



**Ten-Year Plan
To End Homelessness in
Palm Beach County, Florida**



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To the Citizens of Palm Beach County:

I am proud to share with you Palm Beach County's Ten-Year Plan to End Homelessness. This Plan represents the collective efforts of the Palm Beach County Homeless Advisory Board, an outstanding group of individuals representing government, business, faith and community-based organizations, working with a dedicated group of service providers and community advocates.

Upon approval by the Board of County Commissioners, the plan will become the framework for policies and programs addressing the issue of homelessness in our community. The Plan seeks to meet the needs of those who are at imminent risk of homelessness as well as to assist individuals and families who are experiencing homelessness. Programs and services considered in this plan are those that have already proven effective both on a local and national level. Best practice models from across the country will be utilized and their outcomes monitored to ensure effective performance.

Many will question where the money will come from to meet the price tag associated with ending homelessness. While grants and fundraising will be a significant undertaking to fund this Plan; local resources both private and public must be reviewed to ensure that they are being utilized in the most effective manner. Dedicated funding sources for homeless and other critical social services have been established in many communities and must be considered here. Hard decisions may have to be made along the way. No one has said that this will be an easy process; but, it is certainly one worth undertaking.

I ask that each of you take the time to read this Plan and to commit to it in your own way. Our citizens have many unique talents; I ask you to come forward and share them with the rest of the community. Give of your time and talent in whatever area you can best serve; give of your treasure if you are so able. Together we can succeed in reaching the ultimate goal of this Plan: to END homelessness. It will require cooperative and collaborative efforts across the community. It is a housing and human services undertaking of unprecedented proportions, and one that will require a decade to complete. Let us start today to meet the goals and complete one action step at a time.

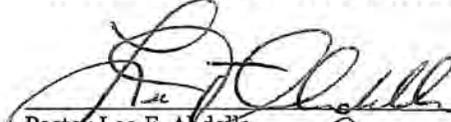
I, along with my fellow Commissioners, present to you this *Ten-Year Plan to End Homelessness in Palm Beach County*, and ask that you, not only as our constituency, but as our neighbors, partners and friends, consider playing a role in this important and monumental endeavor. As a collective, united community – a community that I am proud and honored to serve – we can, and we WILL, end homelessness in Palm Beach County.

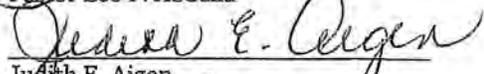
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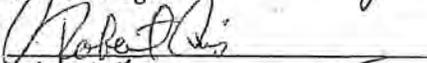


John F. "Jeff" Koons
Chairman, Palm Beach County Homeless Advisory Board
Commissioner, District 2, Palm Beach County Board of County Commissioners

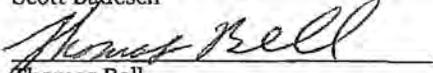
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Pastor Leo F. Abdella

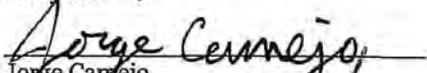

Judith E. Aigen


Robert Anz

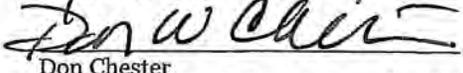

Scott Badesch


Thomas Bell

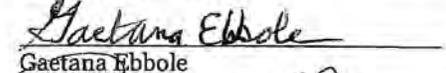

Perry Borman


Jorge Carrejo


Michele R. Carter

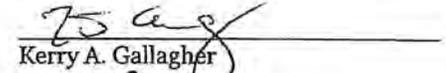

Don Chester

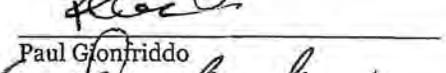

Michelle Diffenderfer

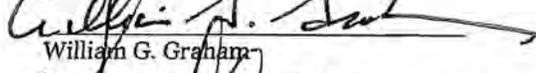

Gaetana Ebbola

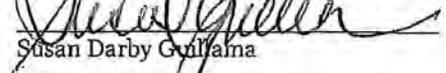

Rita Ellis


Lois J. Frankel


Kerry A. Gallagher


Paul Gonfriddo


William G. Graham


Susan Darby Guilfama

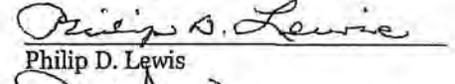

David J. Gury

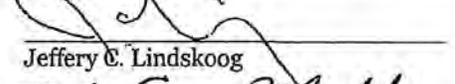

Shannon Sadler Hull

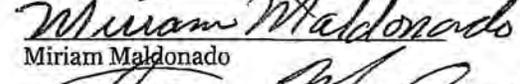

Stephen F. Johnson


Officer Robert Kellman


Ezra M. Krieg


Philip D. Lewis


Jeffery E. Lindscoog


Miriam Maldonado

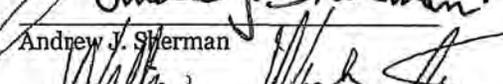

Dr. Joan M. Malecki

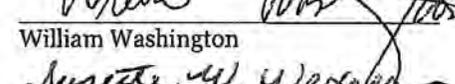

Thomas Masters

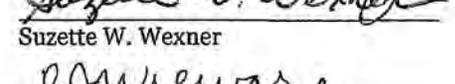

Bill Oberlink

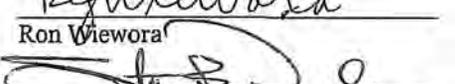

Nancy Perez

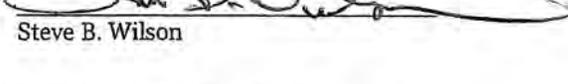

Jack Scarola


Andrew J. Sherman


William Washington


Suzette W. Wexner


Ron Wiewora


Steve B. Wilson

HOW WE WILL END HOMELESSNESS

Homelessness does not discriminate. It does not occur only to a unique group, class or type of individual or family. It is rarely that a single factor can be attributed to an individual's condition of homelessness, and is most often the result of a complex set of circumstances, a tragic consequence for those who are unable to resolve a wide range of life challenges. Homelessness is, unfortunately, a growing element of our local and national landscape.

While there are many presumed causes of homelessness, a lack of affordable health care, domestic violence, mental illness and addiction disorders among them, two leading factors are most often cited: a lack of affordable housing and an increase in poverty, both of which are prevalent in the Palm Beach County community. The continued disproportionate rise in living costs in comparison with the stagnancy of wages is culminating in the inability of a growing number of individuals to achieve and maintain housing stability.

Palm Beach County has a long tradition of motivated community members who have taken individual and collective action to remedy social injustices as they relate to homelessness. Community stakeholders are in agreement that the system of targeted homeless services in the County is generally strong, and that many effective and innovative programs are already in place. Despite the considerable efforts to stave this growing social epidemic, progress has been slow because the existing homeless response system is somewhat fragmented and built on a system of managing, rather than ending homelessness, and because resources are insufficient to address the issue's root causes.

Ending a complex problem such as homelessness is a daunting task, one that requires time and patience from all involved. It requires a willingness to examine the assumptions under which we have approached this issue in the past, an openness to honestly and critically assess our past and current initiatives and ultimately, to changing current systems of care, redirecting existing resources, and securing additional funding. Most importantly, it requires *commitment* from ALL members of the Palm Beach County community – government officials, philanthropists, faith and civic groups, social service agencies, small and large business owners, housing and service providers, and concerned citizens.

To affirm the need for, and to further the realization of a unified endeavor, as well as to demonstrate its own commitment to, and leadership in ending homelessness, the Palm Beach County Board of County Commissioners established the Palm Beach County Homeless Advisory Board in May of 2007. The Board was chartered with, among other responsibilities, the task of preparing and overseeing the implementation of this *Ten-Year Plan to End Homelessness in Palm Beach County*. The combined efforts of the members of the Board and a multitude of service provider representatives led to the adoption of this comprehensive and aggressive Plan in July of 2008.

In order to be successful, the individuals and entities behind this Plan's implementation will focus on: formulating systems to accurately measure the extent of the problem; systematically evaluating the levels of success of existing programs; identifying models successful in other communities that can be replicated in our own community; advocating on behalf of homeless individuals and families in order to influence public

perception, bring about policy change and the availability of sufficient funding, and ensuring that service providers have the resources to offer the levels of services that are necessary to have a true and lasting impact on the rate of homelessness in Palm Beach County.

This Plan outlines a strategy to design, fund and develop permanent housing solutions for our homeless population. Until our housing solutions come to fruition, however, it is important that our current systems enhance how individuals and families are connected to services and temporary supportive housing options, which are critical to both attaining and maintaining long-term independence. This Plan creates an integrated, countywide response to ending homelessness that encourages and supports collaboration, offers long-term solutions and is fiscally responsible. It is presented as a living document, one that will evolve as additional needs are recognized, as solutions are identified and as progress is made.

THE SEVEN GOALS

The objective of the *Ten-Year Plan to End Homelessness in Palm Beach County* is to create a local homeless response system that will completely eliminate homelessness in ten years. The Plan is presented in the form of seven goals, outlined in detail in Chapter Four of this document, and presented in a priority order not related to a proposed date of initiation, but according to the areas of greatest need, and the intensity in which their implementation will impact the problem. In order to meet these goals, a comprehensive set of action steps have been developed which address current gaps in services, particularly as they relate to a number of underserved populations whose specific needs are not currently being met by those services available in our community.

GOAL 1: Develop a Universal System for Intake/Assessment and Enhance Client Information Management System

A centralized, standard procedure (with 24-hour access) would improve upon the current system of accessing, tracking, and serving our County's homeless population.

Proposed Outcome:

By 2018, Palm Beach County's homeless response system will have created a County-wide process for the intake, assessment and management of homeless clients.

Additionally, regional homeless resource centers will have been created throughout the County, providing supportive services that include: a universal intake process, interim beds when needed, 24 hour access, engagement centers, as well as medical and psychiatric assessments.

GOAL 2: Provide Interim Housing Services for Homeless Individuals/Families

When immediate permanent housing is not available, a need for interim housing options is essential. An increase in the number of interim housing beds is needed for individuals and families and could include the utilization of hotels and/or motels, particularly for homeless families. Additionally, interim housing should include comprehensive case management and supportive services.

Proposed Outcome:

By 2018 Palm Beach County's homeless response system will have enhanced and increased the current number of interim housing options for homeless individuals and families. This system will include services for underserved homeless populations. The system will use hotel/motel vouchers to temporarily house homeless families. In addition, interim housing options will provide clients with individual case management and supportive services. Respite beds for individuals discharged from medical or psychiatric facilities will have been created.

GOAL 3: Coordinate Partnerships and Resources for Homeless Services

An effective Continuum of Care relies on the seamless coordination of community partnerships and resources. A collaboration and coordination of homeless services is needed in order to effectively address the issues of individual/family homelessness. The Plan must utilize and streamline existing resources when appropriate and seek additional resources when necessary. Additionally, the Plan ensures cost effectiveness and efficiency of the homeless response system.

Proposed Outcome:

By 2018, Palm Beach County's homeless response system will have effectively established a strong, collaborative approach to ending individual/family homelessness. This approach will coordinate the planning, funding, and delivery of housing and homeless services in Palm Beach County. These services will specifically target individuals and families who are either currently homeless or those who face the threat of becoming homeless. Additionally, these efforts will have increased both the success and cost-effectiveness of the homeless response system assuring long-term housing stability for the clients.

GOAL 4: Improve Access to Homeless Services with Outreach and Education

The current homeless outreach efforts in our County can be enhanced by coordinating additional support from other jurisdictions and resources. With increased support, these efforts can be expanded to include evening and weekend hours. Additionally, increasing public awareness on homeless issues can educate the community and improve access to the homeless response system for homeless individuals and families.

Proposed Outcome:

By 2018 Palm Beach County's current homeless outreach system will have been enhanced by the support of additional resources, including the coordination of local jurisdictions, faith-based organizations and other interested parties. Additionally, marketing and educational efforts will have been implemented to increase awareness of the issues surrounding homelessness and accessing homeless services.

GOAL 5: Prevent Individuals and Families from Becoming Homeless

Strategic investment in prevention initiatives can effectively prevent homelessness for groups of people at risk of losing their housing. Preventative measures should offer permanent solutions, with a special emphasis on increasing clients' income, creating

more affordable/accessible housing options and improving clients' access to mainstream resources.

Proposed Outcome:

By 2018, Palm Beach County's homeless response system will have created, nurtured, and fully implemented an intervention system focused on preventing individual/family homelessness. This improved system will have created new education, training and employment opportunities along with supportive services needed to maintain employment.

GOAL 6: Secure a Stable Stock of Affordable/Accessible Housing

Homeless individuals and families often present with an array of challenges and needs, for which various housing strategies and accommodations are necessary. Offering permanent housing options along with supportive services through the Housing First methodology is the ideal model for ending homelessness. It is imperative to identify, secure and/or develop a dependable stock of affordable, accessible and safe housing options that can serve our homeless population. These various strategies should include transitional, permanent supportive, rental and homeownership options.

Proposed Outcome:

By 2018, our communities will have developed 4,000 units of affordable/accessible housing located throughout the County. The Plan will have assured that these units remain affordable and accessible on a long-term basis, and that they continue to support individuals and families who have been homeless. These units will not have been lost to market conversion or owners opting-out. In addition, our communities will have implemented effective policies, procedures, incentives, and dedicated resources to keep subsidized units available to extremely-low income homeless and formerly-homeless households. Finally, by "opening the back door" – a phrase often used when referring to the ability to move homeless individuals out of the shelter system by placing them in permanent housing – through the development of new permanent housing stock, the homeless response system will have achieved maximum use of its interim and transitional housing units.

GOAL 7: Provide System Oversight and Evaluation of the Ten-Year Plan

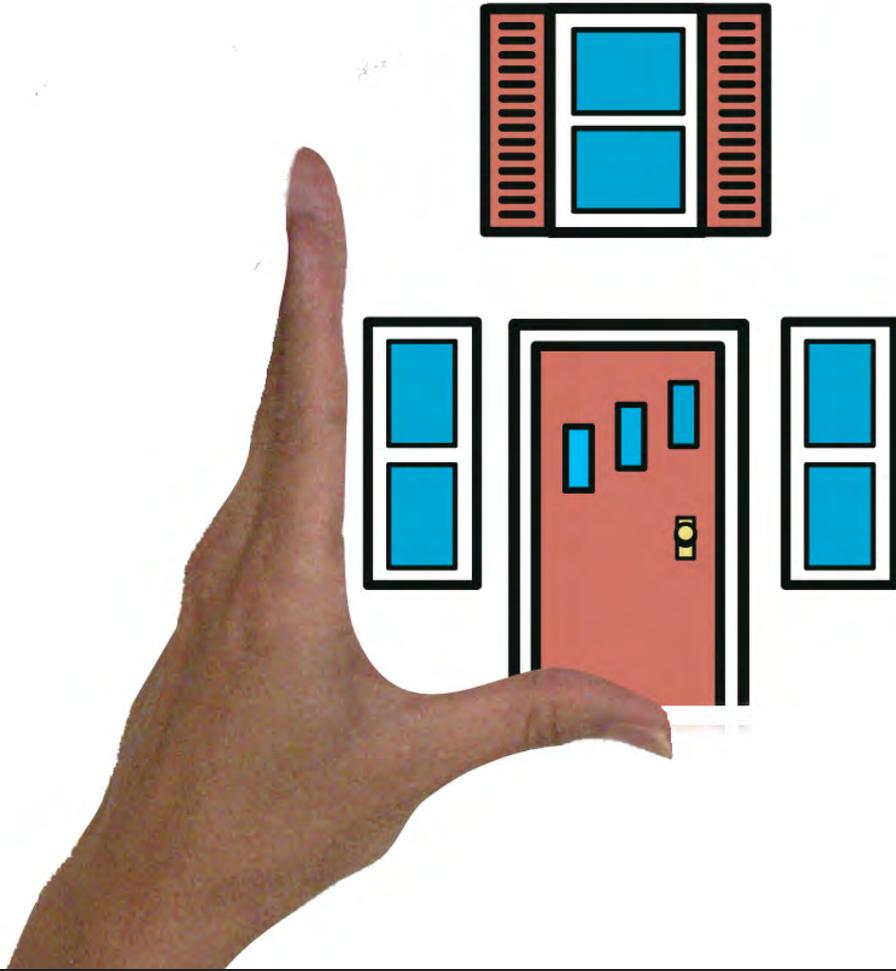
The integrity and success of this Plan is dependent upon the consistent oversight and evaluation of each of its components, which include: Plan implementation, oversight of operations, management of funds and evaluation of all partners. The effort will include conducting research and collecting data that will routinely drive policy development. Best practice strategies will be researched and, where appropriate for Palm Beach County, replicated to improve existing models. Evaluation systems will be developed to accurately measure success. Providers must be accountable to meet certain standards and achieve success with their clients. Also, a key component of oversight and evaluation is the engagement of clients – those who are homeless and/or formerly homeless. Finally, service providers must receive appropriate training and resources to succeed.

Proposed Outcome:

By 2018, a system will have been created that provides regular oversight and ongoing evaluation of the Plan. Reliable research and data will have been collected to measure the

progress and success of the Plan and reports will have been generated and distributed analyzing its effectiveness. Additionally, leadership duties will have been established for implementation and oversight of the Plan.

We begin this work at a time when homeless counts have been steadily rising, when federal and state governments are cutting housing and social supports, when the healthcare system is in crisis, when living-wage jobs are scarce, when our community is experiencing unprecedented home foreclosure rates, and when our nation is at war. Nonetheless, there is substantial work that can and must be done *today*.



CHAPTER ONE

BACKGROUND

CHARACTERISTICS OF PALM BEACH COUNTY

Located on the eastern coast of South Florida, Palm Beach County is the largest county in the state covering 2,578 square miles, including 45 miles of Atlantic shoreline. At the time of the County's inception in 1909 – when it was carved out of Dade County to become the 47th in Florida – the total resident population was a modest 5,300. The County now boasts a population of approximately 1,274,013,¹ approximately 46 percent of whom live in one of the County's 38 diverse municipalities. The largest, both in population and land area, is urban West Palm Beach, covering 52.64 square miles with a resident population of 98,774. In contrast, the County's smallest municipality of Briny Breezes covers only four-tenths of one square mile and is home to a modest 407 residents. Residents of unincorporated Palm Beach County make up the remaining 54 percent of the population. While eastern Palm Beach County is a thriving urban area, its central and western areas are more suburban and rural.

Palm Beach County's diversity extends from geographics to demographics. African-American and Hispanic/Latino populations are significant – 15.8 percent and 16.7 percent respectively, compared to the 12.4 percent and 14.8 percent national averages. The County's foreign-born population is estimated at 279,566 or 21.9 percent, much higher than the national average of 12.5 percent, but comparable to Florida's 18.9 percent. Naturally, the permanent elder population is consistent with other South Florida communities. 21.3 percent of the County's residents are over the age of 65, nearly twice the 12.5 percent national average. The County's median age is also higher – 42.3 years compared to the nation's 36.4. Palm Beach County is particularly impacted by the “sunbird” and “snowbird” phenomenon. According to a recent University of Florida study, Florida's elderly population fluctuates by nearly 20 percent over the course of a year. In 2005, approximately 818,000 seasonal residents spent at least a month in Florida during the winter season and approximately 313,000 elderly residents left Florida for at least one month during the summer season.²

Known for its exceptional year-round climate, with an average temperature of 75 degrees, the County's extensive recreational and cultural opportunities are the perfect complement to this richly diverse community. Outdoor enthusiasts enjoy the County's 79 parks and nearly 30,000 acres of natural areas and preserves. Saltwater and freshwater fishing is considered some of the best in North America, and naturally, multiple outdoor water-related activities are enjoyed year-round. The County is the Spring Training home of the Florida Marlins and St. Louis Cardinals, and its more than 150 public and private golf courses have earned it the title of “the Golf Capital of the World™.” Cultural attractions such as classical concerts, live theater, opera and ballet, as well as numerous museums and gardens are accessible year-round and are geared toward residents of all ages and demographics. Opportunities for religious and spiritual practice are extensive, with 415 churches, 30 Jewish temples and 30 houses of worship of other denominations throughout the County. Palm Beach County is also home to numerous higher education institutions, including Palm Beach Community College, Florida Atlantic University, Palm Beach Atlantic University, Northwood University, Barry University, Lynn University, College of the Palm Beaches and Nova Southeastern University.

¹ All population figures are cited from U.S. Census Bureau, 2006 Population Estimates.

² Smith, Stanley K. and Mark House. “Snowbirds, Sunbirds, and Stayers: Seasonal Migration of Elderly Adults in Florida.” The Gerontological Society of America. 2006.

Tourism, construction and agriculture are the three largest contributors to the County's economy, all multi-billion dollar industries. High-tech industries such as bioscience follow close behind, exemplified by the current construction of the Scripps Research Institute in the northern County. Nearly seven percent of the County's workforce earns a living from tourism-related businesses such as hotels, restaurants, stores and transportation services. Based on a five year average (FY 02/03 – FY 06/07), the estimated number of annual visitors to the County is 4,496,178, spending nearly \$1.6 billion during their stays.³ The western portion of the County is home to agricultural lands producing about ten percent of the U.S.'s sugar supply as well as winter crops such as peppers and lettuce. The County ranks first in the state in cash receipts from agricultural marketing at more than \$2 billion annually. The School District of Palm Beach County is the County's largest employer with approximately 20,000 employees serving more than 150,000 students. In 2004, *Business Facilities* magazine rated Palm Beach County the number two hot spot in the nation for business headquarters, while *Forbes* ranked the West Palm Beach/Boca Raton market among the top 100 places for business and careers.⁴ In 2006, the County's per capita income was \$30,497, higher than the national and statewide figures, both just over \$25,000.

REASONS FOR HOMELESSNESS IN PALM BEACH COUNTY

Though the outside view of Palm Beach County is often that of a utopian community – the warm weather of sunny South Florida, an abundance of leisure opportunities and a citizenry of enormous personal wealth – reality lies in sharp contrast to perception. While the County has indeed consistently topped the list as Florida's wealthiest, the disparity between the upper and lower classes is extreme. Only 17 percent of Palm Beach County's households earn more than \$100,000 annually.⁵ The primary factors contributing to the issue of homelessness in Palm Beach County mimic those in communities across the nation, but are exacerbated by the disproportion between the lifestyles of some of the nation's most affluent, whose multi-million dollar residences line the County's waterways, and the reality of the day-to-day life of the ordinary citizen, who finds himself struggling to pay exorbitant and continually increasing rents with salaries that are well below a living wage.

Despite the considerable efforts of social service agencies and providers, faith-based organizations and compassionate individuals throughout Palm Beach County to both fight the causes of homelessness and assist those who find themselves without permanent shelter, the progress being made in combating this epidemic is consistently staved by its two leading factors: a lack of affordable housing and an increase in poverty.

³ Profile Marketing Research. "Report on Palm Beach County Tourism Fiscal Year 2006/2007." Prepared for the Tourist Development Council of Palm Beach County. November 28, 2007.

⁴ "Palm Beach County Interesting Facts and Figures." <<http://www.pbcgov.com/publicaffairs/Facts.htm>>.

⁵ Metropolitan Center at Florida International University. "Palm Beach County Workforce Housing Needs Assessment." Prepared for the Housing Leadership Council of Palm Beach County, Inc. June 29, 2006.

LACK OF AFFORDABLE HOUSING

Considerable research identifies the lack of affordable housing as the primary driver of homelessness in the U.S. In a survey of twenty-four cities conducted in 2005 by the U.S. Conference of Mayors, a lack of affordable housing was cited as the main cause of homelessness by nineteen city respondents.⁶ This deficit is by no means a new problem. According to a fact sheet on homelessness published by the National Alliance to End Homelessness, there were 300,000 more affordable housing units available nationally in 1970 than there were low-income households that needed to rent them. By 1995, this surplus had reversed, leaving a demand from low-income households for 4.4 million more affordable units than were available.⁷ The lack of affordable housing has led to high rent burdens, overcrowding and substandard housing throughout the nation. Since 2000, Palm Beach County home prices have grown four times faster than family incomes.

The current affordable housing shortage in Palm Beach County is attributed to a variety of factors including, but not limited to:

Substantial loss of multi-family rental housing through condominium conversions

Nearly 16,000 rental units have converted to condominiums in Palm Beach County since 2000.⁸ While some argued that these units provided large quantities of affordable, units for purchase, only 10-12 percent of apartment residents purchase their units when converted, leaving 80 percent looking for new rental housing in a market with a decreasing supply.⁹ Unfortunately, many of these units have been purchased by real-estate speculators, resulting in a surge in vacant investment properties throughout South Florida. This phenomenon is particularly distressing for long-term renters, many of whom consider their residence a permanent home despite their “renter” status.

Overall decline in new housing construction

The National Association of Homebuilders reports a 45 percent decrease in single-family permits in the State of Florida between March 2007 and March 2008, and a 30 percent decrease in multi-family permits during the same period.¹⁰ New housing permits in Palm Beach County plummeted from 14,188 total permits in 2005 to only 8,337 in 2006.

Increases in construction costs and materials

As of October 2007, the national average total cost to construct a single-family home was \$219,015.¹¹ To offset the slowing of the residential construction market over the last couple of years, many builders have turned to non-residential construction, which has remained consistent and even increased in some areas of the country, negating the lull in rising construction costs that was forecast by economists. Consistent cost increases in diesel fuel, steel, concrete, copper, gypsum, wood products and even labor have far

⁶ The United States Conference of Mayors. “A Status Report on Hunger and Homelessness in America’s Cities.” December 2005.

⁷ National Coalition for the Homeless. “Why Are People Homeless?” June 2007.

⁸ Metropolitan Center at Florida International University. “2007 Palm Beach County Workforce Housing Market Update.” Prepared for the Housing Leadership Council of Palm Beach County, Inc.

⁹ Huriash, Lisa J. “South Florida Condo Conversions Are at an All-Time High, Leaving Renters in a Tight Spot.” *South Florida Sun-Sentinel*. August 6, 2005.

¹⁰ Economics Department, National Association of Homebuilders. “Building Permits, U.S. and Regions.”

¹¹ National Association of Home Builders.

<http://www.nahb.org/fileUpload_details.aspx?contentID=85008>.

exceeded the purchase prices of housing – 30.2 percent compared with 14.5 percent respectively – from December 2003 to January 2008.¹²

Increasing costs associated with homeownership such as taxes and insurance

The catastrophic storms of 2004 and 2005 destroyed the homes of thousands of Floridians in areas hit by Bonnie, Charley, Frances, Ivan, Jeanne, Dennis, Katrina and Wilma. The subsequent destabilization of the insurance market was, for many homeowners, an even greater shock. Insurance companies paid more than \$35 billion in claims to Florida policy holders as a result of the storms. These costs were quickly passed on to the insured, most of whom were faced with premiums that doubled within a year. In 2006, 52 of 167 property insurance carriers in Florida requested rate increases in excess of 25 percent.¹³ Property insurance reform became a forefront issue in the 2006 gubernatorial election season, and though comprehensive insurance reform legislation was passed in 2007, the impact of high insurance rates remains a serious financial burden for homeowners.

Also a hot topic during the 2006 gubernatorial election was the high cost of property taxes in Florida. The state's high rate of growth has driven up real estate values, and subsequently property taxes, particularly in the expensive South Florida market, where many homeowners have seen an increase in their property taxes in excess of 100 percent in a matter of only a few years. Property tax reform legislation was passed in 2007, accompanied by a voter-passed constitutional amendment in 2008. The resulting average annual savings of \$174 for a household claiming homestead exemption, however, is considered by most to be a much too modest relief.¹⁴

Inflationary housing values that far exceed resident incomes

A recent report by the Housing Leadership Council of Palm Beach County reported that the median sale price of a single-family home in Palm Beach County in 2007 was approximately \$345,000. Interestingly, the turn in the housing market resulted in a decline in this figure from \$393,900 in 2006. This, however, remains unaffordable to 86 percent of Palm Beach County's households.¹⁵ According to the National Low Income Housing Coalition, the average rent for a two-bedroom apartment in Palm Beach County is \$1,188 per month. In order for this rate to be considered affordable,¹⁶ a minimum wage earner would have to work 135 hours per week, or the household would have to include 3.4 minimum wage earners working 40 hours per week.¹⁷

Sub-prime lending, predatory lending and the national foreclosure crisis

The current home foreclosure crisis is also having a significant impact on the availability of affordable housing in Palm Beach County. One of the country's hottest real estate markets over the last several years, Florida is now consistently topping the list of highest foreclosure rates – along with California and Nevada. The South Florida Sun-Sentinel reported that Palm Beach County had 785 scheduled foreclosure sales in April 2008

¹² Simonson, Ken. "AGC Construction Inflation Alert." The Associated General Contractors of America. March 2008.

¹³ Hearn, Shomari, CFP, EA. "Florida's Property Insurance by Fiat." October 2007.

¹⁴ Florida TaxWatch. <<http://www.floridatxwatch.org/news/propertytax.php>>.

¹⁵ Metropolitan Center at Florida International University. "Update."

¹⁶ As it relates to housing expenses, "affordable" is defined as less than 30 percent of household income

¹⁷ National Low Income Housing Coalition.

<<http://www.nlihc.org/oor/oor2008/data.cfm?getcounty=on&county=362&state=FL>>.

compared with 167 in April 2007 – a 370 percent increase.¹⁸ The same article reported that 1,984 households were facing foreclosure due to mortgage payment delinquency, considerably more than twice the 2007 figure.

The foreclosure crisis has brought with it a new challenge for renters in Palm Beach County. Housing and financial counseling centers are reporting a dramatic increase in the number of new clients being evicted from their homes – despite making full and timely rent payments – due to the foreclosure of their landlords’ properties. Overly enthusiastic real estate investors during the housing boom are now passing on their financial burdens, often keeping first and last months’ rents and leaving their renters without deposits for new accommodations.

Despite the recent turn in the housing market and an unusually high rate of vacant condominiums and newly built single-family homes, the perceived surplus of residences has not yet translated into an availability of affordable housing. Developers and landlords are “sitting’ on properties in which their investment is higher than what the market will bear, which is still in extreme excess of the affordability rate. Future housing demand estimates for Palm Beach County show that approximately 11,386 units will be needed annually in the coming years, of which 65 percent will be needed to meet the income levels of low and moderate income households.¹⁹

INCREASE IN POVERTY

Homelessness is inextricably linked to poverty. The survey by the U.S. Conference of Mayors cited previously reported poverty as the main cause of homelessness by five city respondents.²⁰ As housing, fuel and food costs have continued to rise, the incomes of those most impacted have remained relatively stable. Livable wage jobs have become more difficult to secure as working families struggle to achieve and maintain housing stability.

The rate of poverty in the U.S. is slowly but steadily increasing due to two factors: eroding employment opportunities for large segments of the workforce and declining value and availability of public assistance. Though the overall economy shows a rise in wages, these figures are generally skewed by the fact that low-wage workers are often working longer hours and/or multiple jobs. A reduction in the number of unionized workers, a lack of adjustments in the minimum wage with inflation, a decrease in the number of manufacturing jobs, an increase in the number of service-sector jobs, globalization and a disproportionate increase in temporary and part-time employment compared with full-time employment have further contributed to the growing gap between the rich and the poor.

In 2006, 13.3 percent of the U.S. population, or 38,757,253 people lived below the federal poverty level, 34.3 percent of which were children. In Palm Beach County, 10.7 percent of the population lives below the poverty level. Approximately 7.1 percent of families in Palm Beach County live below the poverty level.

¹⁸ Owers, Paul. “South Florida Foreclosure Sales Rise Dramatically.” [South Florida Sun Sentinel](#). May 14, 2008.

¹⁹ Metropolitan Center at Florida International University. “Update.”

²⁰ The United States Conference of Mayors. “Status Report.”

Contributing significantly to the issue of poverty is the fact that Florida's economy is driven by tourism, an industry that has both the highest concentration of low-paying jobs and the lowest concentration of high-paying jobs. More than 40,000 individuals work in tourism-related businesses – hotels, restaurants, stores and transportation services – in Palm Beach County.

The idea that homeless individuals can rectify their situation by simply “getting a job” is one of the greatest misconceptions of the general public in regards to homelessness. As a matter of fact, a significant number of individuals found in homeless shelters on any given day have secure full-time jobs. The U.S. Conference of Mayors survey cited above found that 13 percent of homeless persons were indeed employed.

THE HOMELESS POPULATION IN PALM BEACH COUNTY

The total number of homeless is fluid and difficult to accurately estimate. The U.S. Department of Housing and Urban Development (HUD) gives the most credit for reliability to a report published by The National Law Center on Homelessness and Poverty in 2007, which states that approximately 3.5 million people are likely to experience homelessness in any given year. This is almost ten percent of the population living in poverty and approximately one percent of the total U.S. population. One count used to develop the report documented 842,000 homeless on a single night. Tragically, 39 percent of those experiencing homelessness each year are children, 42 percent of which are under the age of five.²¹

The number of homeless individuals and families in Palm Beach County are estimated through two different mechanisms: the Client Management Information System (CMIS), which tracks the use of homeless programs offered by the County and is able to produce an unduplicated count of these individuals and families over a period of time, and a point-in-time survey method, which counts the number of homeless on a single given night.

The use of the point-in-time survey method is mandated by HUD, which provides more than \$4 million annually in homeless assistance funds to the County's service providers. The survey is conducted every two years over a 24-hour period selected by the County during a week in January specified by HUD.²² A team of service providers, law enforcement officers and volunteers conduct the survey of homeless individuals and families in order to understand the number and characteristics of the homeless population, gathering data about two populations: the number of individuals utilizing shelters, and the number of unsheltered living on the streets, in abandoned buildings or other places not meant for human habitation.

The numbers offered here are the results of a point-in-time survey conducted on January 24, 2007. The 2007 count identified 1,432 total homeless households in Palm Beach County. This is further broken down by “individual” households, or single men or women, and “family” households, of which the survey identified 1,302 and 150, respectively. Four hundred sixty-four (464) individuals were identified within the 150

²¹ The National Law Center on Homelessness and Poverty. “Homelessness in the United States and the Human Right to Housing.” January 2004.

²² Point-in-time surveys are required by HUD only once every two years.

family households, for a total estimated homeless population of 1,766 on that single day, though the accuracy of this figure is highly debated by service providers who argue an even greater increase in the number of individuals they serve. The 2007 point-in-time survey showed an 8.43 percent increase in the rate of homelessness in the County from the previous year's survey.

The following table gives a further breakdown of the number of homeless on the day of the point-in-time survey as it relates to their shelter status.

	Sheltered			Total
	Emergency Shelter	Transitional Housing	Unsheltered	
Individual Households	157	157	988	1,302
Family Households with Children	59	74	17	150
Total Households	216	231	1,005	1,452
	Sheltered			Total
	Emergency Shelter	Transitional Housing	Unsheltered	
Persons in Individual Households	157	157	988	1,302
Persons in Family Households with Children	188	225	51	464
Total Homeless Persons in Households	345	382	1,039	1,766

Furthermore, HUD requires that data be collected for seven sub-populations, as reported in the following table. Again, service providers contend that these figures are extremely low.

	Sheltered	Unsheltered	Total
Chronically Homeless	34	295	320
Severely Mentally Ill	73	115	188
Chronic Substance Abuse	361	293	654
Veterans	71	140	211
Persons with HIV/AIDS	13	37	50
Victims of Domestic Violence	187	7	194
Unaccompanied Youth	7	4	11

Totals gathered through the CMIS system provide a different view of the County's homeless population, allowing those who access homeless prevention services – meaning that they are not yet homeless but facing the threat of homelessness – to be captured in the totals as well. Over the course of the 2007 calendar year, a total of 11,278 unique individuals utilized a program of one of the CMIS-participating organizations. Of these

individuals, 4,930 were homeless at the time of entry into the CMIS system. The following table details that age and gender of these individuals:

	0-6 Yrs	07-12 Yrs	13-17 Yrs	18-29 Yrs	30-39 Yrs	40-49 Yrs	50-59 Yrs	60+ Yrs	Not Given	Total
Female	13	15	17	342	493	533	275	72	12	1772
Male	23	23	14	312	614	1172	778	201	14	3150
Not Given	0	0	0	0	2	1	3	0	2	8
Total	36	38	31	654	1109	1706	1056	273	28	4930

As of June 30, 2008, 6,202 unique individuals have been recorded by the CMIS system this year. Based upon this data, service providers anticipate that they will assist more individuals in 2008 than any previous year.

Admittedly, neither of these methods gives a full and accurate picture of the number of homeless in our community. Some speculate that realistically, there are between 3,000-4,000 homeless individuals living in Palm Beach County on any given day. Though shelter counts are generally considered reliable, a warm winter evening often translates into a slow shelter night, and South Florida is often both blessed and cursed with above average temperatures. Statistics related to family homelessness are assumed to be particularly low, as many families “double up,” or share the housing of another person or family in lieu of entering the shelter system. Families are also missed due to their absence from camps or other gatherings of large numbers of homeless, where a significant percentage of the data related to unsheltered homeless is gathered during the point-in-time survey. Many homeless simply avoid being counted - parents for fear of losing their children, illegal immigrants for fear of being reported.

POLICY AND FUNDING TRENDS

NATIONAL

Homelessness has always existed in this country, evident in the historical “skid rows” inhabited by the poor and transient in large cities to the “hobo” culture of smaller towns, where the homeless populated areas near train tracks for easy access to transport from place to place. It was the deinstitutionalization of patients from state psychiatric hospitals with the passing of the Community Mental Health Act of 1963, however, that pushed the issue of homelessness into the mainstream. It is argued, though not substantiated, that the release of long-term mental health patients throughout the 1970s and into the next decade caused homeless populations to rapidly skyrocket in large urban areas.

In the 1980s, homelessness was considered to have reached crisis status, blamed by many on federal policy changes instituted during the Reagan administration. Federal spending to support local governments decreased dramatically during the 1980s, especially in large cities where homeless populations were steadily rising. Exacerbating

the impact of these cuts was the halving of Section 8 funding in Reagan's first year in office and a dramatic reduction in HUD's budget over the course of the decade – from \$74 billion in 1980 to only \$19 billion by 1989.²³

Public outcry over the growing crisis combined with nationwide advocacy campaigns slowly led to the passing of the Stewart B. McKinney Homeless Assistance Act, more commonly known as the McKinney-Vento Homeless Assistance Act of 1987, or simply McKinney-Vento. The ensuing growth in the number of service providers, supported in part by funding through McKinney-Vento, combined with the flourishing economy of the 1990s, was thought to be the answer to the homeless epidemic. Unfortunately, the seeming abundance of organizations providing shelters, soup kitchens and supportive services weren't addressing the root causes of homelessness which remained integral aspects of American society. Furthermore, it is argued that welfare reform in the mid-decade added fuel to the fire, contributing significantly to the growing rate of homelessness, particularly family homelessness, throughout the nation.

In 2002, President Bush appointed a new Executive Director to the U.S. Interagency Council on Homelessness – created by McKinney-Vento – to oversee federal policy on homelessness. The appointment was meant to breathe new life into an agency that was for years considered an ineffective entity. The Council was given a directive not to address, combat nor manage, but END homelessness. To accomplish this goal, the Council is now encouraging local governments, businesses, non-profit organizations, service providers, faith-based entities and community advocates – including currently and formerly homeless individuals – to work collaboratively to develop and implement business-like, results-oriented Ten-Year plans to end homelessness in their communities. In fact, entities currently receiving funding for homeless programs through HUD have been advised that future funding will be directly linked to the adoption and successful progress of said plans. The Council reports that 300 cities and counties have begun their planning efforts, and many are implementing their plans. Though no plan has been in effect for the entirety of its ten years, communities currently implementing their plans have reported a savings and reduction of use of public services such as hospital emergency rooms and ambulances and in other services such as acute psychiatric services and corrections, as well as supportive housing retention rates of 80 percent or greater.

STATE

In the State of Florida, the Office on Homelessness serves as the central point of contact within state government on the issue of homelessness. Formed in 2001, the Office serves primarily as a facilitating agency, coordinating the efforts of the various state agencies whose services address the needs of the homeless, or those facing the threat of homelessness – the Departments of Children and Families, Community Affairs, Corrections, Health and Veterans Affairs, Workforce Florida and the Florida Housing Finance Corporation. Like HUD, the state promotes the use of the Continuum of Care model, which focuses on a homeless individual's movement through emergency shelters, transitional and permanent supportive housing while utilizing supportive services on their path toward self-sufficiency. There are currently 27 recognized Continuum of Care planning areas in Florida, providing services to 62 of the state's 67 counties.

²³ Dreier, Peter. "Urban Suffering Grew Under Reagan." Newsday. June 10, 2004.

The responsibilities of the Office also include the management of multiple grants to local service providers including Homeless Housing Assistance Grants, Emergency Shelter Grants, Local Homeless Coalition Grants and Emergency Financial Assistance for Housing. Support for direct services is provided through the state's Challenge Grant program. While most federal dollars focus on meeting the need for transitional and permanent housing, these funds offer greater flexibility, allowing recipients to fund programs integral to their Continuum of Care plans, but for which no other public financing is available. These programs include, but are not limited to food and meal programs; literacy programs; outreach; rent and utility assistance; employment readiness, and supportive services such as mental health, medications, case managements and health services. The total funding dispersed by the state for homeless programs in the 2007-2008 fiscal year was \$13.7 million.

Supporting the Office on Homelessness in its efforts is the 15-member Council on Homelessness, which consists of representatives of seven state agencies, four members appointed by the Governor, and four members representing statewide organizations and homeless advocacy groups. The Council, also formed in 2001, is charged with developing policies and recommendations to reduce the rate of homelessness in Florida. The Council's five standing committees – Application and Rulemaking; Barriers, Support Services and Discharge Planning; Data Collection; Executive Committee, and Supportive Housing Development – operate to forward its mission to “develop and coordinate policy to reduce the prevalence and duration of homelessness, and work toward ending homelessness in Florida.”

A fundamental responsibility of the Council on Homelessness is the preparation of an annual report, submitted to the Governor and the Florida Legislature. This report summarizes current rates of homelessness (60,168 individuals on any given day according to the 2007 report, 21 percent of which were children) and the continued deficit in needed services to these individuals (currently only five beds for every ten required), but also provides recommendations to promote the reduction of homelessness across the state. The Council also oversees the implementation of Florida's Strategic Plan on Homelessness, which guides the coordinated efforts of the Office on Homelessness, other state agencies and local partners. The state's plan focuses on five areas of need: Education; Enhancement of Capacity of the Continuums of Care; Housing; Employment, and Healthcare. Also highlighted in the plan are efforts to address the uniquely specific needs related to sub-populations including homeless veterans, youth aging out of foster care and individuals being released from incarceration.

Since its inception, the Council has reported successes in the battle to reduce homelessness including the total inventory of beds – from 22,239 beds in 2001 to 32,004 beds in 2006, an increase of 43.9 percent, and reductions in the length of time that individuals experience homelessness, from 21 percent in 2003 to 19 percent in 2006 for those who are homeless less than one month, and from 56 percent in 2003 to 46 percent in 2006 for those who are homeless more than one month but less than one year.²⁴ The Council's recent efforts have been focused on advocacy for the reauthorization of McKinney-Vento, the updating of Florida's Strategic Plan on Homelessness, collaboration with other statewide advocates on strategic housing plans and the continued development of policy proposals.

²⁴ Department of Children and Families, Office on Homelessness. “Annual Report on Homelessness Conditions in Florida 2007.”

In recent years, hate crimes and violence against people experiencing homelessness has become a forefront issue for homeless advocacy groups across the State of Florida. According to the National Coalition for the Homeless, 614 acts of violence by housed individuals targeting homeless individuals occurred between 1999 and 2006, 189 of them ending in fatalities.²⁵ Appallingly, Florida has been ranked by the Coalition as the “meanest” state towards homeless people three years in a row (2005-2007), with 29 separate incidents in thirteen Florida cities in 2007.²⁶ The brutal beating of three homeless men by three teenage boys in Palm Beach’s neighboring Broward County resulted in the death of one of the three victims in January 2006. The incident, captured by a video surveillance camera, made national headlines and has prompted action from the state’s legislature in the form of multiple House and Senate bills outlining more stringent sentences for assault and battery offenses against homeless persons, but unfortunately all proposed bills to date have failed to pass. Homeless advocacy groups continue to lobby elected officials, including a current effort to amend Florida’s Hate Crimes Statute to include crimes against the homeless.

LOCAL

Palm Beach County provides programs and services related to the issues of homelessness and the prevention of homelessness, as well as providing funding to local non-profit service organizations through multiple departments. The bulk of homeless services provision falls under the auspices of the County’s Department of Community Services, Human Services Division, which also serves as the lead agency in the Palm Beach County Continuum of Care. The Division has over 41 years of experience providing services to the County’s economically disadvantaged. Its five program components – Homeless Outreach, Emergency Services, Intervention, Economic Stability Services and Self-Sufficiency Services – are delivered via an outcome-oriented service delivery model which focuses on assisting Palm Beach County residents towards self-sufficiency and are funded through a mix of federal and state grant funding, which supplements local funding received through ad valorem taxes.

Other County agencies providing assistance through programs related to homelessness include:

Palm Beach County Department of Community Services – Provides grants to non-profit organizations providing homeless services through its Financially Assisted Agencies program, which is supported by local ad valorem taxes

Housing Finance Authority of Palm Beach County – Finances qualifying multi-family housing developments and single-family homes through one-time bond issuance proceeds

Palm Beach County Health Department – A combined state/county agency, operates seven clinics throughout the County, which provide healthcare services to the poor and

²⁵ National Coalition for the Homeless. “Hate Crimes and Violence Against People Experience Homelessness.” August 2007.

²⁶ National Coalition for the Homeless. :Hate, Violence, and Death on Main Street USA: A Report on Hate Crimes and Violence Against People Experiencing Homeless 2007.” April 2008.

uninsured and operates a Healthcare for the Homeless program supported by a federal grant

Palm Beach County Department of Housing and Community Development – Manages the distribution of federal pass-through funding: Community Development Block Grant (CDBG) funds for the purpose of developing viable urban communities by providing decent housing and suitable living environments and expanding economic opportunities, and Emergency Shelter Grant (ESG) funds for operation and maintenance of emergency shelters and transitional housing facilities, homeless prevention activities and the provision of essential services for the homeless

In recent years, the County has turned its focus towards streamlining the provision of services within its jurisdiction in order limit duplication of services while augmenting capacity to allow for the expansion of the scope of services of those who have already proven themselves successful at advancing their missions. These endeavors have led to the formation of supplemental County-facilitated entities, or Citizens Advisory Committees, whose membership consists of both public and private sector representatives, created to serve as a catalyst for the creation of partnerships between related agencies. The Commission on Affordable Housing, charged with developing and implementing programs to increase the availability of single-family and multi-family housing opportunities, and the Criminal Justice Commission, whose vision is to cultivate and enrich local criminal justice practice, policy, and program development are two examples.

Also in the spirit of collaboration are the various advocacy, education and networking organizations within the County, whose memberships consist of representatives of homeless service providers, funding agencies, and other interested parties. Palm Beach County has approximately 135 organizations – non-profit, public sector and faith-based – that serve the community’s homeless in varied capacities. The need for these organizations to combine their efforts is widely acknowledged. Challenges such as widespread geography, independent Boards of Directors and the every day struggle to secure funding, however, are by no means simple hurdles to overcome. Organizations such as the Homeless Coalition of Palm Beach County and the Homeless and Housing Alliance provide opportunities for relationship building among service providers, allowing for the coordination of planning efforts – both short and long term – to alleviate the pressures of an increasing demand for services combined with the decreasing allocations for funding mechanisms on which they rely.

ORIGINS OF THE TEN-YEAR PLAN

In January 2006, the Palm Beach County Department of Community Services, Human Services Division assumed the role of Lead Agency of the Palm Beach County Continuum of Care and immediately began a process of self-analysis in an effort to address the growing need for a more strategic community approach to combating homelessness. Participants in a series of workshops in March and April 2006, hosted by the County and including participants from a variety of stakeholders, identified universal challenges such as a lack of community-wide buy-in to the problem of homelessness and the consistent increase in demands for services with limited public dollars as the most significant barriers to progress. The key result of the workshops was the acknowledgement, by all involved, of the need to develop a comprehensive, long-range

strategic plan that involved players with the ability to implement effective change and raise private funding for the effort.

SERVICE PROVIDERS WORKING GROUP

In October 2006, a working group of concerned community members, non-profit service providers, health providers and funding agencies throughout Palm Beach County began meeting, tasking themselves with the identification and discussion of models of service currently being used to address homelessness at the local level. The shared wealth of experience, knowledge, data and anecdotal evidence brought to the table by this consortium of participants was vital to the effective assessment of the strengths and weaknesses of the existing systems of care.

This series of monthly meetings over the course of the ensuing year culminated in the development of a set of seven goals with accompanying action steps, a unified vision to address the existing gaps in services – the core of this *Ten-Year Plan to End Homelessness in Palm Beach County*. Chapter Four of this document is the product of months of coordinated efforts of the dedicated and enthusiastic individuals acknowledged here:

PARTICIPANTS

Manuel Allende	Farmworker Coordinating Council
Marie Ames	Palm Beach Assisted Living Facility
Robert Bertisch	Legal Aid Society of Palm Beach County
Susan Boone	Palm Beach Assisted Living Facility
Sandra Boulon	Palm Beach County Health Department
Ken Bowers	Operation Hope, Inc.
Rene Bowers	Operation Hope, Inc.
Suzanne Cabrera	Housing Leadership Council
Roxanna Childs	Families First of Palm Beach County
Terris Collins	Oakwood Center of the Palm Beaches, Inc.
Matt Constantine	Adopt-A-Family of the Palm Beaches, Inc.
Rene Constantino	Palm Beach County Community Services
Samantha Corrington	United Way of Palm Beach County
Rhonda Counes	Gulfstream Goodwill Industries, Inc.
Jerry Desmarais	Homeless Coalition
Georgiana Devine	Palm Beach County Division of Human Services
Aurelia Diaz	Florida Department of Children and Families
Mark Essary	Palm Beach County Sheriff's Office
Rene Favreau	211 Palm Beach/Treasure Coast
Sharon Finch	Stand Down House
Nancy Gervin	Housing Partnership, Inc.
Daniel Gibson	United Way of Palm Beach County
Gladys Givens-Barber	Neighbors Organized for Adequate Housing, Inc. (NOAH)
Yahick Gribkoff	Palm Beach County Health Department
G. Harrell	Operation Hope, Inc.
Chris Harris	211 Palm Beach/Treasure Coast
Carl House	Community Member/Faith Based Community
Lori Hubner	Palm Beach County Health Department
Pamela Hypolite	Church of God

Michelle Leigh Jacobs	Comprehensive Alcohol Rehabilitation Program, Inc. (CARP)
Tanvia Jones	Community Caring Center
Nicola Kenig	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Debbie King	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Marylyn Kingdom	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Dawn Krupa	Family Empowerment Coalition
Essie Larose	The Salvation Army
Marci Lerner	South County Mental Health Center
Dora Leslie	Center for Family Services
Don Loutsch	Children's Services Council of Palm Beach County
Missie Malaney	The Lord's Place, Inc.
Beth Manning	Housing Partnership, Inc.
Tequisha Myles	Legal Aid Society of Palm Beach County
Pam O'Brien	Aid to Victims of Domestic Abuse, Inc. (AVDA)
Lucille Pica	Palm Beach County Health Department
Anax Pompilus	School District of Palm Beach County
Doug Pugh	Community Foundation for Palm Beach and Martin Counties
Daniel Ramos	Center for Family Services
Maite Reyes-Coles	Coalition for Independent Living Options
Kathy Serock	Children's Home Society of Florida
Carol Shaffer	Palm Beach County Division of Human Services
Paul Sherman	Oakwood Center of the Palm Beaches, Inc.
Sheila Smith	The Salvation Army
Diana Stanley	The Lord's Place, Inc.
Julie Swindler	Families First of Palm Beach County
Wendy Tippett	Adopt-A-Family of the Palm Beaches, Inc.
Suzanne Turner	Young Women's Christian Association of Palm Beach County (YWCA)
Carrie Vaughn	Legal Aid Society of Palm Beach County

FORMATION OF THE HOMELESS ADVISORY BOARD

Concurrent to the efforts of the working group was the formulation of an advisory council, the composition of which was fashioned in such a way as to ensure that participants possessed the authority to implement effective change. Established by the Palm Beach County Board of County Commissioners in May 2007 by Resolution No. R-2007-0720, the Palm Beach County Homeless Advisory Board was chartered with the authority to:

- Gather community input on homelessness;
- Review and comment to the Board of County Commissioners on homeless legislation;
- Assist in the preparation and oversee implementation of the *Ten-Year Plan to End Homelessness in Palm Beach County*;
- Make funding recommendations to the Board of County Commissioners, and
- Recruit private and public sector representatives to the membership of particular Homeless Advisory Board committees.

MEMBERSHIP

The Homeless Advisory Board is comprised of sixteen *Core Member Seats* and their appointed designated alternates, and twenty (20) *Community and Business Member Seats*, as follows:

Core Member Seats (With Appointed Designated Alternates):

Palm Beach County Commissioner

Jeff Koons, Commissioner, District 2
Palm Beach County Board of County Commissioners
Alternate: Bob Kanjian, Commissioner, District 3

Palm Beach County Sheriff or Sheriff's appointee

Jeffery C. Lindskoog, Captain
Palm Beach County Sheriff's Office
Alternate: Dave Dameron, Lieutenant

Palm Beach County Chief Judge or judge's appointee

Nancy Perez, County Court Judge
Fifteenth Judicial Circuit, Palm Beach County
Alternate: Kathleen J. Kroll, Chief Judge

Palm Beach County School Board Chairperson or Board Member

William G. Graham, Chairman
Palm Beach County School Board
Alternate: Dr. Ann Faraone, Director, Student Intervention Services

City of West Palm Beach, Mayor or Council Member

Lois J. Frankel, Mayor
City of West Palm Beach

City of Boca Raton, Mayor, Council Member or Representative

Jorge Camejo, Director of Development Services
City of Boca Raton

City of Delray Beach, Mayor or Commissioner

Rita Ellis, Mayor
City of Delray Beach

City of Boynton Beach, Mayor, Commissioner or Representative

Officer Robert Kellman
Crime Prevention Unit, City of Boynton Beach

City of Riviera Beach, Mayor or Council Member

Thomas Masters, Mayor
City of Riviera Beach
Alternate: John J. Green, Housing & Community Development
Coordinator

City of Belle Glade, Mayor or Commissioner

Steve B. Wilson, Mayor
City of Belle Glade
Alternate: Lillian A. Tomeu, Assistant City Manager

Palm Beach County Health Department Director

Jean M. Malecki, M.D., M.P.H., F.A.C.P.M., Director
Palm Beach County Health Department
Alternate: Dr. Alina Alonso, Assistant County Health Director

United Way of Palm Beach County Executive Director
Scott Badesch, President/CEO
United Way of Palm Beach County
Alternate: Elivio Serrano, Executive Vice President

Health Care District Officer
Dr. Ron Wiewora, Chief Medical Officer
Health Care District of Palm Beach County

Children's Service Council Chief Executive Officer
Gaetana Ebbola, CEO
Children's Services Council of Palm Beach County
Alternate: Thomas A. Sheehan, III, Chief of Policy & Operations/General
Counsel

Florida Department of Children and Families District Administrator
Perry Borman, Circuit Administrator
Florida Department of Children and Families Circuit 15
Alternate: Stephen A. Faroni, Circuit Operations Administrator

Emergency Shelter Grant Advisory Board Chairperson or Board Member
Robert Anis, Director
Behavioral Health Services, Columbia Hospital

Community and Business Member Seats:

Seven (7) Business Representatives

Michelle Diffenderfer
Shareholder, Lewis, Longman & Walker, P.A.

Susan Darby Guillama
Executive Vice President, Chief Administrative Officer, The Quantum Group, Inc.

David J. Gury
Principal, Gury Consulting, LLC

Philip D. Lewis
Owner-Broker, Philip D. Lewis Real Estate

Bill Oberlink
Retired President - Southeast Region, AT&T Wireless

Jack Scarola
Attorney, Searcy Denney Scarola Barnhart & Shipley, P.A.

William Washington
Manager, McGladrey & Pullen

Four (4) Formerly Homeless Representatives

Thomas Bell
Residential Technician, Gulfstream Goodwill Industries, Inc. – Project Success

Michele Carter
Offender Re-Entry Program Manager, Gulfstream Goodwill Industries

Stephen Johnson
Administrator, Westgate Tabernacle Church

Miriam Maldonado
Bridges Beacon Navigator, Adopt-A-Family of the Palm Beaches, Inc.

Three (3) Private Foundation Representatives

Paul Gionfriddo
President, Quantum Foundation

Shannon Sadler Hull
President and Chief Executive Officer, Community Foundation for Palm Beach and Martin Counties

Suzette W. Wexner
President/CEO, Palm Healthcare Foundation, Inc.

One (1) Faith Based Community Representative

Pastor Leo F. Abdella
Director, Outreach Ministries, Christ Fellowship Church, Inc.

One (1) Philanthropist

Kerry A. Gallagher
Realtor, Community Real Estate Services, Inc.

One (1) Housing Authority Representative

Judith Aigen
Executive Director, Boca Raton Housing Authority

One (1) Hospital Executive Officer

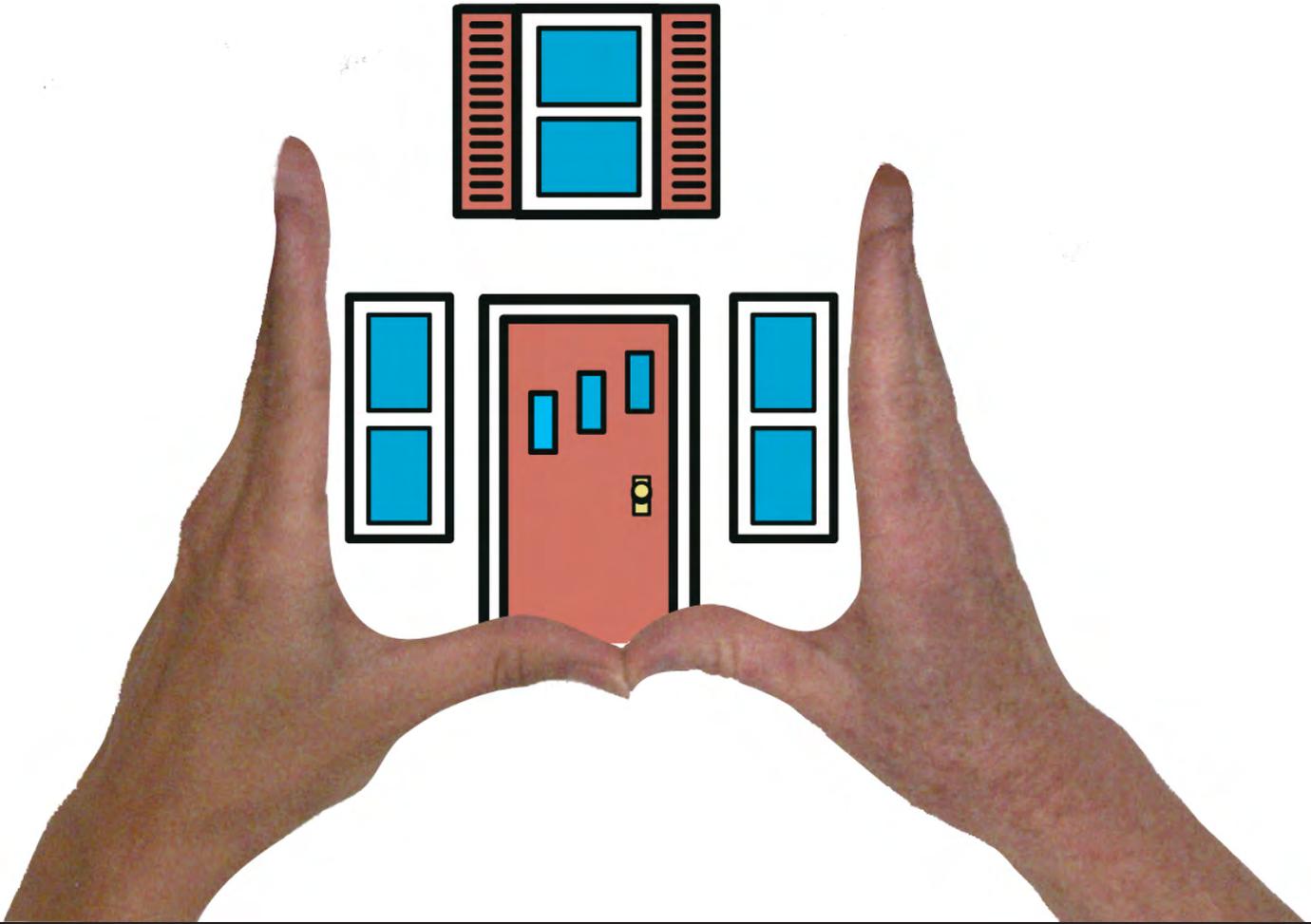
Don Chester
Assistant Administrator, St. Mary's Medical Center

Two (2) At-Large Representatives

Ezra M. Krieg
Senior Consultant, Community Leadership Consulting

Reverend Andrew Sherman
Rector, St. Gregory's Episcopal Church

In November 2007, the recommendations of the service provider community were presented to the Homeless Advisory Board by representatives who had been integral players in the working group discussed above. The ease in which the ensuing revisions were made by the Board is a testament to the truly comprehensive nature of the document and the thoroughness in reflection that was performed by those by whom it was crafted. The *Goals and Action Steps to End Homelessness in Palm Beach County* were adopted by the Homeless Advisory Board in March 2008, commended by the Palm Beach County Board of County Commissioners in April 2008, and now form the core of this Plan.



CHAPTER TWO

STATEMENT OF NEED

CURRENT SERVICES TO THE HOMELESS COMMUNITY

The consortium of service providers that constitute the Palm Beach County Continuum of Care offer a vast array of assistance mechanisms to the region's homeless population and those facing the possibility of homelessness. Outlined below, under the headings of Prevention, Outreach and Supportive Services, are the various categories of services provided by these agencies. A single descriptive example is given for each category of service. The table provided on pages 36-38, however, acknowledges the numerous agencies whose programs include these elements.

PREVENTION

The most logical approach to combating homelessness is to address the factors that threaten individuals and families with the potential of losing their housing *before* this threat becomes a reality. Keeping those facing the threat of homelessness in their current residence is most often easier than placing them into permanent shelter once they have entered the emergency shelter system.

Mortgage/Rental Assistance

Housing costs consume, in most households, the greatest percentage of monthly household income. Even in double-income households with moderate incomes, the loss of a job can be immediately detrimental to the financial stability of the home. With the high costs of housing, missing even a single month's rent or mortgage payment can cause an increase in accumulated debt that is incredibly difficult to overcome. When such situations arise, mortgage and rental assistance can provide temporary financial relief to qualifying individuals to ensure that their housing costs are paid, preventing them from entering a downward financial spiral into which it is much too easy to fall.

The concept of homeownership is an essential aspect of the American Dream. When combined with the collective idea that bigger is better, more and more new home buyers, particularly first-time home buyers, find themselves purchasing more home than they can realistically afford. The effects of this are plainly exhibited in the current housing crisis, of which predatory lending and the ease of solidifying greater loan amounts through adjustable rate and no-interest mortgage options now have thousands facing foreclosure. Several providers offer housing education and counseling programs that ensure their clients have a comprehensive understanding of their financial capabilities in order to avoid being victims of such situations.

Example:

Housing Partnership, Inc. is the premier subsidy facilitation organization in Palm Beach County, providing non-profit mortgage lending services through its **Home Ownership Program**. The Housing Partnership assists clients in refinancing to reduce monthly payments, assists with down payment and closing costs, provides home equity loans for home improvements, repairs or debt consolidation, and offers special programs for social service workers, including School District employees, police officers, fire fighters hospital staff and more.

Utilities Assistance

Every month in Palm Beach County hundreds of families are faced with utility service disconnection due to rising energy costs. People living in poverty and low-income elderly sometimes have to choose between buying fuel to heat or cool their homes and buying food for themselves and their families. The rising cost of oil, which is passed down to the consumer, is a forefront issue in today's economy and one for which no short-term resolution is in sight. Utilities assistance programs help pay the winter heating bills and summer cooling bills of those in need.

Example:

*The **Low Income Home Energy Assistance Program (LIHEAP)**, federally funded and administered by the **Palm Beach County Community Services Department**, is designed to provide financial relief from high-energy costs to prevent service disconnection for families in crisis. On a national level, approximately two-thirds of the families receiving LIHEAP assistance have incomes of less than \$8,000 a year. In Palm Beach County, outreach campaigns that include home visits, telephone interviews and group intakes are conducted to ensure maximum participation of the neediest families, with particular efforts made to serve the elderly and those with special needs.*

Counseling/Advocacy

The overwhelming sense of uncertainty experienced when facing the possibility of losing one's home is undeniable. Most individuals have no idea where to turn for help, or if help is even available to address the issues with which they are dealing. Organizations that provide counseling services often serve as a one-stop resource for those needing direction or referrals to service providers that specialize in meeting their particular needs. The staff at these organizations can often assist individuals in completing paperwork to request services, advocate on behalf of the individual requesting services, or simply lend an ear and affirm the existence of solutions for those who are feeling helpless.

Example:

*Counseling: **The Center for Family Services of Palm Beach County, Inc.** provides a variety of services to promote the well-being of individuals, families and children. The Center's programs include: individual and family counseling, empowerment services, substance abuse counseling, counseling for victims of abuse (sexual, physical, and domestic) through **SAFE Kids**, parenting through **Parenting Smart Babies**, and an employee assistance program.*

*Advocacy: **The Homeless Coalition of Palm Beach County, Inc.** is a network of business community, homeless and formerly homeless individuals, clergy, government agencies and service providers who concentrate on raising community awareness about homeless issues, increasing collaboration among service providers, and obtaining resources for programs aimed at helping Palm Beach County's homeless population to transition out of homelessness and into self-sufficiency. The Coalition serves as advocate and a strong voice for the homeless. Immediate priorities for The Homeless Coalition are to expand efforts in previously underserved parts of the county, including the north, south, and Glades areas; address the issues of chronic homelessness and the need for an emergency assessment center; issue regular legislative action alerts, notices of funding opportunities, and critical information about homelessness to service providers via an extensive e-mail/fax/mail network, and provide trainings and other support to small agencies to enhance their ability to provide homeless services.*

Legal Assistance

Quite often an individual finds him or herself facing homelessness due to a legal issue, which can often be easily resolved with proper education and representation. Unfortunately, the ability to procure effective legal services is simply not an option for many low-income individuals. Protection for victims of domestic abuse, eviction

avoidance measures and family law services are among those most often associated with homelessness.

Example:

***The Legal Aid Society of Palm Beach County** is committed to providing high quality civil legal advice, representation and education to the disadvantaged of Palm Beach County so as to protect their personal safety, enhance their opportunities and living conditions and promote self-sufficiency. Their work helps clients deal with many of life's most basic needs: a safe home, enough food to eat, a quality education, and protection against exploitation and discrimination.*

OUTREACH

Although services are made available to homeless in geographically diverse locations throughout the County, communicating their availability to those in need provides its own set of challenges. Many homeless, particularly those considered chronically homeless and/or suffering from mental illness, are not proactive about seeking out needed services. Identifying homeless individuals and families to assist, in many cases, becomes the undertaking of the service providers themselves.

Street Outreach

Street outreach teams are a highly effective tool for engaging the homeless population that have not yet entered the shelter system or who repeatedly enter and exit the emergency shelter and transitional housing systems, opting to live on the streets. Over time, outreach team members are able to develop trusting relationship with the homeless community, encouraging them to visit the organizations whose services could benefit them, and empowering them to take control of their situations. Outreach teams often provide basic medical and psychiatric services, distribute food to the hungry, give referrals to the appropriate service providers and follow up with individuals who have exited the emergency shelter and transitional housing systems.

Example:

*As part of its **Health Care for Homeless Veterans (HCHV) Program**, the **West Palm Beach VA Medical Center** provides a coordinated set of homeless services programs funded through the Office of Mental Health Services in Veterans Health Administration. Although these efforts encompass a number of specialized programs, the core program involves outreach to severely mentally ill veterans who are not currently patients at VA medical centers, linkage with services such as VA clinical programs, contracted residential treatment in community-based halfway houses and supported housing arrangements in transitional or permanent apartments, and treatment and rehabilitation provided directly by program staff. The outreach team is composed of a Social Worker and a Physician Assistant, who spend approximately 75% of their time performing community outreach services to the West Palm Beach VA catchment area with a goal to primarily engage homeless veterans into treatment services at the Center, but who are also capable of evaluating and providing care for psychosocial, medical, mental health, and substance abuse issues.*

Law Enforcement

Law enforcement officers are all too often the first point of contact with a homeless individual. In many cases, homeless individuals enter the homeless service system due to an encounter with law enforcement related to minor crimes such as public drunkenness, loitering, trespassing or petty theft. This is especially true of homeless individuals with substance abuse addictions and/or mental illnesses. In Palm Beach County, the interaction between law enforcement and the homeless is complicated by the

fact that there are more than two dozen local law enforcement agencies due to the County's numerous municipalities, and that the policies regarding how to deal with these encounters varies from agency to agency. Generally, officers that encounter homeless individuals first attempt to confirm their identity, check for outstanding warrants and then, depending on the policy of the individual agency, will attempt to link the individual with the appropriate homeless services.

Example:

*Officers of the **Palm Beach County Sheriff's Office** who encounter homeless individuals complete a Field Interview Report (FIR) and enter the contact into a database. When arrests do occur, homeless individuals arrested for minor offenses are generally jailed overnight and released by a judge following morning arraignment. In the central County, a new program for minor offenders provides notices to appear at a special court at the **Westgate Criminal Justice Service Center**. This new program is designed to divert minor offenders from the regular court system, allows for access to services, and focuses on rehabilitation and community service as punishment in lieu of detention.*

SUPPORTIVE SERVICES

Fundamental to one's ability to overcome a situation of homelessness and move toward self-sufficiency is access to supportive services. Placing a person in some form of housing without providing the tools and resources necessary to maintain one's independence most often results in the individual once again returning to the homeless population. In many cases, supportive services address the underlying issue or set of issues which led to an individual's initial homeless situation. These services are critical to both attaining and maintaining long-term independence.

Case Management

Each homeless individual is exactly that – an individual. Therefore, the circumstances that led to his or her situation of homelessness and the services that are needed to move him or her back toward independence are situationally unique. Case management ensures that the appropriate plan for a person's situation is formed and implemented. Comprehensive case management consists of arranging, coordinating, monitoring, evaluating, and advocating for a package of multiple services to meet the specific individual or family's complex needs. It requires establishing a trusting and caring relationship with the homeless and includes linking the person with systems that provide necessary services, resources, and opportunities. Case management services often include crisis intervention, short-term stabilization, needs assessments, assistance with application and receipt of supportive services, and an individualized housing plan.

Example:

***Families First of Palm Beach County** is an organization serving homeless children and families that has been recognized for its successful case management method provided through a series of actions and a process to assure that clients receive the services, treatment, care and opportunities to which they are entitled. Their method restores the client to a state of equilibrium, that is, ideally to a state where the client can arrange for his or her own care through the existing health and social services institutions of the community. To ensure success, the organization's case management system offers more than procedures and a general process for coordinating services, it is grounded in a philosophy that delineates the relationships between clients and workers and between clients and the systems. It is grounded in a philosophy of how and why agencies should and can work together for the benefit of clients. The eight basic case management functions provided are client identification and outreach, individual assessment and diagnosis, service planning and resource identification, linking client to needed services, service implementation and coordination, monitoring service delivery, advocacy and evaluation.*

Life Skills

Many of us take for granted our grasp of the daily living skills that we repeatedly and sometimes unconsciously perform. It is the learning of these necessary life lessons, acquired by most during adolescence, that many homeless individuals require in order to build their self-esteem, manage anger, understand the importance of education and need for personal hygiene. This everyday information allows individuals to make healthy choices and adds value to life. A lack of life skills is a particular problem for homeless youth, for whom disruptive events such as the death of a parent, imprisonment, chemical abuse, psychiatric disorders, victimization, poor social support, or prior history of homelessness often prevent them from learning this practical knowledge, increasing their risk of ending up on the streets.

Example:

Operation JumpStart, provided by **The Lord's Place**, utilizes a "low demand" model in its provision of services. Operation JumpStart is an eight-week day program for chronically homeless men with no more than 12 participants at any given time. This smaller group allows for more intensive interaction with the Case Manager. Through daily groups and one-on-one sessions, participants have an opportunity to address the issues that have caused their homelessness and also gain insight into their previous reluctance to address those issues. When participants gain this insight they begin to engage in activities that will create a meaningful change rather than just checking off items on a goal plan to satisfy a Case Manager. A strong social skills training component addresses the basic premise that homeless participants lack the basic skills necessary in dealing with work, family, and interpersonal relationships, as well as in dealing with their own emotions. Thus they benefit from skills training in communications, anger management, conflict resolution, assertiveness, relaxation, expressing feelings constructively.

Alcohol/Drug Abuse

Substance abuse is a leading factor in an individual's probability of becoming chronically homeless, meaning they have either been continuously homeless for a year or have had at least four episodes of homelessness in the past three years. Breaking an addiction is not an easy feat for even the most stable and secure of individuals. The stresses added by the condition of homelessness generally exacerbate the problem, causing the road toward recovery to become nearly impossible to adhere. To further complicate the issue, most shelters will not allow intoxicated individuals into their general populations for both safety reasons and in an effort to avoid jeopardizing the comfort levels of the other residents. Overcoming alcoholism or a drug abuse problem is not an act that many individuals have the will power to perform without a strong support system. As many chronically homeless have no "family" to speak of, the support networks and treatment services provided by service providers are critical to their recovery.

Example:

Comprehensive Alcoholism Rehabilitation Programs, more commonly known as **CARP, Inc.**, provides a triage program that assesses the immediate needs of homeless substance abusers and offers medical detoxification beds and a residential treatment program in addition to its outpatient treatment programs. CARP's professional treatment strategies assist clients in achieving abstinence, enhancing life skills, and learning to prevent relapse to maintain recovery with the use of social supports. Methods of treatment include individual, group, family counseling and educational groups. Guidelines for treatment are based on the practices of honesty, open-mindedness, willingness and responsibility. Attendance at 12-step, self-help meetings in the community and Parent and Family Support Group meetings is greatly encouraged. All of CARP's services are private and confidential.

Mental Health Counseling

Estimates show that approximately 20-25 percent of the single adult homeless population suffers from some form of severe and persistent mental illness. Having a mental disorder may lead to homelessness when handling selfcare, household management and interpersonal relationships is too much for an individual to bear. Mentally ill homeless often fall into the category of the chronically homeless, as their conditions tend to cause them to remain homeless for longer periods of time. Homeless individuals with mental disorders have more difficulty finding and maintaining employment, tend to be in poor physical health, and have more contact with the legal system than those without. With ongoing treatment and rehabilitation services, most individuals with mental disorders have no need for hospitalization or long-term institutional care. When access to the appropriate combination of services such as medication management, daily activity, regular therapy and supportive housing is available, individuals who suffer from any degree of mental illness can often avoid homelessness or a return to homelessness.

Example:

The Oakwood Center of the Palm Beaches provides the high-quality clinical services of its professionally-trained staff to assist those struggling with depression, anxiety, severe and persistent mental illness, acute psychotic conditions and other behavioral disorders. These services help individuals to restore and maintain their productive lives in the community, in the shortest possible time, and in the least restrictive environment. The mission of the Center is to help clients build resiliency, facilitate recovery and achieve reintegration into the community by designing and delivering behavioral healthcare services that meet their needs and expectations. To that end, staff works in conjunction with other community resources to assist individuals and families to strengthen and promote healthy development. Respect for personal dignity and the right to privacy, confidentiality and safety are of the utmost concern, as is the provision of excellent, competently delivered, evidence-based, affordable care.

Healthcare

Access to comprehensive, quality and affordable health care is believed by many to be a basic human right. The high cost of health care is an issue at the forefront of government policy today, an issue that affects nearly every American. Today most insured people receive primary care through visits to their “medical home” provider, usually a family practice physician, an internist, a pediatrician, or an obstetrician/gynecologist who they see at least once a year for a physical or other basic, ongoing health care. More than 45 million Americans, however, have no health care insurance, a figure that includes nearly one third of the population living in poverty. People who are homeless often lose a connection to a medical home, either because they themselves become more transient or because they lack health insurance and cannot find an affordable provider of care. People who lose connections to medical homes are at risk of becoming sicker, because they do not recognize or cannot afford to manage chronic health conditions when they are at their earliest, most easily treatable stages. These conditions most commonly include diabetes, hypertension, mental illness, and asthma, all of which are commonly manageable with proper and regular treatment regimens, but when left untreated, lead to costlier care. Individuals without proper housing are at higher risk for health issues caused by exposure to severe weather, malnutrition and a lack of good personal hygiene. Violence against the homeless – muggings, beatings and rape – is also a rising problem in the U.S., and long-term sustained injuries among victims often occurs when immediate treatment and necessary therapy is not received. The federal government has recognized the issues related to insufficient healthcare for the homeless, and has moved to address them, by offering homeless health care grants to Federally Qualified Health Centers. Coordination of health and mental health, and primary/secondary/tertiary

care, are critical to managing the health care needs of people who are homeless, yet is exceptionally challenging in this population.

Example:

*The **Health Care District of Palm Beach County** ensures access to a comprehensive healthcare system for all Palm Beach County residents by providing lifesaving trauma services and health coverage for uninsured residents. In 2007, the Health Care District reported that 3,077 homeless individuals utilized its health coverage programs, including 111 patients treated by the trauma system. The Health Care District's partnership with Palm Beach County Public Schools ensures the placement of at least one registered nurse in each of the 170 area schools, ensuring that the County's child population receives adequate health care independent of their income status.*

HIV/AIDS

Despite the intensity of public awareness campaigns over the last 20+ years, the stigma and fear associated with the HIV/AIDS epidemic is still prevalent in our society. The risk of losing one's job due to discrimination or because of fatigue and periodic hospitalization, and the subsequent loss of one's ability to pay housing costs, remains a serious concern among the population of those living with HIV/AIDS. The exorbitant cost of treatment, especially for the uninsured or underinsured, only increases one's risk of becoming homeless. Among the population of those already experiencing homelessness, HIV/AIDS continues to be a growing epidemic, especially among the chronically homeless, where mental illness and substance abuse often lead to the transmission of disease through unprotected sex and the shared use of needles. A survey conducted in the Washington, D.C. area in 2003 showed that the presence of HIV among the homeless population is at least three times higher than the general population – 3.4 percent versus one percent, and is as high as 62 percent among homeless sub-populations.²⁷

Example:

***Comprehensive AIDS Program of Palm Beach County, Inc., or CAP**, operates with a mission to provide and promote education, advocacy, and compassion to individuals and families infected and affected by HIV/AIDS in Palm Beach County. In addition to offering free HIV testing and HIV prevention services, CAP provides individualized case management services to HIV-positive Florida residents who meet income requirements determined by the Florida Department of Health. Confidential services include referrals to funding assistance, transportation assistance, residential and outpatient substance abuse treatment services and mental health treatment in addition to medical care.*

Education

Pursuing a higher level of education is not an easy task for a homeless individual or one facing the risk of becoming homeless. When an individual is working multiple jobs in order to feed his or her family, education becomes a low priority, as most are simply trying to survive. The ability to find time to attend classes or study or to save the funds to pay for tuition, fees and books is nearly impossible. Ironically, in today's economy, accessing educational opportunities is an essential ingredient in working one's way out of poverty. As a group, the homeless population tends to be poorly educated. More than half of today's homeless population lacks a high school diploma.²⁸ By accessing new educational opportunities including those that teach literacy, parenting and vocational skills, homeless individuals and those attempting to avoid homelessness by working their

²⁷ Song, John. "AIDS Housing Survey." AIDS Housing of Washington. Spring 2003.

²⁸ Levitan, Sar A., and Susan Schillmoeller. "The Paradox of Homelessness in America." Center for Social Policy Studies, George Washington University. January 1991.

way out of poverty, are able to increase their level of employability and many times locate and attain jobs that dramatically improve their quality of life.

Example:

*The four **Prosperity Centers** operated by **United Way of Palm Beach County** provide a variety of financial counseling and education programs to assist working families and low-income residents in moving toward greater economic stability, higher earnings and home ownership. Programs help residents learn how to obtain a better job, earn their G.E.D., receive educational and vocational planning services, college placement, and financial aid. A partnership with **Workforce Alliance** offers classes that teach job preparedness skills including upgrading their reading comprehension, writing, business math, business tools, customer service, and general business practices.*

Employment

For those without a job, making one's way out of the cycle of homelessness is virtually impossible. Many homeless individuals have limited skills or experience, which minimizes their opportunity for finding and attaining employment opportunities that pay a living wage. Additionally, transportation barriers, insufficient child care and disabling conditions increase the difficulty of this challenge for many homeless individuals. Service providers that offer job training, referral and job locator services help link job seekers with employment that is accessible and suitable to their skill set.

Example:

***Gulfstream Goodwill Industries** serves the community by assisting people with disabilities and other barriers to employment to become self-sufficient, working members of our community. The organization's extensive employment services include vocational evaluations, community based situational assessments, job analysis, employment search strategies, work adjustment training, job placement and supported employment.*

Child Care

The lack of affordable and accessible child care is a major barrier in retaining employment for the working poor, particularly among single mothers with young children who have not yet reached school age. It is not uncommon for suitable and dependable child care to be the second highest household expense next to housing itself. For parents with no available options for child care, many are forced to leave jobs or turn down potential employment because they have no means of caring for their children while at work.

Example:

***Head Start** is a program of the **U.S. Department of Health and Human Services** that helps to create healthy development in children from low-income families. Head Start programs are offered in multiple municipalities throughout Palm Beach County (Belle Glade, Boca Raton, Boynton Beach, Delray Beach, Jupiter, Lake Worth, Pahokee, Riviera Beach, South Bay, West Palm Beach), providing comprehensive education, health, nutrition, and parent involvement services to those meeting the income requirements upon which eligibility is based. Created in 1965, Head Start is the longest-running program focused on providing services that aim to end the cycle of poverty in the U.S.*

Transportation

For the working poor, owning and maintaining a working vehicle is a luxury. In addition to the cost of the vehicle, high auto insurance rates and the rising cost of fuel may prevent the owner from being able to afford to drive from points A to B. In June of this year, the average cost of a gallon of gas surpassed the \$4 mark. The cost to fill a 20-gallon tank of gas now costs \$14 more than just one year ago. Many homeless and those

facing the threat of homelessness are limited to using public transportation. While public transportation is, in theory, an affordable alternative, the considerable costs to build rail lines, operate bus systems and to fuel these modes of transport are passed on to the consumer. Even at the modest fees charged, public transportation is a considerable expense for many. Multiple service providers throughout the County provide transportation vouchers for taxi cabs, trains and buses.

Example:

Palm Tran, the public transportation system of Palm Beach County provides its **CONNECTION** service through its Americans with Disabilities Act (ADA), Division of Senior Services (DOSS) and Transportation Disadvantaged (TD) Programs. Though Palm Tran offers an extensive transportation network, **CONNECTION** extends this network beyond its fixed route system, increasing the accessibility of its services. Additionally, Palm Tran offers a Fare Subsidy Program to those meeting income level requirements and bus passes that are distributed to the homeless by service providers throughout the community.

In addition to the examples provided above, the following Continuum of Care participants offer programs in each of the previously-described service areas:

Palm Beach County Continuum of Care Services to the Homeless Community																
Provider Organizations	Mortgage /Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Law Enforcement	Case Management	Life Skills	Alcohol/Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Adopt A Family of the Palm Beaches	√	√	√	√			√	√	√		√	√	√		√	√
Adult Day Habilitation														√		
Aid to Victims of Domestic Abuse (AVDA)							√	√								√
American Red Cross	√	√														
Boca Helping Hands																√
Boynton Beach Head Start															√	
Care Ministry	√															
Catholic Charities	√	√					√									√
Center for Family Services	√	√											√			
Children's Home Society			√		√		√	√					√		√	√
Children's Place at Home Safe												√				
Coalition for Independent Living Options (CILO)	√	√	√	√				√								√
Columbia Hospital										√	√					
Community Action Program														√		

St. Mary's Medical Center										√	√							
Salvation Army	√	√			√		√	√	√	√			√	√			√	
Seagull Industries														√			√	
South County Mental Health Center					√		√	√		√							√	
The Lord's Place			√	√			√	√	√	√	√	√	√	√	√	√	√	
United Fellowship for the Needy																	√	
United Way Prosperity Centers														√				
Urban League	√																	
VA Medical Center					√		√		√	√	√						√	
Vickers House			√												√		√	
We Promise To Care													√					
West Palm Beach Coordination Services Network													√					
Western Palm Beach County Mental Health											√						√	
Workforce Development														√				
YWCA			√	√			√	√									√	√

HOUSING

The housing philosophy used by the Continuum of Care model focuses on passing through the emergency shelter, transitional and permanent supportive housing system on one's way toward self-sufficiency. The Palm Beach County Continuum of Care currently operates under this system with a network of service providers who provide various forms of temporary and/or permanent housing for specific sub-populations of the homeless community. Most of these providers cater to either single individuals or to families, but shelters for specific sub-populations, such as homeless veterans or victims of domestic abuse are the focus of organizations that are able to fully understand the unique qualities and needs of these populations.

Emergency Shelter

There are currently fourteen Continuum of Care facilities that operate as emergency shelters. These facilities provide overnight sleeping accommodations, providing safe and short-term shelter – anywhere from one night to as long as three months – as an alternative to living on the streets. These following facilities provide 194 beds designated for individuals and 226 beds designated for families, for a total of 420 emergency shelter beds, all of which are available year-round:

- | | |
|---|-------------------------|
| <i>AVDA</i> | <i>Phoenix House</i> |
| <i>CARP's Homeless Assessment Center</i> | <i>Program Reach</i> |
| <i>Families First</i> | <i>Project Home</i> |
| <i>Harmony House</i> | <i>Rebirth House</i> |
| <i>Family Interim Program</i> | <i>Recovery Center</i> |
| <i>Florida Resource Center for Women and Children</i> | <i>Safe Harbor</i> |
| <i>Palm Beach County Human Services</i> | <i>Stand Down House</i> |

Transitional Housing

Eleven Continuum of Care facilities provide transitional housing for those on the path toward gaining independence. Transitional housing generally provides temporary, but longer-term housing linked with supportive services to help their residents develop the skills necessary to be successful once placed in an independent living situation. The following facilities provide 177 beds designated for individuals and 110 beds designated for families, for a total of 287 transitional housing beds, all of which are available year-round:

AVDA's Transitional Housing
Center of Hope
Crossroads
Harmony House West
Phoenix House
Phoenix II

Project Success
Recovery Village
Stand Down House
Transitions Home
Turtle Nest Village

Permanent Supportive Housing

Sixteen Continuum of Care facilities provide permanent supportive housing for those who have completed supportive services programs in preparation for permanent placement. Permanent supportive housing is long-term community-based housing, most often for persons with mental illness or disabilities, which is often subsidized to ensure that residents have to commit no more than 30 percent of their income toward housing costs. The following facilities provide 259 beds designated for individuals and 227 beds designated for families, for a total of 486 permanent supportive housing beds, all of which are available year-round:

Celtic Apartments
Flagler Project
Haven House
Joshua House
Operation Home-Ready
Project Family Care
Project Home
Project Home II

Project Safe
Project Succeed I
Project Succeed II
Project Succeed III
Project Succeed IV
Rebirth House
Serenity House II
St. Charles Place

“GAPS” IN SERVICES

Despite Palm Beach County's extensive provision of services outlined above, shortfalls in providing a comprehensive array of services in order to fully address the identified need are obvious. It is not that such services are not available, but that the extent to which they are offered is limited, inadequate to suit the number of individuals in need. The series of service providers meetings that provided the groundwork for this Plan carefully studied the services currently offered and identified the following “gaps” in services that will be addressed by the implementation of this Plan:

INADEQUATE NUMBER OF BEDS

As described previously, the Palm Beach County Continuum of Care network provides emergency shelter, transitional and permanent supportive housing through a number of

facilities geographically dispersed throughout the County. The limited availability of space in each facility, and the limited funding available to support the overhead required for their existence, however, directly affects the number of available beds. At present, this number is painfully inadequate when compared with demand.

An analysis performed based upon nightly usage and bed availability shows that the County needs an additional 24 emergency shelter beds to fulfill the current need. The unmet need for transitional housing beds is significantly greater. The emergency shelter system is sometimes considered a “rotating door.” The short-term nature of these shelters, coupled with the lack of available transitional housing, unfortunately results in many homeless individuals returning to the streets rather than moving forward through the system toward independence. Currently, the unmet need for transitional housing in Palm Beach County is approximately 581 beds. If this unmet need were filled, the percentage of individuals who could be provided with long-term but still temporary (generally up to two years) shelter would significantly increase, giving more homeless individuals the stability required while they access supportive services that allow them to prepare for permanent placement. The unmet need for permanent supportive housing beds is also exceptionally high, approximately 70 family units with 233 family beds and 301 beds for individuals. The linkage between emergency shelter, transitional and permanent supportive housing and the progression through this system for those on their way toward independence necessitates that an adequate supply of beds is available in each level. The logical goal is for the County to have the capacity to offer a bed to every homeless individual in facilities that are suitable to the specific needs of that individual on any given night.

CHILD CARE FOR THE WORKING POOR

The average annual cost for child care for a baby or toddler in Florida is \$7,336, or \$611 a month. The average annual cost for child care for a pre-schooler is generally lower due to a lesser need for hands-on care, \$5,871, or \$489 a month in Florida.²⁹ For low-income families, paying such rates is simply not an option. With approximately 89,450 children under the age of six living in Palm Beach County, and with approximately 16.3 percent of the total population living below the poverty level, it can be deduced that more than 14,000 children who have not yet reached school age live below the poverty level in Palm Beach County. That is 14,000 children whose parents may be struggling to access affordable and quality child care. The Early Learning Coalition of Palm Beach County offers a subsidized child care program that works to address this need. As of June 2008, however, the program’s waiting list included 5,659 qualified children.

In addition to the obvious financial barrier, children of homeless families often have special needs as a result of the emotional impact of their situation of homelessness. Beyond the need for simple babysitting services during working hours, parents of homeless children are best served by utilizing child care programs with staffs that are knowledgeable, sympathetic, and equipped to address the challenges that these children may face as a result of being exposed to trauma, domestic violence, poverty or substance abuse. Such exposure can lead to developmental delays, emotional outbursts or learning disorders that are best served in a child care program that provides a safe, nurturing and

²⁹ National Association of Child Care Resource and Referral Agencies. “2007 Price of Child Care.” March 2008.

therapeutic environment while providing these children with the skills necessary to succeed upon entering school.

LACK OF SPECIALIZED SERVICES

When addressing a problem as broad as homelessness, the resources of most organizations are drained by serving the general homeless population. When sub-populations require specialized services, the expense of administering such services prevents their widespread availability. While the County's service providers have been successful at separating and addressing the needs of individuals versus families, more exclusive sub-populations remain underserved. The deficit in emergency shelters that cater to specific sub-populations is a particular problem, as the highly specialized training required by the employees who staff such facilities is difficult to fund with limited financial resources.

Medical Respite/Recuperative Care

The continuous rise in the cost of health care in this country has led to a significant decrease in the length of hospital stays – due in part to a shift in focus from inpatient to outpatient medical procedures. This shift has passed responsibility for basic recovery care on to friends and family. This reliance on home recuperation is not an option for most homeless individuals. Even those who are able to utilize an emergency shelter are often faced with limits of stay or daytime closures which put the sick or injured individual at risk of further medical complications due to exposure or absence of a comfortable place in which to rest. Additionally, many homeless are often discharged with prescriptions for medications vital to their recovery, which they are unable to afford.

Medical respite/recuperative care facilities provide shelter for homeless individuals who are not sick enough to remain in a hospital, but are still in need of a safe and clean place to recover. These 24-hour shelters are staffed by doctors, nurses, mental health professionals and pharmacists who can provide the specialized recuperative or convalescent services necessary to ensure an individual's full recovery.

Damp Shelters

Intoxicated individuals are not allowed into the general population at most emergency shelters in order to protect the safety and comfort level of other shelter users. The high percentage of substance abusers among the homeless population means that many homeless individuals are turned away each night, only to return to the streets or end up in jail. Damp shelters, which admit intoxicated individuals but do not allow alcohol consumption on the premises, offer a temporary refuge for individuals to "sober up" in a safe location. Over time, the utilization of such a facility broadens the awareness among those struggling with substance abuse issues about the resources available to assist in their recovery, and users often make the decision to take advantage of such recovery support services.

CURRENTLY UNDERSERVED POPULATIONS

Throughout the development of this Plan, service providers and members of the Homeless Advisory Board gave special care to identify sub-populations within the existing system of care for whom adequate services do not exist. Qualities specific to each of these sub-populations offer unique challenges that often prevent them from being accepted into and/or properly assisted by the system. The need to create new programs specific to the needs of these sub-populations requires funding above and beyond what is currently available.

In *Chapter Four: Goals and Action Step to Ending Homelessness in Palm Beach County*, multiple references are made to “Underserved Populations.” This label is given to the following sub-populations, who are intended to be targeted by the implementation of the Action Steps in which the term “Underserved Populations” is used:

- Youth Under the Age of 18, Unaccompanied by an Adult
- Youth Aging Out of Foster Care
- Seniors
- Prisoners Exiting Jail
- Persons with Disabilities
- Pregnant Women
- Single Women Who Do Not Have Children
- Veterans
- Undocumented Individuals
- People with Co-Occurring or Dual Needs

YOUTH UNDER THE AGE OF 18, UNACCOMPANIED BY AN ADULT

The sub-population of youth under the age of 18, sometimes referred to as “unaccompanied youth,” consists primarily of runaways, with a large majority falling between the ages of 15 and 17.³⁰ Youth who leave home often do so because of family problems such as physical and sexual abuse, substance abuse addiction of a parent, or parental neglect. Many homeless youth report that they were forced to leave because of their sexual identity – approximately six percent are gay, lesbian, bisexual or transgender, or because of an unplanned pregnancy – ten percent are pregnant girls. Many youth choose to leave the foster care system at a young age, and still some are separated from their families who are experiencing homelessness due to temporary shelter or child welfare policies.

Because they are often too young to legally obtain a job, many homeless youth exchange sex for basic needs such as clothing and food, increasing the risk of contracting HIV/AIDS. The prevalence of emotional disorders such as anxiety or depression run high among this sub-population, and many homeless youth suffer from low self-esteem, poor health and malnutrition. Attending school is not always an option for homeless youth, who often face difficulties with enrollment because of legal guardianship and residency requirements. While this sub-population requires services similar to the adult population – life skills training, job training, health care, shelter – most homeless youth

³⁰ Molino, A.C. “Characteristics of Help-Seeking Street Youth and Non-Street Youth.” National Symposium on Homelessness Research. 2007.

benefit more definitively from programs geared specifically toward their peer group, where supportive services are age-appropriate and crafted in a way that is sensitive to the maturity level of these individuals.

YOUTH AGING OUT OF FOSTER CARE

According to the U.S. Census Bureau, approximately 24,000 of the 500,000 children in the child welfare system reach the age of 18 each year. This sub-population is historically at higher risk of becoming homeless than their peers non-foster child peers. In fact, three in ten homeless adults report a history in the foster care system.³¹ A study conducted by the National Association of Social Workers reported that one in five youth arriving at homeless shelters throughout the U.S. come directly from being discharged from the foster care system, and that one in four had been in foster care within the previous year.³²

These young adults, many of which have experienced the emotional trauma of being “passed around” the foster care system in addition to having experienced the incident or situation that originally led them to be removed from their family, often demonstrate significant emotional disorders. In contrast to the 50 percent of young adults ages 18-24 in the general population who live at home with their parents, these young adults are left to begin their adult lives with no financial foundation, no support system, nor a place to live. The provision of housing and supportive services to assist this sub-population in their transition into adulthood, specifically from the ages of 18-24, is vital in preventing their becoming part of the homeless population.

SENIORS

Like the general homeless population, the primary reasons for homelessness among the elderly are a lack of affordable housing and an increase in poverty. Many housing assistance programs have shifted their focus to target this sub-population in recent years, however, waiting lists for affordable housing units reserved for elderly residents remain considerable. Though many homeless seniors are eligible for Supplemental Security Income (SSI), the maximum monthly SSI benefit in the State of Florida is \$637, substantially below the poverty line. If one considers that housing costs should utilize less than 30 percent of one’s monthly income, then many low-income seniors in Palm Beach County can theoretically afford a living space that is no more than \$200 per month. Unfortunately, in contrast to much of the homeless population, income growth is not an option for most elderly individuals, as they have surpassed the age where they are able to work, their health status may not enable them to work, and they are unlikely to become married or enter into a dual income household. A rise out of poverty is not the answer, but increasing housing options can have a significant impact.

In addition to the inability for low-income seniors or homeless seniors to access affordable housing, this sub-population faces challenges related to transportation, communication in the digital age, and access to affordable healthcare. Many seniors,

³¹ Roman, Nan P. and Phyllis Wolfe. “Web of Failure: The Relationship Between Foster Care and Homelessness.” National Alliance to End Homelessness. April 1995.

³² Bass, Deborah. Helping Vulnerable Youths: Runaway and Homeless Adolescents in the United States. Washington, D.C.: NASW Press, 1992.

whether already homeless or facing the threat of homelessness, are unaware of their eligibility for public assistance and the availability of supportive services or are overwhelmed by the complex system through which they must navigate to access such support. The primary goal when addressing the senior population is prevention of the loss of housing. By providing more affordable and accessible housing that targets this sub-population, and by implementing outreach campaigns that promote the availability of supportive services, this goal is attainable.

PRISONERS EXITING JAIL

In 2002, more than 600,000 prisoners were released from state and federal prisons across the country, and another 10 million were released from local jails.³³ A study of prisoners released from New York State prisons between 1995 and 1998 found that more than 11 percent of these individuals entered a homeless shelter within two years of their release, more than half of them during the first month.³⁴ Conversely, a report by the Interagency Council on Homelessness states that 18 percent of the homeless population has spent some period of time in a state or federal prison,³⁵ and a separate study of re-incarcerated parolees reported the individual having been homeless at the time of their arrest.³⁶ Ongoing debate regarding with whom the responsibility of prisoner reentry lies – government agencies or community organizations – only exacerbates the issue.

Most ex-prisoners returning to the community are able to stay with friends or family in the days immediately following their release. When looking for permanent housing, however, these individuals are confronted with multiple barriers. For many, incarceration for any extended length of time means that they have had no income, and therefore have no savings with which to pay deposits for housing, which sometime require first and last months' rents. Their involvement in the criminal justice system often prevents communities from allowing them to become residents based on a fear of re-offense and a desire to maintain safety among the community. For many, criminal justice policies and terms of their parole limit their housing options further, as they are restricted from living with individuals with criminal records, at the site of the offense for which they were incarcerated, or with known substance abusers. Additionally, ex-prisoners often become ineligible for federally subsidized housing and Section 8 programs, food stamps, veterans or Temporary Assistance for Needy Families (TANF) program benefits.

Due to continuously decreasing funding for supplemental programs in the criminal justice system such as education and drug treatment, prisoners released today face significant challenges related to reintegration. Programs that provide immediate transitional housing, combined with pre-release counseling and planning services for those exiting prison are essential.

³³ Beck, Allen J., Jennifer C. Karberg and Paige M. Harrison. "Prison and Jail Inmates at Midyear 2001." Washington, DC: Bureau of Justice Statistics. April 2002.

³⁴ Metraux, Stephen and Dennis P. Culhane. "Homeless Shelter Use and Reincarceration Following Prison Release: Assessing the Risk." *Criminology & Public Policy*. 2004.

³⁵ Hughes, Timothy A., Doris James Wilson, and Allen J. Beck. "Trends in State Parole, 1990-2000." U.S. Department of Justice, Bureau of Justice Statistics. October 2001.

³⁶ Butterfield, Fox. "Often, Parole is One Stop on the Way Back to Prison." *The New York Times*. November 29, 2000.

PERSONS WITH DISABILITIES

The U.S. Census Bureau reports that 173,425, or 14.6 percent of Palm Beach County's population has one or more disabilities. Public awareness campaigns and enforcement of the Americans with Disabilities Act (ADA) has, in recent years, significantly increased employment opportunities for the disabled population. Despite the fact that 41.9 percent of Palm Beach County's disabled population of working age (16-64 years) is employed, the percentage of this population living below the poverty level is significantly higher – 13.9 percent – than the 9.4 percent rate of poverty among the general population in the County.

Similarly to the senior population, many members of this sub-population live on a modest fixed income from either Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Persons with disabilities, however, face additional complications related to applying for such benefits, as their receipt is not based upon the fixed characteristic of age, as with the senior population, but a more subjective set of criteria for disability determination. For persons with disabilities who are awaiting benefits, a lack of income during the interim may force them into situations of homelessness. Every state is provided the option to apply for interim payment funding from the Social Security Administration for its disabled residents. The State of Florida, however, has opted not to apply for these funds, which would provide temporary cash assistance to individuals with a pending Social Security claim. Local programs provide limited assistance for individuals in such circumstances, but because the time involved in applying and securing Social Security benefits is often lengthy, programs often find it more cost effective to pay for Assisted Living Facilities for these individuals rather than assisting them in remaining in their homes.

The need to meet ADA requirements and provide ADA accommodations for homeless individuals who are disabled cause additional strains on homeless services providers. Emergency shelters, transitional and permanent supportive housing options for physically disabled individuals must often be located on a ground floor and retrofitted for accessibility, and the availability of sign language interpreters and large print/braille materials are necessary at every stage of a hearing or vision impaired individual's journey from homelessness to self-sufficiency, particularly during the intake process, when these individuals feel most vulnerable. Adequate funding for ADA accommodations is a necessity in addressing the needs of this sub-population.

PREGNANT WOMEN

Pregnancy is unarguably one of the most critical periods of a woman's life. The need for adequate shelter, access to prenatal care, and a solid support system is crucial for the health and wellbeing of both mother and baby. Homeless women have low birth rate babies at higher rates than other women. Infants of homeless mothers require special care immediately after birth four times as often as other newborns, and homeless babies collectively demonstrate slower physical and cognitive development than other children.³⁷ Programs that provide transportation to appointments, provide counseling and support related to domestic violence, assist with legal issues related to child custody,

³⁷ Health Care for the Homeless Clinicians. "Pregnant and Homeless, Healing Hands." Volume 5, Number 4. August 2001.

educate new mothers about the importance of prenatal care and good nutrition and assist them in accessing prenatal health care are vital to this sub-population.

In a 2001 publication of the Health Care for the Homeless Clinicians' Network, it was reported that 8 percent of homeless women under the age of 50 report being pregnant at any given time. Unfortunately, under current shelter system guidelines, an unaccompanied pregnant woman is not considered a family, but single, and is often limited to living in the shelter's general population. Additionally, many shelters do not have the resources to address specific needs of pregnant women, who could also benefit from the feeling of community often more prevalent in a family shelter environment.

SINGLE WOMEN WHO DO NOT HAVE CHILDREN

Single men comprise 51 percent of the total homeless population in the U.S. while single women comprise only 17 percent.³⁸ Partially due to the risk factors associated with women sleeping on the streets and therefore the limited plainly observable number of homeless women, the public's perception of the size of this sub-population is not consistent with reality. When considering the circumstances that cause a single woman to be homeless, domestic violence and substance abuse are leading factors. Facilities that provide services specific to these sub-populations exist throughout Palm Beach County, but often have stringent rules regarding who may access their shelter beds, which are often filled to capacity. For single women who are not immediately fleeing a batterer or find themselves homeless due to factors such as financial circumstances or medical conditions, the availability of emergency and transitional housing is minimal, as family shelters serve only adults accompanied by children, and most shelters that accept single individuals cater to the larger male population. The deficiency in shelter beds designated for single women without children is not only a growing issue in Palm Beach County, but recognized nation-wide.

VETERANS

According to the National Coalition for Homeless Veterans, 200,000 veterans are homeless on any given night and approximately 400,000 veterans experience homelessness over the course of a year. It is estimated that nearly 24 percent of the homeless population are veterans.³⁹ In contrast to popular belief, despite the disproportionate number of veterans represented in the homeless population – 40 percent of the adult male homeless population compared to 34 percent in the general adult male population – there is no clear evidence that directly links military combat experience to homelessness. As a matter of fact, statistics show that homeless veterans are less likely to have served in combat.⁴⁰ The perception that Vietnam veterans make up the majority of homeless veterans is also false. Veterans of late Vietnam and post-Vietnam era are more significantly represented among the current homeless population, and also demonstrate higher incidences of mental illness and addictions.⁴¹ In recent

³⁸ The United States Conference of Mayors. "Status Report."

³⁹ National Coalition for Homeless Veterans. <<http://www.nchv.org/background.cfm>>.

⁴⁰ Rosenheck, Robert et al. "Homeless Veterans." Homelessness in America. National Coalition for the Homeless. 1996.

⁴¹ Rosenheck. "Homeless Veterans."

years the increase in the number of female homeless veterans has significantly increased, representing approximately four percent of this sub-population. Female veterans are less likely than their male counterparts to have substance abuse issues but are more likely to be unemployed and to have mental health issues.

Theoretically, the needs of homeless non-disabled veterans are the same as their non-disabled, non-veteran counterparts. Programs that recognize and acknowledge veterans' service, however, tend to show higher levels of success among those attempting to obtain stable housing. Programs that integrate supportive mental health and medical treatment for this sub-population are also necessities. The need to create programs that address the special needs of female veterans is a new challenge for service providers that serve this sub-population, as the historical focus has been on male veterans. Supportive services targeted specifically toward veterans also assist individuals in accessing benefits provided by the Department of Veterans Affairs, which, in many cases, have a great impact on one's ability to exit a situation of homelessness. A new national program administered on the local level by the West Palm Beach VA Medical Center entitled HUD-VASH (VA Supportive Housing) has allocated 105 Section 8 Vouchers specifically for Palm Beach County veterans to acquire permanent supportive housing. The provision of this modest number of vouchers, however, is only a start in assisting the County's veteran population.

UNDOCUMENTED INDIVIDUALS

The best available estimate of the number of undocumented individuals currently living in the U.S. is 9.3 million, representing 26 percent of the total foreign-born population.⁴² Almost two-thirds of these individuals live in just six states - California, Texas, New York, Illinois, New Jersey and Florida, which is home to ten percent of the undocumented population. The percentage of documented immigrants in South Florida is higher than those without legal documents. Still, the concentration is high.

Language barriers and fear of deportation are the primary reasons why undocumented individuals do not actively seek out services when facing a situation of homelessness or trying to locate housing. Even when communication is not an issue because a service provider has a multi-lingual staff, it often remains difficult for staff members to earn the trust of these individuals. In many cases, time constraints offer an additional barrier, as many undocumented individuals are preoccupied with finding employment, or work long hours with unfair wages. Placing these individuals in affordable housing is especially challenging due to the fact that they are ineligible for many government funded housing, health care and financial assistance programs.

PEOPLE WITH CO-OCCURRING OR DUAL NEEDS

Many homeless individuals have what are considered "co-occurring needs" or "dual needs," meaning that they fall into multiple sub-population categories. This situation provides special challenges for service provision, as an organization that specializes in providing mental health treatment may not have the appropriate resources to assist a

⁴² Passel, Jeffrey S., Randolph Capps, Michael E. Fix. "Undocumented Immigrants: Facts and Figures." January 12, 2004.

woman who is also pregnant, or is not a legal resident. Collaboration efforts in order to provide cross-over services for homeless individuals and families between the multiple service providers in the Continuum of Care network are made whenever possible. The current system, however, does not always allow this to happen with ease. Case management becomes difficult when multiple agencies are assisting an individual without a single point of contact.

For the homeless individual, a co-occurring needs status is particularly difficult. Managing multiple appointments, accessing transportation between facilities, and making decisions when advice or information given by multiple providers is conflicting can exponentially increase one's anxiety over an already stressful situation. An umbrella system of service management for those with co-occurring or dual needs is needed in order to streamline the use of valuable resources, eliminate duplication of services and ensure that the various needs related to each of an individual's multiple issues is being optimally met.

THE IMPACT OF FAMILY HOMELESSNESS ON CHILDREN

One of the fastest growing segments of the homeless population is families with children. In 1995, there were 98,452 homeless families in America.⁴³ It is estimated that 1.35 million children in the U.S. are homeless, 42 percent of which are under the age of six.⁴⁴ In Palm Beach County, the School District estimates that it serves approximately 1,400 homeless children, a figure that includes children in foster care awaiting placement.

Households consisting of single mothers in their twenties are most common among homeless families.⁴⁵ In Palm Beach County, 48 percent of the 12.2 percent of families who live below the poverty level consist of single mothers with children under the age of five.⁴⁶ Women who have experienced domestic violence also make up a high proportion of homeless women with children. Approximately 63 percent of homeless women report having experienced domestic violence, and 40 percent report having been sexually abused, many for whom fleeing an abusive relationship is the reason for their entrance into the emergency shelter system. A national survey conducted in 2001 by the National Coalition Against Domestic Violence reported that half of all homeless women with children were escaping domestic violence.⁴⁷ The increase in homelessness among families can also be attributed to the rise in both divorce rates and neighborhood violence.

The experience of homelessness, for any period of time, can be devastating to a family, particularly to children. It may affect both the physical and mental health of family members, interrupt the education and affect the cognitive development of children, and sometime breaks up family units. Historically, parents in homeless families show higher rates of depression and attempts of suicide, which directly affects the emotional stability

⁴³ National Alliance to End Homelessness. "Homelessness Counts." 2007.

⁴⁴ The National Center on Family Homelessness. "The Characteristics and Needs of Families Experiencing Homelessness." April 2008.

⁴⁵ Rog, Debra J., and John C. Buckner. "Homeless Families and Children." February 12, 2007.

⁴⁶ Children's Services Council of Palm Beach County. "State of the Child: Economic Indicators Report" 2008.

⁴⁷ Zorza, Joan. "Woman Battering: A Major Cause of Homelessness." *Clearinghouse Review*. Volume 25, Number 4, 1991.

of their children. Family members are often separated because of shelter policies that prohibit the mixing of male and female populations, because children are removed and placed into foster care, or because parents choose to place children in the homes of relatives or family friends to prevent the trauma that may come from an emergency shelter experience.

Statistics that describe the affects of homelessness on children are shocking. Homeless children...

- are twice as likely to experience hunger than other children;
- experience illnesses twice as often as other children, including twice as many hospitalizations;
- rely on hospital emergency room care as their single source of health care at a rate of 15 percent;
- have directly witnessed acts of violence within their family at a rate of 25 percent;
- among the preschool population, experience emotional problems serious enough to require professional care at a rate of 20 percent;
- among school age children, suffer from anxiety, depression or other mental health issues at a rate of 47 percent, compared with 18 percent among other children;
- are four times more likely to have developmental delays and twice as likely to have learning disabilities;
- are twice as likely to repeat a grade;
- move residences at least once a year at a rate of 97 percent, and
- are separated from their families, either placed in foster care or placed with relatives or family friends, at a rate of 22 percent.⁴⁸

The number of homeless families is more difficult to assess than homeless individuals. Many families with no shelter of their own choose to live with friends or family, or “double up” with other families in lieu of entering the emergency shelter system, and therefore are not included in homeless counts. Often, parents avoid accessing services due to a fear of being labeled a “bad parent” because of their inability to provide the basic needs of clothing, food and shelter, and a fear of having their children removed and placed into state custody.

Most heads of household in homeless families are women, though dual-parent families and single male parents are not uncommon. The services provided by most family shelters, though similar to those provided for homeless individuals – housing assistance, access to health care, child care, job training, counseling – specialize in providing services that specifically address the needs of women and children. Providing a safe, nurturing, community-like environment is essential in providing a semblance of stability for children while their parents focus on their path toward renewed independence.

BARRIERS TO SERVICE PROVISION

In addition to the deficiency of affordable housing already described in detail, service providers in Palm Beach County lack the ability to sufficiently provide housing and

⁴⁸ The National Center on Family Homelessness. “Characteristics.”

supportive services to the homeless of our community for, among others, the following reasons:

NEED FOR ADDITIONAL COORDINATION AMONG SERVICE PROVIDERS

A significant impetus in creating this Plan was the recognition by service providers for a need for increased collaboration and coordination, not only in the provision of services, but in the solicitation of funds to support them. Service provider staff are passionate, dedicated and committed to making a difference in the lives of those they serve every day. They are, however, each working toward the common goal of ending homelessness. Though individual service provider organizations take great pride in their programs and the impact that they are able to have on reducing the number of homeless in the community, most staff members recognize that they often inadvertently work against each other, draining resources that could be used more effectively with enhanced coordination.

The institution of the Palm Beach County Continuum of Care was a major step in streamlining the services of the County's service providers. This Plan, however, goes much further, outlining a more comprehensive evaluation of the effectiveness of existing services, which will promote the further development of programs proven to work for specific sub-populations. Such changes will reduce the duplication of services and therefore the use of valuable resources. Additionally, Action Steps such as developing universal intake procedures and combining CMIS and the navigator system are essential in meeting the need for constant improvement of the service delivery system in order to most effectively serve homeless and nearly-homeless constituencies.

NOT IN MY BACK YARD (NIMBY)

NIMBYism is a consistent phenomenon throughout the U.S., in urban, suburban and rural areas alike. The term – an acronym for Not In My Back Yard – refers to community opposition, most often from residents of a neighborhood in which a new development is proposed. It often refers to the development of public infrastructure projects such as airports, power plants and rail lines, but as the need to address affordable housing issues has moved to the forefront of many local government agendas, the power behind NIMBY opposition has become one of the most challenging barriers for service providers to overcome.

NIMBYists cite harm to local businesses, a decline in property values, an increase in crime rates, and overcrowding of public schools as reasons that emergency shelters, transitional and permanent supportive housing, as well as new affordable housing should be placed “elsewhere.” In fact, extensive research has been conducted that contradicts the perception that the presence of homeless-serving organizations and affordable housing developments cause an influx of undesirable effects. The Urban Institute's publication *The Impacts of Supportive Housing on Neighborhoods and Neighbors* states “There is no evidence of an increase in crime resulting from the introduction of affordable housing into a neighborhood. In fact, much of the affordable housing now being developed in inner cities and older neighborhoods replaces broken-down and crime-ridden buildings and can serve to reduce the neighborhood crime

rate.”⁴⁹ A homeless individual who was previously living on the streets, when utilizing the services provided by these organizations, will decrease his or her use of controlled substances and incidences of crime and spend less time roaming the streets. When homeless and low-income individuals are surrounded by clean, safe and supportive environments, increases in self-esteem and feelings of self-worth often lead to more rapid progress on their path to self-sufficiency.

When faced with proposals for projects that serve homeless and low-income individuals and families, elected officials are often forced to make unpopular decisions. Proponents of a project sometimes claim that fear and prejudice are the underlying causes of NIMBY, which can exacerbate an already highly emotional debate. The contradiction between supporting the “politically correct” stance – providing fair housing for all – and confronting the NIMBY reactions can become highly political. Very unfortunately, officials who are presented with a clear case for need and take a position contrary to outspoken and determined NIMBYists may be committing political suicide.

A variety of Action Steps outlined in this plan are anticipated to bring about strong NIMBY opposition, including the creation of new intake facilities, emergency shelters, transitional housing and affordable housing developments. This Plan seeks to approach the issue of NIMBY through extensive public awareness and outreach campaigns that not only educate the public regarding the extent of need but also about the positive results that can be achieved by implementing programs that have been proven effective in other communities.

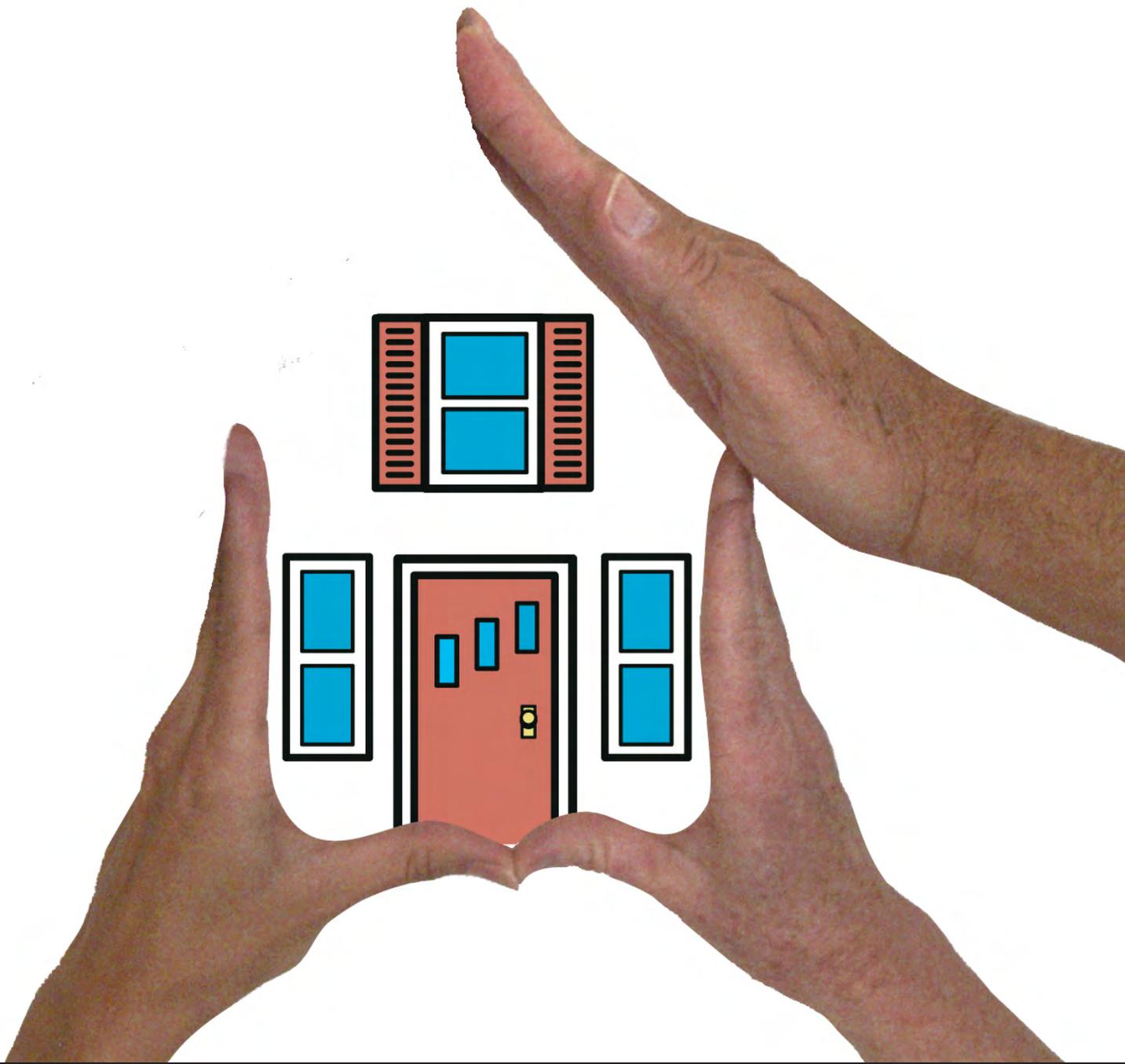
LIMITED FUNDING

Homelessness has been consistently increasing in Palm Beach County. Despite an overwhelming increase in demand for services, however, service providers can no longer rely on historical funding sources that have been steadily decreasing. Though the federal budgets of both the Department of Housing and Urban Development and the Department of Health and Human Services – the two federal agencies through which most assistance for homeless and low-income populations are received – increased from FY07 to FY08 (9 percent and 15 percent, respectively), these seemingly large increases are deceiving. Though some programs did receive increases in funding, others were dramatically cut. This shifting of funds from one program to another simply pits one group of poor against another. In 2006, the Palm Beach County Continuum of Care received a total of \$4,116,912, distributed among 16 projects operated by 13 organizations, through HUD’s annual Continuum of Care funding process. In 2007, that number increased by only \$172,451, distributed among 18 projects operated by 13 organizations. Nominal funding increases are simply not keeping up with the growing population of individuals in need of more affordable housing. Additionally, HUD programs do not fund cost-of-living increases; agencies struggle to meet ever increasing costs while attempting to maintain the same level of service to the same number of clients year after year.

As non-profit organizations, most service providers in the County face a constant and overwhelming financial struggle year after year, despite the successes of their programs.

⁴⁹U.S. Department of Housing and Urban Development. “The Impacts of Supportive Housing on Neighborhoods and Neighbors.” April 2000.

Additionally, the institution and/or expansion of specialized services for the most needy, which are often expensive to provide, is forcibly and regrettably being unaddressed. This Plan outlines the need to identify new funding mechanisms, create new funding streams, and reallocate the distribution of existing funding sources for those programs that are most cost effective and successful at reducing homelessness.



CHAPTER THREE

IMPLEMENTING THE PLAN

The *Goals and Action Steps to Ending Homelessness in Palm Beach County* outline a complex, but comprehensive strategy for addressing a monumental problem, the result of months of study, deliberation and collective decision-making. Though developed as a set of seven goals, three over-arching themes have emerged: Evaluation and Analysis, Advocacy, and Providing Adequate Levels of Service. Each of these themes are centered around the implementation of the Housing First methodology.

HOUSING FIRST METHODOLOGY

Like many communities before, Palm Beach County has adopted the Housing First methodology as its preferred approach to combating homelessness as we move forward, a methodology that is emphasized in this Plan by its focus on the creation of new affordable housing units. Over the last ten years, the Housing First methodology has been proven as an effective means of decreasing the rate of homelessness in both this country and abroad by recognizing the notion that housing is a basic human right that should not be denied to anyone. First put into practice by Pathways to Housing in New York City in the early 1990s, and endorsed by the U.S. Interagency Council on Homelessness as a “best practice,” Housing First programs are being carried out – and making a difference – throughout the U.S., including large cities currently implementing their ten year plans such as New York City, Denver, San Francisco, Atlanta, Chicago and Seattle.

As an alternative to the current emergency shelter, transitional and permanent supportive housing system utilized by the Continuum of Care model, Housing First methodology recognizes the benefits of “stability of place” that are provided by moving homeless individuals and families directly into permanent housing situations and decreasing their lengths of stay in emergency shelters and transitional housing. Communities with experience in implementing Housing First have demonstrated that homeless individuals and families are more responsive to supportive services when the often traumatic experience of long-term stays in emergency shelters and transitional housing is removed from the equation. These individuals and families regain self-confidence and control of their lives at a more rapid rate due to the comfort, sense of normalcy and human connections that can be fostered by being a part of a neighborhood or community.

Housing First methodology is executed in four stages:

- **Crisis Intervention and Short-Term Housing** – Though focus is shifted from the use of emergency shelters and transitional housing, these mechanisms remain an essential component in stabilizing an individual or family in preparation for permanent placement.
- **Intake and Assessment** – Performing a thorough needs assessment is a critical component of Housing First, ensuring proper placement in appropriate permanent housing and the creation of a concrete and comprehensive action plan for supportive service provision.
- **Housing**– Assisting individuals and families in overcoming the barriers to securing permanent housing in a safe neighborhood, barriers that are overcome by providing direct connection to an identified stock of available, affordable and appropriate housing units is emphasized.

- Case Management – Connecting individuals and families with the appropriate supportive services once placed in permanent housing is absolutely critical to their success in attaining and maintaining long-term self-sufficiency. Linking people with services is significantly less complex when housing stability is already secured.

The permanent supportive housing programs utilized by the Housing First methodology are currently supported by two HUD funding mechanisms – the Supportive Housing Program and the Shelter Plus Care Program – both of which the Palm Beach County Continuum of Care currently receive. In an era when securing funds is becoming increasingly more difficult, the Housing First methodology is a successful and cost-effective method with which to reduce the duplication of services and maximize the effectiveness of available resources.

EVALUATION AND ANALYSIS

FULLY-DEFINING THE PROBLEM

Arguably the greatest barrier to solving the problem of homelessness in Palm Beach County is our previous inability to concretely define the extent of the problem. While data obtained through periodic point-in-time counts and collected through the CMIS and HMIS systems provide a snapshot, the necessary time and resources have not been allocated for performing the research for a full panoramic view. In order for this Plan to be effective, two intertwined elements of the problem must be fully-defined and understood: the true characteristics of the homeless population and the available stock of affordable housing. This problem will be addressed in part by:

- Defining and fully describing the characteristic and/or circumstances that make an individual or family homeless
- Developing baseline demographic and service data as reference points for future, ongoing progress measurement and reporting
- Consulting with non-profit and for-profit housing developers and property managers to better understand and quantify the level of interventions and supportive services needed to help tenants avoid eviction
- Developing a detailed inventory assessment of housing in Palm Beach County

EXAMINING THE EFFECTIVENESS OF EXISTING SERVICES

The process through which this Plan was developed included a considerable amount of reflection by service providers regarding the level of programming they provide in comparison with demand. This reflection produced a summary of the “gaps” in services and the underserved populations described previously and laid the groundwork for creating the Action Steps that will address these issues. In order to ensure the most effective use of increasingly limited financial resources, however, it is necessary to conduct a significantly more intense and comprehensive study of the County’s homeless services in order to determine which methods and philosophies have had the most consistent impact on reducing homelessness. The results of this analysis will potentially be used to reallocate funding to organizations whose programs demonstrate conclusive

evidence of reducing the number of homeless in order to expand or perhaps replicate these programs in other areas of the community. This examination will be performed in part by:

- Mapping the currently available service systems, including identifying where and how services are provided and where and how funds flow
- Measuring the effectiveness of homeless prevention activities, services and housing programs
- Evaluating housing and service programs currently being used
- Evaluating the allocation of present funding for currently available services
- Conducting a cost-benefit analysis to determine the economics of homelessness in Palm Beach County as it relates to the health care system, law enforcement, education system and the community at large

Additionally, the need for ongoing reflective assessment of the progress of both existing programs and programs that will be newly implemented by this Plan has been recognized and will be addressed by:

- Establishing a method for holding organizations accountable to the local Continuum Standards of Care for homeless services
- Providing periodic reports to all providers and funding agencies regarding the utilization of services and outcomes

BEST PRACTICES AND EVIDENCE-BASED MODELS

Though the implementation of programs not currently offered in Palm Beach County will most certainly transpire as this Plan moves forward, it is not our intention, at any point, to “recreate the wheel.” Homeless prevention strategies, supportive services and affordable housing developments are carried out with exceptional effectiveness in communities across the U.S. every day. In its call for the development of Ten-Year plans, the U.S. Interagency Council on Homelessness strongly encourages the replication of programs that have been proven effective in reducing homeless in other communities. These “best practices” or evidence-based models from across the country are promoted by the National Alliance to End Homelessness, the U.S. Interagency Council on Homelessness and dozens of advocacy groups, professional associations, and homeless service organizations, agencies and coalitions through the publishing of reports, linkage of administrators and provision of technical support for new program implementation. An extensive examination of best practice models whose replication may be effective in our own community will be conducted. This Plan, however, identifies specific areas of need in Palm Beach County for which best practices will most definitely be sought, including:

- Engagement and assessment
- Homeless prevention, particularly for underserved populations
- Assistance with transitions from the street or interim housing into permanent housing, consistent with the Housing First methodology

ADVOCACY

INCREASING PUBLIC AWARENESS

The social stigma surrounding homelessness is commonly cited by service providers and community advocates as a key barrier in acquiring the funds necessary to address the problem. The widespread opinion that homeless individuals and families are themselves to blame for their situation, and a general dislike for their public presence and occasional panhandling often leads to community opposition when public funding is directed toward the provision of services for the homeless. Seventy-one percent of respondents to a 2002 survey, however, stated that homeless individuals should be removed from public shopping areas by police because they kept customers away, and 51 percent believed they should be removed when keeping visitors from utilizing public parks.⁵⁰ This lack of concern or compassion is, however, not always the case. A survey conducted in New York City in 2007 reported that 67 percent of respondents believed that homeless individuals became so because of “circumstances beyond their control.”⁵¹ Thirty-six percent of the survey respondents claimed that they themselves were worried about becoming homeless.

This Plan calls for the implementation of an extensive public awareness campaign with the goal of educating Palm Beach County residents on the prevalence of homelessness in the community, the characteristics that define those in a homeless situation or facing the threat of homelessness, and the legitimacy behind the factors that can lead one to losing, or prevent them from attaining a home. As this Plan also calls for the creation of Homeless Resource Centers (HRC) - geographically distributed, 24-hour facilities providing intake and assessment services and equipped with interim beds – an anticipated NIMBY reaction will necessitate an informative campaign that highlights evidence that such facilities do not increase crime or decrease property values, accompanied by the expected positive outcomes that will transpire with the implementation of this Plan.

INFLUENCING POLICY

The resolution that created the Homeless Advisory Board speaks directly to the Board’s authority to advise the Board of County Commissioners regarding proposed legislation related to homelessness. Furthermore, the Board’s bylaws call for the establishment of a Policy and Legislation Committee tasked with creating policy position statements upon review of local, state and federal homeless initiatives, developing macro level policy statements on homelessness in Palm Beach County and responding to policy issues brought forth by community members. In developing the composition of the Homeless Advisory Board membership, great care was taken to include elected officials and government agency authorities – those with the authority to implement effective change. This Plan will guide such change in part by:

- Coordinating policy development and funding recommendations regarding issues for housing and supportive services

⁵⁰ Public Agenda. “Compassion, Concern and Conflicted Feelings: New Yorkers on Homelessness and Housing. 2007.

⁵¹ Public Agenda. <http://www.publicagenda.org/issues/red_flags.cfm?issue_type=welfare#homeless>.

- Aligning the plans of all housing-related boards
- Advocating at the local, state, and federal levels for policies that foster the creation and sustainability of affordable housing
- Advocating and ensuring at the local, state, and federal levels coordination of data reporting requirements
- Advocating for the comprehensive enforcement of child support laws
- Advocating for the creation of a living wage
- Advocating for affordable and accessible health care

PRESERVING EXISTING/CREATING NEW PUBLIC FUNDING STREAMS

There is no doubt that significant additional funding, above and beyond that which is currently directed toward the County's service providers, will be needed to implement this Plan. Cost-benefit analyses, reallocation of dollars, reducing the duplication of services and implementing best practices will allow for more effective spending. The necessity to create new funding streams using public dollars, however, cannot be ignored. This plan calls for the preservation of existing and the development of new, public funding streams in part by:

- Developing an executive committee of the Homeless and Housing Alliance which reports to the Homeless Advisory Board pertaining to prioritization of local funding recommendations
- Advocating for the preservation of and increased funding for existing housing subsidies and subsidized housing units
- Advocating at the local (both public and private), state and federal levels for the funding to eliminate individual and family homelessness, to include:
 - The establishment of a national housing trust fund
 - The formation of community land trusts (CLTs)
 - Increased funding and access to programs that expand and sustain housing opportunities for households living at the lowest income levels
 - The provision of full funding for state and federal initiatives that offer housing stability to households who experience or who are at-risk-of experiencing homelessness
 - The coordination of local and County funded homeless related dollars and its redirection to meet housing needs

PROVIDING ADEQUATE LEVELS OF SERVICE

The remainder of this Plan consists of recommendations for the provision of operative and effective processing of those seeking services and the development of new service programs based on selected best practices, particularly those proven to assist underserved populations and increase affordable housing for permanent placement. There is no doubt that the service providers operating throughout Palm Beach County are committed to offering the most compassionate, complete and optimal services to their homeless constituency. It can also not be argued, however, that the level of service provision that they are able to provide with available resources does not meet their constituency's growing demand. By increasing the number of programs, strategically placing these programs with geographic diversity and fully funding the budgets for

proper implementation, the common goal of ending homelessness in Palm Beach County can be attained.

LINKING TRACKING MECHANISMS AND PROCEDURES

The intent to increase collaboration requires that a system for communicating data be modern, linked, reliable and accessible by all organizations within the service provider network. The need for a universal intake system, with the ability to follow each individual and family as they progress through the emergency shelter, transitional and supportive housing system – and when available, directly from intake to permanent housing – is critical in the avoidance of service duplication and maintaining cost-effectiveness. Unfortunately, despite its good intentions, the County's current CMIS/HMIS systems are considered under-equipped to accurately control this data, due in part to the variety of reporting policies within the large network of service providers throughout the County. This Plan address data collection, case management and communication issues in part by:

- Developing and implementing universal intake procedures that are accessible by all authorized service providers and serves all individuals entering the system
- Combining the Client Management Information System (CMIS) and a navigator system to create a universal process for client intake
- Expanding the Homeless Management Information System (HMIS) and mandating providers to participate in data gathering activities
- Developing standard operating procedures for law enforcement on the handling of homeless individuals and families that would be accepted County-wide
- Funding comprehensive case management for individuals and families who are in interim housing shelters
- Creating Housing Placement Counselor positions to work to increase the opportunities for homeless clients to access safe and affordable housing
- Encouraging collaboration of service delivery systems to better service homeless individuals and families

DEVELOPING NEW/EXPANDING EXISTING SERVICES

Programs not directly associated with housing but essential to providing stability for the homeless, those facing the threat of homelessness and those working through the emergency shelter, transitional and permanent supportive housing systems cover a broad spectrum of needs. There are multiple programs currently operating throughout Palm Beach County for which this Plan calls for expansion or replication. Additionally, the study of best practices being implemented throughout the U.S. will result in the selection of multiple programs appropriate for the Palm Beach County community. This Plan will ensure that every homeless individual and family has access to services that meet their needs in part by:

- Developing regionally located Homeless Resource Centers (HRCs) throughout the County, which will be equipped with interim beds for homeless individuals
- Developing and implementing programs that provide access to medical and psychiatric assessments in order to identify conditions that may prevent homeless clients from being appropriately placed in interim housing programs

- Replicating the current Safe Haven model to serve severely mentally ill/dually diagnosed individuals in the south, central and western regions of the County
- Coordinating outreach efforts
- Partnering with non-profit and for-profit housing developers and property managers to implement supportive services needed to help tenants avoid eviction
- Developing a transitional process for youth aging out of foster care and for homeless prisoners ready for reintegration
- Developing and implementing a strategy that better helps people with criminal backgrounds to qualify for housing and/or to remain in housing
- Providing transportation and/or transportation vouchers for eligible homeless individuals and families
- Developing new and innovative employment and employment training programs (able to serve all skill levels), and to provide access to such programs, in order to increase income levels of homeless individuals and families

INCREASING INTERIM AND AFFORDABLE HOUSING OPTIONS

Without an adequate supply of affordable housing, those individuals and families in transitional housing awaiting permanent placement are forced to remain for extended periods of time. As a result, those utilizing emergency shelters, many of which have strict time limits regarding lengths of stay, are forced to return to the street, despite a possible determination to move forward along their path toward independence. This “rotating door” phenomenon, and the overwhelming deficit in housing, both interim and permanent, is addressed by this Plan in part by:

- Providing immediate interim housing and/or interim contract facility placement to individuals and families, particularly those currently not served or underserved
- Creating medical/psychiatric respite beds for homeless individuals and families who are discharged from hospitals or psychiatric facilities
- Developing additional housing programs for youth aging out of foster care, homeless persons with disabilities, seniors facing a loss of housing and homeless prisoners ready for reintegration
- Identifying and securing a minimum of 400 attainable and geographically distributed rental units per year for the next ten years for use as permanent housing options with comprehensive supportive services, or linked supportive services

FUNDING THE PLAN

Throughout the development of this Plan, a concern for how the potentially millions of new dollars that would be required to implement such expansive and broad-reaching initiatives would be secured was voiced time and again. With each brief moment of apprehension came a renewed determination from all involved in its development that this Plan would not give credence to funding limitations. Without such an approach, its implementation would not lead to ending homelessness, simply a return to managing homelessness but in a new or different way. We fully recognize that the community at

large, not just our local governments, must accept responsibility for finding the answers and necessary funding solutions.

The bylaws of the Homeless Advisory Board call for the establishment of a Funding Committee tasked with exploring new revenue streams for existing programs and/or the development of new initiatives (as previously described), making recommendations regarding the County budget process as it relates to homelessness, assisting in the solicitation of funds from the community at large and establishing working relationships regionally and inter-county in order to explore regional approaches to funding initiatives that address homelessness. The Funding Committee will work hand-in-hand with all interested parties including the County staff and service providers to employ an aggressive, coordinated and multi-faceted development campaign that accesses the vast personal, corporate and foundation wealth in Palm Beach County while seeking to match programs with the funding interests of donors. The comprehensive pursuit of government grants and special appropriations from both the state and federal governments, combined with targeted corporate and foundation requests, collaborations with non-profit and for-profit housing developers and the encouragement of private philanthropic giving to include planned gifts and bequests, will create a broad-reaching campaign to fund an important endeavor that will have a broad-reaching impact.

Agencies and institutions funded by taxpayer dollars spend millions each year providing services – often repeatedly – to homeless individuals and families through 911, hospital emergency rooms, mental health facilities, child protective services, prisons and jails. Studies have shown that homeless families and individuals access these systems at a disproportionately greater rate than others due to the emotional, mental and physical stresses related to homelessness. Once placed in permanent supportive housing, these same individuals and families drastically reduce their utilization of these services. Simply put, paying to house homeless individuals and families is less expensive for society and better for the individual or family. Investing in effectively serving the homeless and those facing the threat of homelessness is a sound use of private funding and taxpayer dollars, both logical and sensible.



CHAPTER FOUR

**GOALS AND ACTION STEPS
TO ENDING HOMELESSNESS
IN PALM BEACH COUNTY**

GOAL 1: Develop a Universal System for Intake/Assessment and Enhance Client Information Management System

A centralized, standard procedure (with 24-hour access) would improve upon the current system of accessing, tracking, and serving our County’s homeless population.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Develop and implement universal intake procedures that are accessible by all authorized service providers and serve all individuals entering the system.	Yrs 1-2	211 Palm Beach/Treasure Coast – Client Management Information Services (211/CMIS), Children’s Services Council, Faith Based Community, Health Care Providers, Homeless Advocates, Homeless Service Providers, PBC Human Services, Private Foundations and Donors, United Way, U.S. Department of Housing and Urban Development (HUD)	\$	Available
B	Develop regionally located Homeless Resource Centers (HRC) throughout the County, which will be equipped with interim beds for homeless individuals. The facilities with beds will be accessible 24-hours a day. <i>*Contracted facilities will be used to provide homeless with interim housing.</i>	Yrs 1-10	Faith Based Community, Funding Agencies, Homeless Coalition, Homeless Service Providers, Municipalities, PBC Health Department, Private Foundations and Donors, Substance Abuse Service Providers	\$\$\$\$\$	Cannot be achieved without new funding

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
C	Develop and implement programs that provide access to medical and psychiatric assessments in order to identify conditions that may prevent homeless clients from being appropriately placed in interim housing programs.	Yrs 1-10	Children's Services Council, Family Empowerment Coalition (FEC), Florida Department of Children and Families - Substance Abuse and Mental Health Program Offices (DCF/SAMH), Health Care District, Medicaid, Other Mental Health Service Providers, PBC Health Department, Private Foundations and Donors, Private Providers, United Way	\$\$	Available, but increased revenue is needed to increase assistance
D	Combine the Client Management Information System (CMIS) and a navigator system to create a universal process for client intake.	Yrs 1-3	211/CMIS, Funding Agencies, Homeless Service Providers	\$	Available, but increased revenue is needed
E	Evaluate Best Practice Models related to engagement and assessment, including the current pilot Engagement Center at The Lord's Place to determine the feasibility of its duplication at each Homeless Resource Center.	Year 1	Faith Based Community, Funding Agencies, Homeless Coalition, Homeless Service Providers, United Way	\$	Available, but, if expanded, cannot be achieved without new funding

Proposed Outcome:

By 2018, Palm Beach County's homeless response system will have created a County-wide process for the intake, assessment and management of homeless clients. Additionally, regional homeless resource centers will have been created throughout the County, providing supportive services that include: a universal intake process, interim beds when needed, 24 hour access, engagement centers, as well as medical and psychiatric assessments.

**GOAL 2: Provide Interim Housing Services for Homeless Individuals/
Families**

When immediate permanent housing is not available, a need for interim housing options is essential. An increase in the number of interim housing beds is needed for individuals and families and could include the utilization of hotels and/or motels, particularly for homeless families. Additionally, interim housing should include comprehensive case management and supportive services.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Provide immediate interim housing and/or interim contract facility placement to individuals and families.	Year 1	Contracted and Non-Contracted Motel Providers, Emergency Food and Shelter Program (EFSP), Funding Agencies, Homeless Service Providers, PBC Housing and Community Development, United Way	\$\$\$	Available, but increased revenue is needed to increase assistance
B	Create medical/psychiatric respite beds for homeless individuals/ families who are discharged homeless from hospitals or psychiatric facilities.	Yrs 1-10	Business Community, DCF, Funding Agencies, Health Care District, Health Care Providers, Private Foundations and Donors, United Way	\$\$\$	Cannot be achieved without new funding
C	Fund centralized comprehensive case management for individuals/families who are in interim housing shelters.	Yrs 1-10	DCF, Faith Based Community, Homeless Service Providers, Private Foundations and Donors, United Way	\$\$\$	Cannot be achieved without new funding
D	Provide transportation and/or transportation vouchers for eligible homeless individuals/families.	Yrs 1-10	Faith Based Community, Funding Agencies, Homeless Service Providers, Palm Tran	\$\$	Partially funded, but need additional funding dedicated for homeless
E	Develop interim housing for currently not-served targeted populations.	Yrs 1-10	Area Agency on Aging, DCF, Funding Agencies, Private Foundations and Donors, School District, United Way	\$\$\$	Cannot be achieved without new funding

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
F	Identify Best Practice Models used to reach and serve underserved or currently not-served targeted populations.	Year 1	Area Agency on Aging, DCF, Homeless Coalition, School District, United Way	\$	Available

Proposed Outcome:

By 2018 Palm Beach County’s homeless response system will have enhanced and increased the current number of interim housing options for homeless individuals and families. This system will include services for underserved homeless populations. The system will use hotel/motel vouchers to temporarily house homeless families. In addition, interim housing options will provide clients with individual case management and supportive services. Respite beds for individuals discharged from medical or psychiatric facilities will have been created.

GOAL 3: Coordinate Partnerships and Resources for Homeless Services

An effective Continuum of Care relies on the seamless coordination of community partnerships and resources. A collaboration and coordination of homeless services is needed in order to effectively address the issues of individual/family homelessness. The Plan must utilize and streamline existing resources when appropriate and seek additional resources when necessary. Additionally, the Plan ensures cost effectiveness and efficiency of the homeless response system.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Collaborate with service delivery systems to better serve homeless individuals/families.	Yrs 1-10	Funding Agencies, Homeless Advisory Board, Homeless Service Providers, PBC Housing and Community Development	\$	Available
B	Map the chief service systems: <ul style="list-style-type: none"> • Identify where and how funds flow • Review current eligibility and entry points • Discover what works and does not work for homeless individuals/families in each system • Assess the disproportionate representation of minority individuals/families in these systems • Assessment of the services provided to SAMH and those who are situationally homeless • Analysis of service needs based on gender 	Yrs 1–10	Child Protective Services (CPS), Criminal Justice Services, Florida Department of Juvenile Justice (DJJ), Food Stamp Program, HOME Investment Partnerships Program, Housing Subsidy Programs (such as Section 8 Housing Choice Voucher Program), Medicaid, Mental Health and Substance Abuse Service Providers, McKinney-Vento Homeless Assistance Program, PBC Health Department, Public Housing Authority Programs, School District, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Veterans Health Administration, Workforce Investment Act (WIA) Programs	\$	Available, but may need additional funding based on the extent of the mapping

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
C	Advocate and ensure the implementation of new local revenues (both public and private) dedicated to ending homelessness (i.e. Revolving Bond Fund, incentives for individual philanthropy).	Yrs 2-10	Homeless Advisory Board, Homeless Coalition, Municipalities	\$\$\$\$\$ Revenue	Cannot be achieved without new funding
D	The Homeless Advisory Board will: <ul style="list-style-type: none"> • Provide leadership • Promote and advocate for ending individual/family homelessness • Advocate for the establishment of new local revenues (both public and private) to be used to end homelessness • Coordinate the pooling of resources necessary to implement the Plan 	Yrs 1-10	Homeless Advisory Board, Homeless & Housing Alliance, Homeless Coalition	\$	Available
E	Update the local Continuum Standards of Care for homeless services, and establish the method to hold organizations accountable to the standards.	Year 1	Children's Services Council, DCF, Homeless Service Providers, Non-Profit Resource Center, Private Foundations and Donors, United Way	\$	Available
F	Conduct an evaluation of existing service delivery systems in order to identify gaps and the need for additional services.	Yrs 1-2	Homeless Advisory Board, Homeless Service Providers	\$	Available
G	Develop an executive committee of the Homeless and Housing Alliance which reports to the Homeless Advisory Board pertaining to prioritization of local funding recommendations.	Yrs 1-10	Homeless Advisory Board, Homeless & Housing Alliance	\$	Available
H	Coordinate policy development and funding recommendations regarding issues for housing and supportive services.	Yrs 2-10	Business Community, Funding Agencies, Homeless Coalition, Homeless Service Providers, Private Citizens (Homeless and Formerly Homeless)	\$	Available

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
I	Evaluate the allocation of present funding for currently homeless child care.	Yrs 1-5	Homeless Advisory Board, Homeless Service Providers, Funding Agencies	\$	Available
J	Evaluate the need to establish an independent, publicly funded entity with ultimate local authority over issues related to homelessness.	Yrs 1-5	Homeless Advisory Board, Homeless Service Providers, Funding Agencies	\$	Available

Proposed Outcome:

By 2018, Palm Beach County’s homeless response system will have effectively established a strong, collaborative approach to ending individual/family homelessness. This approach will coordinate the planning, funding, and delivery of housing and homeless services in Palm Beach County. These services will specifically target individuals and families who are either currently homeless or those who face the threat of becoming homeless. Additionally, these efforts will have increased both the success and cost-effectiveness of the homeless response system assuring long-term housing stability for the clients.

GOAL 4: Improve Access to Homeless Services with Outreach and Education

The current homeless outreach efforts in our County can be enhanced by coordinating additional support from other jurisdictions and resources. With increased support, these efforts can be expanded to include evening and weekend hours. Additionally, increasing public awareness on homeless issues can educate the community and improve access to the homeless response system for homeless individuals and families.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Develop standard operating procedure for law enforcement that would be accepted County-wide on the handling of homeless individuals or families.	Yrs 1-10	Homeless Service Providers, Municipal Law Enforcement Staff, PBC Sheriff's Office (PBSO)	\$	Cannot be achieved without new funding
B	Maximize existing resources by coordinating outreach efforts.	Yrs 1-2	Criminal Justice Services, Faith Based Community, Health Care Providers, Homeless Service Providers, Hospital Emergency Personnel, Municipal Law Enforcement Staff, Municipalities, PBSO, School District	\$\$	Available
C	Develop and implement plan to increase public awareness about the prevalence and issues of individual and family homelessness.	Yrs 1-10	Business Community, DCF, Faith Based Community, Homeless Advisory Board, Homeless Coalition, Homeless Service Providers, Municipalities, Private Foundations and Donors, School District, United Way	\$	Available , but may need new funding in order to expand public awareness
D	Evaluate existing and implement new after hours/weekend outreach models.	Yrs 1-2	Criminal Justice Services, Homeless Service Providers, Municipal Law Enforcement Staff, PBSO, United Way	\$	Available

Proposed Outcome:

By 2018 Palm Beach County's current homeless outreach system will have been enhanced by the support of additional resources, including the coordination of local jurisdictions, faith-based organizations and other interested parties. Additionally, marketing and educational efforts will have been implemented to increase awareness of the issues surrounding homelessness and accessing homeless services.

GOAL 5: Prevent Individuals and Families from Becoming Homeless

Strategic investment in prevention initiatives can effectively prevent homelessness for groups of people at risk of losing their housing. Preventative measures should offer permanent solutions, with a special emphasis on increasing clients’ income, creating more affordable/accessible housing options and improving clients’ access to mainstream resources.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Develop additional housing programs, when needed, for youth aging out of foster care and implement a transitional process.	Yrs 2-10	Children’s Service Providers, Commission on Affordable Housing, DCF, Faith Based Community, Housing Authorities, Private Foundations and Donors, United Way, Funding Agencies	\$	Partially available, but cannot be achieved without new funding
B	Develop and implement, when needed a housing program for homeless persons with disabilities.	Yrs 2-10	Commission on Affordable Housing, Faith Based Community, Homeless Service Providers, Housing Authorities, Private Foundations and Donors, United Way,	\$\$	Partially available, but cannot be achieved without new funding
C	Develop and implement, when needed, housing programs, for homeless seniors facing a loss of housing.	Yrs 2-10	Commission on Affordable Housing, Faith Based Community, Funding Agencies, Homeless Service Providers, Housing Authorities, United Way	\$\$\$\$	Partially available, but cannot be achieved without new funding

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
D	Increase funding and access to high-quality child care and dependent care subsidies.	Yrs 2-10	Adult Education Programs (GED/ESOL), Business Community, Children's Services Council, College and Trade Programs, Early Learning Coalition, Faith Based Community, Family Central, FEC, Homeless Service Providers, Private Foundations and Donors, School District, United Way, Workforce Alliance	\$\$\$\$\$	Partially funded, but need additional funding dedicated for homeless and those at risk of homelessness
E	Advocate for the enforcement of child support payment enforcement laws.	Yrs 1-10	Criminal Justice Services, Florida Department of Revenue, Funding Agencies, Homeless Advisory Board, Homeless Service Providers	\$	Available
F	Develop new and innovative employment and employment training programs (able to serve all skill levels) in order to increase income levels of homeless individuals/families.	Yrs 2-10	Business Community, Financial Institutions, Gulfstream Goodwill Industries, Private Foundations and Donors, Vocational Rehabilitation Programs, United Way, Workforce Alliance,	\$\$	Partially available, but cannot be achieved without new funding

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
G	<p>Provide access to training and educational opportunities to increase individual/family incomes.</p> <p>Example: Traditional Training, ESOL, Technical Trainings, Palm Beach Community College, etc.</p>	Yrs 2-10	<p>Adult Education Programs (GED/ESOL), College and Trade Programs, Faith Based Community, FEC, Federal Emergency Management Administration (FEMA), Homeless Service Providers, HUD, Palm Beach Community College, Private Foundations and Donors, United Way, Vocational Rehabilitation Programs, Workforce Alliance</p>	\$\$	Partially funded, but need additional funding dedicated for homeless
H	<p>Provide access for individuals/families to education and services needed to support housing stability.</p> <p>Example: Budgeting, Life Skills Training, Conflict Resolution Training, Personal Care Attendance, Parenting, etc...</p>	Yrs 1-10	<p>Faith Based Community, FEC, Homeless Service Providers, Landlords and Apartment Managers, Literacy Coalition, Private Foundations and Donors, School District, United Way</p>	\$	Partially funded, but need additional funding to expand
I	<p>Identify and evaluate Best Practice Models (used locally and nationally) to prevent homelessness for underserved or currently not-served targeted populations.</p>	Year 1	<p>Area Agency on Aging, Criminal Justice Services, DCF, Faith Based Community, Homeless Coalition, Private Foundations and Donors, School District, United Way</p>	\$	Available

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
J	Evaluate the effectiveness of existing programs as a means to expedite the delivery of SSI/SSDI benefits to persons with disabilities, thus reducing eviction rates for this population, with possible implementation based on findings.	Year 1	Florida Office on Homelessness, Funding Agencies, Homeless Service Providers, Legal Aid Society, Private Foundations and Donors, Social Security Administration, United Way	\$	Cannot be achieved without new funding
K	Develop, advocate for, and implement housing programs for homeless prisoners ready for reintegration, when needed, and implement a transitional process.	Yrs 2-10	Criminal Justice Services, DCF, Faith Based Community, Private Foundations and Donors, United Way	\$\$	Partially available, but cannot be achieved without new funding
L	Develop incentives for employer-assisted child care and dependent care.	Yrs 1-5	Business Community, Financial Institutions, Municipalities, Private Foundations and Donors, State Government	\$\$	Create tax incentives
M	Define and fully describe the characteristics and/or the circumstances that make an individual or a family homeless.	Year 1	CMIS, Homeless Service Providers, HUD, Landlords and Apartment Managers	Cost included in Goal 7E	Cannot be achieved without funding
N	Identify alternate employment opportunities (such as cottage industries, apprenticeship programs, etc...) targeted to homeless individuals.	Yrs 1-2	Business Community, Homeless Service Providers, Private Foundations and Donors, United Way, Workforce Alliance	\$	Available
O	Identify national and local prevention programs that are evidence-based and proven to be effective.	Year 1	Area Agency on Aging, Children's Services Council, DCF, Faith Based Community, Homeless Coalition, Homeless Service Providers, Other Human Services Providers, United Way	\$	Available

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
P	Partner with nonprofit and for profit housing developers and property managers to implement supportive services needed to help tenants avoid eviction.	Yrs 2-10	EFSP, Faith Based Community, FEC, Homeless Service Providers, Landlords and Apartment Managers, Private Foundations and Donors, PBC Housing and Community Development, United Way	\$\$	Available, but increased revenue is needed to increase assistance
Q	Develop and implement a strategy that better helps people with criminal backgrounds to qualify for housing and/or to remain in housing.	Year 3	Faith Based Community, Homeless Service Providers, Landlords and Apartment Managers, Criminal Justice Services, United Way,	\$	Available
R	Consult with nonprofit and for-profit housing developers and property managers to better understand and quantify the level of interventions and supportive services needed to help tenants avoid eviction.	Yrs 1-2	EFSP, Faith Based Community, FEC, Homeless Coalition, Homeless Service Providers, Landlords and Apartment Managers, PBC Housing and Community Development, Private Foundations and Donors, United Way	\$	Available
S	Measure the effectiveness of homeless prevention activities.	Yrs 5-10	CMIS, PBC Housing and Community Development, United Way	Cost Included in Goal 7B	Cannot be achieved without new funding

Proposed Outcome:

By 2018, Palm Beach County’s homeless response system will have created, nurtured, and fully implemented an intervention system focused on preventing individual/ family homelessness. This improved system will have created new education, training and employment opportunities along with supportive services needed to maintain employment.

GOAL 6: Secure a Stable Stock of Affordable/Accessible Housing

Homeless individuals and families often present with an array of challenges and needs, for which various housing strategies and accommodations are necessary. Offering permanent housing options along with supportive services through the Housing First methodology is the ideal model for ending homelessness. It is imperative to identify, secure and/or develop a dependable stock of affordable, accessible and safe housing options that can serve our homeless population. These various strategies should include transitional, permanent supportive, rental and homeownership options.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Identify and secure a minimum of 400 attainable and geographically distributed rental units per year for use as permanent housing options with comprehensive supportive services, or linked supportive services.	Yrs 1-10	Business Community, Faith Based Community, Financial Institutions, Homeless Services Providers, Housing Authorities, Private Foundations and Donors, Realtors, United Way	\$\$\$\$\$	Partially funded, but need additional funding dedicated for homeless and those at risk of homelessness
B	Map current services available for those who are homeless and those who are at-risk-of homelessness. Also identify any future service needs and costs. Example: Case Management, Personal Care Assistance, Life Skills Training, Child Care, Dependent Care, etc.	Year 1	DCF, Children's Services Council, Faith Based Community, Municipalities, United Way	\$	Available
C	Advocate at the local, state, and federal levels for the preservation of and increased funding for existing housing subsidies and subsidized housing units.	Yrs 1-10	Business Community, Faith Based Community, Homeless Advisory Board, Homeless Coalition, Homeless Service Providers, Municipalities, United Way	\$	Available

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
D	Develop a detailed inventory assessment of housing in Palm Beach County (by type – excluding those not appropriate for homeless prevention activities).	Year 1	Florida International University, Housing Leadership Council, Community Foundation for Palm Beach and Martin Counties	\$	Available
E	Identify and replicate Best Practice Models to increase capacity to move individuals and families off the streets or out of interim housing.	Yrs 1-10	Funding Agencies, Homeless Advisory Board, Homeless Service Providers	Unknown	Unknown until models chosen to replicate
F	Create Housing Placement Counselor position(s). These counselors will work to increase the opportunities for homeless clients to access safe, affordable/accessible housing (Rapid Rehousing).	Yrs 1–10	Business Community, Housing Leadership Council, Municipalities, Private Foundations and Donors, United Way	\$	Cannot be achieved without new funding
G	Advocate for more affordable/accessible permanent housing.	Yrs 1-10	Funding Agencies, Habitat for Humanity, Homeless Coalition, Housing Leadership Council, Prosperity Centers, United Way	\$	Available
H	Replicate current Safe Haven model to serve severely mentally ill/dually diagnosed individuals in the south, central and western regions of the County.	Yrs 1-10	Criminal Justice Services, DCF, Mental Health Service Providers	\$\$ per project	Available, but increased revenue is needed to increase assistance

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
I	<p>Advocate at the local, state, and federal levels for legislative support for the funding to eliminate individual/family homelessness:</p> <ul style="list-style-type: none"> • Establish a national housing trust fund • Increase funding and access to programs that expand and sustain housing opportunities for households living at the lowest income levels • Provide full funding for state and federal initiatives that offer housing stability to households who experience or who are at-risk-of experiencing homelessness • Coordinate local/County funded homeless related dollars and redirect to meet housing needs • Align plans of all housing-related boards • Creation of a living wage • Affordable and accessible health care 	Yrs 1-10	Business Community, Faith Based Community, Health Care District, Homeless Advisory Board, Homeless Coalition, Homeless Service Providers, Municipalities, United Way	\$	Available
J	Advocate for community land trusts (CLTs).	Yrs 1-10	Homeless Coalition, Homeless Service Providers, Municipalities, Private Land Owners	\$	Available
K	Advocate at the local, state, and federal levels for policies that foster the creation and sustainability of attainable housing.	Yrs 1-10	Funding Agencies, Homeless Advisory Board, Homeless Coalition, Homeless Service Providers	\$	Available

Proposed Outcome:

By 2018, our communities will have developed 4,000 units of affordable/accessible housing located throughout the County. The Plan will have assured that these units remain affordable and accessible on a long-term basis, and that they continue to support individuals and families who have been homeless. These units will not have been lost to market conversion or owners opting-out. In addition, our communities will have implemented effective policies, procedures, incentives, and dedicated resources to keep subsidized units available to extremely-low income homeless and formerly-homeless households. Finally, by “opening the back door” – a phrase often used when referring to the ability to move homeless individuals out of the shelter system by placing them in permanent housing – through the development of new permanent housing stock, the homeless response system will have achieved maximum use of its interim and transitional housing units.

GOAL 7: Provide System Oversight and Evaluation of the Ten-Year Plan

The integrity and success of this Plan is dependent upon the consistent oversight and evaluation of each of its components, which include: Plan implementation, oversight of operations, management of funds and evaluation of all partners. The effort will include conducting research and collecting data that will routinely drive policy development. Best practice strategies will be researched and, where appropriate for Palm Beach County, replicated to improve existing models. Evaluation systems will be developed to accurately measure success. Providers must be accountable to meet certain standards and achieve success with their clients. Also, a key component of oversight and evaluation is the engagement of clients – those who are homeless and/or formerly homeless. Finally, service providers must receive appropriate training and resources to succeed.

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
A	Create a leadership position to ensure implementation and oversight of the Ten-Year Plan.	Yrs 1-10	Funding Agencies, Homeless Advisory Board	\$	Cannot be achieved without new funding
B	Provide a comprehensive annual report on the progress being made on the Ten-Year Plan.	Yrs 1-10	Ten-Year Plan Staff, Homeless Advisory Board, Homeless Service Providers	\$	Available
C	Conduct a cost benefit analysis to determine the economics of homelessness in Palm Beach County as it relates to the health care system, law enforcement, the education system and community at large.	Yrs 1-2	Colleges/Universities, Health Care District, Health Care Providers, Municipalities, School District, United Way	\$	Cannot be achieved without new funding
D	Expand and enhance the Homeless Management Information System (HMIS) and mandate providers to participate in data gathering activities. <i>*Important to always ensure that the privacy and concerns of homeless individuals, families and organizations are respected.</i>	Yrs 1-10	211/CMIS, Funding Agencies, Homeless Service Providers	\$	Cannot be achieved without new funding
E	Develop baseline demographic and service data as reference points for future, ongoing progress measurement and reporting.	Year 1	Ten-Year Plan Staff, 211/CMIS, Homeless Advisory Board	Cost Included in Goal 7B	Cannot be achieved without new funding

	Actions	Time Frame	Proposed Partners	Annual Cost	Funding Status
F	Provide periodic reports to all providers and funding agencies regarding utilization of services and outcomes: Example: <ul style="list-style-type: none"> • Number of new homeless individuals/families that have been assessed • Demographic profile • Length of stay in interim housing • Number of placements into permanent housing • Other meaningful data • Require funded entities to report data 	Yrs 1-10	Ten-Year Plan Staff, Homeless Advisory Board, Homeless Service Providers	\$ Cost included in Goal 7B	Available
G	Advocate and promote at the local, state, and federal levels the use of uniform data reporting requirements following the development and approval of such requirements.	Yrs 1-10	Homeless Advisory Board, Homeless Coalition, Homeless Service Providers	\$	Available
H	Evaluate housing and service programs currently being used in Palm Beach County.	Yrs 2-10	Ten-Year Plan Staff, Homeless Advisory Board, Homeless Service Providers, Housing Leadership Council	\$	Available

Proposed Outcome:

By 2018, a system will have been created that provides regular oversight and ongoing evaluation of the Plan. Reliable research and data will have been collected to measure the progress and success of the Plan, and reports will have been generated and distributed analyzing its effectiveness. Additionally, leadership duties will have been established for implementation and oversight of the Plan.

ACRONYMS

BCC	Palm Beach County Board of County Commissioners
CDBG	Community Development Block Grant
CLT	Community Land Trust
CMIS	Client Management Information System
CoC	Continuum of Care
CPS	Child Protective Services
DCF	Florida Department of Children and Families
DJJ	Florida Department of Juvenile Justice
EFSP	Emergency Food and Shelter Program
ESG	Emergency Shelter Grant
ESOL	English for Speakers of Other Languages
FEC	Family Empowerment Coalition
FEMA	Federal Emergency Management Administration
GED	General Educational Development
HAB	Palm Beach County Homeless Advisory Board
HCD	Health Care District
- or -	
HCD	Housing and Community Development
HRC	Homeless Resource Center
HUD	U.S. Department of Housing and Urban Development
ICH	U.S. Interagency Council on Homelessness
NIMBY	Not In My Backyard
PBC	Palm Beach County
PBSO	Palm Beach Sheriff's Office

PIT	Point-In-Time Survey
SAMH	Substance Abuse and Mental Health
SSDI	Social Security Disability Insurance
SSI	Social Security Income
TANF	Temporary Assistance for Needy Families
VA	U.S. Department of Veterans Affairs
WIA	Workforce Investment Act

GLOSSARY OF PLAN TERMINOLOGY

Affordable Housing – Housing for which the occupant is paying no more than 30 percent of his or her income for gross housing costs, including utilities.

Area Median Income (AMI) – The midpoint in the income distribution within a specific geographic area. By definition, 50% of households earn less than the median income, and 50% earn more. AMI is used to determine the eligibility of applicants for both federally and locally funded housing programs.

Chronically Homeless – An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least four episodes of homelessness in the past three years.

Co-Occurring or Dual Needs – A circumstance in which a homeless individual falls into multiple sub-population categories. For example, a woman who is both pregnant and undocumented.

Community Development Block Grant Program (CDBG) – A Federal program created under the Housing and Community Development Act of 1974. This program provides grant funds to local and state governments to be used to develop viable urban communities by providing decent housing with a suitable living environment and expanding economic opportunities to assist low- and moderate-income residents.

Continuum of Care – Policies designed to address the critical problem of homelessness that include a coordinated community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs – physical, economic, and social. A network of collaborating homeless service providers are often referred to as a Continuum of Care, as in the Palm Beach County Continuum of Care.

Double Up – A situation in which a family is temporarily living in an over-crowded situation with friends or relatives.

Housing First – A methodology for combating homelessness that focuses on moving the homeless immediately from the streets or homeless shelters into their own apartments rather than through the different “levels” of housing – emergency and transitional shelters to permanent supportive housing.

Homeless – The term “homeless” or “homeless individual” or “homeless person” includes—

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) an individual who has a primary nighttime residence that is—
 - (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or

(C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Resource Center – A 24-hour facility for intake and assessment of homeless individuals and families, equipped with interim beds.

Household – One person or a group of people who live together.

Livable Wage - A wage sufficient to provide minimally satisfactory living conditions, also called minimum wage.

Low Income – A household whose income does not exceed 80 percent of the median income for the area, with adjustments for smaller or larger families. Additional income limits are defined as follows:

Extremely Low Income - A household whose income does not exceed 30 percent of the median income for the area

Very Low Income - A household whose income does not exceed 50 percent of the median income for the area

Moderate Income - A household whose income does not exceed 120 percent of the median income for the area

Annual Income Limits for West Palm Beach and Boca Raton Metropolitan Statistical Area Based on 2008 Median Family Income of \$66,000				
Number of Persons in Household	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)	Moderate Income (120%)
1	\$ 14,550.00	\$ 24,200.00	\$ 38,750.00	\$ 58,080.00
2	\$ 16,600.00	\$ 27,700.00	\$ 44,300.00	\$ 66,480.00
3	\$ 18,700.00	\$ 31,150.00	\$ 49,800.00	\$ 74,760.00
4	\$ 20,750.00	\$ 34,600.00	\$ 55,350.00	\$ 83,040.00
5	\$ 22,400.00	\$ 37,350.00	\$ 59,800.00	\$ 89,640.00
6	\$ 24,050.00	\$ 40,150.00	\$ 64,200.00	\$ 96,360.00
7	\$ 25,750.00	\$ 42,900.00	\$ 68,650.00	\$ 102,960.00
8	\$ 27,400.00	\$ 45,650.00	\$ 73,050.00	\$ 109,560.00

McKinney-Vento – Common name for the McKinney-Vento Homeless Assistance Act of 1987, the primary federal response targeted to assisting homeless individuals and families. The scope of the Act includes: outreach, emergency food and shelter, transitional and permanent housing, primary health care services, mental health, alcohol and drug abuse treatment, education, job training and child care.

Point-In-Time Survey – A survey that is conducted in order to understand the number and characteristics of people sleeping in shelters and on the street, or in other places not meant for human habitation. HUD mandates that all Continuums of Care receiving federal funds conduct a Point-In-Time Survey at least every other year in a designated 24-hour period during the last seven days of January.

Poverty Level – The minimum level of income deemed necessary to achieve an adequate standard of living, also referred to as poverty threshold or poverty line.

Private Providers – Individuals or entities that are not public agencies nor non-profit organizations that provide services utilized by the homeless.

Safe Haven – A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services.

Supportive Housing – Housing, including housing units and group quarters, that has a supportive environment and includes a planned service component.

Supportive Services – Services provided to residents of supportive housing to facilitate independence. Examples include case management, medical or psychological counseling and supervision, child care, transportation and job training.

Transitional Housing – Housing that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time, usually 24 months.

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Jon Van Arnam, Assistant County Administrator, Palm Beach County

HOW TO GET INVOLVED

If you would like to receive additional information about this plan, volunteer or provide financial assistance contact:

Palm Beach County Human Services

**Claudia Tuck
(561) 355-4772
ctuck@pbcgov.com**

or

**Georgiana Devine
(561) 355-4778
gdevine@pbcgov.com**



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