


Central Florida's Roadmap Home

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Strategic Actions to Impact Homelessness

2014-2018



CENTRAL FLORIDA
COMMISSION ON
HOMELESSNESS



JPMORGAN CHASE & CO.

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was supported by a terrific team of professionals
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September, 2018

Designed and illustrated by Jill Shargaa

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LETTER FROM DR. SWANSON

It's an exciting time to live in Central Florida. With the I-4 Ultimate expansion, world-class performing arts and sports venues, it's no wonder Central Florida ranks number four on a list of most-moved-to cities. However, with wages stagnant and housing availability at critical levels, some residents are only one or two crises away from becoming homeless.

As I begin my term as the Board Chair for the Central Florida Commission on Homelessness, this is the ideal time to evaluate how far we've come since embarking on a regional strategy to create a comprehensive system of care for individuals, families and youth experiencing homelessness. In 2014, we compiled a list of recommendations to guide our system creation, with emphasis on improving programs related to homelessness and improving the infrastructure to implement these programs. We've made incredible progress since 2014. We have established a coordinated entry system, improved our data collection and measurement, and switched to a 'Housing First' model of care, but our work can't stop here.

We are fortunate to have experts like Barbara Poppe and Dr. Dale Brill to help us evaluate our progress and determine what our priorities should be moving forward. In this report, you'll find data analysis and recommendations through two lenses: the homeless response system and housing. Ms. Poppe provides our progress to date on creating a homeless response system while providing subsequent strategic actions to move forward as a region. Dr. Brill offers the economics of housing and homelessness for the region, and you'll find the numbers are striking.

The 2018 point-in-time count showed we had 2,053 individuals living on the streets. While this number is less than the previous year, it shows we still have a ways to go to prevent our neighbors from being on the streets.

I am confident the framework provided by Dr. Brill and Ms. Poppe will help our region make further progress on its mission to make homelessness rare, brief and a one time event for Central Floridians. I look forward to seeing the success we will have over the next three years.

With sincere gratitude for your interest and service,

A handwritten signature in dark ink that reads "David D. Swanson". The signature is written in a cursive style.

Dr. David Swanson

GLOSSARY OF TERMS

Continuum of Care (CoC) A community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care is often used to refer to the system of programs to address and prevent homelessness as well as the body that coordinates such efforts.

Coordinated Entry System (CES) is a community-wide process to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.

Chronic homelessness is experienced by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Diversion (aka Targeted Homelessness Prevention) is aimed at helping households stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to households who are most likely to be admitted to shelters or be unsheltered if not for this assistance.

Emergency Shelter is any facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Supportive services may or may not be provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.

Homelessness (HUD) Households who lack a fixed, regular and adequate nighttime residence and are living in temporary accommodations such as shelter or in places not meant for human habitation; or families who will imminently lose their primary nighttime residence; or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. **(Sometimes referred to as “literal homelessness”)**

Homelessness (ED) means children and youths who lack a fixed, regular, and adequate nighttime residence and includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human ; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless. **(Sometimes referred to as “precariously housed homelessness”)**

Homeless Veteran is an individual who has served any branch of the U.S. military. All Veterans including those who are ineligible for Veteran Health Administration benefits.

Homeless Youth are typically defined as unaccompanied youth ages 12 and older (up to age 24) who are without family support and who are living in shelters, on the streets, in cars or vacant buildings, or who are “couch surfing” or living in other unstable circumstances.

Homelessness Management Information System (HMIS) is a computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

McKinney-Vento Homeless Assistance Act The U.S. law passed in 1987 and amended several times since that provides federal money for homeless programs, including Emergency Solutions Grant and Continuum of Care. It also protects the rights of homeless children in the public school system by granting them protected-class status. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes to the HUD programs, including a consolidation of HUD’s competitive grant programs.

Point in Time (PIT) A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Permanent supportive housing (PSH) is decent, safe, affordable, community-based housing that provides disabled tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

Rapid Rehousing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management.

Transitional Housing is a type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.

The Central Florida Commission on Homelessness convenes non-profits, faith based institutions, government entities, philanthropic initiatives, businesses and other community organizations to develop a shared vision and implement agreed upon community-based solutions. Leadership matters. We bring leaders from each sector of the community together to create a coordinated system of care to ensure that homelessness is a rare, brief and one-time event across the region.

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ABOUT THE AUTHORS

Barbara Poppe and associates

The collective for impact



Barbara Poppe is the founder of Barbara Poppe and Associates and the former executive director of the United States Interagency Council on Homelessness. During her tenure, *Opening Doors*, the first comprehensive federal strategic

plan to prevent and end homelessness was launched in June 2010. Ms. Poppe is a nationally recognized expert on

homelessness and results-driven public-private partnerships. Barbara Poppe and Associates, established in 2014, is an independent consulting firm that develops the capacity of communities and organizations to tackle complex issues using a collaborative systems approach to achieve results and impact. Ms. Poppe is a frequent national, state, and local speaker on homelessness and serves on the national boards of the Enterprise Community Partners and the Siemer Institute for Family Stability.



Dale A. Brill, Ph.D.

Dr. Dale Brill serves as Orlando Economic Partnership's Senior Vice President of Research and its Foundation for Building Community. "The Partnership" serves as Central Florida's catalyst driving economic

growth and broad-based prosperity. Dale's background includes executive positions in the private, public, and independent sectors.

His entrepreneurial pursuits led to a five-year run as founder and principal of Thinkspot, a public policy research firm focusing on intergenerational poverty and

innovation-based economic development. Previously, he served as president of the Florida Chamber Foundation, the public policy research and development arm of the Florida Chamber of Commerce. In public service, Dale served as the Director of the Governor's Office of Tourism, Trade and Economic Development in Florida. His marketing experience includes tenure as Chief Marketing Officer for VISIT FLORIDA, during which the Sunshine State's tourism marketing corporation earned the "Atlas Award for Best Destination Branding" from the Association of Travel Marketing Executives. He also served as General Motor's first Dean of e-Commerce and as a Global Business Leader for General Motors-Europe.



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Scope of Project

In 2014, the Central Florida Commission on Homelessness (CFCH) adopted a community framework, grounded in Collective Impact principles, to address and reduce homelessness in the region. In 2018, as CFCH's volunteer leadership transitions from chair Dr. Joel Hunter to Dr. David Swanson, evaluating the progress Central Florida has made as a region and determining where the gaps and opportunities lie is timely. CFCH has contracted with a national expert on homelessness, Barbara Poppe, who has previously worked with its community leaders, to assess where the region has come since 2014, and offer recommendations for continued and accelerated progress.

This project sought to answer these key questions:

- How well is the homelessness crisis response system working to reduce homelessness in Central Florida?
- What has been achieved since 2014 to implement strategic actions in the following focus areas? What needs to be done over next three years to make progress in these focus areas identified in the original framework?
 - Chronic homelessness
 - Family homelessness
 - Veteran homelessness
 - Youth homelessness
 - Medical and mental health care
 - Domestic violence/domestic abuse
 - Employment
 - Prevention and support services
 - Affordable housing
- How can the Commission and the Commission's key partners be better engaged and organized to reduce inflow into homelessness and increase exits from homelessness?

The project has been guided by a local leadership team, chaired by Shelley Lauten, CEO of CFCH, with additional members, Mark Brewer, CEO of the Central Florida Foundation (CFF), Martha Are, Executive Director of Homeless Services Network (HSN) which is the collaborative applicant for the regional Continuum of Care (CoC-507), and Dawn Haynes, CEO of the Community Resource Network (CRN).

The leadership team identified documents and reports, provided data with analysis, and commented on presentation and materials prepared by the consultant.

A series of 9 remote interviews with key leaders were conducted by Ms. Poppe. A three-day onsite consultation occurred July 16-19 that included meetings and focus groups with homeless services providers, people with lived experience of homelessness, public funders and private investors, jurisdictional leaders, CFCH members, and other key leaders across the three-county region.

The following table is an assessment of the progress the region has made since 2014 conducted by Ms. Poppe based on an extensive review of an array of documents, interviews, data analysis, and input from the leadership team.



Focus Areas: Summary of Accomplishments and Challenges 2014-2018

Infrastructure	Accomplishments	Challenges
Data collection and measurement	<ul style="list-style-type: none"> Fully functional HMIS with data analysis capability Public Dashboard System performance tracking Reliable annual Point In Time count 	<ul style="list-style-type: none"> 25% of homeless programs not using HMIS, including VASH Data quality and timeliness Data analysis capacity to meet all stakeholder needs and desires
Continuum of Care effectiveness	<ul style="list-style-type: none"> Creation and implementation of CES Reallocation of resources to align with best practices Per HUD FY2016 data, CoC 507 is in top third among all CoCs in percentage successful ES, TH, SH, PH-RRH exits at 50% 	<ul style="list-style-type: none"> Seminole County consideration of exit from regional CoC Broad community engagement across region Insufficient resources to meet priority needs through CES
Increased funding	<ul style="list-style-type: none"> Florida Hospital and Disney Impact Investments Increased jurisdictional investments (Orlando, Orange, Osceola) Modest HUD CoC funding increase 	<ul style="list-style-type: none"> Sustaining and scaling Housing First PSH Sufficient private and public investments to meet needs
Improved nonprofit capacity	<ul style="list-style-type: none"> CoC provider partnerships, training, and technical assistance to implement Housing First and other best practices Improved focus on program and system outcomes Increased provider capacity to build, manage, and provide services in PSH 	<ul style="list-style-type: none"> Insufficient resources for all providers to meet most pressing needs Alignment of crisis response (diversion, emergency shelter and outreach) with best practices
Private sector involvement	<ul style="list-style-type: none"> Florida Hospital and Disney Impact Investments Welcome Home 	<ul style="list-style-type: none"> Insufficient employment opportunities for those who are homeless, precariously housed, or who have just come out of homelessness Mobilizing business community in advocacy and lobbying
Faith sector involvement	<ul style="list-style-type: none"> Continued involvement by faith-based organizations and individuals Creation of Community Resource Network to focus on precariously housed homeless families 	<ul style="list-style-type: none"> Sustaining interest and investment in ending homelessness Creating collaboration and coordination across the faith sector to effect long term solutions and outcomes

Infrastructure	Accomplishments	Challenges
Advocacy	<ul style="list-style-type: none"> • Rethink Homelessness campaign achieved broad community engagement and advocacy for action to end homelessness • Bill passed Florida Legislature and signed by Governor to pay for supportive housing services using Medicaid waiver 	<ul style="list-style-type: none"> • Lack of follow through on Medicaid waiver to implement pilot in Central Florida • Sadowski Housing Trust Fund raided for other purposes leads to inadequate funding for homeless programs and affordable housing • Need for new local campaign and public engagement
Policy (affordable housing, living wage)	<ul style="list-style-type: none"> • Osceola County developed new strategies to increase affordable rental housing • CFCH has organized lobby days in Tallahassee and district visits to provide information and education about policy needs 	<ul style="list-style-type: none"> • Seminole County considering exit from regional CoC • Alignment among leading community organizations • Alignment across jurisdictions • Growing “fiscal cliff” between wages and cost of living needs to be addressed
Programmatic		
Chronic Homelessness	<ul style="list-style-type: none"> • Housing First system and programs • Housing the First 100 demonstration project • Welcome Home • Coordinated Entry System and regional HUBs • Cross system partnerships 	<ul style="list-style-type: none"> • Funding and supports for services, especially Medicaid • Behavioral health services • Willing landlords with available quality units • Sustainability of the overall initiative
Family Homelessness	<ul style="list-style-type: none"> • Impact Families pilot • Shift from transitional housing to rapid rehousing and increased investment • Coordinated Entry System and regional HUBs, including enhanced school partnerships • Partnership with workforce development • Founding of Community Resource Network 	<ul style="list-style-type: none"> • No progress on supportive housing for high need families who are not chronically homeless • Willing landlords with available quality units • Partnerships with mainstream family services

Focus Areas: Summary of Accomplishments and Challenges 2014-2018

Programmatic		
Veteran Homelessness	<ul style="list-style-type: none"> • Achieved recognition for ending chronic Veteran homelessness • Housing First adoption by most programs • Cross-sector partnerships 	<ul style="list-style-type: none"> • Transformation of VA transitional housing • All programs are not participating in HMIS • Willing landlords with available quality units
Youth Homelessness	<ul style="list-style-type: none"> • Youth Count with Chapin Hall • Developing “no wrong door” digital ecosystem • New RRH for 18-24 year-old homeless youth • Coordinated Entry System and regional hubs, including enhanced school partnerships • Developed application for Youth Homeless Demonstration Project (not funded) • Formalized Youth Action Board 	<ul style="list-style-type: none"> • Very poor outcomes for youth served in emergency shelter • Loss of 24 crisis beds due to inadequate funding • No significant progress on crisis, transitional, or family reunification services • Partnerships with mainstream youth services • Willing landlords with available quality units
Domestic Violence/Domestic Abuse	<ul style="list-style-type: none"> • Improved PIT Count survey • Expanded RRH for DV survivors • Coordinated Entry System and regional hubs, including some DV provider partnerships • Opportunity to apply for new HUD funding for DV 	<ul style="list-style-type: none"> • Partnership is re-emerging between homeless and DV systems/providers • Inadequate housing resources for DV survivors who experience homelessness



Central Florida was one of 30 communities in the United States to be certified by the VA as effectively ending Chronic Veterans Homelessness.

Programmatic

Prevention & Support Services

- Diversion is being tested at Coalition for the Homeless and Community Hope Center
- Homeward Bound
- Founding of CRN
- Insufficient trained diversion specialists and flexible financial assistance that can implement best practices
- Coordinated prevention assessment and triage system
- Insufficient SOAR-trained case managers
- Transportation, childcare, and peer support services

Affordable Housing

- HSN landlord network
- HSN shared risk fund
- Mayor Jacobs' regional meeting
- CFCH advocacy and policy plan
- New Osceola County strategies for affordable rental housing
- Rising rent, loss of affordable rental units
- Willing landlords with available quality units
- Adequate state and federal funding for rental assistance and affordable rental development

In addition to the review of the overall system of care led by Ms. Poppe, Board leaders of CFCH suggested additional analysis be added surrounding housing and the economic context surrounding homelessness. Dr. Dale Brill, with the Orlando Economic Partnership, provided the regional economic data and analysis on the housing portion of this review.



MOVING FORWARD

The negative impacts of homelessness and housing instability have been well documented. Stable housing improves child, youth, and adult outcomes for health, education, and economic well-being. Communities which strive to ensure that all households are safely and stably housed will also achieve the ambitious goal of ending and preventing homelessness. To attain the vision, communities must implement and invest in best practices, tailor solutions to their community's specific assets and needs, and

mobilize the broader community to stem the flow of families and individuals into homelessness and avoid entry into the homelessness response system. Policy that supports and encourages public-private strategies and investments is a critical ingredient for success. The recommendations described in the following pages are intended to sustain and accelerate progress to reduce homelessness in Central Florida. This will be organized in two sections: addressing the system of care and addressing the economics of housing.



Stable housing improves child, youth, and adult outcomes for health, education, and economic well-being.

Enhancing and Expanding the System of Care

Recommendations

By Barbara Poppe,
Poppe and Associates

Since 2014, Central Florida has invested significant time and resources to begin creating a regional system of care for homeless services (Orange, Osceola and Seminole County and the three cities of Kissimmee, Orlando and Sanford). Great progress has been made in the utilization of the Homeless Management Information System (HMIS), Coordinated Entry System and system transformation to housing first. The following sections describe the *essential and critical actions* that must be undertaken with urgency and discipline over the next three years for Central Florida to accelerate progress on reducing homelessness. Some of the data to support these recommendations will be found within this text, with additional data showing the region's homeless response system resources found in Appendix A. Within these recommendations, you'll find **strategic actions** the region should take in order to accomplish the preceding recommendation. The comprehensive 2014 "gaps and priorities" were more of a laundry list of good ideas rather than a strategic framework of priorities focused on the most important actions which needed to be undertaken and achieved. This may have contributed to some of the lack of focus cited by numerous stakeholders during this consultation. Within the recommendations you will find supporting data with additional data that frames the condition of the system of care as a whole in Appendix A.

ESSENTIAL AND CRITICAL RECOMMENDATIONS

After significant review of the progress made in the Central Florida region to create a system of care for individuals, families and youth experiencing homelessness the below recommendations are provided to ensure continued progress to bolster the system of care.

RECOMMENDATION 1: CHAMPION HOUSING FIRST
Signature Initiative – Stabilize funding and scale up resources to continue Housing First permanent supportive housing to address chronic homelessness

RECOMMENDATION 2: PARTNER
Achieve visible and measurable success in partnering, collaborating, and mobilizing the entire community to respond to homelessness across the 3-county region

RECOMMENDATION 3: GROW
Sustain and grow the housing stabilization system

RECOMMENDATION 4: CREATE
Create new strategies to establish a robust “front door” to the housing stabilization system to create a comprehensive homeless crisis response system

RECOMMENDATION 5: SUPPORT
Support targeted strategies to address “precariously housed” homeless families

RECOMMENDATION 6: INCREASE
Sustain, increase and align resources sufficient to achieve goals



RECOMMENDATION 1: CHAMPION HOUSING FIRST

Signature Initiative – Stabilize funding and scale up resources to continue Housing First permanent supportive housing to address chronic homelessness

WHERE WE ARE TODAY:

The Central Florida community has achieved national recognition for the Housing First collaboration known as “Housing the First 100” which connected high cost, high need homeless and frequent emergency room users to housing and services. This signature initiative has achieved remarkable success at moving the most vulnerable, chronically homeless individuals from the streets into permanent supportive housing. There are 339 formerly homeless men and women in Central Florida who are thriving in apartments with services provided through this initiative.

As part of coordinated entry, a robust case collaboration process with strong participation by a range of providers determines which households will receive rapid rehousing, youth transitional housing,

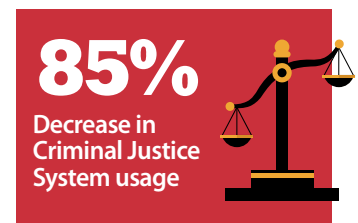
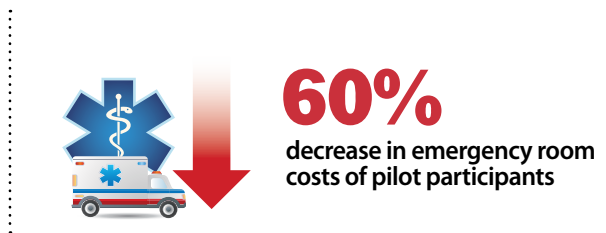
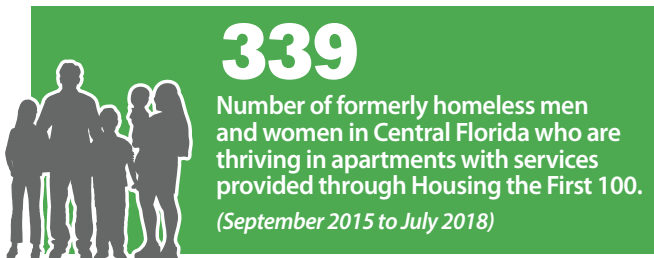
and permanent supportive housing. This ensures the appropriate resources are being used on the most vulnerable households.

Additionally, HSN has led the effort to build a strong network of landlords that will accept referrals, to help ease the burden on case managers looking for housing; unfortunately, due to the severe affordable rental housing crisis there continues to be a shortage of willing landlords with affordable rent.

WHAT IS HOUSING FIRST?

Housing First is an approach to quickly and successfully connect individuals experiencing homelessness to housing without any preconditions or barriers to entry.

“HOUSING THE FIRST 100”



SINCE 2014... Permanent Supportive Housing has increased by **20%**

Transitional Housing has decreased by **44%**

STRATEGIC ACTION STEPS:

- Another 300 units of housing are needed to achieve a functional end to chronic homelessness. Currently, there are some rental assistance vouchers that are available but haven't been placed in service due to limited service capacity.

- Immediate action is needed to scale up services funding, increase outreach to landlords, and streamline the process to reduce the time from referral to move-in. There should also be action to broaden the types of PSH to include some single site programs that afford 24/7 onsite staffing for individuals who would prefer to live in a more controlled setting.

- The initiative should be sustained and scaled up through a continuing cross-sector collaborative undertaking by the CFCH, CFF and other philanthropic investors, Florida Hospital, Orlando Health and other health care organizations, the City of Orlando and the Orlando Housing Authority, tri-county

jurisdictions (Orange, Osceola and Seminole Counties) as well as the City of Kissimmee and City of Sanford to provide local public and philanthropic funding for services and systems support which leverages federal funding through the Continuum of Care.

- Other essential partners include, Homeless

Services Network (HSN) which manages Coordinated Entry, HMIS, and the landlord network, three lead healthcare service providers: Healthcare Center for the Homeless, Aspire and Pathway Homes, and other nonprofit organizations which provide outreach, case management, emergency shelter, and other support.

ABOUT THE MEDICAID WAIVER AMENDMENT

In 2016, a Medicaid Waiver Amendment was submitted to the Centers for Medicare and Medicaid Services that included a demonstration project for Central Florida region to provide services to individuals experiencing homelessness or at risk for homelessness. This project would cover 80-90% of the cost of wrap-around services currently provided by philanthropy for homeless individuals.

In addition, the CFCH should rally local elected officials, business and civic leaders, and providers to advocate with the State of Florida and the Trump Administration to implement the Medicaid waiver to provide services in permanent supportive housing.

Andrew is a native Floridian who was homeless for seven and a half years. While homeless, he lived under a bridge and was often hungry due to his limited mobility from a work injury. In January of 2018, he was housed and provided supportive services in the "Housing the First 100" pilot. When asked about the power of being housed, he said "If you're out there and you can get housing, it's the greatest feeling in the world. There's nothing like having somewhere to lay down. A key to a door, there ain't nothing like it."



RECOMMENDATION 2: PARTNER

Achieve visible and measurable success in partnering, collaborating, and mobilizing the entire community to respond to homelessness across the 3-county region

WHERE WE ARE:

Stakeholders reported that there are many areas where partnerships and collaboration have increased since 2014. Yet, many also reported concerns about polarized and fragmented actions that could threaten progress. Over the past year, five regional organizations; CFCH, HSN, Continuum of Care (CoC), Community Resource Network (CRN) and CFF, have been addressing the issue of polarization by coming together to create an aligned partnership with greater role clarity and collaboration. This work will be culminated by a Memorandum of Understanding (MOU) to guide the implementation of the strategic framework outlined in this report.

An example is the current process being undertaken by Seminole County to exit from the regional Continuum of Care. This may potentially jeopardize the quality and amount of services that are available to people who experience homelessness.

Others reported that the partnerships across the domestic violence centers and homeless assistance providers had declined due to changes in leadership and are only recently re-energized due to a new HUD funding initiative. Additionally, many stakeholders stated that the positive public messages about who experiences homelessness and solutions had waned which was adding to increasing expressions of public frustration about the growth in unsheltered and visible homelessness.



STRATEGIC ACTION STEPS:

- CFCH should lead in building positive and supportive relationships for all essential organizations and jurisdictions to partner and collaborate.

- CFCH, CRN, HSN, CoC and the CFF should formally communicate the MOU to all stakeholders so roles and responsibilities of each organization are clearly understood.

- Seminole County should listen carefully to stakeholders, including people with lived

experience of homelessness and the providers who serve them, during the CoC process to determine how current concerns might be addressed so the quality and amount of services for people experiencing homelessness are not jeopardized.

- CFCH should lead in creating positive public messages and support to implement the recommendations contained in this report.

- CFCH should work with HSN and the VA to certify our community as having effectively ended Veterans homelessness.



Overall, the political will for achieving success will be required from business, philanthropy, faith-based institutions, nonprofits and elected leaders to focus and align efforts to mobilize the community.

RECOMMENDATION 3: GROW Sustain and grow the housing stabilization system

WHERE WE ARE:

The Homeless Services Network (HSN) has led and facilitated the development of a functional system of care over the past few years. The investment by Florida Hospital and additional HUD funding have contributed strongly to this work.

The HSN-administered HMIS (homelessness management information system), overseen by the CoC is now fully HUD-compliant and being well implemented by providers.

HMIS is viewed by stakeholders as highly functional and able to support the system of care. The system transformation work since 2014 has also included the implementation of a Coordinated Entry System (CES) that was designed by providers and meets HUD requirements to assess, prioritize, and match the most vulnerable households with longest histories of

homelessness to permanent housing options that are provided through CoC resources. There are multiple access points, including the CES Community HUBS and many homeless assistance providers who have been trained to administer the assessment.

26%
Funding increased since 2013, compared to 1% in the state and 19% nationally.

HUD funding increases in Central Florida through the years

HUD CoC Award Years	Central Florida
2013	\$6,004,072
2014	\$7,159,105
2015	\$7,444,936
2016	\$7,445,861
2017	\$7,550,681

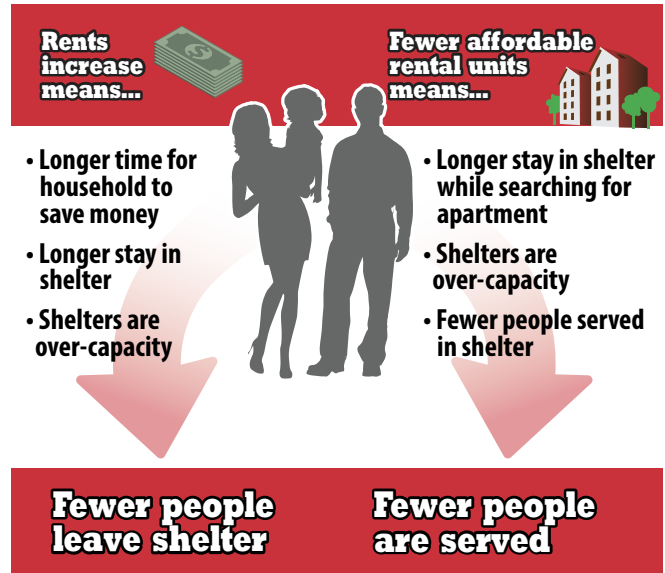
Another indicator of an optimal community crisis response system are low rates of return to homelessness. The Central Florida region has a low rate of recidivism when exiting homeless persons to housing. The total returns to homelessness over two years is 20%, meaning the region is 80% successful in retaining housing.

This success can be attributed to the extremely focused targeting of both the permanent supportive housing (PSH) and rapid rehousing (RRH) programs. In terms of RRH, 2,948 adults and children were served during the past year of which 16% were chronically homeless and 80% of households were families with children. Of those served, 75% exited to permanent housing.

In PSH, 723 people were served in the past year, of which around 60% had mental health problems and 77% were chronically homeless at entry.

Affordable Rental Housing Crisis

FACT: Wait time for Rapid Rehousing doubled during 2018 (135 days) compared to 2017 (75 days)



LOCATION OF THE REGION'S HUBS:

Orange County:

- Healthcare Center for the Homeless (for individuals)
- United Against Poverty (for families)

- Orlando VA Lake Baldwin Outpatient Center (for Veterans)

Seminole County:

- Northland Church (for families and individuals)

Osceola County:

- Goodwill Job Center Kissimmee (for families)

STRATEGIC ACTION STEPS:

• **The review of data supported that HMIS and CES were effective at prioritizing access based on vulnerability and histories of homelessness.**

However the 210 household waiting list for housing placements and a capacity to only place about 30-40 households each month, demonstrates that the demand exceeds the capacity of CES.

• **Expand Rapid ReHousing Availability:** There are no housing resources available for single adults who are not Veterans or chronically homeless (the largest share of people who experience homelessness)

– expansion of rapid rehousing would address this gap. Similarly, housing resources for youth (18-24 years) are also lacking.

• **Form Partnerships with Public Housing Authorities for Families with Children:** Families with children who need permanent supportive housing are also not well served by rapid rehousing – this could be addressed through a new partnership with public housing agencies and mainstream services to provide this resource to families who have tried rapid rehousing but need longer term housing and services support.

STRATEGIC ACTION STEPS (CONTINUED):

- **Increase utilization of HMIS and CES Processes:**

Another gap that should be addressed is that many providers, including most Veteran-specific programs, are not using either HMIS or accepting CES referrals for housing placement into their program; the VA and other funders of these programs should require participation in HMIS and CES as a condition of receiving funding.

During focus groups, some jurisdictions expressed interest in expanding the number of CES Community HUBS and the operating hours at existing sites. It will likely be more cost-efficient to assist more providers to be trained to conduct assessments within their programs rather than invest in additional staff for more HUBS. The caution is that more assessments do not translate into more housing placements since the latter is a function of the availability of resources for housing.

- **Process Improvement Assessment to Streamline the CES Process:** HSN, with support from the business community, should conduct a process improvement assessment to identify ways to streamline the current CES processes and reduce

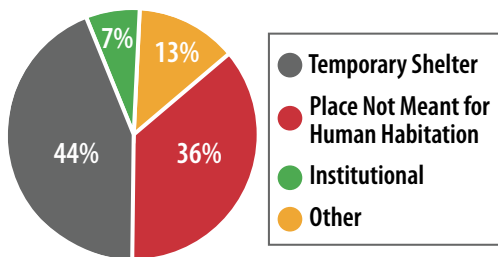
length of time from referral to housing move-in.

- **Utilizing Diversion for all households:** The CoC should explore adjusting its practice to use diversion for all households during the assessment phase and “navigate” just enough households to match with the expected availability of housing placements within the upcoming 60-day window. Households which will not be navigated should be promptly advised so that they can access other resources; this would eliminate households being placed on a waiting list. Clear communication across the region will be necessary to address the current belief by many that completion of an assessment equates to a future housing placement via CES.

- **Increase access to affordable housing units:** Most importantly, CFCH and its partners should work closely with HSN to provide greater access to affordable rental housing units and rental assistance that meets needs of literally homeless households. This should include public housing agencies and jurisdictions working together to streamline and increase access to units and subsidies provided through public resources.

Rapid Rehousing is extremely well targeted and most exit to stable housing

Results of Targeted Programming



2,948

Adults and children were served by Rapid Rehousing during the past year

61%

Were African American

75%

Exited to permanent housing

80%

Of household were families with children

22%

Were Hispanic/Latino

16%

Of Adults served by Rapid Re-Housing were chronically homeless at entry

OUR RESOURCES TO SERVE HOMELESS FAMILIES AND INDIVIDUALS ARE PROPORTIONATE TO THEIR PERCENTAGE IN THE REGION.

Beds/Slots for families and individuals

# Beds/slots	Family	Individuals	Total
Total	1,709 36.4%	2,990 63.6%	4,699
Point In Time 2018	Family	Individuals	
# People	713 35%	1,340 65%	

RECOMMENDATION 4: CREATE

Create new strategies to establish a robust “front door” to the housing stabilization system to create a comprehensive homeless crisis response system

WHERE WE ARE:

While the Central Florida region does a significantly better job of sheltering individuals and families as measured by a 16% rate of unsheltered homelessness compared to the state of Florida (47%) and the nation as a whole (35%), with an estimated 360 people unsheltered (2018 PIT count), the number is still unacceptable. Additionally, recent news coverage has focused on public concerns about the high number of people who appear to be homeless and unsheltered.

The US Interagency Council on Homelessness¹ recently noted that:

Shelters, street outreach, and other crisis services are the front line of any community’s response to homelessness. They can help people meet basic survival needs like shelter, food, clothing, and personal hygiene. But homelessness is only

truly ended for people when they obtain and maintain stable housing. This requires communities to shift from a set of services that simply ameliorate the immediate crisis of homelessness to a crisis response system that can help prevent and resolve it by connecting people swiftly to permanent housing opportunities.

As described in the previous section, the CES has been effective in allocating scarce housing resources to the households with the greatest needs; however, the “front end” of the crisis response system has not yet been truly built. The current system is missing a comprehensive approach to helping families and individuals resolve their crisis through diversion assistance (see description on next page) and a coordinated process to access emergency shelters that are appropriately designed to quickly resolve homelessness.

<https://www.usich.gov/solutions/crisis-response/> pulled August 12, 2018.



STRATEGIC ACTION STEPS:

- **Scale diversion using best practices that have been successful in other communities to address people who experience literal homelessness.**

Diversion is a best practices strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternative housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion is the most cost-effective way to reduce literal homelessness.

Diversion will reduce the number of households that enter homelessness.

Diversion can also be provided to people who are unsheltered to help

them leave the streets for more stable housing. A small flexible fund is often available to help with one-time costs. While “diversion” is being tested by Orange County, full incorporation of best practices appears to be lacking; the current pilot includes the requirement that the household have sufficient income for future

Diversion is the most effective and cost-efficient way to reduce homelessness.

rental costs to be eligible for diversion assistance.

To scale diversion, CES Community HUBS, emergency shelter, outreach, and other emergency assistance providers (i.e. meal programs, health clinics, etc.) and school coordinators should be trained in diversion practices. HSN should lead the expansion of diversion by offering training for staff and volunteers, working with the CoC to adapt CES practices, and administering a pool of flexible funds to support

diversion. CFCH and CRN (focused on precariously housed families) should work together to find the resources necessary to cover the diversion expansion, including a

flexible funding pool, and by connecting volunteers and community resources toward this effort.

- **Shift current emergency shelter to be 24/7 programs with focus on diversion and quick exits to stable housing.** When emergency shelter only operates as overnight program, it contributes to visible

DIVERSION BEST PRACTICES

Your Way Home Montgomery County, PA



- Locally uses terminology “housing counseling” to describe diversion
- A housing counselor develops a housing stability plan with households imminently at risk of homelessness and helps them access the “diversion” fund only when absolutely necessary
- Most households receiving Housing Counseling will not need financial assistance to be diverted from shelter, however, some households may need some limited financial assistance in order to successfully maintain housing

Phoenix Family Hub Phoenix, AZ



- 37% of the time, staff helped families resolve their problems right away and alleviated their need to enter the system
- Since families all entered through a centralized system, needs are able to be triaged to troubleshoot issues and many of these families needed advice, referrals, or leads on affordable housing.

homelessness by requiring individuals and families to leave during the day. Funders should require all emergency shelters to provide 24/7 facilities, focus admissions on those families and individuals who are at imminent risk of being unsheltered, provide low barrier access and housing focused services. Programs should also incorporate “pets, possessions, and partners” into the facility as these are often barriers for people who are unsheltered to leave the streets. If there is insufficient emergency shelter capacity, shelter admission should be reserved for the unsheltered individuals and families who are at greatest risk for severe health and safety consequences if not sheltered. The VISPDAT should not be used to assess need and priority for shelter as that is not its intended purpose. Creating a one-stop day center is not advised as there is no evidence that this approach is more effective.

Rather, smaller 24/7 low barrier residential programs in diverse locations have been shown to be effective.

By incorporating diversion and increasing investment in targeted housing placement and reducing the time between housing match and move-in, more people can be served within existing shelter programs.

- **All shelters should be required to participate in HMIS. HSN with the jurisdictions and CFCH should work with emergency shelter providers to develop and implement a plan to transform emergency shelters across the region.**

- **Improve street outreach coordination and equip with diversion skills.** While outreach providers participate in case conferencing through CES, there is not an organized and collaborative strategy to ensure that the range of street outreach programs are deployed across all parts of the region. All street outreach providers should be trained in diversion and able to access a flexible fund as needed to support exits to stable housing. All street outreach providers should use HMIS and be able to serve as mobile assessors for CES.

Rather than develop new overnight shelters or drop-in centers, shift existing emergency shelters to be 24/7 and housing focused.



RECOMMENDATION 5: SUPPORT

Support targeted strategies to address “precariously housed” homeless families

WHERE WE ARE:

There has been significant progress in reducing homelessness among school children – 13% reduction over four years. The three school systems have provided tremendous leadership in mobilizing community resources to address these needs and are to be commended for progress.

However, community leaders believe the overall number (just shy of 10,000 students) is still unacceptably high. Homeless children living doubled up represents 67% of all homeless children. An encouraging trend is the 22% reduction in children living doubled up over past four years, however, the number of homeless children living in hotel/motels is up significantly (24%

increase in same period). These numbers do not capture children who are not old enough to enter school – the largest age group of homeless children – and children and youth who are not enrolled in public school systems.

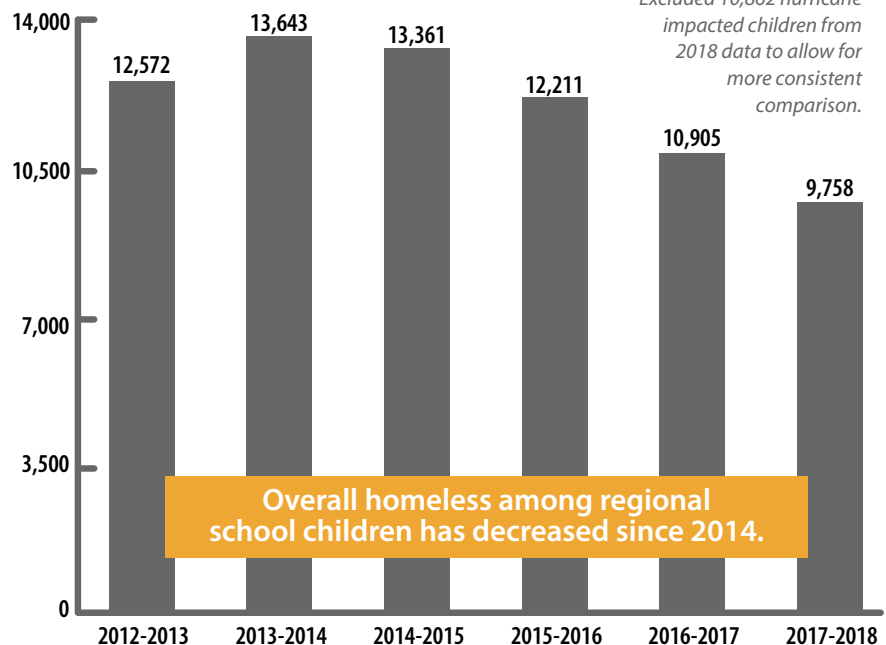
Recently, Community Resource Network (CRN) was launched as the backbone organization for a collective-impact Network to address the needs of school children and their families who are living doubled up or in hotels/motels; families who are ineligible to receive housing assistance from government-funded programs. CRN will facilitate cross-sector engagement, coordination and collaboration of community organizations and faith partners through a technology platform and training for volunteers, that will support precariously housed homeless families to achieve greater economic stability.

There has been significant progress in reducing homelessness among school children:

13%
over 4 years



Total Homeless School Children



Tri-County Schools Data
Excluded 10,862 hurricane
impacted children from
2018 data to allow for
more consistent
comparison.

Overall homeless among regional school children has decreased since 2014.

STRATEGIC ACTION STEPS:

• **Investment prioritized to the most vulnerable families:** The 2014 Current State of Family Homelessness² recommended that investment be prioritized to “the most vulnerable families” and further, “homelessness prevention assistance should be prioritized to families who are living in shared housing that is unsafe because of domestic violence, severe overcrowding, and/or extremely poor quality housing.”

Reference: Page 45

Progress toward this recommendation will only occur when the publicly funded services for low-income and vulnerable are better aligned and collaborating with community organizations to provide emergency aid and housing stabilization services. CRN should take the lead to align the public systems’ collaborative efforts to prioritize the most vulnerable families who are precariously housed.



RECOMMENDATION 6: INCREASE

Sustain, increase and align resources sufficient to achieve goals

WHERE WE ARE:

While there has been increased local public, private and philanthropic, and federal funding since 2014, it has not been sufficient to achieve the recommendations from the 2014 Gaps and Priorities report.

During the next three years, it will be critical to sustain the current programs, the new initiatives that have shown promise, and the newly developed “infrastructure” that supports the homeless crisis

response system. If financial investment is not increased to achieve the recommendations in this report, it is unlikely continued progress will occur. Furthermore, the community will need to address the sharply rising rents and growing rental unit shortage for households with low incomes that work at lower wage jobs or live on fixed incomes, especially those at or below thirty percent of the area median income.

Unless the community works together in parallel on both issues, it's more likely that homelessness will rise.

STRATEGIC ACTION STEPS:

Immediate Commitment to Invest in the Signature Initiative: In order to maintain the “Housing the First 100” program, immediate investment is needed to maintain housing and services for the 339 participants and continue to house more individuals who are the most vulnerable. In order to do this, the region needs to expand government support from \$4.1 million to \$24 million for the next three years. Additionally, \$6 million is needed from the community and philanthropic investment.

• **Formation of a 3-year investment plan for recommendation implementation:** The first step for implementation of the recommendations contained in this report is for the five system organizations to quickly put together a comprehensive 3-year investment and resource plan to share with current and potential investors.

CONSIDERATIONS:

- The Central Florida Foundation has assembled a collaborative of public, private, and individuals that invest and contribute to homeless issues and meet monthly to review the performance data on all the work done in the family and chronic housing pilots. The members are

focusing investment toward the overarching issue of housing first.

- The CoC board, working in partnership with HSN, has established capacity to effectively receive and administer private and public sector grants, work collaboratively with providers to deliver quality programs, and provide reliable data on needs and outcomes.
- The CFCH is leading a new conversation with potential local private investors to support the Housing First work.
- Stakeholders suggested that CFCH and CFF align this private sector work with local jurisdictional advocacy efforts to optimize investment and create greater clarity about shared priorities.
- Of note, there may also be some interest from private sector impact investors who have an interest in performance-based outcomes. Now is also the time to look at pay-for-performance social investment opportunities.

This strategy will require all three sectors – government, nonprofit, and philanthropy – to collaborate.

THE PRIORITIES FOR INVESTMENT AND RESOURCE DEVELOPMENT INCLUDE:

- **New:** Diversion for all populations. Funding is needed for training and flexible funds; may also need some staff expansion to cover high volume access points.
- **Continuing and Additional:** Permanent supportive housing for chronically homeless individuals – capital development for new single site and mixed population developments, operations and rental assistance, and supportive services
- **Continuing and Additional:** Rapid rehousing and longer-term rental assistance for homeless families – short and long-term rental assistance, housing placement and landlord engagement, and services
- **Continuing and Additional:** Crisis shelter operations and services, rapid rehousing and longer-term rental assistance for homeless youth/ young adults – short and long-term rental assistance, housing placement and landlord engagement, and services
- **Continuing:** Outreach, emergency shelter for families and single adults, transitional housing for special sub-populations – services and operations
- **Continuing:** Infrastructure for community response: HMIS, CES, community awareness and engagement, advocacy and fundraising

KEY INVESTORS:

1. Private donors and philanthropy, including impact investors
2. Faith sector
3. Local jurisdictions and housing agencies
4. State of Florida and state agencies
5. Federal government



SUMMARY

Cross-sector partnerships, acting with urgency and boldness, are required to accelerate progress through shared leadership and alignment of resources in expanding and streamlining Central Florida’s regional system of care. Public, private, and nonprofit leaders, acting in concert, must mobilize the community to be engaged and invest in proven solutions, hold each other accountable for tracking progress and meeting community goals, and ensure a regional response that is at a scale sufficient to achieve the vision that no one should be homeless in Central Florida.

Addressing homelessness in the context of the sharply rising rents and growing rental unit shortage in

Central Florida for households with low incomes will be especially challenging unless the community comes together to address this cross-cutting regional need.

As noted in this report, households who work at lower wage jobs or live on fixed incomes, especially those at or below thirty percent of the area median income, are at greatest risk of homelessness. The shortage of units that are affordable and the rapid growth in rents creates cascading issues for the homelessness response system – increasing flow into homelessness, increasing the time it takes for a household to exit homelessness, and increasing the costs associated with both preventing and ending homelessness.



The Economics of Housing

Analysis and Recommendations

By Dr. Dale Brill
Orlando Economic Partnership

When looking at the economic data, there were three primary questions to be answered as indicators of the economic context surrounding homelessness.

- 1.** How many hours a week does an average renter in Central Florida need to work in order to afford a home?
- 2.** What kind of apartment can an average worker afford before becoming cost-burdened?
- 3.** How many homes are available to low income workers?

There is a lack of affordable housing nationwide, and Central Florida is not an exception to this crisis; rather ranks at the top of the list among regions with gaps between income and affordable housing. You'll see in the data tables below, individuals making less than \$35,000 a year have virtually no option for rental housing in the tri-county area. Not only is the cost prohibitive for these households, but the inventory is not available. For those making 50% of the average median income, the region has a deficit of over 70,000 units.

In the following pages you will find the data that answers the three questions above, along with recommendations based on these findings, that have the potential to close this housing and income gap in Central Florida.

1) HOW MANY HOURS A WEEK DOES THE AVERAGE RENTER NEED TO WORK TO AFFORD A ONE-BEDROOM HOME?

The data below details the gap between wages and the cost of rental housing in Orange, Osceola, and Seminole counties. The housing wage is an estimate of the hourly wage a full-time worker must earn to afford a rental home at HUD's fair market rent (FMR) without spending more than 30% of his or her income on housing costs. Spending more than 30% of income on housing costs puts an individual or household in a "cost-burdened" category, where they may not be able to afford other expenses necessary to improve quality of life. Being cost-burdened puts households at risk of homelessness since there is no financial cushion if an unexpected event were to occur. The renter's wage is the estimated mean hourly wage among renters.

In Orange, Osceola, and Seminole County the housing wage is \$21.08 for a two-bedroom rental home and \$17.67 for a one-bedroom rental home (less than 30%). In comparison, to not spend more than 50% of income on housing, a worker would have to make \$12.65 hourly to afford a two-bedroom and \$10.60 hourly to afford a one-bedroom.

A full-time worker earning Florida's minimum wage of \$8.25 would need to work 102 hours per week, or approximately two and a half full-time jobs, to afford a two-bedroom rental home in the three-county region. That same worker would need to work 86 hours, or approximately two full-time jobs, to afford a one-bedroom rental home at the three-county region's fair market rent. Nowhere in the three-county region could a renter earning the Florida minimum wage afford a one-bedroom home by working only one job at 40 hours per week without becoming cost burdened.

Looking at the average renter wage in each county, the story improves slightly; again, no single worker

could afford a one-bedroom home working 40 hours a week or less. Realistically the average Orlando employee worked 34.7 hours a week in 2017. Source: Bureau of Labor Statistics.

- **In Orange County, the renter wage is \$16.87.**

A worker earning renter wage in Orange County would have to work 42 hours per week for a one-bedroom rental and 50 hours per week for a two-bedroom rental.

- **In Osceola County, the renter wage is \$13.45.**

A worker earning renter wage in Osceola County would have to work 53 hours per week for a one-bedroom rental and 63 hours per week for a two-bedroom rental.

- **In Seminole County, the renter wage is \$15.52.**

A worker earning renter wage in Seminole County would have to work 46 hours per week for a one-bedroom rental and 54 hours per week for a two-bedroom.

To afford 2018 Fair Market Rent as established by HUD for the Orange, Osceola, Seminole counties is: \$21.08/hour for a 2-bedroom rental home. According to HUD the affordability standard is 30% of gross monthly income for rent.



To not spend more than 50% of income on housing:

What a worker would have to make to afford a 1-bedroom \$10.60 an hour

What a worker would have to make to afford a 2-bedroom: \$12.65 an hour



2) WHAT KIND OF APARTMENT CAN THE MEDIAN WORKER AFFORD WITHOUT BECOMING COST BURDENED?

- In Orange, Osceola, and Seminole County the housing wage to not spend more than 30% of income on housing is \$21.08 for a two-bedroom rental home and \$17.67 for a one-bedroom rental home. In comparison, to not spend more than 50% of income on housing, a worker would have to make \$12.65 hourly to afford a two-bedroom and \$10.60 hourly to afford a one-bedroom.
- See all wages below.

Source: National Low Income Housing Coalition, OOR 2018

Using the data points below an individual earning the median average wage in the three-county region could only afford an efficiency apartment (studio) without spending more than 30% of their income on housing. This accounts for approximately 561,600 people in the region. That same worker (the median worker) can afford up to a three-bedroom apartment by spending 50% of their annual median income (AMI) on housing. Individuals in the 10th percentile of wage earners (approximately 112,300 people) can only afford a studio apartment or one bedroom by spending up to 50% of their income on rent.

Hourly Wage Needed

# of Bedrooms	Hourly Wage Needed (30% of spent AMI (Area Median Income) on housing)	Hourly Wage Needed (50% of spent AMI (Area Median Income) on housing)
0	\$16.33	\$9.80
1	\$17.67	\$10.60
2	\$21.08	\$12.65
3	\$28.04	\$16.82
4	\$33.56	\$20.13

Wage Distribution for All Individuals, 3 County Region - Annual (Hourly)

10th Percentile	\$22,600 (\$10.85)
25th Percentile	\$27,100 (\$13.03)
50th Percentile (Median)	\$34,200 (\$16.43)
75th Percentile	\$44,300 (\$21.33)
90th Percentile	\$57,300 (\$27.54)

Source: JobsEO 2017

Total Employment in the 3-County Region

1,123,201

Source: Florida Department of Economic Opportunity, December, 2017



Nowhere in the three-county region could a renter earning the Florida minimum wage afford a one-bedroom home by working only one job at 40 hours per week without becoming cost burdened.”

3) HOW MANY HOMES ARE AVAILABLE TO LOW INCOME EARNERS?

In June of this year, the National Low Income Housing Coalition released a county gap analysis using HUD’s most recent Comprehensive Housing Affordability Strategy (CHAS) data for 2011-2015. This data allowed the National Low Income Housing Coalition to define the number of rental units that were affordable at different income levels.

Affordable units are those that a household can rent without paying more than 30 percent of their income on housing.

The report defines three different levels of renter households; those whose income is less than or equal to 80 percent (low income), 50 percent (very low income) or 30 percent (extremely low income) of the area’s HUD adjusted median family income (HAMFI). The gap analysis for each level of renter income is included below.

HAMFI (Housing Urban Development Area Median Family Income): \$62,900

Low Income (household income less than 80% of area’s HAMFI*)

County	# of Renter Households	# of Affordable Units	Affordable and Available Units	Surplus or Deficit of Affordable and Available Units
Orange	109,730	119,595	87,540	-22,190
Osceola	21,185	24,235	17,345	-3,840
Seminole	23,945	29,680	20,030	-3,915
Total	154,860	173,510	124,915	-29,945

Very Low Income (household income less than 50% of area’s HAMFI*)

County	# of Renter Households	# of Affordable Units	Affordable and Available Units	Surplus or Deficit of Affordable and Available Units
Orange	67,225	20,250	12,865	-54,360
Osceola	13,695	4,380	2,840	-10,855
Seminole	14,180	5,535	3,275	-10,905
Total	95,100	30,165	18,980	-76,120

Extremely Low Income (household income less than 30% of area’s HAMFI*)

County	# of Renter Households	# of Affordable Units	Affordable and Available Units	Surplus or Deficit of Affordable and Available Units
Orange	33,780	8,485	3,645	-30,135
Osceola	7,085	1,940	705	-6,380
Seminole	6,855	3,035	935	-5,920
Total	47,720	13,460	5,285	-42,435

*HAMFI = Housing Urban Development Area Median Family Income

RECOMMENDATIONS:

Recommendation 1: Work with organizations focused on housing to develop an advocacy platform to create more affordable housing policies that can narrow the gap between affordability and supply.

Recommendation 2: Educate and inform the community on the economic context around homelessness found in this report.



APPENDIX A

The figures, charts, and graphs included in this appendix were developed by Barbara Poppe during the Gaps and Priorities review with tremendous assistance from Central Florida Commission on Homelessness, Community Resource Network and Continuum of Care.

Benchmark Data: Central Florida region/CoC to peer communities and a similarly sized high cost community

	CONTEXTUAL DATA						
	County Population Estimate	Median Income	Poverty Rate	County FMR (Fair Market Rent) - 2 BR	30% of Area Median Income (County)	Housing Wage 2 BR (note 1)	Rental Vacancy Rate by MSA (%)
Orange/Osceola/Seminole	2,163,814	\$49,391	16%	\$1,096	\$18,870	\$21.08	7.3%
Peer Communities							
Salt Lake County	1,135,649	\$64,601	9.4%	\$1,035	\$24,000	\$19.90	7.5%
Tampa/Hillsborough County	1,408,566	\$51,681	15.0%	\$1,045	\$19,170	\$20.10	11.8%
Charlotte, NC	1,076,837	\$59,268	12.3%	\$967	\$22,230	\$18.60	6.2%
Austin, TX	1,226,698	\$64,422	12.2%	\$1,251	\$25,800	\$24.06	6.9%
High Cost Community							
Seattle/King, WA	2,188,649	\$78,800	9.3%	\$1,878	\$31,020	\$36.12	4.1%

Sources: U.S. Census, 2017 Population Estimates; NLIHC, Out of Reach 2018; U.S. Census Bureau CPS/HVS.

Central Florida has a HIGHER POVERTY RATE than peer communities and LOWER AREA MEDIAN INCOME. Rental vacancy rate and cost of a typical apartment are moderate compared to peers.

By the Numbers Charts and Data

Benchmark Data: Central Florida region/CoC to peer communities and a similarly sized high cost community

	Total	Unsheltered	Persons, Families with Children, Total	Percentage Unsheltered Total	Percentage Family Members compared to Total
Orange/Osceola/Seminole	2,074	340	732	16%	35%
Peer Communities					
Salt Lake County	2,047	161	699	8%	34%
Tampa/Hillsborough County	1,549	567	479	37%	31%
Charlotte, NC	1,476	215	460	15%	31%
Austin, TX	2,036	834	576	41%	28%
High Cost Community					
Seattle/King, WA	11,643	5,485	2,833	47%	28%

Sources: U.S. Department of HUD, Point-in-Time and Housing Inventory Count data files since 2007

Central Florida has a LOWER RATE of UNSHELTERED than 2 OF 4 PEER COMMUNITIES and slightly LARGER RATE of FAMILY HOMELESSNESS.

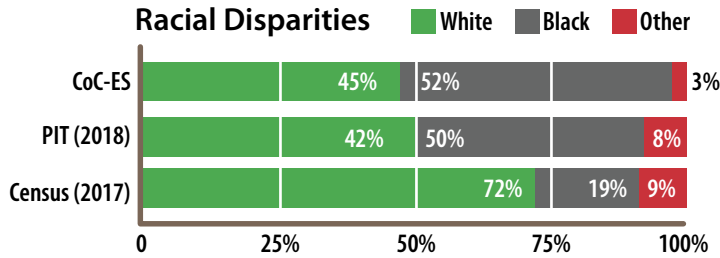
By the Numbers Charts and Data

Benchmark Data: Central Florida region/CoC to peer communities and a similarly sized high cost community

	POINT-IN-TIME TRENDS		RATE OF HOMELESSNESS	
	Change in Number of Homeless (2015-2017)	Change in Number of Homeless (2016-2017)	Compared to General Population	Compared to Population in Poverty
Orange/Osceola/Seminole	-2%	24%	0.096%	0.588%
Peer Communities				
Salt Lake County	-6%	8%	0.180%	1.918%
Tampa/Hillsborough County	-20%	-15%	0.110%	0.733%
Charlotte, NC	-26%	-19%	0.137%	1.114%
Austin, TX	11%	-5%	0.166%	
High Cost Community				1.360%
Seattle/King, WA	15%	9%	0.532%	5.720%

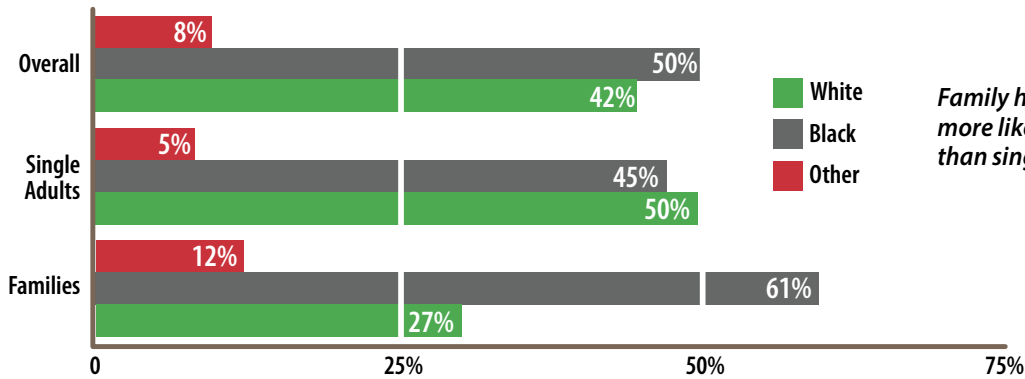
Sources: Calculated

Two year trend: Central Florida has reduced overall homelessness but at a slower pace than 3 of 4 peer communities; family homelessness has increased more than peer communities. The rate of homelessness compared to both the general population, and the population experiencing poverty is significantly less than peer communities.



People who experience homelessness in Central Florida are more likely to be black compared to general population.

Racial Disparities By Household Type (Point in Time 2018)

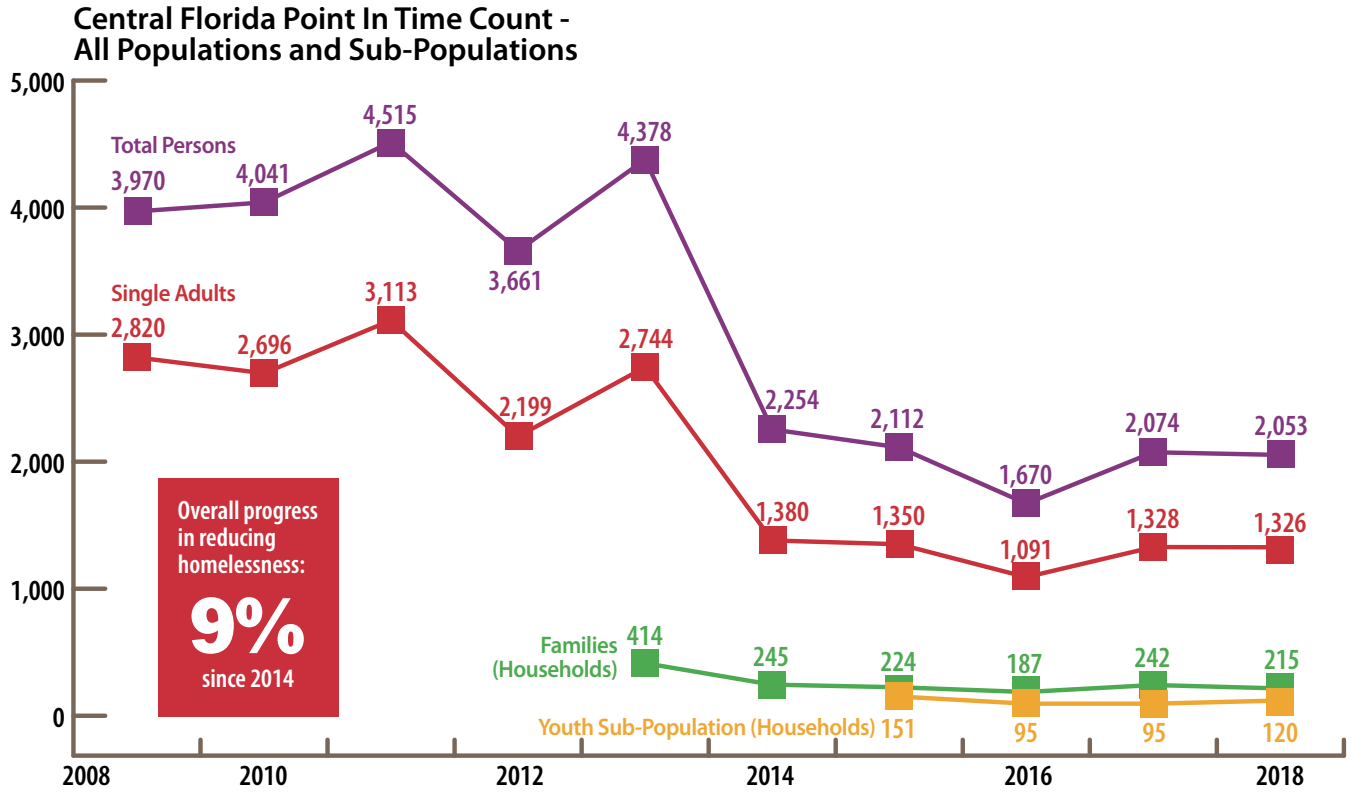


Family households are more likely to be black than single adults.

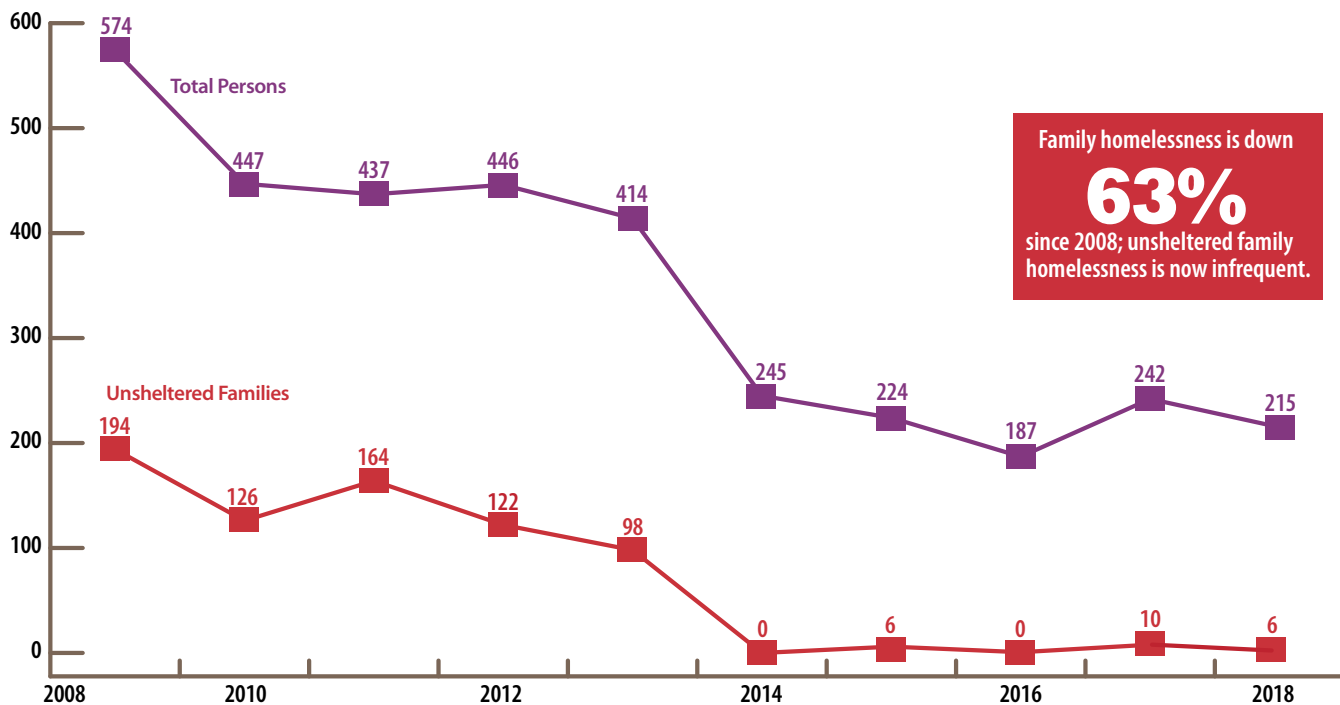


HSN, working with the CoC, has developed an interactive, online dashboard. Anyone can go online to view results by time frame, county or region, household type, age, gender, Veteran status and program type.

By the Numbers Charts and Data

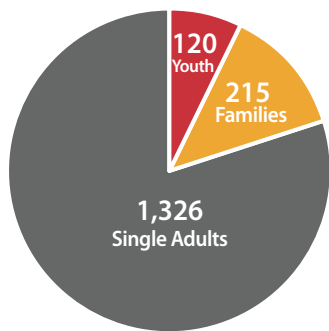


Point In Time Family Households, Total and Unsheltered



Family homelessness is down **63%** since 2008; unsheltered family homelessness is now infrequent.

Households, Point In Time 2018



Total: 2,053 People

9,500

Annual estimate of homeless people served by all community programs

People Served by System as Recorded in Homeless Management Information Systems (HMIS)



FY2015

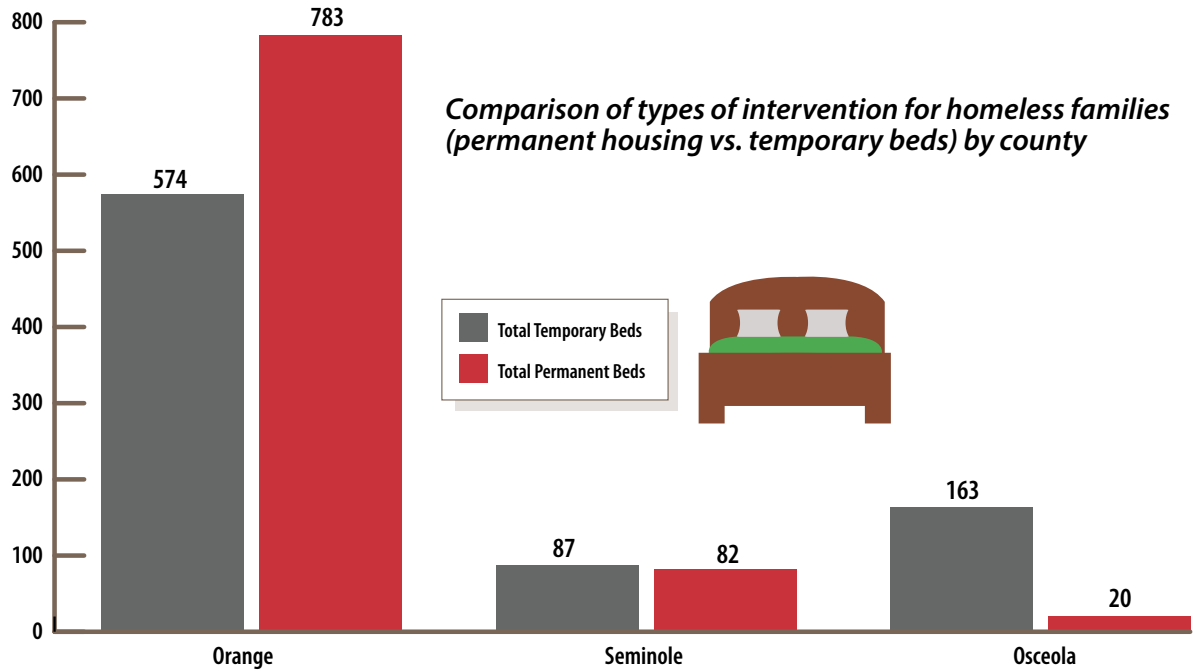
FY2016

FY2017

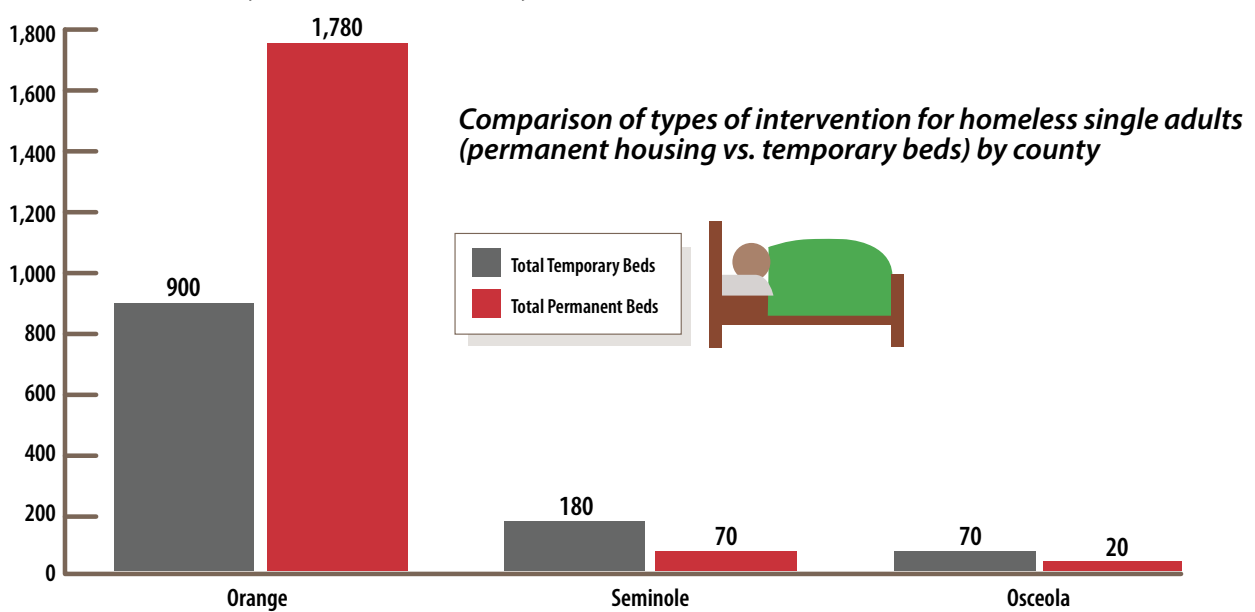
FY2018

By the Numbers Charts and Data

2018 Inventory for Homelessness System of Care



2018 Inventory for Homelessness System of Care



Comparison of Regional Poverty to Homelessness: Orange County has greatest share of households living in poverty and Orange County organizations bear disproportionately greater responsibility for response to homelessness

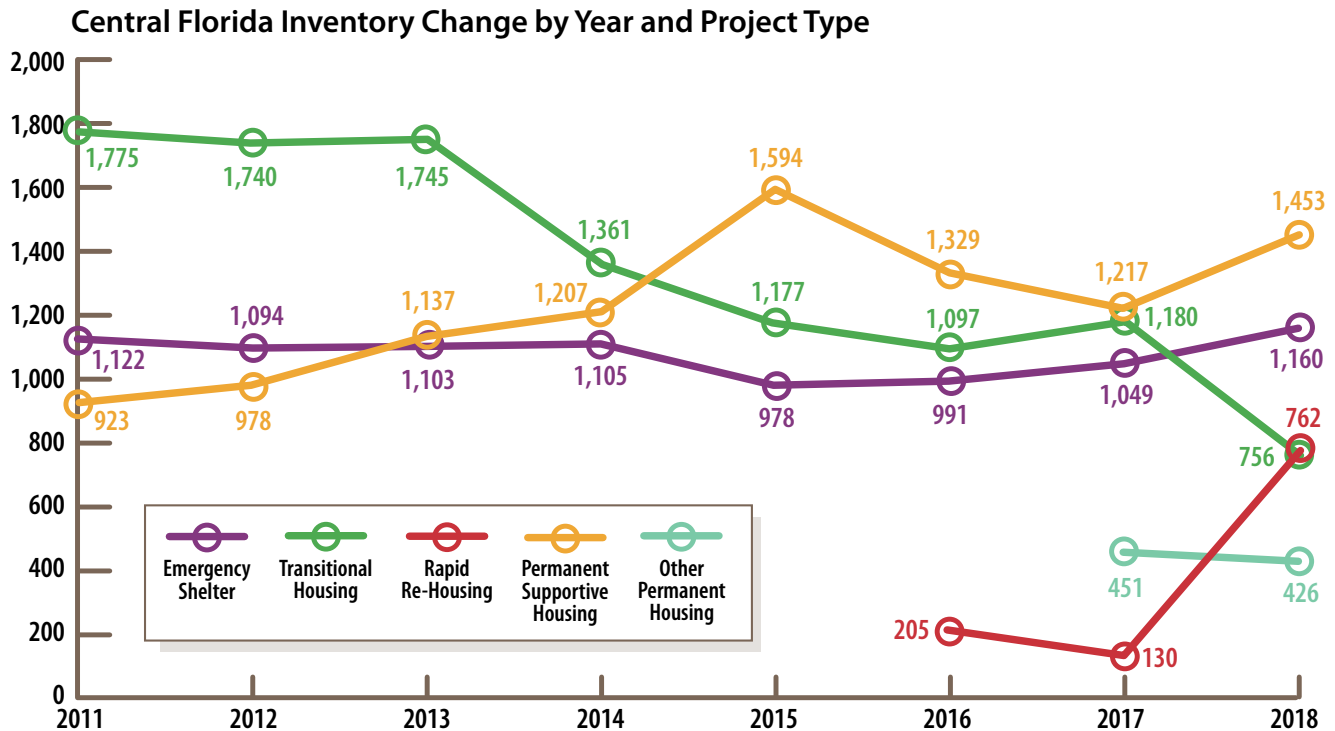
County	Households in Poverty		All Beds/Slots		PIT 2018 All People		PIT 2018 Unsheltered People	
	#	%	#	%	#	%	#	%
Orange	219,883	67.7%	4,007	85.3%	1,539	75%	253	70.3%
Seminole	52,743	16.2%	413	8.8%	288	14%	69	19.2%
Osceola	52,123	16.1%	279	5.9%	226	11%	38	10.6%
Region	324,749		4,699		2,053		360	

2018 Inventory for Homeless System of Care: Comparison of types of intervention (permanent housing vs. temporary beds) by household type

# Beds/Slots	Family		Individuals		Total	
Temporary	824	41.5%	1,160	58.5%	1,984	42%
Permanent	885	32.6%	1,830	67.4%	2,715	58%
Total	1,709	36.4%	2,990	63.6%	4,699	

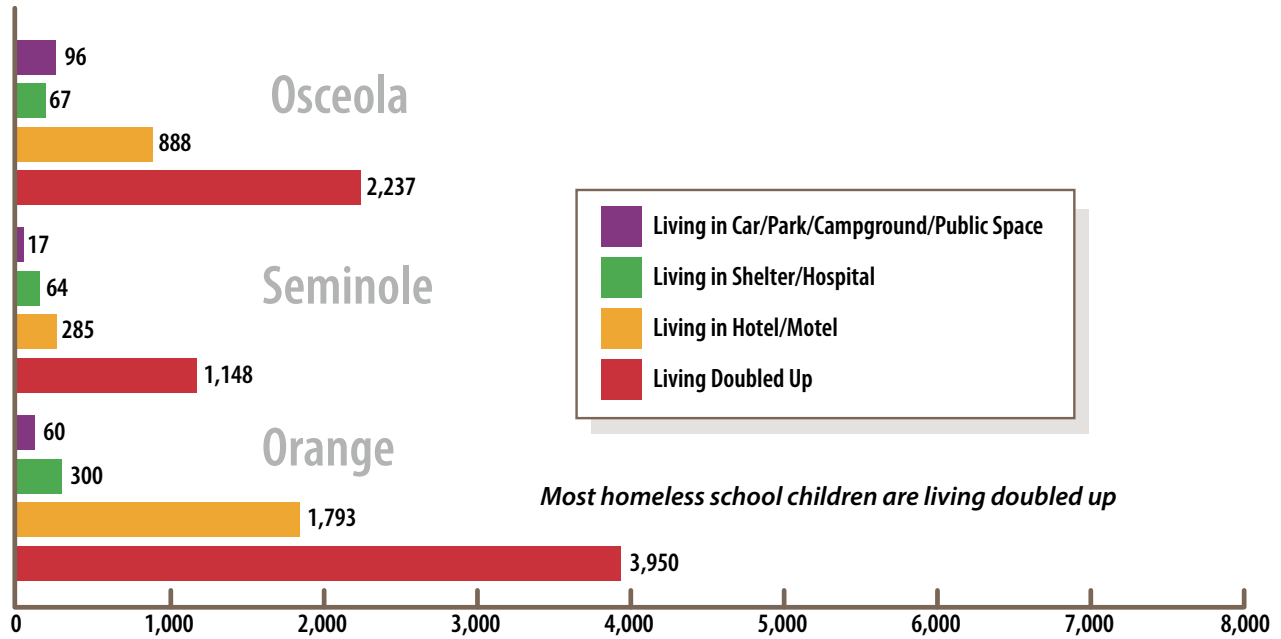
# Beds/Slots	Family		Individuals	
# People	713	35%	1,340	65%

By the Numbers Charts and Data



This trend chart demonstrates how Central Florida moved to align with best practices by developing new rapid rehousing (0 slots in 2015 to 762 slots in 2018), increasing supportive housing, maintaining emergency shelter capacity, and reducing transitional housing. These shifts have resulted in overall reductions in homelessness (see other figure).

Homeless School Children: 2016-2017 school year



Rate of homelessness among school children is greatest in Osceola County but largest number are in Orange County.

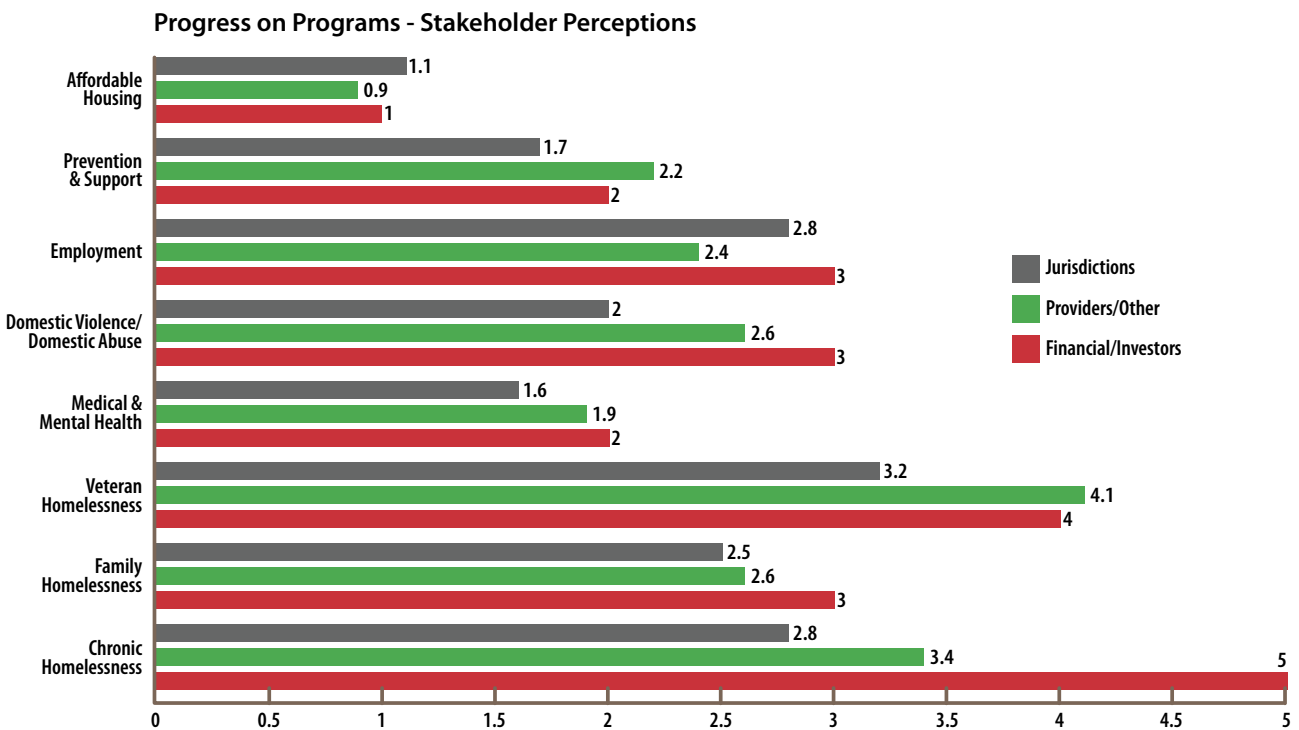
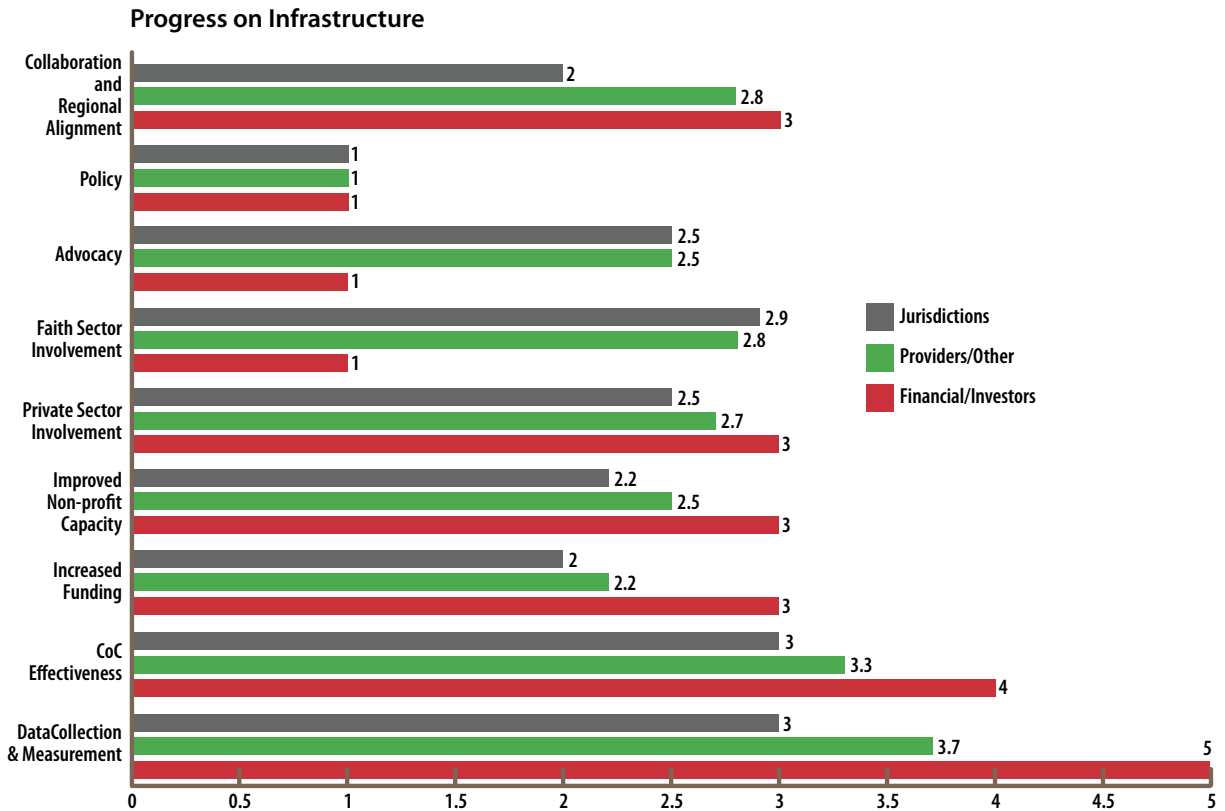
Rate of homelessness among school children

2017-2018 School Year	Orange County	Seminole County	Osceola County
Total Homeless Students.....	5,850	1,593	2,315
Total Students.....	207,253	74,124	67,796
Rate of Homeless Students	2.8%	2.1%	3.4%

These numbers exclude the number of school children impacted by the hurricanes in 2017.

By the Numbers Charts and Data

The figures below provide community leader perceptions about progress since 2014 by topic within the 2014 Gaps and Priorities report. Key: 1=limited progress; 5= superior progress



APPENDIX B

The figures, charts, and graphs included in this appendix were developed by Orlando Economic Partnership.

How many hours a week does the average renter need to work to afford a one-bedroom home?

\$21.08/hour



In order to afford a 2-bedroom rental

Across the region, an individual needs to make \$21.08 an hour in order to afford a two-bedroom rental and \$17.67 an hour for a one-bedroom rental.

When looking at the average wage in each county, no single worker could afford a one-bedroom home working 40 hours a week or less.

\$17.67/hour



In order to afford a 1-bedroom rental

What kind of apartment can the median worker afford without becoming cost burdened?

Type of Apartment	Hourly Wage needed (30% of spent AMI on housing)	Hourly Wage needed (50% of spent AMI on housing)
Studio/Efficiency	\$16.33	\$9.80
1 Bedroom	\$17.67	\$10.60
2 Bedroom	\$21.08	\$12.65
3 Bedroom	\$28.04	\$16.82
4 Bedroom	\$33.56	\$20.13

Wage Distribution for Individuals Annual (Hourly)

- 10th Percentile - \$22,600 (\$10.85)
- 25th Percentile - \$27,100 (\$13.3)
- 50th Percentile - (Median) \$34,200 (\$16.43)
- 75th Percentile - \$44,300 (\$21.33)
- 90th Percentile - \$57,300 (\$27.54)

APPENDIX B

The figures, charts, and graphs included in this appendix were developed by Orlando Economic Partnership.

How many homes are available to low income earners?

Low Income (household income less than 80% of area's HAMFI)

County	Renter Households	Affordable Units	Affordable and Available Units	Surplus or Deficit of Affordable and Available Units
Orange	109,730	119,595	87,540	-22,190
Osceola	21,185	24,235	17,345	-3,840
Seminole	23,945	29,680	20,030	-3,915
Total	154,860	173,510	124,915	-29,945

How many homes are available to low income earners?

Very Low Income (household income less than 50% of area's HAMFI)

County	Renter Households	Affordable Units	Affordable and Available Units	Surplus or Deficit of Affordable and Available Units
Orange	67,225	20,250	12,865	-54,360
Osceola	13,695	4,380	2,840	-10,855
Seminole	14,180	5,535	3,275	-10,905
Total	95,100	30,165	18,980	-76,120

How many homes are available to low income earners?

Very Low Income (household income less than 30% of area's HAMFI)

County	Renter Households	Affordable Units	Affordable and Available Units	Surplus or Deficit of Affordable and Available Units
Orange	33,780	8,485	3,645	-30,135
Osceola	7,085	1,940	705	-6,380
Seminole	6,855	3,305	935	-5,920
Total	47,720	13,460	5,285	-42,435

What kind of apartment can the median worker afford without becoming cost burdened?

Type of Apartment	Hourly Wage needed (30% of spent AMI on housing)	Hourly Wage needed (50% of spent AMI on housing)
Studio/Efficiency	\$16.33	\$9.80
1 Bedroom	\$17.67	\$10.60
2 Bedroom	\$21.08	\$12.65
3 Bedroom	\$28.04	\$16.82
4 Bedroom	\$33.56	\$20.13

Acknowledgement and Thank You!

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Community Resource Network

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