



Framework to Inform the Hillsborough Plan to Prevent and End Homelessness

As presented by the Corporation for Supportive Housing
to Hillsborough County and its Cities

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Contact Person:
Heather Lyons
Consulting and Training
Portland, OR
Heather.lyons@csh.org
503-939-0083



About the Corporation for Supportive Housing

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness.

Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations please see www.csh.org. For more information about CSH's consulting and training services, please contact the CSH Consulting Group at consulting@csh.org.

Acknowledgements

CSH wishes to acknowledge all those who participated in conversations and discussions that helped to shape this document and the Charrette process. CSH would particularly like to thank the staff and board of the Homeless Coalition of Hillsborough County.

Inquiries

If you are interested in learning more about the Hillsborough County Plan to Prevent and End Homelessness, please go to www.homelessofhc.org or, please contact Edi Erb at edi@homelessofhc.org. For information on CSH, please visit www.csh.org for additional on-line resources and materials. If you have questions or comments regarding this document, please contact Heather Lyons at heather.lyons@csh.org.



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Introduction

The Corporation for Supportive Housing (CSH) is pleased to present this report to Hillsborough County and its Cities, including its housed and homeless citizens. Committing to conduct a thorough, thoughtful, and intentional review of implementation strategies to end homelessness is risky. To do it in an open and authentic manner is laudable. CSH witnessed this throughout the process and hopes that the same authenticity comes through in this document.

CSH also appreciates the willingness of Hillsborough County to undertake the Charrette process as a method of analyzing, discerning, and ultimately making difficult decisions about moving forward on complicated issues. CSH specifically wants to thank the support of the Homeless Coalition of Hillsborough County's Staff and Board.

This report is intended to inform the next body of work under the six issue areas identified and examined through this process; to lay a framework for the next level of work under the Plan to Prevent and End Homelessness; and to increase the success of the work happening in Hillsborough County.

Homeless Coalition of Hillsborough
County - Staff

Edi Erb
Jack Garrett
Cathy James
Lesa Weikel
Rich Boozell
Greg Williams
Corry Neal
Margaret Djekovic
Sandra Franklin
Jeremiah Kerr
Richard Rankin

Past CEO Rayme L. Nuckles

Success of Preventing and Ending Homelessness to Date

Since the inception of the original 10 Year Plan in 2002, there have been notable successes in Hillsborough County which are helping to move the community forward on the path to ending homelessness and which coincide with the recommendations garnered from the July 2012 Charrette. In general, we have seen major strides in increased collaboration to address homelessness prevention and responding to the needs of the homeless. Unfortunately, the weakened economy has more than offset many of our successes. These successes included but are not limited to the following::

- **Reduction in the number of unsheltered households.** From 2009 to 2011, the number of households with at least one adult and one child was reduced by almost 600 families.
- **Rapid Re-housing of singles and families.** From 2009 to 2011, rapidly re-housed 262 households with HPRP funds.
- **Successful engagement of the private sector and a Housing First initiative to reduce the number of chronically homeless.** In May of 2012 County Commissioners voted to support a pilot "housing first" project with \$2.1 million in federal community development funds. The funds are being utilized by Mental Health Care of Tampa (MHC) to buy and rehabilitate a 24-unit apartment complex which will provide permanent housing to some of Hillsborough's 700 chronically homeless men and women. The county also is allocating \$317,000 for counseling and support services. This project is an excellent example of collaboration between government, public and private sectors and the project's growth and endurance hinge upon the continued success of these partnerships. Project collaborators included: representatives from the Tampa Bay Lightning, M.E. Wilson Company, Tampa Tank, MHC, County Commissioner Sandra Murman, School Board Chairwoman Candy Olson, County Administrator Mike Merrill, representatives

from the University of South Florida, among others. This effort was also supported by staff from the County and the Homeless Coalition.

- **Increase in Housing Inventory.** There was an overall increase in housing inventory across Emergency Shelter, Transitional Housing, and Permanent Supportive Housing for families from 2010 to 2011, meaning more available placements for homeless persons with children.
- **Homeless Youth Advocacy.** The Homeless Coalition of Hillsborough County presented a Homeless Youth Forum in June of 2012 to call attention to the problems faced daily by homeless youths throughout Tampa Bay. During the forum, Florida Governor Rick Scott signed into law House Bill 1351, known as the Unaccompanied Youth Bill. Drafted by five Armwood High School seniors, the law strives to make it easier for homeless youths to acquire important documents, such as birth certificates.
- **Veterans Homeless Demonstration Project.** The Tampa/Hillsborough County Homeless Continuum of Care (led by the Homeless Coalition of Hillsborough County) was selected as one of five communities in the country to receive funds under the Veterans Homeless Demonstration Project (VHPD), which is a new initiative by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans' Affairs (VA), and the U.S. Department of Labor (DOL) to provide assistance to veterans at-risk of becoming homeless or newly homeless. Efforts to address veteran homelessness included increased collaboration between the Homeless Coalition, the Veterans Affairs Services for the Homeless, the Tampa Housing Authority, and County Veterans' Affairs. This included obtaining filling available housing vouchers, providing services, and obtaining a major increase in housing vouchers.
- **Improved Processes Between the Florida Department of Corrections and the County Sheriff to Handle the Reintegration of Returning Offenders.** While there is still more to be done in this area, that there are connections between the Florida Department of Corrections and County Sheriff regarding re-entry is a big step and solid movement toward reducing recidivism among those returning to communities from jails and prison.
- **Implementation of UNITY.** Since the implementation of the Hillsborough County HMIS system, named Unity, full participation of HUD programs has been achieved. In addition, surpassing the number of mandated participating agencies is the number of non-required agencies using the HMIS—demonstrating great strides in community buy-in and support. Unity is also used innovatively to provide a Scan-card program, which is now accepted as proof of county residency allowing for, among other benefits, enrollment in the Hillsborough County Healthcare Program. Unity is also currently capturing more data per consumer than most communities, allowing for an increased amount of community reporting and research as well as increase in opportunities for communication between participating agencies. Reports from the HMIS System are being utilized at all levels of participation including by the Hillsborough County Coalition Staff, case managers, program managers, and executive management. The HMIS Advisory Committee, whose members include staff from agencies entering data into Unity, has evolved into a very active working committee, taking leadership on many important HMIS decisions and concerns including increasing the number of participating agencies in Hillsborough County.

The Charrette Process

To condense planning time while involving a broad range of stakeholders, Hillsborough County engaged the Corporation for Supportive Housing (CSH) to facilitate this work using the CSH Charrette process. The CSH Charrette is specifically designed to help communities address key issues in ending homelessness at the local level. Similar to a traditional architectural Charrette, the CSH Charrette provides a fast-paced but thorough exploration of the critical aspects of developing plans and action steps. CSH Charrettes capitalize on local and

"I'd like to see a lot more of my friends make it [off the streets]."

external expertise as well as the community organizing principle of engaging stakeholders in a dynamic process.

The goal of this Charrette was to produce a feasible set of recommendations to update the community's Plan to

Prevent and End Homelessness, benefitting from the support of stakeholders throughout its implementation. After the Charrette process, the project begins the process of developing an annual action plan leading to implementation.

Steering Committee: The Steering Committee came together following a kick-off meeting on April 23, 2012, and meet for just over three months to determine issue areas, conduct community outreach (including three public meetings the first week in June), and help secure experts. (See Appendix A for list of Committee members and Charrette participants).

Charrette Week kicked off on July 23rd with two full days of intense dialogue at the Hyde Park United Methodist Church. The conversation focused on six issue areas:

- Systems Integration
- Discharge Planning
- Performance Measures
- Health
- Employment and Income
- Housing First (which was later modified to just Housing)

Each conversation occurred in a "fishbowl" setting with a group of experts sitting in a circle surrounded by an outer circles of community stakeholders. For the first hour, the local and external experts engaged in a dialogue that encouraged thinking of new systemic and programmatic responses in the issue areas. Experts from diverse communities and organizations drew from their experiences and expertise to exchange views and craft suggestions for moving forward. (A full list of experts with their biographies is in Appendix B.)



While the expert dialogue occurred, the rest of the Charrette participants observed the discussion without comment. Half way through, the conversation among the experts ended and CSH facilitated audience observations and feedback. During this time, the experts were not allowed to respond, and community members were given ample opportunity to agree with or challenge the experts and to offer other suggestions on the issue

areas. The purpose of this part of each fishbowl session was to engage a broad range of community members in the discussion and benefit from their expertise and experiences.

Following the intensive public process, CSH distilled the information into draft recommendations for each of the six issue areas as well as recommendations on the overarching issues areas of Community Awareness and Infrastructure and Implementation. This was presented at an open community meeting on July 26, 2012. At this session CSH heard input on how well the recommendations did or did not reflect the learnings from the Charrette process. The feedback session also tested the recommendations to gauge their likelihood for implementation. The feedback session for Hillsborough County was highly productive with helpful comments from everyone who attended. CSH staff incorporated the feedback in this final report to be presented at another public meeting on July 30, 2012.

Recommendations

These recommendations represent ideas presented in the Fishbowl sessions that will have the most impact on updating Hillsborough County's Plan to Prevent and End Homelessness.

Issue Area Action Items

1. Systems Integration

Successful strategies and outcomes are dependent on other systems of care participating in the effort to prevent and end homelessness. Hospitals, mental health clinics, adult and juvenile criminal justice and the child welfare system all impact homelessness. Mainstream housing and services can also benefit homeless people with approaches that are responsive to their needs. To improve the targeting of the appropriate level of services and housing, many communities are adopting a coordinated access approach.



1.1 Outline a clear and reasonable role for 211's involvement in the community as an immediate solution for information and referral as well as other information coordinating roles. Consider how it connects to HMIS (Homeless Management Information System).

1.2 Develop road maps for case managers to use that show how the system currently works by population.

1.3 Conduct outreach to the business, university and/or IT

communities to conduct an impartial analysis of all the current city, state, federal, and private data bases which are used to collect data on homeless households—and provide recommendations for consolidation and streamlining the process.

1.4 Secure commitment from all providers into integrating the Unity system (HMIS) into their program by making it as easy as possible to use the system. Create and distribute mini-grants to faith-based and small agencies to promote integration with the goals of the 10-year plan and more efficient coordination and monitoring of resources.

1.5 Conduct an analysis to show how existing resources could be used more efficiently to streamline consumer's navigation of the system, highlighting barriers and gaps in the system using these road maps, and other data,

BEST PRACTICE

Dayton-Montgomery County coordinated intake

Dayton-Montgomery County just recently went through a local decision making process and have been implementing a coordinated Front Door Assessment system for over a year.

They serve as a good example of how to develop a system within a short period of time and using data to guide the process. Lastly, they have shared the lessons they've learned in moving toward a coordinated system that can inform the process locally.

Dayton-Montgomery County Front Door Assessment Presentation - <http://www.slideshare.net/naehomelessness/210-joyce-probst-alpine-8637499>

1.6 Conduct an analysis of the current supply of housing and service resources and how this aligns with the demand in the community.

1.7 Create one eligibility form for assessment into the system, integrating technology when possible, and tie the eligibility form to a universal form for intake for all people (with County social services). Connect this to HMIS.

1.8 Consider creating a group of independent housing locators, system navigators, and employment specialists who work for the system as a whole — not individual agencies. At a minimum, create opportunities for existing and future front line staff in these capacities come together across agencies the create standards and share challenges and best practices.

1.9 Expand access to HMIS in order to increase its functionality in the community.

1.10 Expand provider response beyond a “9-5” office hour approach. Offer some responses in evenings and weekends,

particularly for vulnerable people who may not be able to navigate a traditional system.

1.11 Conduct direct and specific outreach and engagement to business community to assist in plan implementation and systems approaches.

2. Discharge Planning

Many individuals who are homeless in Hillsborough County have come in contact with county hospitals, jails, treatment facilities and the state foster care system and are discharged into homelessness. While it is neither the policy nor the intent of any institution to discharge individuals into homelessness, insufficient resources and limited knowledge about open programs hampers the ability of institutions to find suitable housing options. The limited contact between these institutions and non-profit service providers in the community

further widens the gap through which individuals fall into homelessness. Formal agreements or policies around discharge planning, re-entry or respite care are important to have in place. There are opportunities within the systems to prevent future homelessness among people involved in various public and private institutions, including hospitals, correctional facilities, residential mental health and addiction treatment programs, and the child welfare system through effective Discharge Planning policies.



In Hillsborough County, it is estimated that the prevalence of serious mental illness is between 11% and 18.9% for men, and between 21.7% and 42.1% among women. More than 500 inmates are on psychotropic medications each month, and in a sample of 575 inmates with mental illness, the average number of arrests in their lifetimes was 11.

The following recommendations are provided to best meet the goal of effective Discharge Planning policies and coordination.

- 2.1. Work closely with criminal justice system and area hospitals to expand existing discharge planning protocols and resources for individuals discharged from hospitals, jails, and prison who are homeless or at high risk of homelessness to receive appropriate access to care and treatment to prevent recidivism.
- 2.2. Explore models like Critical Time Intervention (<http://www.criticaltime.org/>) to help people move successfully from institutions to the community.
- 2.3. Strengthen programs for youth exiting foster care to prevent homelessness upon discharge from this system. Create venues for discussion with Juvenile Justice as well.
- 2.4. Increase trauma-informed care training for agency staff working with persons exiting institutions to improve services for the chronically homeless.
- 2.5. Ensure adequate funding and licensure for recuperative care center services and capacity to better receive clients discharging from institutions who need continued medical assistance.
- 2.6. Determine how the Hillsborough County Health Plan can pay for potentially homeless patients to be housed in a sub-acute, lower cost, recovery setting before being discharged and connect discharge to housing.
- 2.7. Increase awareness of available resources by offering a monthly or quarterly report with up to date list of current available services and housing opportunities, complete with contact information.
- 2.8. Conduct quarterly meetings between discharging institution staff and service provider staff in order to increase collaboration and coordination strategies.

"My fancy is that hospital administrators, police, jails, with non-profits to figure out a universal protocol on discharge."



3. Performance Measures

Fewer resources mean fewer opportunities to make the case for housing and services for people experiencing homelessness. It's no longer enough to just talk about the need. A more effective argument can be made by showing how well a community is doing to end homelessness, including using data to make effective arguments about reducing costs in expensive emergency systems. Also, these measures define how well a community is doing by its people that are experiencing homelessness, which is the ultimate goal of these plans. Additionally, performance measures are primarily a tool to measure program effectiveness, not just to show success. Honestly and transparently understanding that no program is perfect, and a willingness to be open to evaluation and improvements will only increase the opportunities to end and prevent people's homelessness. HEARTH lays out 6 basic measures that all communities receiving HEARTH (formerly McKinney-Vento) resources:

- Decrease Point-in-Time count
- Increase emergency shelter diversions
- Reduce length of time people are homeless
- Increase income of assisted households
- Increase permanent housing exits
- Reduce recidivism



The following recommendations should support not only the performance measurement that HUD is requiring, but also community driven outcomes that define success in ending and preventing homelessness.

- 3.1 Hold all agencies, regardless of their funding sources, to the goal of increasing coordination, outcomes, and systems integration in the community.
- 3.2 Design and implement a performance evaluation tool that not only measures the required outcomes, but that incentivizes the best practices that make those outcomes possible.
- 3.3 Streamline outcomes across systems to reduce data collection burdens on providers.
- 3.4 Provide technical assistance to those providers that struggle to meet outcomes compared to their peers
- 3.5 Identify community performance measures and assure that the performance measures for individual providers are linked to community wide improvement. Keep them simple.

"We should hold ourselves to a higher standard than HUD's measures."

3.6 Create a forum for funders to discuss methods of reducing overall reporting and agreeing on outcomes that could be met across funding streams.

3.7 Create transparency at all levels to ensure that data is accurate and effectively used to measure progress toward ending

people's homelessness in Hillsborough County.

- 3.8 Report out on progress on performance (and implementing the plan) to the larger community on a regular basis. Include media outreach.

4. Health

Many people experiencing homelessness have chronic health conditions exacerbated by life on the streets and cycling in and out of shelters. These conditions often result in making frequent trips to the emergency room and/or not seeking care until the symptoms are acute. In addition, those with serious health conditions who are experiencing homelessness leave the hospital or clinic without an appropriate setting to heal or follow medication regimens. People need access to integrated primary and behavioral healthcare linked with social services and permanent housing options to improve their health outcomes. Those experiencing long-term

BEST PRACTICE

Chicago Housing for Health Partnership

Chronically medically ill individuals who are experiencing homelessness face enormous barriers to obtaining and maintaining housing as they cycle through utilizing emergency services including hospital emergency rooms, inpatient hospital services, and nursing homes. The Chicago Housing for Health Partnership (CHHP) responded to this issue by identifying this population in hospital emergency rooms and linking individuals to permanent supportive housing. This form of housing includes intensive case management services to ensure improved health outcomes and housing stability.

Research demonstrates that for every 100 individuals experiencing chronic homelessness housed, nearly \$1 million in public funds can be saved making this “hospital to housing” approach both humane and cost effective. For more information, see www.aidschicago.org/housing-home/chhp

and chronic homelessness require a comprehensive approach that focuses on movement toward permanent supportive housing as a long-term approach to recovery with improved health outcomes and reduced use of emergency care.

Opportunities may exist under the Affordable Care Act to increase access and improve health (including mental health and substance abuse treatment) outcomes for homeless individuals and families. These opportunities need to be coordinated with existing local programs, such as the Hillsborough County Health Care Program. Other communities have created integrated collaborative models of care to include all approaches combined with housing and other social supports.

4.1 Protect what you have with the Hillsborough Health Plan. It’s a valuable resource that few communities have.

4.2 Improve access to the Hillsborough County Health Plan for people experiencing homelessness who do not readily have the capacity to apply for benefits in a traditional manner.

- 4.3** Create additional ACT (Assertive Community Treatment) or ACT-like teams to support chronically homeless individuals funded through the Health Plan. Ensure that the services are tied to Housing.
- 4.4** Consider creating an ACT-like team dedicated to working with homeless youth that have special needs.
- 4.5** Research integrated care models in other communities and determine the best way to provide behavioral and primary health care to homeless individuals and families in Hillsborough County. Ensure these services are tied to housing as well as social services.
- 4.6** Create (or expand?) care coordinators to help vulnerable individuals navigate a complicated care system as well as help them secure housing and social services. Consider adding peer mentors (formerly homeless people) to assist in engagement and navigation. Ensure therapeutic responses exist as part of these teams and in other venues.
- 4.7** Explore a frequent user project that identifies the most frequent users of are hospital Emergency Room and connect them to a medical home through an FQHC and housing. In addition to housing vulnerable people, use the pilot to document costs and outcomes of individuals engaged in the effort.

- 4.8 Create a forum for FQHC's in Hillsborough County to come together and share practices, challenges and methods for providing medical homes for individuals who are or have experienced homelessness and have multiple primary and behavioral health needs. The forum should also connect with area hospitals and housing agencies to ensure there is a direct connection to people who use the ER as a primary care site and that individuals can be housed -- to improve their health conditions.
- 4.9 Engage hospice care in the health discussions for those experiencing homelessness and have end of life care needs and connect them with the 100,000 homes campaign.
- 4.10 Ensure adequate hygiene and healthy food assistance for those currently experiencing homelessness.
- 4.11 Consider alternative care (meditation, acupuncture, homeopathic response, etc.) to add to the full package of healthcare available for people.

5. Employment and Income

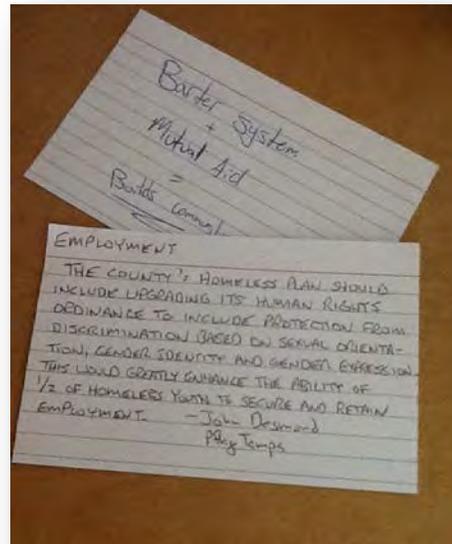
A good plan to end homelessness includes strategies for households to have access to a full range of resources and services to protect the stability of their housing, which can be accomplished through the removal of barriers to employment and income and implementation of a wraparound services approach. Employment services are often geared to a mainstream group of individuals who have not experienced homelessness, creating barriers to attaining and retaining employment. Additionally, there are some people who experience homelessness that:

- a) may never work,
- b) may need supported employment or transitional jobs and/or,
- c) might need to complete basic education or job training programs before they can get a job.

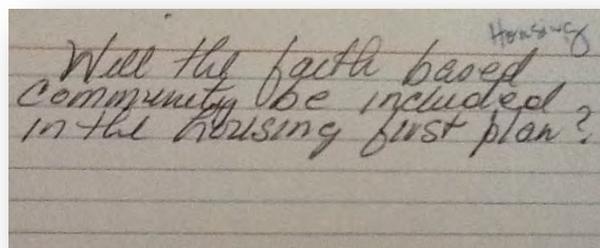
Tampa and Hillsborough County unemployment rates are down to 9% from an all time high of 12.8% in January of 2010. However, it is still higher than the national rate of 7.7% (as of April, 2012). High competition in employment, unfortunately, often means those with more difficult background situations (criminal history, homelessness, special needs) are left out of the overall job market. Special responses are required to assist such individuals.

Additionally, for those who are unable to work, securing eligible and necessary benefits in a timely matter becomes extremely important for income as well as qualifying for health care insurance (Medicaid).

The following recommendations are provided to best meet the goal increased and diversified employment opportunities and improved access to income sources.



- 5.1 Develop a forum (or use the one developed by UW) to increase communications and understanding between the service providers working on employment and those in disability services about the special needs of a person experiencing homelessness who is trying to gain income.
- 5.2 Create and implement a plan for transition services that are available to people entering the workforce to ensure that there is an appropriate tapering off of benefits rather than an abrupt end.
- 5.3 Use existing resources and develop new ones to ensure transportation to job interviews and work.
- 5.4 Expand the use of internships, externships, on-the-job training, job clubs and job coaches to increase employment opportunities for people experiencing homelessness. The Vincent House clubhouse model in Pinellas County should be explored.
- 5.5 Explore social entrepreneurship as a means of increasing job opportunities to consumers.
- 5.6 Develop a program to help inmates identify income before discharge. This could include examining criminal record for errors, training for certifications such as food handling, restoring funding for GED preparation and testing, and creating pre-release application process for SSI/SSDI.
- 5.7 Create a Peer-to-Peer support program to help people looking for work. This model might also be used for employers who want to hire someone who has experienced homelessness.
- 5.8 Examine and change job search requirements that work against a person trying to become self-sufficient.
- 5.9 Identify and fund childcare slots for parents who are searching for work or applying for benefits. These slots target people who do not yet qualify for work-related slots, include creative opportunities for childcare in non-traditional hours to allow parents to accept employment during second and third shifts.
- 5.10 Collaborate with Hillsborough County Public Schools career centers, Hillsborough Community College, Hillsborough Education Foundation, local HR professionals and area vocational schools to develop and use training programs that will result in job placement.
- 5.11 Increase the number of SOAR-trained case managers.
- 5.12 Lobby the state to have a portion of any hiring tax credits/incentives set aside in a "lawsuit protection fund" as an additional incentive to employers.
- 5.13 Implement a "SOAR to the Streets" outreach effort that can help people get on benefits and case management while searching for housing.
- 5.14 Further integrate employment assistance with social services intake and case management across the County.
- 5.15 Engage employers from the business community to step up and commit to providing jobs for people who are homeless and at-risk of homeless.
- 5.16 Encourage nonprofit service providers to develop HR policies around hiring homeless individuals as an example to the community.



Will the faith based community be included in the housing first plan?

6. Housing (previously Housing First)

Housing is a fundamental need of every resident of Hillsborough County. As a community, households experiencing homelessness and/or at-risk of homelessness have had difficulty finding housing that is affordable. Households that are vulnerable and have high barriers – such as little to no income, living with disabilities, substance abuse disorders, chronic health issues, large families, criminal histories, numerous hospitalizations, poor credit and/or rental histories – will be in need of housing that is affordable and supportive services that assist in maintaining housing stability.

As the original issue area for the Charrette was focused on Housing First, here is an explanation of the method. Housing First is an alternative to a system of emergency shelter/transitional housing progressions, based on the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained. Therefore, Housing First moves the homeless individual or household immediately from the streets or homeless shelters into their own apartments. Any effective approach to Housing First will consider the continued need for shelters and transitional housing, and work with those programs to improve their outcomes on reducing lengths of stay and increased permanent housing placements to free up capacity for those who need emergency assistance.

The recommendations outlined below are designed to build on activities that are currently underway, align with the direction of the federal and state changes to homelessness resources, and identify new local opportunities to increase access to permanent housing through prevention strategies, rapid re-housing and housing search efforts, and the creation of permanent supportive housing using the Housing First model.

- 6.1 Conduct Supportive Housing/Housing Trainings – specifically training on Housing First and its applicability to Hillsborough County.
- 6.2 Analyze current housing inventory of shelter, transitional housing, and permanent supportive housing to ensure that the right intervention is happening for the right homeless household. Look at average lengths of stay in these beds and units to determine if there are opportunities to more rapidly move people through the system.
- 6.3 Strengthen partnership with Tampa Housing Authority through the 100,000 Homes Campaign to prioritize and assist individuals with the most barriers to housing attain and retain vouchers.
- 6.4 Enhance “host families” program housing homeless youth.

BEST PRACTICE

Short-Term Rent Assistance (STRA)

As part of the Portland/Multnomah County 10 Year Plan to End Homelessness, the City, County and Housing Authority underwent an extensive systems change effort to consolidate short term rental assistance. There were 3-4 different systems and several boutique programs. Now the Housing Authority administers over six different resources (from FEMA, to HOME TBRA, to SHP, HPRP and others) to more than 40 diverse non-profits throughout the county with consistent outcomes, simplified reporting (all into HMIS), funding priorities across populations, and an advisory body made up of funders and providers. Because of this, Portland and Multnomah County can use outcome measurements to drive systems change. Outcome measurements included: 70% retention after 12 months of placement, 80% retention after 12 months of prevention assistance, Average cost per household - \$953

- 6.5 Establish distinct role for a Housing Locator Task Force. The task force would involve a team of people who identify available housing opportunities for homeless and precariously housed households and work directly with landlords, supplementing case management activities provided to these households.
- 6.6 Coordinate and utilize a consolidated landlord list.
- 6.7 Partner with private sector to increase prevention resources such as utility assistance, rental arrears, landlord mediation, and other eviction or foreclosure prevention resources.
- 6.8 Build awareness of prevention resources and eligibility requirements to landlords to prevent evictions.
- 6.9 Establish a flexible short term rent assistance fund to provide prevention and rapid re-housing to



individuals and families that would most benefit from that intervention

6.10 Determine a Permanent Supportive Housing unit goal for Hillsborough County based on accurate data collected through HMIS on chronically homeless households with high levels of vulnerability.

6.11 Coordinate a system-wide commitment of faith based communities, business partners, local civic clubs and

groups, and other community partners to streamline housing related donations to prepare households moving into permanent housing.

- 6.12 Provide home-based case management services that are connected to a household that has received prevention assistance until their risk is greatly reduced.
- 6.13 Implement a mechanism to hold developers accountable to set-asides or to pay into a fund to support housing.

Other Action Items

7. Advocacy

Advocacy is an important component to moving systems. Many solid recommendations came from the fishbowl processes that rose to the top of an advocacy agenda. CSH recommends that Hillsborough County create an advocacy campaign each year. The advocacy group should be multi-agency, diverse, and representative of homeless and related systems. Potential advocacy items could include:

- 7.1 Allow for disabled inmates to be connected with benefits prior to release from prison to ease re-entry into the community.
- 7.2 Create a transition period for benefits (TANF, EBT, and SSI/SSDI) for families and individuals so that when people do return to employment they have a safety net of support as they are able to save and become full wage earners.
- 7.3 Maintain the Hillsborough County Health Plan and advocate for Florida to consider Medicaid expansion under the Affordable Care Act and explore how Health Plan funds can be used to maintain or expand access to health and housing. Consider all benefits and entitlements in advocacy efforts as well.
- 7.4 Advocate for a elimination or loosening of the Hillsborough County Health Plan policy that a 3-time convicted felon is not eligible.
- 7.5 Work with Florida Housing to increase the set aside for special needs housing and to put in place a mechanism to hold developers accountable to this set aside and other similar set-asides.
- 7.6 Promote and enforce anti-discriminatory policies that protect LGBT populations in housing, employment and among service agencies.
- 7.7 Review and consider appropriateness of a homelessness bill of rights that would seek to reduce unintended or unnecessary legal consequences for unsheltered people while promoting more humane alternatives to increase public health and safety.
- 7.8 Consider a strategy that somehow connects foreclosed properties to housing and programs for homeless individuals and families.
- 7.9 Using information from systems work and changes to improve the local response to homelessness, advocate for a dedicated resource to promote best practices that help end and prevent homelessness.



8. Implementation

A plan is only as good as its implementation. In addition to the previous recommendations on specific strategies, CSH recommends the following to help ensure a successful implementation of the plan.

- 8.1 Have the County of Hillsborough and its Cities approve motions of support for the plan.
- 8.2 Create an open, yet structured venue where all involved with homelessness coordinate and take responsibility for implementing this plan to end homelessness.
- 8.3 Create a high level interagency council on homelessness that represents the key stakeholders in the community
- 8.4 Utilize this interagency council on homelessness to develop a community funding strategy to meet the objectives in the plan.
- 8.5 While being respectful of providers limited time, create structured and time limited committees to increase coordination and planning
- 8.6 Define clear roles and responsibilities (MOU's) for those responsible for aspects of monitoring and implementing the plan including high level staff from the County and Cities
- 8.7 Map out a timelines and responsible entities for implementing accepted recommendations in this plan.
- 8.8 Ensure the full community buy-in through ongoing engagement of all partners needed to end and prevent homelessness through these structures.



Conclusion

Leading up to the Charrette, and during the Charrette process, this community has largely shown openness to reviewing its systems and considering changes to improve the community response to issues surrounding homelessness. Hillsborough County and its Cities (Tampa, Plant City, and Temple Terrace) are poised to take the work that has happened with the Homeless Coalition of Hillsborough County so far, and move it to the next level to engage the larger community of institutions and individuals required to end and prevent homelessness.

In addition to non-profit providers and government (including the correctional systems), many groups were called out as key stakeholders – consumers, faith based institutions, the business community, university systems, foundations, and hospitals. Each of these groups has an interest in ending and preventing

"When people come together to examine systems, only good things can come out of it."

homelessness in some fashion, and all require specific and intentional engagement to bring to the table.

What will keep partners at the table is authentic collaboration at multiple levels. A key to substantive collaboration is a recognition of shared goals and outcomes, and how each stakeholder can play a distinct, yet cooperative role in achieving those outcomes. This goes beyond simply recognizing where organizations have the same perspective and then agree to work together. It requires a thoughtful approach regarding a systemic response to the various methods to end and prevent homelessness that promotes change among the system's players. The Hillsborough County community is strong in its personal relationships with one another to help individuals and families respond to crises surrounding homelessness, and those relationships should continue - it is a strength. However, relationships alone are insufficient in ending and preventing homelessness for a large number of households. Only a systemic response that embraces collaboration will improve overall outcomes for those experiencing homelessness and the larger community.

Appendix A

Hillsborough County Charrette Steering Committee

Name	Work
Doretha Edgecomb	Hillsborough County School Board
Venerria Thomas	Director of Family & Aging Services Department, Hillsborough County
Joe Rutherford	CEO, Mental Health Care (MHC)
Richard Brown	CEO, Agency for Community Treatments Services (ACTS)
Tim Marks	Chief Operating Officer, Metropolitan Ministries
David Rogoff	HCHC Board Member and Center Director for Public Health Preparedness and Training, USF
Pat Gorzka	HCHC Board Member and Retired Nurse & Professor
Bob Blackwood	HCHC Board Member and VA Section Chief, LCSW
Santiago Corrada	Mayor's Chief of Staff, City of Tampa
Sandra Fogel	Associate Professor, USF School of Social Work
LuAnne Panecheck	CEO, Childrens Board of Hillsborough County
Commissioner Sandy Murman	County Commissioner, Hillsborough County
Councilwoman Lisa Montelione	Councilwoman, City of Tampa
Emory Ivory	Director, United Way Tampa
Sheri Taylor	Director, Safety Net Services - United Way
Laurie Kepler	Executive Director, Mary & Martha House
Jan Gregory	Deputy Regional Director, DCF
Maggie Rogers	Program Director, Salvation Army
Stuart Campbell	Manager - Housing & Community Development, City of Tampa
Paula Harvey	Interim Director-Affordable Housing Department, Hillsborough County
Tavares Owens	Formerly Homeless and is a Counselor/Peer Mentor at Homeless Helping Homeless
Lee Hoffman	President, Celebration for Hope Inc.
David Bonham	Chief Operations Officer, Tampa Family Health Centers
Connie Farrington	I am Hope Café
Ken Salzer	Property Manager, Agency for Community Treatments Services (ACTS)
Deanna Miranda	ACTS
Kim Looby	Vice President of External Community Relations, Eckerd
Jean Gaylord	Case Manager, Mary and Martha House
Harold Savage	New Beginnings
Miralee Berrios	Director of Residential & Program Services, The Spring of Tampa Bay
Councilwoman Mary Jane Neale	City of Temple Terrace - Council Member
Jeffrey Huggins	Hillsborough County BOCC - Legislative Aide to Sandra L. Murman
Qiana Daughtry	City of Tampa - Housing & Community Development - HOPWA - ESG

Hillsborough County Charrette Participants

First Name	Last Name	Affiliation
Cheyenne	Ackerman	
Vicki	Adelson	
Ken	Aicher	ELCA-FBS
Bill	Aldinger	Florida Housing
Karen	Alonso	Lutheran
Barbara	Arthur	Unity North Tampa
Ashley	Aubin	VOA
Scott	Badrasian	NETMC
Kathleen	Barry-Wacaser	Metropolitan Ministries
David	Bawel	Congressman Kathy Caster
Elizabeth	Belcher	State Candidate
Alicia	Berta	Volunteers of America
Katrina	Bewsaugh	USF
Candace	Billingsley	Metropolitan Ministries
Hal	Bishop	USF
Bob	Blackwood	Tampa VA
Mark	Block	Salvation Army
David	Bonham	Tampa Family Health Centers
Kevin	Branagan	Anthem
Melissa	Brass	Salvation Army
Curtis	Brown	Aid for Don Kruse candidate
Michael	Brown	FHP
Michael	Brown	YMCA
Bonnie	Bush	CCTB
Jennifer	Caldwell	MHC, Inc.
Linda	Carson	
Ari	Castillo	Salvation Army
Cristian	Chandler	USF Health HCHC
Mary Ellen	Cleary	Magellan Health Services
Anne	Collier	MHC, Inc.
Haydee	Colon	Wellcare
Chloe	Coney	Congressman Kathy Caster
Deanne	Cornette	ACTS
Sara	Dabney	Wellcare
Qiana	Daughtry	City of Tampa
Sheraraka	Davis	Faith and Promises Life Challenges
Susan	Davis	Metropolitan Ministries
Nancy	Desmond	PFLAG Tampa
John	Desmond	PFLAG Tampa
Debbie	Dewitt	BOCC
Steven	Donaldson	HCSO
Cheryl	Donish	Crisis Center
Juditte	Dorcy	Tampa Bay Workforce

Hillsborough County Charrette Participants

First Name	Last Name	Affiliation
Chrissy	Dorion	Hillsboro County Public Schools
Neal	Dwyer	CFBHN
Reginald	Earl	Hillsborough County
Gene	Earley	HE
Charlette	Elkins	HAS
Audrey	Eonda	HCSO
Jan	Falcione	Mary Martha House
Michael	Fernandez	Occupy Tampa
Joe	Ferrell	Salvation Army
Sandra	Fogel	USF
Becki	Forsell	YES!
Miguel	Fuenter	RCMA
Sarah	Gallagher	CSH
Marcus	Garza	City of Tampa
Jean	Gaylord	Mary Martha House
Antionette	Gaynor	WWIC RZR
Tony	Gaynor	Without Walls Road 2 Recovery
Richard	Glaesser	USF
Gina	Gohl	
Olga	Golick	Citrus
John	Gorman	
Pat	Gorzka	HCHC Board
Joy	Grean	County Comm Cand
William	Gross	Tampa General
Wendy	Gu	Congressman Kathy Caster
Stephanie	Harden	Hillsboro County Schools Social Work
Zbron	Harden	Metropolitan Ministries
Paula	Harvey	Hillsborough County
Donna	Hendrix	SHUM Church
Kelly	Herremans	Suncoast CHC
Mackie	Hicks	Wellcare
Connie	Hill	CSI
Lamero	Holloway	Crisis Center
Jack	Humburg	Baley Centers
Susan	Infanzon	Health
Kevin	Irwin	CSH
Margaret	Jones	Tampa Housing
Judy	Jordan	USF
Monica	Joseph	Cenpatico
Dawn	Kain	ACTS
Linda	Kanson	
Linda	Karson	
Carl Francis	Kasierowsk	Candy School Board Dist 7

Hillsborough County Charrette Participants

First Name	Last Name	Affiliation
Linda	Kaufman	100K Homes
Patricia	Kemp	Tampa Crossroads
Laurie	Kepler	Mary Martha House
Dave	Kershaw	Northside CMHC
Susan	Kettgear	Homeless Recovery
Guy	King	Housing Fir82
Stacy	Kratz	USF
Don	Kruse	Hillsborough County Commissioner
Steve	LaBour	THAN
Peggy	Land	Retired
Susan	Lang	CFBHN
Tristan	Lear	Occupy Tampa
Craig	Leech	Cenpatico
Patty	LeFevre	
Jenine	Lobe	MHC, Inc.
Jenny	Loktu	
Christine	Long	Metropolitan Ministries
Kim	Looby	Eckerd
Diana	Lopez	Suncoast CHC
Sheila	Lopez	Catholic Charities
Heather	Lyons	CSH
Linda	Mann	Bay Area Legal
Nicole	Marchmon	Eckerd
Marie	Marino	Public Defenders Office
Tim	Marks	Metropolitan Ministries
Dan	McDonald	Tampa Blice
Sean	McLawhorn	MHC, Inc.
Charlene	McTherson	
Sharon	Miller	Veterans Admin
Commissioner	Miram	
Gloria	Moreda	City of Tampa
Shannon	Nazworth	FLSHC
Sarah	Norris	ACTS
Chiss	Nosamiefan	
Jasmine	Obando	Recovery Services
Candy	Olson	
Sue	Pagano	
Bina	Patel	USF
Irene	Pijuan	CSH
Sally	Pisani	HCFAS
Melissa	Powell	MHC, Inc.
Richard	Rankin	Data Remedies
Jesse	Rivera	MHC, Inc.

Hillsborough County Charrette Participants

First Name	Last Name	Affiliation
David	Rodriguez	Occupy Tampa
Maggie	Rogers	Salvation Army
Dave	Rogoff	USF Health HCHC
Gretchen	Sanchez	HCSO
Angelita	Sapp	Salvation Army
Amy	Sawyer	USICH
Nathan	Schwartz	Occupy Tampa
Mark	Sharpe	BOCC
Jim	Silverwood	Homeless Recovery
Karen	Skyers	Senator Joynera
Kristin	Smyth	USF
Kim	Snyder	USF
Albert	Socorro	Recovery Services
Andrew	Speirs	Occupy Tampa
Tomi	Steinruck	Catholic Charities
Ellen	Stoffer	United Way Suncoast
Yashira	Suanz	
Lita	Swindle	Church Women United
Shay	Taylor	United Way
Ven	Thomas	Hillsborough County
Elaina	Thomas	Metropolitan Ministries
MaryLynn	Ulrey	DACEO
Jerome	Van Gorp	UCM
America	Van Gorp	UCM
Rachel	Vernette	Wellcare
Steve	Vick	
Vicki	Walker	HPUMC
Beth	Weaver	HCSO
Joe	Wiessen	DACCO
Kathy	Wiggin	Camelot
Patrick	Wigmore	CSH
Jack	Wilkerson	YBOR City Health Homeless Rehab
Leroy	Williams	SALLE
Jason	Wilson	Occupy Tampa
Robert	Wirengard	Running for Sheriff Poverty
Shalondra	Young	Eckerd
Gina	Zeno	Catholic Charities

Appendix B

Expert Biographies

Ken Aicher

Florida - Bahamas Lutheran Synod

Ken F. Aicher serves as the executive for administration and assistant to the bishop of the Florida-Bahamas Synod, the Tampa Office of the Evangelical Lutheran Church in America, a 4 million member denomination. Those responsibilities include overseeing the Tampa business operation and providing support to 200 Florida congregations and their clergy. Ken oversees the synod's disaster response program in coordination with social service agencies throughout Florida and the United States. Prior to that he served as the Director of Information Technology for eleven years at the organization's Chicago headquarters. A former member of the United States Navy, Ken served in Southeast Asia, aboard the USS KittyHawk, receiving the Navy Achievement award for work in revising a weapon's accounting system. A native of Illinois, Ken attended Elgin Community College and has two adult children in Illinois and Georgia.

Bill Aldinger

Florida Housing Finance Corporation

Bill Aldinger is the Supportive Housing Coordinator for the Florida Housing Finance Corporation, which is Florida's State Housing Finance Agency. Bill's responsibilities include:

- taking the lead in developing and implementing Florida Housing's elderly, homeless and special needs populations affordable housing policy and strategies;
- representing the Corporation on supportive housing/special needs councils, workgroups and committees. Currently, Bill serves as the vice chair of Florida's Council on Homelessness, and the chair of its Affordable Housing Committee;
- serving as Florida Housing's liaison with State agencies, affordable housing developers, supportive housing providers, special needs advocates and other stakeholders in addressing the housing needs of the elderly, homeless households, persons with disabilities and other households with special needs.

Before coming to Florida Housing in 2006, Bill most recently served as the Florida Department of Elder Affairs' Director of the Elderly Housing Unit as well as the Robert Wood Johnson Foundation's Florida Coming Home Program. He has advanced degrees in Gerontology and Education. Bill has more than 27 years experience in both the public and private sectors working in the fields of aging, mental health, community based services, as well as supportive and affordable housing.

Bob Blackwood, LCSW, BCD

U.S. Department of Veterans Affairs

Bob Blackwood, LCSW, BCD, is the Chief, Social Work Service, at James A. Haley Veterans' Hospital (JAHVH) and Clinics, Tampa, Florida. He has worked in positions of progressive responsibility at JAHVH since 1994, notably in areas of mental health and homeless veterans. Born in Seoul, Korea, and raised in Cincinnati, Ohio, Mr. Blackwood has lived in Tampa since 1988. He received his Masters of Social Work from the University of South Florida in 1992, and his Bachelor of Arts degree in Political Science from Antioch College in 1979. He earned his Florida state license in clinical social worker in 1998 and received his board certified diplomate status in clinical social work in 2009. He has been on the Board of Directors for the Homeless Coalition of Hillsborough County since November 2011. Mr. Blackwood is married since 1997, has three children, and has several pets. He enjoys occasional work as a drummer in local bands. His other interests are history, music, and landscaping.

P. David Bonham

Tampa Family Health Centers

P. David Bonham holds a Masters of Education Degree from Ball State University, Bachelor of Science Degree in Business Administration. He was born in Newark, Ohio and worked with Xerox Corporation for 10 years, he served in the US Army during a career that stretched over a 23 year period. He has served as the Director of Human Resources for Tampa Family Health Centers from March 1998 through July 2011 and recently assumed the position of Chief Operating Officer in July 2011.

Deputy Steve Donaldson

Hillsborough County Sherriff's Office

Juditte Dorcy
Tampa Bay Workforce Alliance

Juditte Dorcy comes to Tampa Bay Workforce Alliance with over 14yrs of experience in the area of Recruitment to include over 7yrs of Workforce Board experience. As Program Coordinator she promotes TBWA's On the Job Training Program and the Employed Worker Training Programs that offer funding assistance to employers to train job seekers looking for gainful/long term employment in that industry. Prior to working with the Tampa Bay Workforce Alliance she worked for received her credit training from WorkNet Pinellas as a Business Services Lead Recruiter where she consulted employers in Pinellas County on various recruitment strategies to fill their urgent needs and key positions. As well Juditte comes from a Executive Search Firm work history where she successfully managed a nationwide executive search for the cabinet members of a prior Mayor in the City of Philadelphia in which positions included the Director of Emergency Shelter and Services who was to participate in a 10yrs plan to end homelessness. She then went on to recruit for Housing Authorities nationwide as well as city government. Her area of expertise is IT, Finance, Healthcare, and Public Sector recruitment and business development.

Juditte maintains active involvement with the local area chambers of commerce and community partners to aid in the goal of putting people back to work and generating a more skilled workforce by offering business solutions to employers in the Tampa Bay area. Currently, she volunteers with Job Corp going into classrooms and teaching elementary and junior high students about educational topics such as personal finance. She also volunteers with the metropolitan ministries in feeding the homeless and gift giving during the holidays.

Sondra J. Fogel, Ph.D
University of South Florida

Dr. Fogel is an associate professor of social work at the University of South Florida. Her research interests include identifying and evaluating interventions to eradicate issues related to poverty and homelessness that occur over the life-span, community-building strategies in low-income areas, and housing policy. She has been engaged with the Homeless Coalition of Hillsborough County in various capacities for over ten years. She has have published a co-editing book named *Using Research to Inform Community and Organizational Practice* for Lyceum Press. She has served as a guest editor for a special issue on the working poor in *Families in Society: The Journal of Contemporary Social Services*. She is Chair of the organization Association of Community Practice and Social Administration (ACOSA). She serves on numerous editorial boards of major social welfare publications.

Sarah Gallagher
Corporation for Supportive Housing

Sarah Gallagher is the Director of the Corporation for Supportive Housing's CT Program. In her role at CSH, Sarah works with State agencies to increase the use of supportive housing as a public policy solution in CT. This has included the implementation and project management of the Frequent User Services Engagement Program (FUSE), a supportive housing pilot program aimed to break the cycle of homelessness and incarceration for frequent users of jail and shelter, as well as assisting the State of CT, health care providers and supportive housing providers to integrate health care and housing for vulnerable populations in CT. Prior to her coming to CSH, Sarah was the first Executive Director of Journey Home Inc, the Ten Year Plan to End Homelessness in the Capital Region, CT. Sarah also worked as the Executive Director for Discharge Planning at the NYC Department of Corrections working with city agencies including the Human Resource Administration (HRA), the Department of Public Health (DPH), the New York City Housing Authority (NYCHA) and the Department of Homeless Services (DHS) in order to overcome practical and policy barriers to reentry and to coordinate the city's response to successfully reintegrate city-sentenced inmates back into the community. Sarah also over saw the discharge planning efforts of the Department including the Rikers Island Discharge Engagement (RIDE) Program, the Rikers Island Single Stop Program and the development of the FUSE program in NYC.

Jack Garrett
Homeless Coalition of Hillsborough County, Inc.

Jack Garrett is currently the Program Manager at the Homeless Coalition of Hillsborough County. Mr. Garrett earned both his MA in Applied Anthropology and a BA in Anthropology from California State University, Long Beach as well as a Certificate in Executive Leadership from Cornell University. He has a background in industry and nonprofits, with a proven track record in management, research and development, project development, and operations. Prior to joining Coalition, Jack worked for the Institute for Urban Research and Development (IURD), a California non-profit, community based organization that assists public and private agencies in the development of strategic planning and model programs that respond to the economical, housing and social needs of communities, including homelessness. Mr. Garrett's experience during this time includes organizing community meetings for City, County, and State efforts to end homelessness in various cities and counties in Southern California. Mr. Garrett was able to establish a homeless shelter in Long Beach, CA for single adults. He has trained volunteers, City/County Staff, and social service agencies to participate in localized efforts to contribute to County wide homeless counts and surveys. While with IURD, Mr. Garrett

managed a shelter and two Homeless Prevention Projects in southern California, providing oversight and services at five locations across two counties for both Government and Non-profit agencies. Joining the Coalition staff in 2006 as the Program Manager, he oversees many Coalition projects including the UNITY Information Network and Continuum funded programs. Mr. Garrett was part of the Adjunct Faculty in the Honors College at the University of South Florida (USF) teaching the course Investigating Homelessness and Poverty: Conceptual issues, service dilemmas and innovative solutions. He has participated in the Core Curriculum Training provided by the Florida Housing Coalition and completed a certificate in community based real-estate development (CRED) through USF. He has also completed NAHRO certificates in Housing Choice Voucher Occupancy and Eligibility, Income, and Rent Calculation.

Olga Golick, Esq.
Citrus Health Network, Inc.

Olga Golik, Esq. is the Director of Housing and Advocacy, at Citrus Health Network, Inc. She holds a Juris Doctor from Florida International University College of Law and a Master's Degree in Social Work. She has over fifteen years experience in homelessness and supportive housing issues, including experience in housing development, administration and program planning. Her development experience includes development of emergency, transitional and permanent supportive housing in Miami-Dade, Broward and Monroe Counties. Ms. Golik is the President and Founder of the National Supportive Housing Network, a national organization whose mission is to increase access to housing for persons with disabilities. This organization provides technical assistance and policy recommendations to help communities increase supportive housing programs in their area. She also serves on the Board of the Florida Supportive Housing Coalition.

At Citrus Health Network, she provides in-house counsel and assists in housing development, advocacy and other legal issues. Citrus Health Network, Inc. is a non-profit organization accredited by the Joint Commission, providing behavioral and primary care health services, as well as supportive housing programs for dependent children, youth aging out of foster care, homeless adults and families, and persons who have disabilities due to a mental illness. Citrus is a designated Community Housing Development Organization (CHDO) and a Federally Qualified Health Center.

William "Bill" Gross
Tampa General Hospital

Zibron Harden
Consumer with Metropolitan Ministries

We first met Zibron in Metropolitan Ministries Employment lab with her 3 boys. Zibron's husband was not with them at that time, and she was raising a 4 year old, a 5 year old and a 13 year old on her own – with no income. It was during the holidays, so the boys weren't in school. We remember so clearly how diligently she worked to accomplish her 10 job searches for Homeless Recovery so she would have a place to stay that night.

Zibron and her family found hope at Metropolitan Ministries. She has participated in Metropolitan Ministries employment program while in school. Zibron has a strong work history in the accounting and tax fields. She is currently in school at Brewster studying Accounting. When she realized MM's Employment Boot Camp was being held during her Spring Break, she asked if she could participate during her break. After meeting with representatives from Kforce during the week for resume building and mock interviews, she was not only offered a position through their firm, but a laptop from a generous donor! She is committed to her education, and Kforce has asked that she contact them for opportunities the minute that she finishes the program.

She attended MM's Accenture Employment workshop a few weeks ago and had similar experiences. I received emails from staff at Accenture the following week letting me know that she has a bright future and they offered leads and assistance to help her gain employment. She is definitely taking her lessons on networking to heart!

Zibron has been recognized as the top student in her class, and the school recently paid to enroll her in Microsoft certification classes. She will complete her program in August.

Jack D. Humburg, M.A., C.R.C.
Boley Centers, Inc.

Jack Humburg is the Director of Housing Development and Americans with Disabilities Act Services with Boley Centers, Inc. Mr. Humburg serves as the State Network Administrator for the Florida Americans with Disabilities Act (ADA) Leadership Network. This network is the state affiliate of the Southeast Disability and Business Technical Assistance Center, a program of the Burton Blatt Institute at Syracuse University funded through the National Institute on Disability and Rehabilitation Research of the U. S.

Department of Education. Mr. Humburg has received extensive training on the ADA and the Fair Housing Act through the federal enforcement agencies including the Department of Justice, EEOC, The Access Board, and HUD.

In addition to his ADA responsibilities, Mr. Humburg is responsible for the development of affordable housing at Boley Centers. Currently, Boley Centers owns and operates over 500 units of affordable housing, manages another 100 units, and administers over 420 Section 8 vouchers for individuals with disabilities in Pinellas County. Mr. Humburg is the Chair of the Accessibility Advisory Committee of the Florida Building Code Commission. Mr. Humburg holds a Master of Arts degree from Ball State University. He is a Certified Rehabilitation Counselor, a Certified ADA Coordinator, and a Certified Professional of Occupancy.

Kevin Irwin

Corporation for Supportive Housing

Kevin Irwin joined the Corporation for Supportive Housing as a Senior Program Manager in 2012. Working in the Connecticut office, he provides technical assistance and support on projects that aim to reduce public sector costs while improving individual health and social outcomes, such as FUSE (Frequent Users Systems Engagement), and SIF (the Social Innovation Fund). Each program is developing increased capacity to use administrative data to target people experiencing homelessness who are the highest cost utilizers of criminal justice, Medicaid and other services, while developing innovative strategies to support housing stability, minimize recidivism, reduce acute care consumption, and demonstrate cost savings and improvements in health and wellbeing. He is working with multiple CT partners on new strategies to integrate health services and supportive housing, particularly through opportunities presented by health care reform and Medicaid expansion. Following years of community service experience that include outreach, drug and alcohol counseling, and supportive services in transitional and supportive housing, he spent twelve years as a Research Associate in the Yale University School of Public Health, faculty in the Community Health Program at Tufts University, and consultant for supportive housing and harm reduction programs. His research, teaching and consulting have aimed to improve the health and well-being of marginalized people, with specific focus on health care access and delivery, criminal justice policies and enforcement, disease prevention programs, drug treatment services, and supportive housing workforce development and program evaluation.

Linda Kaufman

Community Solutions

Linda Kaufman is the Eastern US Field Organizer for Community Solutions' 100,000 Homes Campaign. In this role she is responsible for inviting communities and states to join the campaign, working with them to determine which homeless individuals in the community are vulnerable and assisting in developing resources. She has worked in homeless services in DC since the mid-1980s, most recently as Chief Operating Officer of Pathways to Housing DC. She was also the Director of Homeless Services at the Downtown BID. In addition to her work to end homelessness in DC, she is also involved in other issues of social justice in the City. Linda is an Episcopal priest and ministers at St. Stephen and the Incarnation Episcopal Church in Washington, DC. She and her wife, Liane Rozzell, have two sons and two dogs.

Jenine L. LaCoe

Mental Health Care, Inc.

Jenine has been with the agency for 17 years with program focus on homelessness, case management, forensics, social rehabilitation services, individual and group therapy and medication clinics. She specializes in focusing on the most vulnerable populations in mental health. She has a master's in Mental Health Counseling and is a Certified Rehabilitation Counselor. She was named Homeless Hero of the year twice by The Hillsborough County Homeless Coalition and is the Evidence Based Practices Chair for her agency.

Heather Lyons

Corporation for Supportive Housing

Heather Lyons, Senior Program Manager, joined CSH in 2008. Based out of Portland, OR, she works with other CSH staff to promote systems and policy change to end homelessness. She has worked in communities as distinct as Wasilla, AK and Los Angeles, CA, as well as many other locations throughout the United States. Her areas of expertise include analysis of community needs across the full continuum of housing types, frequent users of public systems, re-entry related supportive housing and planning, and the intersection of public health and homelessness. Prior to this position, Heather led the City of Portland, Oregon's efforts to end homelessness, working with numerous partners under the policy framework of Home Again: A 10 Year Plan to End Homelessness. In addition to working for the City of Portland for 8 years, she's worked for a non-profit supportive housing agency in Portland, and began her career with the City of San Antonio, Texas as a VISTA volunteer in 1992.

Linda S. Mann, Esq.

Bay Area Legal Services

Linda Mann is a Senior Staff Attorney with Bay Area Legal Services, Inc., in Tampa, Florida. She handles all phases of housing (including fair housing), landlord/tenant, foreclosure, public benefits, employment, and consumer cases. Linda also presents CLE's and workshops on housing, public benefits, employment, and ethics. Linda is lead attorney for Bay Area Legal Services' homeless outreach and prevention programs. In recognition of her work on behalf of homeless people through direct involvement, Linda received a 2008 Florida Coalition for the Homeless Outstanding Service to Homeless People Award.

Linda holds a BA in Business Management from Eckerd College and a Juris Doctorate from Southern Illinois University School of Law. She is admitted to practice in Florida State Courts, the United States District Court for the Middle District of Florida, and the United States Court of Appeals for the Eleventh Circuit.

Sharon Miller

U.S. Department of Veterans Affairs

Sharon Miller, LCSW, is Supervisor of the Housing First Program at Bay Pines VAHCS, one of the sites for the Housing First pilot project with 13 other VA facilities around the country. She received her Master's Degree in Social Work from Virginia Commonwealth University in Richmond, Virginia and is licensed in Florida and the District of Columbia. She was employed by Community Connections in Washington, D.C. (largest private mental health agency in the District) for fourteen years where she held various positions: Clinical Case Manager, Director of Intake and Clinical Supervisor. She was a member of the Community Connections Trauma Work Group, who, with Agency Director, Maxine Harris PhD, published "Trauma Recovery and Empowerment (TREM) – A Clinician's Guide for Working with Women in Groups", a SAMHSA recognized evidence based practice for working with trauma survivors. Ms. Miller was also Clinical Director of Green Door, in Washington, D.C. where she oversaw the care of over 1800 mental health consumers. At Green Door, she instituted a successful Housing First demonstration project for 25 chronically homeless consumers, diagnosed with co-occurring mental illness and substance abuse.

Ryan Moser

Corporation for Supportive Housing

Ryan Moser, Managing Director, Eastern Region joined the Corporation for Supportive Housing in 2005. He provides leadership and coordination for the agency's work throughout the eastern United States and teams deployed in Connecticut, Rhode Island, New York, New Jersey, and the Mid-Atlantic as they work to expand CSH's impact and meet the needs of communities and individuals working to end structural homelessness. Prior to this role, Ryan was a part of the New York team leading its involvement with the Returning Home Initiative - a national effort to develop supportive housing opportunities for people involved with the criminal justice system experiencing homelessness with chronic health and social challenges. He has also worked to develop models, initiatives and policy related to active substance use, mental health alternatives to incarceration, justice reinvestment, community corrections, veterans, and housing interventions for families with criminal justice involvement. Ryan's previous work and educational experience includes multicultural education, curriculum design, linguistics, ceramics, and international development.

Shannon Nazworth

Florida Supportive Housing Coalition

Ms. Nazworth is the executive director of Ability Housing. She was hired in November 2003 to transform a service organization's small housing program into an independent not-for-profit organization dedicated to the development and operation of quality, affordable housing for adults with a disability. Since then, the organization has expanded its mission to the provision of quality, affordable, community inclusive housing for individuals and families experiencing or at risk of homelessness and adults with a disability. Since her involvement, Ability Housing has increased its housing stock by 750%. She has 17 years of experience in the development of affordable housing. She is the former Associate Director of Habitat for Humanity of the Jacksonville Beaches, Inc.; Regional Administrator for Habitat for Humanity International; and Chief Financial Officer of Habitat for Humanity of Jacksonville, Inc. Habitat for Humanity has built over 300,000 houses around the world, providing more than 1.5 million people in 3,000 communities with safe, decent, affordable shelter. Ms. Nazworth has been actively involved in statewide advocacy efforts. She Chairs the State of Florida Council on Homelessness, is Board President of the Florida Supportive Housing Coalition, and was awarded the "Advocate of the Year" Award by the 2011 Southeast Institute on Homelessness and Supportive Housing. In 2008, former Governor Crist appointed her to the Florida Affordable Housing Study Commission. She is a member of the Florida Community Loan Fund's Board of Directors; presents to the Florida Housing Finance Corporation Board of Directors; participates in rule development for various housing funding programs; currently serves on the City of Jacksonville Extremely Low-Income Housing Workgroup; chaired a statewide workgroup to develop 'Common Sense: A Strategic Plan to Provide Supportive Housing Throughout Florida'; provides technical assistance to not-for-profit agencies interested in developing housing for special needs

households; and served on the Florida Coalition Against Domestic Violence Housing Workgroup. She is a Magna Cum Laude graduate from Boston College, with a degree in political science. In addition, she has received a Certificate in Nonprofit Management from Duke University and a Certificate in Leadership from Harvard University's School of Business.

Irene Pijun

Corporation for Supportive Housing

Irene Pijun is a Program Manager on the Consulting and Training team of the Corporation for Supportive Housing, providing national HUD Technical Assistance on HEARTH topics including CoC, ESG, and HMIS. She has worked extensively in Tampa over the previous year on improving HMIS in the county. Prior to joining CSH, Irene served as Director of the Continuum of Care in Buffalo, NY and is originally from Miami.

David P. Rogoff

University of South Florida

Dave Rogoff has close to 40 years experience in health care and social services management and consulting including operations, program and facilities planning, and marketing at health care facilities and social services organizations. He is currently Director, Center for Leadership in Public Health Practice at the University of South Florida's College of Public Health. Prior to joining Center, Mr. Rogoff was Hillsborough County's Department of Family and Aging Director, which included Aging Services, Children's Services, Head Start, Health and Social Services (the neighborhood social services centers and the Hillsborough County Health Care Plan [HCHCP] – the County's indigent health care plan), homeless recovery, Sunshine Line Transportation for the Disadvantaged, and Veterans' Affairs. Before joining the County, Mr. Rogoff was President of David P. Rogoff Health Care Consulting. His planning and marketing consulting practice helped local governments and organizations plan, develop, and implement programs to improve the health status of their communities. He contracted with the federal Bureau of Primary Health Care and the Health Resources and Services Administration (HRSA), as well as the National Associations of Counties, to address improving access to health care for uninsured people and the measurement of the return on the community's investment by providing access to affordable health coverage. Previously, Mr. Rogoff was Vice President of Planning, Marketing, Public Relations, and Community Care at St. Joseph's - St. Anthony's Health System, in Tampa, FL, where he had strategic planning, marketing, facilities planning, and clinic operations responsibility and held other hospital administration and consulting positions in Florida and at the University of Michigan. Mr. Rogoff is an Air Force veteran having served as a commissioned medical service administrator and health facilities officer during the Vietnam War era. He believes in community services and has served on numerous community boards (including being the current Vice President of the Homeless Coalition of Hillsborough County board and the chair of its Planning Committee) and has been a leader in setting up local, award winning private-public partnerships. As a hospital administrator, he was integral in setting up and providing services under the Hillsborough County Health Care Plan. He has also been on state and national advisory groups including the state's Council on Homelessness. He received the 2011 Florida Association Counties' Sutton award for his career of work "to educate and inform elected officials and the public about human services programs" and contribution to human services in Florida. Mr. Rogoff is a graduate of the University of Michigan with a bachelor's of science degree in Industrial Engineering and a master's degree in Hospital Administration.

Gretchen Sanchez

Hillsborough County Sherriff's Office

Amy Sawyer

U.S. Interagency Council On Homelessness

Ellen Stoffer

United Way of Tampa Bay

Ellen Stoffer has been the Director of Financial Stability Initiatives for United Way Suncoast since 2006. In this role she is responsible for providing the strategic and operational leadership of activities involved in the implementation of financial stability initiatives throughout the Tampa Bay area including free tax preparation, volunteer financial coaching and an IDA program. She serves on the Board of the Florida Prosperity Partnership and is a member of the Wealth Building Coalition Steering Committee in Pinellas County. Prior to joining United Way of Tampa Bay, Ellen worked served as the Executive Director of Tampa Jewish Family Services for six years. Overall, Ellen has more than 25 years of management and program development experience in both the for-profit and non-profit sectors. Ellen holds a M.A. in Rehabilitation Counseling and a B.S. in Consumer Community Services from Michigan State University. Additionally, Ellen is a Certified Life Coach.

Venerria Lucas Thomas
Hillsborough County Government

Ven has spent much of her 30+ year career in senior leadership roles at a diverse array of nonprofit, private and local government institutions in Florida, Oregon and Washington State. In March 2012, she joined Hillsborough County government as Director of Family and Aging Services--a \$220 million, 750 employee operation charged with promoting the health and welfare of the county's most vulnerable residents. Prior to that, Ven served two years as the Director of Health and Human Services for St. Johns County, Florida, where she was responsible for overseeing the County's integrated system of community based care for substance abuse, mental health, child welfare and social services programs. Other leadership affiliations from her 25 years in the Pacific Northwest include Senior Services, Zion Preparatory Academy, North Shore Senior Center, Group Health Permanente, The Seattle Monorail Project, Seattle Human Services Department, Seattle City Council, Rainier Bank and Pacific Power. She has served in volunteer and leadership roles for her church and numerous community based organizations. She is a member of the Board of Regents for Seattle University. A graduate of Northwestern University (Journalism) and Willamette University (MBA), Ven is an avid reader, sports fan and golfer.

David Thompson
Consumer with Mental Health Care, Inc.

David Thompson, 48-year-old California native, was chronically homeless for close to two years before he obtained permanent housing with the assistance of MHC's Samaritan Leasing Project. David was a skilled worker as a heavy equipment operator but lost his job and then his apartment before he came to Tampa 4 years ago. After living in his car, living off the kindness and couches of friends, and ending up on the street, David suffered a breakdown and was hospitalized at CSU. He was eventually linked to Safe Place and then Samaritan Leasing Project. David is maintaining his own apartment and providing peer support by sharing his own experience with Safe Place residents.

Mary Lynn Edwards Ulrey
Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO)

Mary Lynn Edwards Ulrey, MS, ARNP, a Tampa native, is the Chief Executive Officer of the Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO), the largest substance abuse provider in Hillsborough County, holding that position for more than eleven years. She also serves as an Executive Committee Member of Central Florida Behavioral Health Network, the behavioral health managing entity for the Suncoast Region of DCF with a budget of over \$150 million covering sixteen counties. She chairs the Hillsborough Regional Council of eighteen mental health and substance abuse providers, the safety network of care. Mary Lynn has served on the Florida Alcohol and Substance Abuse Association's Executive Committee for twelve years and was recently elected an officer. Her mission remains a 'drug-free community' and, as a psychiatric Advanced Registered Nurse Practitioner, she is passionate about improving the behavioral health of Hillsborough County through access to the quality services that are provided.

Patrick Wigmore
Corporation for Supportive Housing

Patrick Wigmore is a Senior Program Manager at the Corporation for Supportive Housing's Consulting and Training Unit. He primarily works on Continuum of Care systems around the country, ensuring they are prepared for the rules and regulations of the HEARTH Act. He has worked extensively in performing outcomes evaluations in communities from rural Indiana to Los Angeles County. He also has extensive experience assisting communities implementing coordinated and/or centralized intake systems. Prior to working at CSH, Patrick was the Director of Projects at the Chicago Continuum of Care.

Steve Werthman
Hope South Florida

Steve Werthman lives & grew up in Hollywood, FL and has been a leader in the field of homeless services, both with faith-based and community-based organizations, as well as in County government, since the mid-1980s. Since 2010, he has served as Director of Program Development for Hope South Florida, a faith-based collaborative, providing holistic responses to homelessness. For 12 years prior to that, he was the Homeless Initiative Partnership Administrator for Broward County. There, he oversaw \$18 million in federal, state and local contracts for homeless housing and services, countywide. Prior to that position he opened the Miami Rescue Mission's Broward Outreach Center shelter, in Hollywood and served as Resident Manager of the county's first transitional shelter for homeless families, operated by The Salvation Army. He was also the county's first outreach case manager for the homeless mentally ill at Henderson Mental Health Center. Steve's volunteer experience includes having served as President of the Florida Coalition for the Homeless, Chairperson of the Greater Hollywood Task Force for the Homeless and President of the Board of Faith Farm Ministries. He has also served in appointed positions on the Broward County Planning Council, as Vice-Chair of the City of Hollywood Planning & Zoning Advisory Board and as Vice-Chair of the Hollywood Housing Authority. Steve has presented

on homeless services at annual conferences for the National Alliance to End Homelessness and US Department of Housing & Urban Development (HUD). In 2001, he was invited to present at HUD's Florida Statewide Faith Based Conference, "Transforming and Renewing Communities." And in 2004 he was invited to the White House Conference Center to present to the US Interagency Council on Homelessness on Broward County's response to chronic homelessness.

Shalondra Young

Eckerd Community Alternatives

Shalondra Young is the independent living specialist with Eckerd Community Alternatives-Hillsborough. She is a graduate of the University of South Florida holding both her BA and MBA. Shalondra's experience includes work with the department of juvenile justice and in the system of care for Hillsborough County for the past 7 years, serving and supporting the children in the foster care system. Shalondra dedicates countless hours to the teens in foster care and those young adults who have aged out of foster care, supporting, promoting, and connecting them with resources that will provide them with the necessary tools in within the community for them to have a roadmap to the path of the success in each of their futures.

APPENDIX C: TEMPLATE for ACTION PLAN for Implementation of updated strategies

Goal 1: Increase Permanent Housing Options

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Analyze current housing inventory of shelter, transitional housing, and permanent supportive housing to ensure that the right intervention is happening for the right homeless household.	Homeless Coalition of Hillsborough County (name staff)	Key Providers and any outside assistance (list out names)	First meeting on analysis in October 2012 - Analysis complete by March 2013	Determine which agencies and projects will be included in the inventory	Accurate assessment of housing based on current providers
				Identify models and tools to help with analysis	HCHC creates a tool based on practices in other communities that works for local community
				Identify any outside expertise needed to assist with analysis	Appropriate, external support assists with analysis
				Use analysis to map out systems changes on current inventory	Current inventory is streamlined to provide the best and most accessible assistance to homeless individuals

Goal 2: Advocacy

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Create an advocacy campaign each year. The advocacy group should be multi-agency, diverse, and representative of homeless and related systems.	Homeless Coalition of Hillsborough County (name staff)	List out key names of diverse members here	First meeting September 2012 Initial advocacy agenda complete (DATE here)	Hold meeting of members of new advocacy group	Create diverse group of advocates to collective support issues
				Identify shared advocacy items across agencies	Create advocacy agenda that is doable with members
				Determine key agencies to advocate to for various issues	Create strategic plan to move issues forward
				Follow through on advocacy agenda until issues are resolved and/or improved	Advocacy results in improved systemic responses to homelessness in Hillsborough County

Appendix D

Acronym Guide

ACA	Affordable Care Act
ACT	Assertive Community Treatment
CoC	Continuum of Care
CSH	Corporation for Supportive Housing
CTI	Critical Time Intervention
DSS	Department of Social Services, Baltimore County
EBT	Electronic Benefits Transfer
FQHC	Federally Qualified Health Center
FUSE	Frequent Users Systems Engagement
HEARTH	Homeless Emergency and Rapid Transition to Housing Act
HMIS	Homeless Management Information System
HPRP	Homelessness Prevention and Rapid Re-Housing Program
HUD	US Department of Housing and Urban Development
HUD SHP	HUD Supportive Housing Program
LGBT	Lesbian, Gay, Bisexual, Transgender
MOU	Memorandum of Understanding
PSH	Permanent Supportive Housing
SOAR	SSI/SSDI Outreach Access and Recovery
SSDI	Society Security Disability Insurance
SSI	Social Security Insurance
TANF	Temporary Assistance for Needy Families
TBRA	Tenant-based rental assistance
VA	Veterans Administration
VASH	Veterans Supportive Housing Program (US Department of Housing & Urban Development)
VHPD	Veterans Homeless Demonstration Project

Glossary

- **Chronically Homeless** (*as defined in the Continuum of Care Program Interim Rule*):
 - (1) An individual who:
 - (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
 - (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
 - (3) A family with an adult head of household (or if there is no adult in the family, a minor head of

household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

- **EBT (Electronic Benefits Transfer):** Electronic debit card which replaces the issuance paper food stamps and paper checks from federal public benefits.
- **Emergency Shelter** (*as defined in the Emergency Solutions Grant program*): Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements.
- **Housing First:** The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness. Housing First can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements.
- **HMIS:** The Homeless Management Information System designated by a CoC to process client and other data in order to create an unduplicated accounting of homelessness within the CoC, in addition to other functions.
- **Permanent Supportive Housing:** Long-term, community-based housing that has supportive services for homeless persons with disabilities.
- **Point-in-Time:** A one-day count of all homeless people in a defined area. Required of Continuums of Care on a biennial basis by HUD.
- **Rapid Re-housing:** Approach to housing that focuses on moving individuals and families that are homeless into appropriate housing as quickly as possible utilizing rental assistance and supportive services when appropriate.
- **Systems Integration**
- **Transitional Housing** (*as defined in the Continuum of Care Program Interim Rule*): Housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary.

Helpful Links

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Continuum of Care (CoC) Program Interim Rule

<http://hudhre.info/index.cfm?do=viewResource&ResourceID=4650>

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Emergency Solutions Grants (ESG) Program and Consolidated Plan Conforming Amendments

<http://hudhre.info/index.cfm?do=viewResource&ResourceID=4517>