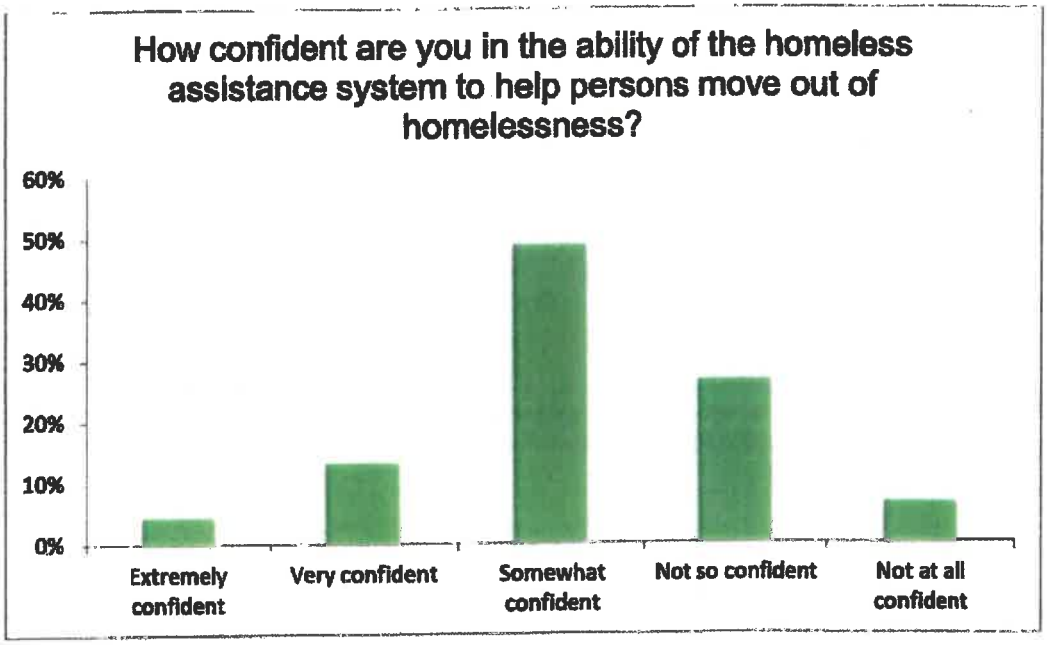
The Coalition's assessment included a thorough assessment of the Coordinated Entry System. There are many strengths to the current Coordinated Entry System. Seventy-three percent of respondents were extremely or very aware of the Coordinated Entry System. Only two respondents indicated not so aware or not at all aware, while 22% were somewhat aware. These statistics indicate strong communication and implementation of the Coordinated Entry System.





Homeless Assistance System

The homeless assistance system references all the components that make up the system designed to respond to the needs of households experiencing homelessness. These components consist of: (1) outreach and coordinated entry, (2) prevention and diversion, (3) emergency shelter, (4) rapid rehousing, and (5) permanent supportive housing. Service providers rated their confidence in the ability of the homeless assistance system. Sixty-seven percent of respondents were either somewhat confident (49%), very confident (13%), or extremely confident (5%). Only 33% were not confident.



Interventions

Service providers are an excellent source for strategies related to ending homelessness. Because those providers have an intimate understanding of the particular needs of their client population, and in many cases have observed those needs over a long period of time, service provider input on strategy is crucial. To assess interventions best suited for addressing homelessness in Marion, the survey asked respondents to place a value between 1 and 5, with 1 being most critical and 5 being the least important, on a range of possible activities. The response options were randomized to avoid response bias.

The response options and the average value across all responses are listed below, in order from highest priority to lowest. A lower value indicates a higher priority, and a higher value indicates a lower priority.

1. Increase number of general housing units affordable to extremely low-income households (1.44)
2. Increase number or type of permanent supportive housing slots/funding (1.56)
3. Increase behavioral health access to those who are homeless (1.83)
4. Increase number or type of rapid rehousing slots/funding (1.84)
5. Increase or expand bus service (1.84)
6. Focus services and housing options on those who have become homeless due to a one-time event or crisis (2.00)

7. Educate the community about homelessness (average value of 2.05)
8. Better coordinate homeless/housing/services nonprofit organizations (2.14)
9. Improve coordinated entry and housing placements (2.19)
10. Increase number or type of emergency shelter beds (2.31)
11. Focus services and housing options on those who are frequent utilizers cycling through various systems of care (2.32)
12. Decrease enforcement of local ordinances related to homelessness-related activities (2.40)
13. Increase number of SOAR-trained disability application processors (2.68)
14. Focus efforts on the annual point-in-time (PIT) count (3.10)
15. Increase enforcement of ordinances related to homelessness-related activities (3.82)

Echoing our earlier findings regarding the importance of access to housing, the highest priorities (lowest average values) identified were (1) increasing the number of general housing units affordable to low-income households, (2) increasing permanent supportive housing, (3) increasing behavioral health services, and (4) increasing the number of rapid rehousing slots/funding. Increasing transportation was also highly recommended as the fifth highest priority. Moderately ranked activities included focusing services and housing on first time homeless, educating the community, coordinating services, improving coordinated entry, and increasing shelter beds. Surprisingly, focusing services and housing options to frequent utilizers ranked 11th; however, permanent supportive housing was the second highest priority. This may reflect a lack of knowledge regarding permanent supportive housing regarding service providers. The lowest ranked activities involved law enforcement actions, increasing SOAR processors, and improving the PIT count.

Appendix B: Data on Homelessness

Data on Homelessness

In this section, we present the best data available on homelessness in Marion County. The figures presented here are those drawn from the CoC's Point-In-Time (PIT) Count, the Housing Inventory Count (HIC), and the CoC's System Performance Measures (Sys PM). The PIT Count serves as an estimate of the total number of persons defined as homeless on a given day in January, and is conducted by the MCHC and reported to HUD annually. The HIC details the total number of beds available by service and beneficiary type. Finally, the Sys PM are a set of measures defined by HUD and reported by all CoCs and serves as a measure of the effectiveness of the CoC in reducing homelessness.

There are some concerns related to available data on homeless in Marion. There are some gaps in data collected regarding Sys PMs beginning in 2016. This is an area many CoC Lead Agencies struggle with. We try not to make concrete assertions based solely on the unreliable figures presented in this section. Rather, we use the data to draw a broad impression of homelessness in Marion.

Total Homeless Over Time

The 2018 PIT Count estimates approximately 571 persons representing 420 households were homeless at the time the PIT Count was conducted. Homelessness has been declining since a spike in 2014. This is in line with the overall decline of homelessness in Florida.

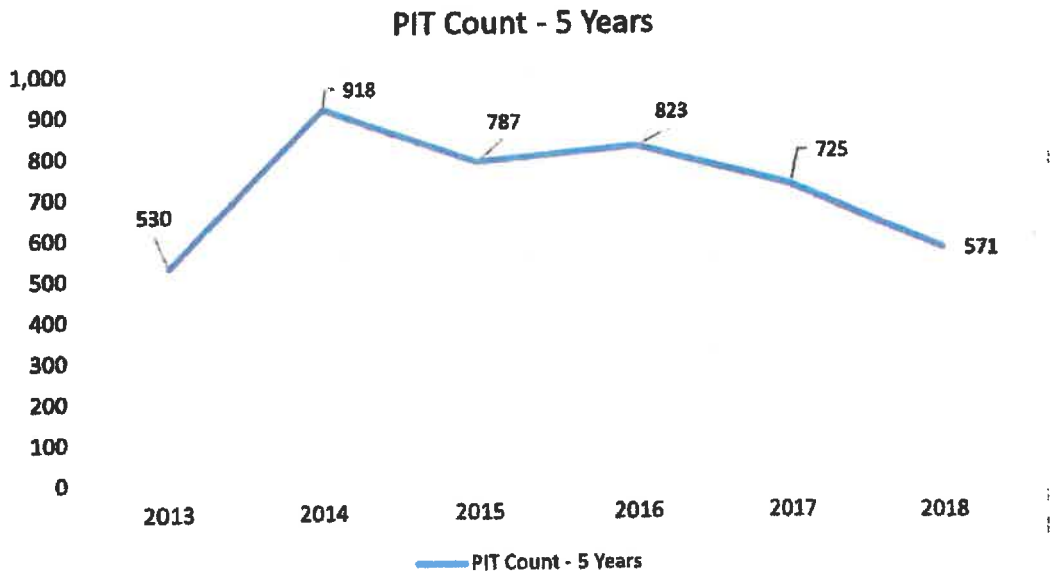


Figure 1: PIT Count past 5 years
Source: HUD PIT Count 2013-2018

Sheltered v. Unsheltered

The figure below represents the number of individuals and families who are in shelter or transitional housing as compared to those sleeping outside, in their cars, or in a place not meant for human habitation according to the 2018 PIT count. Forty-seven percent of homeless persons are unsheltered –

a very high number. Thirty percent of persons experiencing homelessness in Marion are chronically homeless – a higher number than the Florida average of 16%

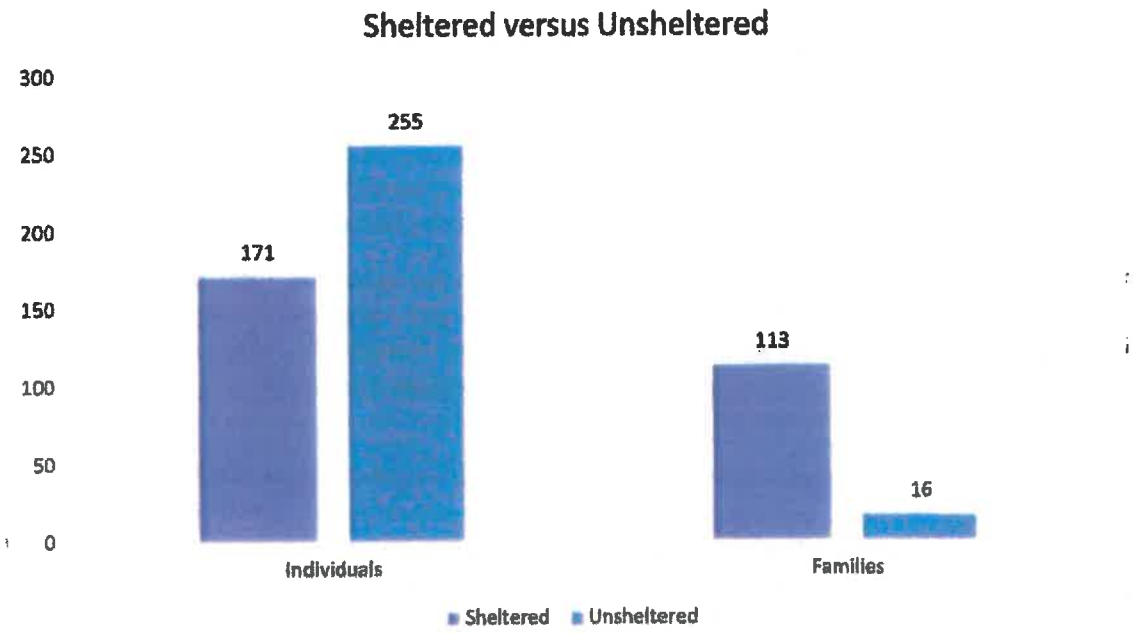


Figure 2: Sheltered Count compared to Unsheltered Count
Source: HUD PIT Count 2018

Year-Round Bed Capacity by Program Type

The figure below shows the total number of year-round beds by program type in Marion's CoC. This number is taken from Marion County's Housing Inventory Count. For a more accurate representation for purposes of this study, veteran beds and child-only beds were excluded. The beds listed below represent beds available to non-veteran individuals and families. From a system perspective, the Marion homeless assistance system has an overabundance of emergency shelter and transitional housing beds relative to permanent housing beds. Eighty percent of beds available or emergency shelter or transitional housing. Only five adult beds are available for permanent supportive housing, compared with the PIT count of 121 chronically homeless individuals. Additionally, transitional housing beds are no longer prioritized by HUD for funding, indicating a serious vulnerability in Marion's ability to draw funds from the federal government to support its programs. These transitional housing beds should be re-programmed to be strictly RRH beds.

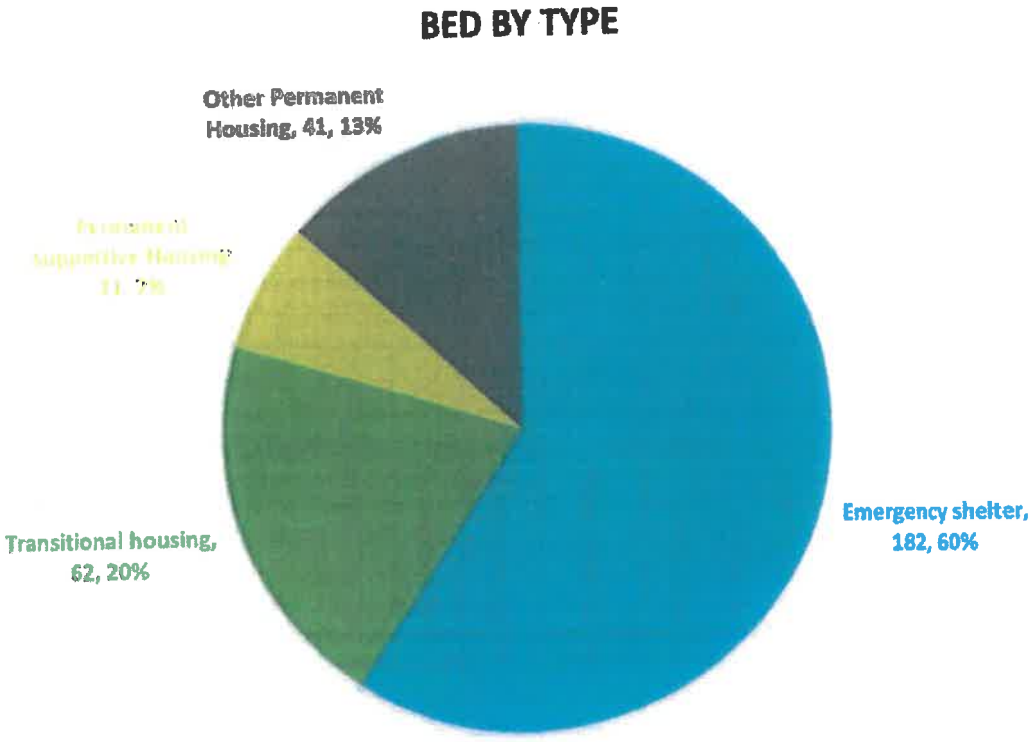


Figure 4: Beds by Program Type in Marion
Source: HUD 2017 CoC Housing Inventory Count Report

Appendix C: Board Grid

Below is an example of a board grid to help identify areas of diversity that are lacking among board members.

Name	Gender		Race			Ethncity		Age				Target Pop*		Affluence		Influence	
	M	F	W	B	Other	Hispanic	Not	21-30	30-45	45-60	60+	Yes	No	Yes	No	Yes	No
Board Member 1		x	x				x				x		x		x	x	
Board Member 2	x			x			x		x				x	x		x	
Board Member 3		x	x			x			x			x			x	x	
Board Member 4		x		x			x	x					x	x			x
Board Member 5		x		x			x			x			x		x		x
Board Member 6		x	x			x				x			x	x		x	
										* homeless, low-income, neighborhood rep, Veteran, etc.							

	Attorney	Finance	PR/Communic	Local gov't	Faith com'y	Business leader	Gen contractor	HR Professional	Human Services	And so on
Board Member 1						x	x			
Board Member 2									x	
Board Member 3								x		
Board Member 4					x					
Board Member 5			x							
Board Member 6	x									

Appendix D: Glossary

Affordable Housing – In general, housing for which the tenants are paying no more than 30% of their income for housing costs, including utilities. Affordable housing may either be subsidized housing or unsubsidized market housing. A special type of affordable housing for people with disabilities who need long-term services along with affordable housing is "Permanent Supportive Housing."

Chronically Homeless – An individual or family with a disabling condition that has been continually homeless for over a year, or one that has had at least four episodes of homelessness in the past three years, where the combined lengths of homelessness of those episodes is at least one year.

Continuum of Care (CoC) – A local group of stakeholders required by HUD to organize and deliver housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The terms "CoC Governing Body" or "CoC Board" refer to the planning body that provides oversight, policy, and evaluation of the community's work to end homelessness In some contexts, the term "continuum of care" is also sometimes used to refer to the system of programs addressing homelessness. Locally, the geographic area for the CoC is Marion County.

CoC Lead Agency – The local organization or entity that implements the work and policies directed by the CoC. The CoC Lead Agency typically serves as the "Collaborative Applicant," which submits annual funding requests for HUD CoC Program funding on behalf of the CoC. The CoC Lead Agency for the Marion CoC is the Marion County Homeless Council.

Coordinated Entry System – A standardized community-wide process to outreach to and identify homeless households, enter their information into HMIS, use common tools to assess their needs, and prioritize access to housing interventions and services to end their homelessness. Sometimes referred to as a "triage system" or "coordinated intake and assessment."

Diversion – A strategy that prevents homelessness for people seeking shelter by helping them stay housed where they currently stay or by identifying immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Effectively End Homelessness – Effectively ending homelessness means that the community has a comprehensive response in place to ensure that homelessness is prevented whenever possible, or if it cannot be prevented, it is a rare, brief, and one-time experience. Specifically, the community will have the capacity to: (1) quickly identify and engage people at risk of and experiencing homelessness; (2) intervene to prevent the loss of housing and divert people from entering the homelessness services system; and (3) when homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing. (Source: USICH)

Emergency Shelter – A facility operated to provide temporary shelter for people who are homeless. HUD's guidance is that the lengths of stay in emergency shelter prior to moving into permanent housing should not exceed 30 days.

Emergency Solutions Grant (ESG) – HUD funding that flows through state and certain local governments for street outreach, emergency shelters, rapid rehousing, homelessness prevention, and certain HMIS costs.

Florida Housing Coalition (FHC) – A Florida statewide nonprofit organization founded on the belief that everyone in Florida should have safe, adequate, and affordable housing. FHC provides consulting, training, and technical assistance. FHC is the author of this report.

HEARTH Act – Federal legislation that, in 2009, amended and reauthorized the McKinney-Vento Homeless Assistance Act. The HEARTH/McKinney-Vento Act provides the conditions for federal funding for homeless programs, including the HUD Emergency Solutions Grant and the HUD CoC Grant funding. It also sets forth the requirements for how CoCs should operate, use HMIS, and plan.

HMIS Lead Agency – The local organization or entity that administers the Homeless Management Information System (HMIS) on behalf of the CoC. In Marion, the HMIS Lead Agency is the Marion County Homeless Council.

Homeless – There are varied definitions of homelessness. Generally, "homeless" means lacking a fixed, regular, and adequate nighttime residence and living in temporary accommodations (e.g., shelter or transitional housing) or in places not meant for human habitation. Households fleeing domestic violence and similar threatening conditions are also considered homeless. For purposes of certain programs and funding, families with minor children who are doubled-up with family or friends for economic reasons may also be considered homeless, as are households at imminent risk of homelessness.

Homeless Management Information System (HMIS) – A web-based software solution and database tool designed to capture and analyze client-level information including the characteristics, service needs, and use of services by persons experiencing homelessness. HMIS is an important component of an effective Coordinated Entry System, CoC planning efforts, and performance evaluation based on program outcomes.

Homelessness Prevention – Short-term financial assistance, sometimes with support services, for households at imminent risk of homelessness and who have no other resources to prevent homelessness. For many programs, the household must also be extremely low income, with income at or less than 30% of Area Median Income (AMI) to receive such assistance.

Housing or Permanent Housing – Any housing arrangement in which the person/tenant can live indefinitely, as long as the rent is paid and lease terms are followed. Temporary living arrangements and programs – such as emergency shelters, transitional programs, and rehabilitation or recovery programs – do not meet the definition of housing.

HUD – The United States Department of Housing and Urban Development, which provides funding to states and local communities to address homelessness. In addition, HUD supports fair housing, community development, and affordable housing, among other issues.

HUD CoC Funding – Funding administered by HUD through local CoC Collaborative Applicant (i.e., CoC Lead Agency) entities. Eligible uses for new projects include permanent supportive housing, rapid rehousing, coordinated entry, HMIS, and CoC planning. In Marion, the funding application is submitted by Marion County Homeless Council on behalf of the Continuum of Care.

Outreach – A necessary homeless system component that involves interacting with unsheltered people who are homeless in whatever location they naturally stay (e.g., in campsites, on the streets), building trust, and offering access to appropriate housing interventions.

Permanent Supportive Housing (PSH) – Safe and affordable housing for people with disabling conditions, with legal tenancy housing rights and access to flexible support services. PSH that is funded through HUD CoC funding should prioritize people who are chronically homeless with the longest terms of homelessness and the highest level of vulnerability/acuity in terms of health issues and service needs.

Point in Time (PIT) Count – A one-night snapshot of homelessness in a specific geographic area. The PIT is required by HUD to be completed during the latter part of January each year. Various characteristics of homelessness are collected and reported.

Rapid ReHousing (RRH) – A housing intervention designed to move a household into permanent housing (e.g., a rental unit) as quickly as possible, ideally within 30 days of identification. Rapid ReHousing typically provides (1) help identifying appropriate housing; (2) financial assistance (deposits and short-term or medium-term rental assistance for 1-24 months), and (3) support services as long as needed and desired, up to a certain limit.

Services or Support Services – A wide range of services designed to address issues negatively affecting a person's quality of life, stability, and/or health. Examples include behavioral health counseling or treatment for mental health and/or substance abuse issues, assistance increasing income through employment or disability assistance, financial education, assistance with practical needs such as transportation or housekeeping, and connections to other critical resources such as primary health care.

Sheltered/Unsheltered Homelessness – People who are in temporary shelters, including emergency shelter and transitional programs, are considered "sheltered." People who are living outdoors or in places not meant for human habitation are considered "unsheltered."

Subsidized Housing – Housing that is made affordable through government-funded housing subsidies. Such housing includes housing made affordable through Public Housing Authorities (PHAs) assistance and developments funded in whole or in part by the Florida Housing Finance Corporation or similar funding mechanism.

Transitional Housing Program – A temporary shelter program that allows for moderate stays (3-24 months) and provides support services. Based on research on the efficacy and costs of this model, this type of program should be a very limited component of the housing crisis response system, due to the relative costliness of the programs in the absence of outcomes that exceed rapid rehousing outcomes. Transitional housing should be used only for specific subpopulations such as transition-age youth, where research has shown it is more effective than other interventions.

VI-SPDAT (Vulnerability Index and Service Prioritization Decision Assistance Tool) – The VI-SPDAT is a widely used needs assessment tool designed to quickly assess the health and social needs of homeless persons to then match those individuals with the most appropriate support and housing interventions.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

Interviewer's Name	Agency	○ Team ○ Staff ○ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ___/___/_____	__ __ __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ___/___/_____	_____	_____	○ Yes ○ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE: 0

A. History of Housing and Homelessness

1. **Where do you sleep most frequently? (check one)**

- ○ Shelters
- ○ Transitional Housing
- ○ Safe Haven
- ○ Outdoors
- ○ Other (specify): _____
- ○ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. SCORE: 0

2. **How long has it been since you lived in permanent stable housing?** ___ Years ☐ Refused

3. **In the last three years, how many times have you been homeless?** _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE: 0

B. Risks

4. **In the past six months, how many times have you...**

a) **Received health care at an emergency department/room?** ___ ☐ Refused

b) **Taken an ambulance to the hospital?** ___ ☐ Refused

c) **Been hospitalized as an inpatient?** ___ ☐ Refused

d) **Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?** ___ ☐ Refused

e) **Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?** ___ ☐ Refused

f) **Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?** ___ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE: 0

5. **Have you been attacked or beaten up since you've become homeless?** ☐ Y ☐ N ☐ Refused

6. **Have you threatened to or tried to harm yourself or anyone else in the last year?** ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE: 0

7. **Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?** ☐Y ☐N ☐Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE: 0

8. **Does anybody force or trick you to do things that you do not want to do?** ☐Y ☐N ☐Refused

9. **Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?** ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE: 0

C. Socialization & Daily Functioning

10. **Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?** ☐Y ☐N ☐Refused

11. **Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?** ☐Y ☐N ☐Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE: 0

12. **Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?** ☐Y ☐N ☐Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE: 0

13. **Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?** ☐Y ☐N ☐Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE: 0

14. **Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?** ☐Y ☐N ☐Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE: 0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. SCORE: 0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. SCORE: 0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. SCORE: 0

IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY SCORE: 0

25. **Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?** ☐ Y ☐ N ☐ Refused

26. **Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?** ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE: 0

27. *YES OR NO:* **Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?** ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. SCORE: 0

Scoring Summary

DOMAIN	SUBTOTAL	
PRE-SURVEY	0	/1
A. HISTORY OF HOUSING & HOMELESSNESS	0	/2
B. RISKS	0	/4
C. SOCIALIZATION & DAILY FUNCTIONS	0	/4
D. WELLNESS	0	/6
GRAND TOTAL:	0	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

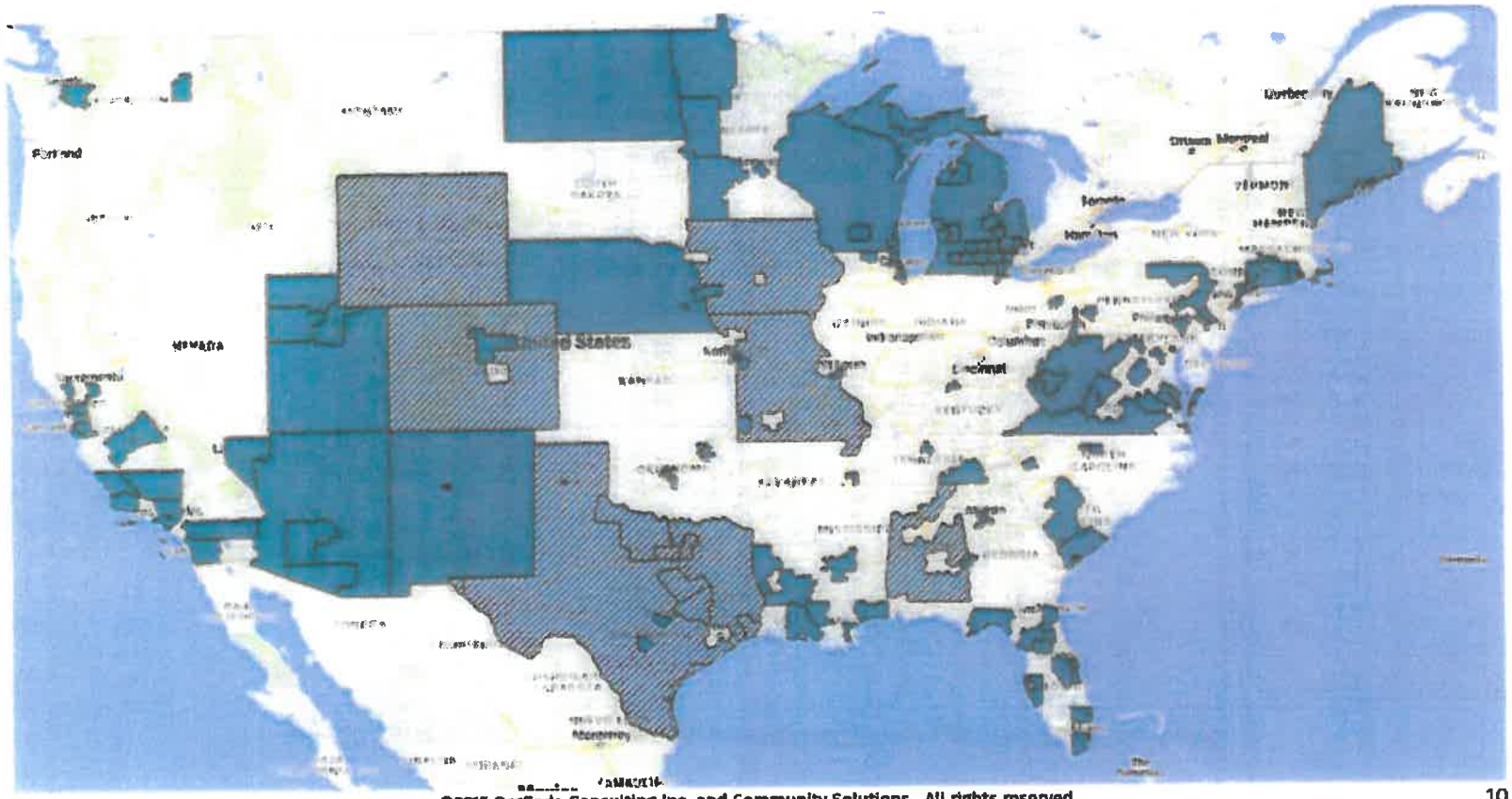
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Administration

Interviewer's Name	Agency	○ Team ○ Staff ○ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ___/___/_____	__:__	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ___/___/_____	_____	_____	○ Yes ○ No

PARENT 2

☐ No second parent currently part of the household

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ___/___/_____	_____	_____	○ Yes ○ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE:

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

SCORE: 0

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ◉ Shelters
   - ○ Transitional Housing
   - ○ Safe Haven
   - ○ Outdoors
   - ○ Other (specify): _____
   - ○ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE: 0

6. How long has it been since you and your family lived in permanent stable housing? _____ Years ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE: 0

B. Risks

8. In the past six months, how many times have you or anyone in your family...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE: 0

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE: 0

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE: 0

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE: 0

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE: 0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE: 0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE: 0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE: 0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. SCORE: 0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. SCORE: 0

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. SCORE: 0

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY SCORE: 0

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE: 0

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. SCORE: 0

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES. SCORE: 0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN. SCORE: 0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY. SCORE: 0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT. SCORE: 0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /2	
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	**Score: Recommendation:**
B. RISKS	0 /4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	0 /6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	0 /4	
GRAND TOTAL:	0 /22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
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Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

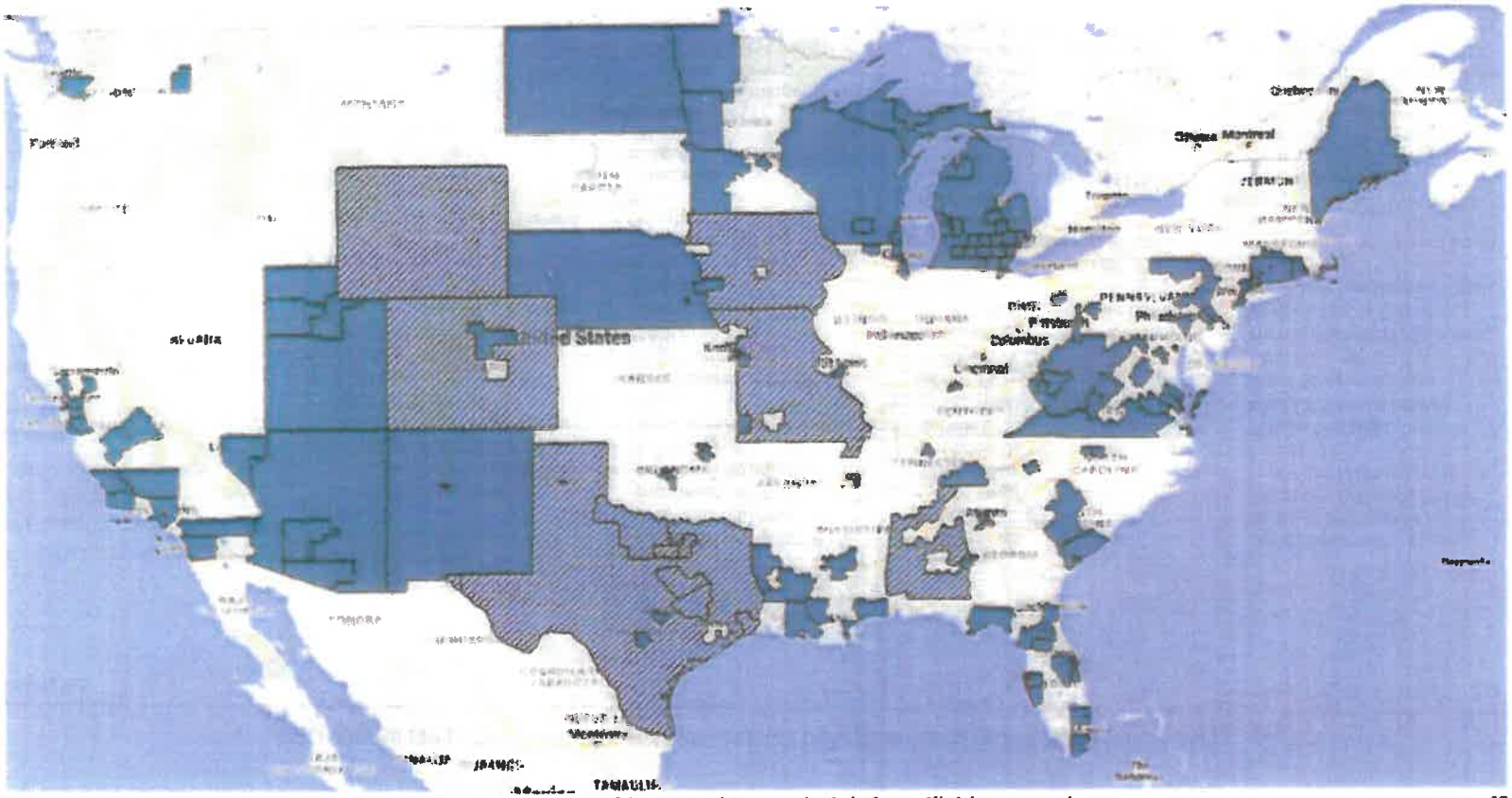
You will notice some differences in Version 2 compared to Version 1. Namely:

- It is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

USC SCHOOL OF SOCIAL WORK

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ___/___/_____	__:__	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate	
DD/MM/YYYY ___/___/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE: 1

A. History of Housing and Homelessness

1. **Where do you sleep most frequently? (check one)**

○ Shelters	○ Couch surfing	○ Other (specify):
○ Transitional Housing	○ Outdoors	_____
○ Safe Haven	○ Refused	

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. SCORE: 0

2. **How long has it been since you lived in permanent stable housing?** ____ Years ☐ Refused

3. **In the last three years, how many times have you been homeless?** _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE: 0

B. Risks

4. **In the past six months, how many times have you...**

a) **Received health care at an emergency department/room?** ____ ☐ Refused

b) **Taken an ambulance to the hospital?** ____ ☐ Refused

c) **Been hospitalized as an inpatient?** ____ ☐ Refused

d) **Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?** ____ ☐ Refused

e) **Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?** ____ ☐ Refused

f) **Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?** ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE: 0

5. **Have you been attacked or beaten up since you've become homeless?** ☐ Y ☐ N ☐ Refused

6. **Have you threatened to or tried to harm yourself or anyone else in the last year?** ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE: 0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES. SCORE: 0

9. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE: 0

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE: 0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE: 0

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE: 0

15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ Y	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ Y	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ Y	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ Y	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE: 0

e) Because of violence at home between family members?	☐ Y	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ Y	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA. SCORE: 0

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ Y	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Y	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ Y	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ Y	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ Y	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ Y	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. SCORE: 0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐Y ☐N ☐Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐Y ☐N ☐Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. SCORE: 0

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐Y ☐N ☐Refused

b) A past head injury? ☐Y ☐N ☐Refused

c) A learning disability, developmental disability, or other impairment? ☐Y ☐N ☐Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. SCORE: 0

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY SCORE: 0

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐Y ☐N ☐Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐Y ☐N ☐Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE: 0

Scoring Summary

DOMAIN	SUBTOTAL	
PRE-SURVEY	1	/1
A. HISTORY OF HOUSING & HOMELESSNESS	0	/2
B. RISKS	0	/4
C. SOCIALIZATION & DAILY FUNCTIONS	0	/5
D. WELLNESS	0	/5
GRAND TOTAL:	1	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

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- military service and nature of discharge
- ageing out of care
- mobility issues
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- income and source of it
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The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

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Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

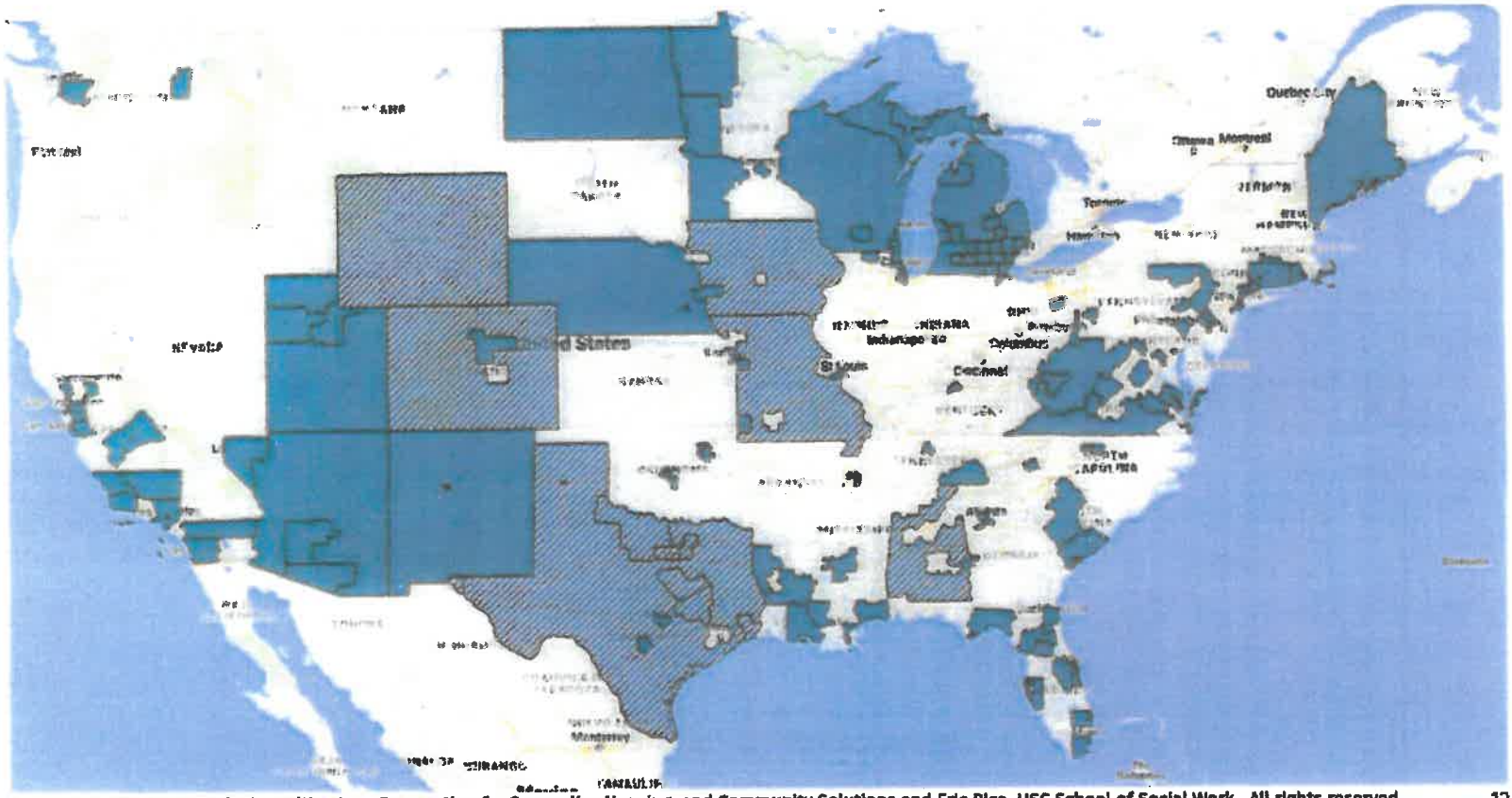
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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