



**A 10 Year Community Response Initiative  
to End Homelessness**

**Produced by:**

**The Homeless Coalition of Hillsborough County, Inc.  
&  
The City of Tampa  
Department of Business and Community Services**

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Ten years have passed since the Hillsborough County Needs Assessment's Housing Task Force Report. It was sporadically implemented. Places For People now calls us to action.

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**Mission:**

**Uniting people and mobilizing resources in Tampa and Hillsborough County to end homelessness by increasing access to affordable housing and shelter.**

**The Mayor's Challenge:**

Three years ago Mayor Dick Greco and members of his staff challenged the Homeless Coalition of Hillsborough County and leaders to do some visioning. If money were no obstacle, what would you recommend to this community that would turn the corner on the current increase in homelessness, and move us toward actually ending it? Challenged by that question, *Places for People* grew out of the Strategic Planning Process of the Homeless Coalition of Hillsborough County in 2001. A "Stakeholders Group" was formed to focus on the gap in housing and shelter. These are persons who have a strong commitment to actually end homelessness in Tampa and Hillsborough County. This action plan represents careful consensus building among major homeless service providers, city and county government and research into best practices from other communities, and the wisdom of national leaders who have been learning for the last twenty years more effective ways to systematically turn this widening problem around. The Executive Summary reflects the most current thinking of the widely respected **NATIONAL ALLIANCE TO END HOMELESSNESS**, and this group's ***A Plan: Not a Dream: How to End Homelessness in Ten Years*** is in the Appendix.

Homelessness is not new to our community. In 1990 the Tampa Hillsborough Needs Assessment addressed the issue, and their recommendations still find resonance in those being made by *Places for People*. Richard Brown gives us historical perspective in his article, **"It's Time"** in the Appendix. What is new is the focus on a comprehensive plan of action based on the four Steps to End Homelessness, born of experience learned in the last decade all across the United States.

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**Homeless and hunger are far more widespread in our community than one would think, given our prosperity:**

**The latest (2002) homeless count of the Homeless Coalition of Hillsborough County:**

- **6481 Homeless person in Hillsborough County**
- **449 Homeless children and teens (0-17 years)**
- **1551 were employed**
- **Only 23% said they were from out of state**
- **693 were at Orient Road Jail**

**The Hillsborough Task Force on Hunger (1998)**

**Commissioned by the Board of County Commissioners found:**

- **50,000 persons experience hunger in Hillsborough County**
- **of those, 24,000 to 28,000 were children**
- **54% of all children in Hillsborough public schools qualified for free and reduced meals**

**Now: to just live at the poverty level, a single parent with 3 kids needs to earn \$8.19 per hour. (\$5.15 is minimum wage).**

- **Our area homeless programs increasingly report working families with children becoming homeless because they earn too little to pay rent.**
- **75 to 100 families are homeless at any given time (up from 25 families last year). The waiting list to get into a shelter or emergency housing assistance program is 25 to 30 days.**
- **There is a shortfall of 15,000 housing units for households earning less than 30% of the median income. –Place for People**
- **There are 22,000 currently occupied subsidized housing units in Tampa/Hillsborough, and 9,000 households on waiting lists.**

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## **Places For People an Executive Summary:**

### **Twenty years ago there was not widespread homelessness in America.**

The seeds of homelessness were planted in the 1960's and 1970's with the deinstitutionalization of mentally ill people, and the loss of affordable housing stock. But widespread homelessness did not emerge until the 1980's. It is the result of three factors:

- 1. Housing became scarcer** for persons with very low incomes. Due to the decrease in federal funding for affordable housing.
- 2. Earnings from employment and benefits** has not kept pace with the cost of housing for low income and poor people.
- 3. Services that every family needs** (transportation, day care, health care, utilities, etc.) have become harder for very poor people to afford or find. The homeless assistance system that has emerged does reasonably well to help persons who are homeless, but it cannot prevent people from becoming homeless, or change the availability of housing, services, and income that will truly end homelessness. So, can nothing be done?

**Four Steps to End Homelessness** In Florida, and within the Homeless Coalition of Hillsborough County, there is growing appreciation for the National Alliance to End Homelessness' four steps to end homelessness within ten years. These steps are reflected in our recommendations to the Tampa/Hillsborough community:

- 4. Plan for Outcomes:** Today most communities plan how to manage homelessness, not how to end it. By changing the mix of assistance they provide, most locations could become much more effective in helping homeless people. The first step is getting GOOD DATA at the local level, and to create a planning process that focuses on outcomes of ending, not just managing homelessness. Recommendation #2 addresses this step.
- 5. Close the Front Door:** People who become homeless are often clients of public systems of care: the mental health system, the public health system, the veterans system, the welfare system, juvenile justice, and child protective services (like foster care), and the criminal justice system. Often people who leave these systems are at high risk of becoming homeless. That's because there aren't enough incentives in those systems to make sure their clients do not become homeless. This situation must be reversed. The flow of incentives can favor helping people with most complex problems. It is amazingly cost effective, because prevention of homelessness holds the promise of saving a lot of money on expensive systems of emergency care. Recommendation #5 addresses the discharge of persons from area hospitals.
- 6. Open the Back Door:** People should be helped to exit homelessness as quickly as possible through a HOUSING FIRST approach. For the chronically homeless who virtually live in the shelter system or on the streets, frequently using expensive public systems: hospitals and jails, this means permanent housing with services (which dramatically lowers energy room and jail use). For families and less disabled single adults this means getting them quickly into

permanent housing, and linking them with services. Recommendation #3 and 4 address ways of moving people quickly into housing.

- 7. Build the Infrastructure:** People will continue to be threatened with instability until the supply of decent affordable housing is increased, incomes of the poor are adequate to pay for necessities, and disadvantaged people can receive the services they truly need. Homelessness can only be addressed within the context of larger efforts to help poor people. Recommendation #1 addresses increasing housing for persons under 30% of median income.

**These steps will require that housing stability be a measure of success for those who assist poor people. If implemented over time they can lead to an end to homelessness within ten years in the United States. Our recommendations represent several local pieces in this comprehensive approach.**

## **The Costs of Homelessness**

### **Hospitalization and Medical Treatment:**

People who are homeless are more likely to access costly health care services. The average daily census of homeless persons at Tampa General Hospital is 10 patients. The average impatient charge is \$603 per day multiplied by 364 days is \$2,200,950. The figure for St. Joseph's Hospital is quite similar. Between these two hospitals alone, the per day costs are approximately \$4.4 million per year. Dr. Larry Carey, Professor of Surgery at USF College of Medicine, estimates the actual medical costs including surgery and treatments would double the per day hospital stay costs to: **\$8.8 million**

#### **Why costs are increased with homeless patients discharged from the hospitals:**

- TGH often pays for a boarding home or ALF to assure a plan of care for the patient.
- Patients often lose their medications once released because they have no place to stay.
- Homeless patients generally do not have identification because it is lost or stolen. The Hillsborough Health Care Plan requires proof of residency, which they cannot obtain easily.
- Many homeless persons have no money to continue their prescriptions once discharged.
- Many have untreated psychiatric conditions, as resources are not available in the community.

Source: Candice Billingsly, Director: Outcomes Management Department, TGH

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## **Jail and Court Costs of Homelessness**

There are 75 homeless persons arrested for misdemeanor violations in the Orient Road Jail on any given day. Most of the individuals picked up for trespass or other related offenses are those living on the streets.

**75 persons X \$61.67 \* per day jail cost X 365 days = \$1,688,216**

Homelessness increases return trips to the jail system. The average jail resident has 7 prior arrests. The outcome goal is to reduce by half the number of homeless persons arrested for misdemeanor violations by developing affordable housing with support from social services. People no longer in a recurring cycle of arrest and release are more able to contribute to the community.

In addition, there are **625 homeless persons arrested for felony violations** in the Orient Road Jail on any give day at an annualized cost of **\$14,068,000**. We have not counted their incarceration costs in this finding because their crimes may not be mostly caused by homelessness. However, the lack of affordable housing contributes to their likelihood of being rearrested for theft or other more serious crimes.

\*Hillsborough Sheriff's Department

## **Homelessness cost Hillsborough County over \$10 million**

**annually** in these two categories alone. By shifting costs from expensive shelter in our jail and hospitals we can develop decent places for our fellow citizens to live in safety and better health. This will reduce the presence of persons on the streets and doorways, address public health and sanitation concerns, and help people to return to productive lives.

**Other Costs of Homelessness:** Emergency Shelter: This is a costly alternative to permanent housing. While sometimes necessary for short-term crisis, it too often serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants Program is \$8,067\* annually, more than the average annual cost of a federal housing subsidy (Section 8 Housing Voucher).

\*HUD office of Policy Development and Research.

**Lost Opportunity** Perhaps the most difficult cost to quantify is the loss of future productivity. Decreased health and time in jail means homeless persons have obstacles to contributing to society. Homeless children attendance rates in school are 51% compared to 84% in the general population. (Rafferty, 1991) This makes the costs of homeless carry forward into the next generation.

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## Recommendations to Increase Access to Housing and Shelter in the City of Tampa and Hillsborough County

### Places for People Mission:

Uniting people and resources in Tampa and Hillsborough County to end homelessness by increasing access to affordable housing and shelter.

### Recommendations to achieve our mission:

1. Create a **Homeless Customer Services Program** that coordinates intake and assessment collaboratively, while creating an accurate database in current time on homelessness/low income housing and shelter space availability.
2. Develop **H.E.L.P. Shelters to stabilize families** while they wait (average wait time 27 days) to get into a mainstream program. (Probably 25-35 units). Could be renovated motels.
3. Develop a **H.E.L.P. Shelter to stabilize single homeless** while they wait to get into mainstream programs (125 to 200 units).
4. Develop a **Recuperative Care Center** for homeless persons who are released from hospitals; a facility to recuperate with medical support before they return to the streets or use as an entry point into the COC system.
5. Create incentives to develop **Permanent Supportive Housing**: Small facilities with services for the chronically homeless. Monitor quality of services, facilities, and outcomes.
6. Tampa Housing Authority, City of Tampa, and Hillsborough County **prioritize development of very low-income housing (30% of median income and below)** as a budgeted priority, and endorse the National Housing Trust Fund. Focus on "Housing First" as the main way of addressing homelessness.

### What Others Have Tried:

#### Creating a tax base for reducing homelessness has been the key.

Examples of other approaches to reduce homelessness from comparable Florida Cities.



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# 1. CREATE A HOMELESS CUSTOMER SERVICES PROGRAM THAT COORDINATES INTAKE AND ASSESSMENT COLLABORATIVELY.

**Findings:** There is a need for a program to help homeless persons and families navigate the system of services in Hillsborough County. Currently, they must complete intake assessments with each agency. This duplication of the intake process is cumbersome and dehumanizing for the clients and costly for the Provider Network.

**Discussion:** Agencies providing services to homeless persons and families in Hillsborough County often are not aware what services are currently available in other agencies to meet the needs of their clients. Often, clients are referred for services, which may not be available at a given agency, or find themselves placed on a waiting list for services, which might be readily available through another provider. The 211 system currently in place identifies service providers, but not information regarding real time availability of services.

**Description:**

- A) A comprehensive Homeless Management Information System (UNITY Information Network), currently being implemented, will provide community wide information about available services to a central intake and assessment center.
- B) All data will be shared with agencies involved in providing services to an individual client or family
- C) Comprehensive intake assessments would be conducted, identifying specific needs to be addressed,
- D) Immediate placement into permanent housing if appropriate would be highest priority, facilitated by Housing Management Specialist to assist in locating appropriate housing in the community. Home based case management would be provided to enhance long term stability in permanent housing.
- E) In cases where immediate placement in permanent housing is determined to be inappropriate, case managers would identify appropriate programs to meet client needs, determine availability of bed space, and facilitate access and placement in that program.
- F) In the event bed space is not immediately available in a given program, temporary shelter will be provided either in the single or family HELP Center, or through a hotel voucher.

**Possible Partners:** Homeless Coalition of Hillsborough County, The Crisis Center, HMIS Software Partner, Help Centers, and Community Outreach Programs.

**Cost:** Staff costs \$110,000

**Possible Funders:** TECO, Department of Children & Families, Department of Housing & Urban Development, City of /Tampa, and Hillsborough County Government.

**Outcomes:** Central access to current data about available services re: shelter space, permanent housing units, and ancillary services. Reduced duplication of intake and assessment process. Production of data demonstrating current community needs such as number of agencies with waiting lists for services and numbers of individuals or families on those waiting lists as well as numbers of persons currently in programs through the community. Based on experience in other cities, this could increase the productivity of existing organizations providing services to homeless persons and families by 20%.

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## 2. Develop Family H.E.L.P. (Hillsborough Emergency Lodging Program) to stabilize Homeless Families

**Findings:** Many families facing homelessness are placed on long waiting lists for permanent housing or transitional homeless shelter programs.

- **Housing Waiting Lists:** Over 3,600 persons are on the waiting list for Hillsborough County's Section 8 Housing Choice Voucher Program. The City of Tampa's Section 8 Housing Choice Voucher Program has a waiting list of 3,941 and 2,200 are waiting for public housing provided by the Tampa Housing Authority. The average wait time for Public Housing Communities is 22 months.
- **Shelter Waiting Lists:** Since September 11 there has been a sharp increase in families facing homelessness in Tampa/Hillsborough. A recent survey of programs found 85 families on waiting lists for shelter, with an average wait time of 30 days. One program, Metropolitan Ministries, reports an increase from 5 to 7 families waiting for 5 days before September 11 to a current average of 40 families waiting 25 days.

**Discussions:** Most families become homeless because they are having a housing crisis. Certainly they are likely to have other needs - - for services and to increase their incomes. However, these needs are best met once the family is in permanent housing- not while they are temporarily housed in shelter or transitional housing. Most families have relatively short stays in the homeless assistance system. They exit it and return infrequently, if at all.

- About half of the individuals who experience homelessness over the course of a year live in family units.
- About 38% of people who are homeless in the course of a year are children.
- The real cause of their problem is the overall national (and local) shortage of decent affordable housing.
- The best course of action is to help families get very quickly back into housing, linking them to appropriate services – reducing their stay in homeless shelters to an absolute minimum.
- Families facing homelessness can't wait. They may find themselves in dangerous or life threatening circumstances. In the process, contact with mainstream homeless programs is often lost. The correlation between experiencing homelessness as a child is 4xs as likely to be homeless as an adult.

### **Recommendation:**

- A) The Homeless Coalition of Hillsborough County recommends establishing Family HELP Centers to address the need of families while on waiting lists. Families will stay for short periods of time, often no more than a week or two, and rarely longer than two months. The purpose is to provide safe clean and cheerful housing, and to begin

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linking families to services they need even before they are placed in permanent housing or in mainstream homeless programs.

B) The components of these services are:

1. Housing Services: to clear barriers such as poor tenant histories, poor credit history, use the Low-Income Housing Guide to identify landlords, negotiate with landlords; etc.
2. Case Management Services: to ensure families are receiving public benefits, to identify service needs; to connect families with community based services such as: employment assistance, legal assistance, state and Social Security identification, medical assistance, and day care.
3. To prepare families for transitional homeless programs when needed such as fleeing domestic violence, or overcoming addictions.

C) The housing to be provided will:

1. Have separate quarters for families with efficiencies.
2. Have an on-site manager.
3. Have access to laundry facilities.
4. Have a common area for recreation, workshops, group meetings.
5. Have custodial support to provide linens as needed, and unit preparation for newly arriving families.
6. Have a facility to house family pets

**Size, Location:** Experience with family shelters indicates that centers with 25-30 families is small enough so that people can get to know each other, and not feel they are being warehoused in a large impersonal facility. An excellent model is The Shepherd's Way, a 21-bungalow unit center for families in Ft. Lauderdale operated under the auspices of Christ United Methodist Church, (954) 524-1189, Fred Scarborough, Director, The Family HELP Center can be served by two skilled staff and a live-in center manager. Once a Family HELP Center is established, a second center may be developed in a different part of Tampa/Hillsborough.

Currently functioning motels (especially bungalow style facilities) may be especially suited to development as Family HELP Centers. With renovation and landscaping to make the Center (s) fully functional, welcoming, and capable of providing the services needed, the new function may actually enhance the facility's appeal to the surrounding neighborhood. In many cases, the HELP Center will serve persons with incomes similar to those who formerly used it as a motel. The help center should be configured to comply with current zoning. Family HELP Centers should be located on major bus routes with easy access to other programs in the Continuum of Care. There should be a policy that does not allow families to walk up to the facility, but are brought to the location by other agencies. Families that still have transportation must be referred by other agencies.

**Possible Partners:** One or more are congregations, Homeless Coalition of Hillsborough County, Hillsborough County Homeless Recovery Program, The Salvation Army, Metropolitan Ministries.

**Cost:** Approximately \$700,000 for purchase of a location, and \$600,000 for renovations.; (Costs for renovations could be significantly lower if a faith or civic group sponsors the HELP Center, and some labor is donated.) Annual program costs: Staff: \$110,000. Program and maintenance \$285,000 (based on Shepherd Way costs of \$12 per person per day x 654 people).

**Savings: Hospital:** 2% of 65 persons = 1.3 x \$1200 per day x 365 days = **\$569,000**

**Possible Funders:** Department of Housing and Urban Development, Grant and Per-Diem such as VA daily cost support program, leveraged monies to apply for McKinney Act funds, Faith Based Funding, One or more are congregations, Catholic Charities, and corporations.

**Outcomes:**

- The majority of families will exit the Family HELP Center to permanent housing.
- Homeless families are provided a safe welcoming place to stay.
- Focused case management will clear barriers so that most families are placed in permanent housing.
- Families will be helped to access public benefits, employment opportunities, and other services to support their ability to achieve stability and prepare for permanent housing.
- Families that need transitional homeless shelter programs will receive preliminary case management support while they wait to enter those programs.

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### **3. Develop H.E.L.P. Center (Hillsborough Emergency Lodging Program) to Stabilize Single Homeless Persons**

**Finding:** Single homeless persons who decide they want to enter into a program to change the direction of their lives wait (average wait time 27 days) to get into a mainstream program.

**Description of the proposed project:** The Homeless Coalition of Hillsborough County has been involved in this planning process and has come to the conclusion that the county needs a facility to stabilize singles that are homeless, and have requested permanent housing and/or admission into a program that can change the direction of their lives. Making this choice to change is courageous, and should be supported as quickly as possible with resources from the community. Sadly the loss of space in many programs creates waiting lists, which may cause a relapse into patterns of behavior that extend homelessness. Excellent examples elsewhere: the three Broward Homeless Assistance Centers, Steve Werthham, Broward contact: (954) 357-6101. The HELP Center would involve most area homeless services providers in a collaborative effort to offer programs to support the single homeless person's decision to make a change in his/her life. This will be done by providing on site, and off site: housing services to clear barriers to permanent housing, job placement, job training, alcohol and drug intervention and support groups, mental health counseling, personal care facilities, medical screening and referrals, and an array of social services to meet the needs of the clients in order to assist with achieving self-sufficiency. Collaboration with faith groups and civic organizations in other areas has led to meals being provided at no cost to the centers.

**Size, Location:** The HELP Center would be centrally located and serve the entire county. A policy of not serving "walk-ups" would eliminate clusters of homeless persons loitering around the facility. Persons could come to the center and receive services only by referral, and only by use of transportation provided by area agencies, faith based groups, and governmental entities. Similar centers in Broward County have become assets to their neighborhoods. The help Center should be located with easy access to public transportation so that residents who are employed can get to work. The HELP Center would provide accommodations for up to 200 singles staying no more than 60 days. Single men and single women would have separate living facilities, with some common areas shared by both populations. There would be space in the HELP Center for intake assessment, services provided by programs, barber/beauty shops, laundry, recreation, meals, and a facility to house pets, and security. Many kinds of facilities have been used. Ideally, a 3 or 4 acre site allows for room to expand in the future as need dictates.

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**Possible Partners:** Homeless Coalition of Hillsborough County, Housing Authority of the City of Tampa, City of Tampa, Hillsborough County, area religious congregation. and civic organizations.

**Cost:**

**Capital Cost:** Based on experience in other areas with similar sized centers, the capital cost for a 200 bed facility would be approximately \$6 to \$7 million dollars. This, of course would be reduced significantly if a location is donated rather than purchased. Cost of construction would be \$4 to \$5 million.

**Operational Cost:** Cost projections are based on current reimbursement by the Department of Corrections per diem fees to area programs that provide shelter and supportive services at \$42 per day. This includes all costs to run the facility with adequate space, staffing, security, and services designed to prepare single homeless persons for permanent housing or for placement in area transitional shelters that will in turn prepare them for permanent housing.

75 beds	=	\$1,150,000
125 beds	=	\$1,915,000
200 beds	=	\$3,050,000

**Cost Savings:** Conservative estimate of persons who would make trips to the emergency room of an area hospital if they were not in a HELP Center:

- 2% of 200 = 4 persons at \$1200 / (per day and medical expenses)

Calculation: 4 persons x 1200 = \$4800 x 365 days = **1,752,000.**

Conservative estimate of single homeless persons incarcerated if not in the HELP Center:

.075% of 200 = 15 persons x \$61.67 per day x 365 days = **\$337,000.**

**This does not count the persons who have left the streets and are in transitional shelters or have entered permanent housing as a result of being stabilized at the HELP Center.**

**Possible Funders:** U.S. Department of Housing & Urban Development, Hillsborough County, City of Tampa and ESG funds, municipal bonds, Florida Department of Children and Families, TECO, the LANE Company.

**Outcomes to be Measured:**

- The majority of single homeless persons will exit the HELP Center to permanent housing within one year possibly six months.
- Homeless singles are provided a safe welcoming place to stay.
- Focused case management will clear barriers so that most homeless singles are placed in permanent, or supported permanent housing.
- Singles will be helped to access public benefits, employment opportunities, and other services to support their ability to achieve stability, and prepare them for permanent housing.

- Singles that need transitional shelter programs will receive preliminary case management support while they wait to enter those programs.
- There will be a significant and measurable drop in use of emergency room, hospital facilities, and jail space among singles while at the HELP Center.

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## 4. Recuperative Care Center for the Homeless

### Background

The Homeless Coalition of Hillsborough County has been examining the need for recuperative care for the homeless in Hillsborough County for over 4 years. With a growing homeless population (estimated at over 8000 people), the need for recuperative respite care has grown. The homeless are at great risk of being released from hospitals and emergency rooms with nowhere to go and no aftercare planning. Many trying to recuperate from surgery or broken bones simply have to be back on the street which is unsafe for them in their debilitated state and which often results in re-hospitalizations and higher medical costs in the long run.

### Description of Facility and Care

We are proposing 10-20 bed respite care facility for homeless persons of Hillsborough County. The facility can either be co-located within a homeless shelter or assisted living facility, or it can be a stand-alone structure.

Recuperative care would include temporary shelter, a balanced meal program to assist in recuperation, nursing support, and daily health care provider visits. Those in respite care would also be provided mental health and substance abuse screening and social service assistance for transition into shelter/employment programs.

### Admission Criteria

Admission criteria for respite care to be as follows:

- Age 18 or older.
- Fully completed *State of Florida – Resident Health Assessment for Assisted Living Facilities*.
- Freedom from active TB.
- At least 24hr prior hospitalization for treatment of medical problem.
- Admission screening interview.
- Ambulatory and able to perform ADL's
- Commitment to remaining drug and alcohol free.
- Willingness to comply with medical treatments, appointments, and medicines.
- Agreement to abide by the House rules of Shelter or ALF.
- Able to eat regular mechanically soft balanced meal provided.
- Be capable of taking medication with assistance from staff.
- Must not require 24hr.-nursing care.
- Must not be in need of skilled rehabilitation services.
- Absence of acute psychiatric symptomatology, and not a danger to self or others.
- Absence of pressure sores.

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Admission Committee will conduct screening interviews and review admission criteria. Admission Committee will meet on a daily basis. The length of stay will be limited to 2 weeks unless medically extenuating circumstances exist and approved by Admission Committee.

**Possible Funders:**

US Department of Housing a& Urban Development, Hillsborough County, Florida Department of Children and Families, Health Resources Services Administration, Bureau of Primary Healthcare.

**Possible Partners:**

The Salvation Army, Mental Health Center, Tampa Community Health Centers, Inc., Hillsborough County, and local hospitals.

**Cost**

Start-up	\$1,500,000
Operational	\$ 350,000

**Outcomes to be measured**

Hospital admissions would decrease due to respite care availability and treatment prior to the need for more serious emergency care. Emergency room visits would decrease due to improved health from not being on the street with medical conditions that will rapidly deteriorate if facilities are not available. Availability of a respite center and medical care in a non-urgent setting will reduce the amount and cost of hospital and ER care. The availability of a respite care center will provide hospitals a place to send patients that should not be discharged to the streets. The cost to the taxpayer of providing this care in the hospital or ER will be significantly reduced. The measurable goal is improved health at a decreased cost to the taxpayer.

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## 5. Permanent Supportive Housing

**Findings:** Single homeless men and women would rather stay on the streets than live in large shelters because they are afraid of being attacked, bullied, or robbed.

**Discussion:** There needs to be a housing setting which chronic homeless single persons will choose as a better alternative to the streets. The shelter must be affordable; within the financial range of persons receiving government benefits. It must be supported with case management and medication regimes for those on medications. The shelters ideally will be small in size on average serving 20-30 persons, with long term residents who participate in their own mutual life together through a resident's council. Resident councils will be supported by a consulting firm that specializes in conflict resolution and self-development. Mobile medical treatment will be provided on a regular basis. The ALF's will be developed under the administration of established non-profits or for profits with 24-7 resident managers. The sponsoring organizations will be responsible for creating safe environments, with established protocols for working together with the resident's councils to improve the quality of life. The Homeless Coalition of Hillsborough County will set clearly defined outcome measures, and monitor outcomes as part of the Continuum of Care.

**Possible Partners:** Established non-profit homeless service providers, Homeless Coalition of Hillsborough County, City of Tampa, Hillsborough County Social Services, Hillsborough Health Care Plan; Mobile Van, Neptune Green Associates, Local Faith Congregations (adopt a shelter).

**Costs:** Start up costs to purchase and rehabilitate a 20-30 bed facility: \$300,000.  
Ongoing costs: Resident Managers: \$40,000. Supportive services staff: 2/3 FTPL \$12,000.  
Program food, and maintenance: \$182,500,000 (At \$20 per person per day x 25 people).  
Total annual operations cost: \$246,500.

**Savings: \$575,000 per year**

**Hospital:** 2% of 55 persons = 1.1 x \$1200 cost per day = \$1320 x 365 days = **\$482,000**

**Jail:** .075 of 55 persons = 4.125 x \$61.67 per day x 365 days = **\$93,000.**

**Possible Funders:** Homeless residents, Hillsborough County, HUD

**Outcomes:** 20-30 single homeless persons who otherwise would have been on the streets have decent, safe, and supported places to live. Residents actively participate in improving their own life together in collaboration with the managing non-profit. A measurable reduction in emergency room and hospital use. A measurable reduction in nights spent in jail. Measurable improvement in the health of residents.

**Goal:** To significantly reduce homelessness among single adults in Tampa/Hillsborough, an annual goal of starting six new Supportive Housing facilities per year over a ten year period of time.

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## 6. Prioritize Development of Very Low-Income Housing

**Findings:** Housing has become scarcer for persons with very low incomes over the last twenty years. Earnings from employment and benefits have not kept pace with the cost of housing and utilities for low-income and poor people. The result is like the children's "Musical Chairs" game. One chair is removed each time, and someone is left without a place to stay, only it's not a chair, but a home. This pushes individuals and families over the edge into homelessness while they scramble to stabilize their lives with housing they can barely afford.

**Median Incomes:** (From US Census 2000)

There were 391,424 households in Hillsborough County

Average household size: 2.5 Persons

The median income for households in Hillsborough County is \$40,663

30% of median is \$12,199

**Households** at 30% of median spending 35% of income on housing = \$305 per month

**Households with income less than \$10,000 per year = 35,368**

**Total units under \$300 a month: Approximately 10,000**

Some very low income households own their housing (data not available).

**There is a gap of at least 15,000 housing units at \$300 or less a month.**

According to the 2000 Census 42,342 Tampa-Hillsborough households were paying more than 35% of their incomes on rent.

**Discussion:** Most families become homeless because they are having a housing crisis. Their primary immediate need is for housing. Certainly they are likely to have other needs...for services and to increase their incomes. However, these needs are best met, once the family is in permanent housing. Most homeless families get themselves back into housing as quickly as they can after they become homeless. About 38% of people who are homeless in the course of a year are children. About half the people who experience homelessness over the course of a year are single adults. Most enter and exit the system fairly quickly. 80% of single adult shelter users enter the system only once or twice, stay just over a month, and do not return.

Households with incomes at or below 30% of median income are at a high risk of homelessness. Illness, lay-offs, unexpected expenses, divorce or separation are common crises that push households over the edge, creating a larger pool of housing that is affordable to persons with the lowest incomes is the most effective way a community can turn the corner on homelessness, and begin to work towards solving the problem.

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**Recommendation:**

- A. The City of Tampa, Hillsborough County, and Tampa Housing Authority set as a priority the development of housing affordable to households at or below 30% of median income.
- B. The three entities and the Housing Committee of the Homeless Coalition of Hillsborough County form a collaborative working group to draw in banking, development, and architectural expertise that will support the expansion of housing stock at this level.
- C. The working groups sets numerical goals for development of a targeted number of units per year such that the gap of 15,000 units is closed in ten years (by the end of 2012).
- D. The working group establishes a Housing Trust Fund. Housing trust funds are typically established to serve a purpose not already addressed by existing housing agencies and programs. This usually involves grants or no-interest loans for low-income housing projects or other housing needs for the poorest residents. Grants and no interest loans often go hand in hand with serving the poorest residents as housing finance agencies are already set up to serve moderate and middle-income residents. Trust funds are often established under the agency that already handles federal housing programs such as HOME. Trust funds usually have a dedicated, non-lapsing source of income. This may be a portion of the state's real estate transfer tax or document recording fees. It may also be a fee on developers or some other designated source.
- E. The City of Tampa, Hillsborough County, and Tampa Housing Authority endorse and encourage our members of congress to co-sponsor the National Housing trust Fund legislation. (Sen. Nelson is already a co-sponsor.) This would use surplus funds generated by the Federal Housing Administration (FHA) and the Government National Mortgage Association (GNMA) to produce, rehabilitate and preserve 1.5 million affordable housing units nationally over the next ten years, and would provide much of the grant funding to make our goal of 15,000 units possible.

**Possible Partners:** City of Tampa, Hillsborough County, Tampa Housing Authority, Homeless Coalition of Hillsborough County, HUD, State of Florida, Sadowski Act, Habitat for Humanity, Tampa United Methodist Centers, Catholic Charities, Beth El Presbyterian Mission, numerous non-profit and faith based partners, area developers and banks.

Cost: 15,000 units at \$50,000 = \$750 million

**Possible Funders:** Households living in the housing units, Federal, State, and Local governments, Housing Trust Fund monies as leverage.

**Possible Funding Sources:** National Housing Trust Fund, households living in the housing units, additional Federal, State, and Local government funding, area banks, and area non-profit organizations.

**Outcomes:** 2010 Census show a reduction in households spending 35% or more of income on housing. Homeless Coalition of Hillsborough County Annual Census reveal a decline in homeless families and single persons. Waiting lists for Section 8 housing are cut by 66%, and waiting time is reduced by 50% by 2010.

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## What Others Have Tried:

### Approaches to Address Homeless in Comparable Florida Cities

#### From Warehousing to Placement in Housing and Rehabilitation

Some of Florida's big urban counties have started converting their overnight homeless facilities into centers that operate 24 hours a day. Typically, they offer a bed, three meals a day, job-skill training, sessions with psychiatrists and help finding jobs. Some counties have formed umbrella oversight agencies to fund and monitor homeless shelters, while others adopted operating standards that shelters must meet to qualify for government money. The transition to programs aimed at rehabilitation came when local leaders elsewhere realized that the traditional approach – warehousing the homeless and keeping them as out-of-sight as possible – wasn't helping the problem.

**Leadership by elected officials is key** to tackling homeless issues, advocates say. Nowhere is that more evident than in Miami-Dade County, which in 1993 formed the Miami-Dade Homeless Trust. An arm of county government, it serves as a coordinating body for homeless issues as well as for spending the 1 percent food and beverage sales tax that resulted from the 1992 Governor's Commission on Homelessness in Miami.

#### Cities That Have Turned the Corner: Reducing Homelessness

**Miami-Dade success:** While homeless populations have grown nationwide, Miami-Dade fell from 6,000 in 1993 to 4,000 today. These changes are against a national backdrop of emerging trends, such as shortening shelter stays by placing the homeless into permanent housing and creating trust funds to help bankroll shelters and build more affordable housing.

"We don't advocate shelters as a model," said Donald Whitehead of Washington, D.C. –based National Coalition for the Homeless. "Shelters often don't have adequate counseling or medical services." Instead, the national organization's agenda includes pushing Congress to create a **National Housing Trust Fund** to finance more affordable – and permanent – housing for the homeless, Whitehead said. "We've found once people are in permanent units, they stay there with services," he said. **"If you provide permanent housing, you save money."**

**Broward County success:** Advocates and government officials say the "24hour / 7 days a week" shelter programs in Florida keep hundreds – but clearly not all – of the homeless people off the streets and ease them more quickly into short-term or permanent housing. In Broward County, about 4,000 of the county's homeless population – estimated at 7,000 – stay in a network of county-operated and faith-based shelter, officials said.

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## Creative Financing Plans:

Intensive, all-day shelter programs don't come cheap. But advocates for the homeless in Miami and Ft. Lauderdale have devised creative financing plans. For instance, Miami-Dade's 1-cent foods and beverage tax generates \$6.8 million a year for homeless programs. Broward's penny per gallon tax on fuel generates about \$7 million for roads, freeing up an equal amount in the county budget that local leaders earmark for homeless programs.

**Orange County and Orlando:** By comparison, the city of Orlando spent about \$1.2 million this year for services to the homeless. Orange County spent about \$800,000. On any given day there are about 5,000 to 6,000 homeless people, including those in shelters. When Broward County officials came to Orlando to see the coalition's new pavilion in the early '90's, they quickly decided not to copy the design. **The Pavilion** resembles a roller skating rink in size with an insulated roof and open screened in sides. 250 or more homeless men sleep on foam rubber pallets placed on yellow painted rectangles. They must be away from the pavilion during the day, but may return as long as they want for \$1 a night. Starting this Summer, a "First Step" program for 30 men provides a partitioned area with bunk beds and a rehabilitation program; literally a first step off the pavilion floor. For most of the homeless men at the pavilion, they have a place to sleep and showers, toilets, laundry and lockers, and are on the streets or in temporary labor during the days. "It was too low-demand," Steve Werthman, Broward's human-services director. "There wasn't enough (programming) structure to the pavilion. They (the homeless) need people reaching out to them and a safe environment.

**Instead, Broward opened two homeless assistance centers** since 1999, and a third will open Aug. 19. All operate 24-hour programs, with a total of 500 beds for men, women and children, Werthman said. The 200-bed Fort Lauderdale center offers two men's dorms and space for up to 10 families. It operates a drug treatment program with licensed clinicians and tries to move residents into transitional housing within two months. That center and another in Hollywood, along with the new one in Pompano Beach, are run by nonprofit groups that must meet county standards, and they have similar goals. "We push for employment or getting...benefits" for residents, said John Cooper, the Fort Lauderdale center's clinical director. The HELP Centers in the Place for People proposals are patterned after Broward's homeless assistance centers.

## Reduction in transients

Werthman said the centers are credited for "a significant reduction" in the number of transients walking areas such as Fort Lauderdale's Tony Las Olas Boulevard. **"We've avoided restrictive ordinances," Werthman said. "The police avoided that by working with the county and starting an outreach team that goes out on the streets to get (the homeless) into a shelter."** Werthman spends \$12 million to \$14 million a year in federal, state, and local funding on a network of 25 homeless programs in the country.

**In Jacksonville,** the 304-bed Sulzbacher Center, initially patterned after Orlando's Pavilion, has added beds, air condition, and job training. "The notion of turning people out on the street doesn't work," Wanda Lanier said. "It's dumb. What the homeless need is a way to access services, and they don't know how to do that by themselves." "To serve her 300" guest, Lanier employs a staff of 77 on a \$4.5 million budget – nearly \$2 million more than the Orlando coalition's budget for more than 500 residents on an average day. Lanier raises half her budget in the private sector; the rest comes from government. "We treat our guest like we believe in them and have hope for them," Lanier said, "There are many success stories."

### **National Housing Trust Fund Endorsement:**

Endorsement for the National Housing Trust Fund has been a key initiative of the Homeless Coalition for this plan. The Coalition supports this effort in order to increase the availability of low-income housing for the poorest of the poor. The Coalition will continue to advocate until Congress approves this Trust Fund. We invite Tampa-Hillsborough leadership, public and private business women and men to join the Coalition in advocating for this legislation.

## **It's Not New, But It's Better, and It's Time!**

**By Richard Brown**

**Ten years have passed since the Hillsborough County Needs Assessment's Housing Task Force Report. It was sporadically implemented. Place for People now calls us to action.**

Well over a decade ago, several hundred citizens and community stakeholders in Hillsborough County joined forces to methodically examine and measure human service needs in this community and to formulate plans to improve the quality of life. That effort, sponsored and supported by the City of Tampa, the Hillsborough County Board of County Commissioners and the United Way, became known as the Hillsborough County Needs Assessment. Housing was one of several major life areas examined. That study and analysis focused specifically on the accessibility and adequacy of housing; the extent to which community residents experienced themselves at risk of homelessness and why; and the conditions, needs, and risks experienced by those who were homeless. As delineated in the Needs Assessment Report, published in 1990, among other things, this community discovered that:

Forty-five percent of households believed that the shortage of affordable housing was a problem.

Twenty-one percent lived in overcrowded or substandard housing.

Housing costs had risen almost 50% in a proceeding five year period.

Over half of the homeless were families with children.

Homeless respondents identified the most severe deficiencies to be in the areas of:

- Housing and emergency shelter.
- Affordable housing.
- Rental and utility assistance.
- And, longer term shelter services

Barriers expressed to getting assistance related to housing included:

- Thought no help available
- Not eligible
- Too long a wait
- Confidentiality
- Prior bad experience

Struggling to capitalize on that knowledge, the Needs Assessment's Housing Task Force conducted numerous meetings and participated in multiple community forums in an effort to formulate plans and strategies to effectively address those problems. Their concluding recommendations, incorporated in the Needs Assessment report, specified that this community should:

1. Develop a Countywide cooperative approach to addressing the housing problem, including the establishment of a permanent funding base to support....housing programs.
2. Develop a community-based capability to evaluate the housing and social service needs of individuals and families...and link them to appropriate services...including the expansion of emergency shelters...service enhanced (transitional) housing programs, assisted (subsidized) housing, etc.
3. Develop and implement a collective effort to inform the community about publicly supported housing assistance and housing programs.

This presentation, and its inherent proposals, represents an extension and refinement of those understandings and of the goals articulated by that previous generation of stakeholders. Since that time, this community, and many other communities, have experimented and discovered concrete solutions to many aspects of the problems of homelessness and inaccessible and substandard housing. For example, several communities have moved creatively to establish a permanent, public, funding base to support their efforts to provide emergency, transitional and permanent housing. Others have found the means to effectively utilize technology and sophisticated information and tracking systems to appropriately place persons in housing and to meaningfully engage others in necessary habilitative and rehabilitative services. Others have experimented with many alternative models of centralized and decentralized homeless assistance approaches, the successes of which are available to be incorporated into our local responses.

This report organizes and presents the most salient of those “exemplary approaches and best practices” as identified through recent stakeholder examinations. Further, it organizes those ideas, models and approaches in a collective and integrated fashion, that we believe, appropriately supported, would greatly diminish the personal tolls and the social and economic costs incumbent in housing problems and homelessness, and consequently, would justly improve the quality of life for all.