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THE COST OF LONG-TERM HOMELESSNESS IN CENTRAL FLORIDA

THE CURRENT CRISIS AND THE
ECONOMIC IMPACT OF PROVIDING
SUSTAINABLE HOUSING SOLUTIONS





This research study could not have been possible without the input and support of many individuals and organizations within Central Florida. The funding for this research and the release of this Economic

Impact Study was made possible by a generous donation from the Orlando Solar Bears. *The Central Florida Commission on Homelessness* thanks Orlando Solar Bears Hockey for being a great community partner!

“In November of 2011, the Orlando Solar Bears Hockey Club came ‘Out of Hibernation’ and returned to Orlando. Our primary goal was to ingrain ourselves within the fabric of the Central Florida community. With so much great work already being done by the good folks at Impact Homelessness we are proud to play a small role in supporting the initiative of the Central Florida Commission on Homelessness.”

– Jason Siegel, CEO, Orlando Solar Bears

ABOUT THE COVER

Three photos were chosen to represent homelessness in Orange, Osceola, and Seminole counties. They were selected by photographer Judy Watson Tracy who spent months photographing Central Florida's homeless for this report.

From left to right:

Robert "Tiny" Evans, age 57, homeless for 40 years, currently living in the woods in Osceola County.

Margarita Dopwell, age 55, homeless for two years. She works, but doesn't earn enough for a home of her own. She sleeps at night at the Coalition for the Homeless in downtown Orlando.

Chris Brothers, age 31, homeless all his life. Lives on the streets and in motels in Seminole County.

Designed and illustrated by Jill Shargaa
Shargaa Illustration & Design • www.shargaa.com • Orlando, Florida



Names: Clifford Stuart
and Sandra Geyer
Ages: 56 and 66
Homeless: 7 years

Central Florida at Homeless Crossroads

In 2013's U.S. Department of Housing and Urban Development's Annual Homeless Assessment Report, Central Florida was reported to have the most long-term homeless people in the nation for communities of like size. The Central Florida Commission on Homelessness decided to study the cost of homelessness on the community and, too, take a closer look at funding options to create housing for both the long-term homeless and families who are homeless in Central Florida. The results of this study follow.



Name: Brian Brackvitch
(with Chunka the dog)
Age: 48
Homeless: 3 years

Brian and his girlfriend live in their van. He has a disability that keeps him from being able to work.

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ABOUT THE
WRITER



Gregory A. Shinn began his social work career in the 1980s working in the homeless shelters and doing street outreach in the subways, parks, and flophouses on the Bowery in Manhattan. He received his MSW from New York

University in 1993. From 1993 to 2001 he operated the John Heuss House, a shelter for homeless adults with mental illnesses in New York’s Financial District.

In 2001, Mr. Shinn relocated to Oklahoma to work for the Mental Health Association in Tulsa. As Associate Director he is responsible for the development and implementation of many programs of affordable housing and additional services for people who are homeless with serious mental illnesses and co-occurring disorders. The Association’s portfolio currently encompasses 26 locations and 896 units across the city.

For the past 10 years Mr. Shinn has worked with communities across the country on access to housing and economic development. In 2013, Mr. Shinn started Creative Housing Solutions, a consulting firm providing assistance with community planning for systems redesign and development of sustainable and affordable housing solutions for ending homelessness. Special areas of emphasis include community integration, job development, neighborhood stabilization and return on investment.

ABOUT THE
PHOTOGRAPHER



Judy Watson Tracy is a long-time independent photojournalist who has followed the plight of the homeless for many years. She started her career in newspapers, working in Atlanta and Orlando and it

was during her time with the *Orlando Sentinel* that she first began documenting the lives of the homeless. In addition to shooting pictures of the homeless in Metro Orlando, she traveled to communities across the country, most prominently New Orleans. She has been documenting how local governments tackle the problems created by homelessness since the mid-1980s. More personally, she has served on the board of the Healthcare Center for the Homeless. She also has cooked for and fed the homeless through the years, often alongside her two daughters, now adults.

Executive
Summary

“...allowing homelessness to exist in a community is more expensive than providing the solutions to the problem.”

Over the past 20 years, a growing body of research has documented the escalating cost of homelessness on communities across the country. In general, it is now well established that allowing homelessness to exist in a community is more expensive than providing the solutions to the problem. Many communities across the country have significantly decreased homelessness among the longest-term and disabled homeless population – the chronically homeless - by investing in solutions called Housing First^{1,2,3} and Permanent Supportive Housing⁴. These solutions to homelessness combine access to housing that is affordable⁵ for individuals with little or no income plus access to services. Studies comparing the cost of public services used by chronically homeless individuals to the costs of providing housing plus services for the same population, show that developing affordable Permanent Supportive Housing options reduces homelessness and saves millions of taxpayer dollars over time, improving the quality of life for everyone. Further examples demonstrate that strategic planning to end homelessness through the development of an array of housing options across a community creates jobs, generates tax revenue and leverages other funding for services and capital development back to the community. Such planning can provide access to housing for long-term homeless individuals and shorter-term or episodically homeless families as well as other extremely low income households that are priced out of the market.

DEFINITION OF TERMS

Affordable Housing

Housing costing no more than 30% of a household's gross monthly income, according to the U.S. Department of Housing and Urban Development.

Chronically Homeless

Someone is Chronically Homeless when they have experienced homelessness for a year or longer or have experienced at least four episodes of homelessness in the last three years and have a disability.

Continuum of Care (CoC)

A program designed to promote community wide commitment to ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Episodically Homeless

Someone is Episodically Homeless when they experience recurrent problems with housing, often due to seasonal/ minimum-wage income jobs or sporadic domestic situations that affect stable housing.

HOME Investment Partnerships Program (the HOME Program)

Program created to increase the supply of affordable housing for low-and very low-income households by providing jurisdictions with a dedicated funding stream to undertake four key affordable housing activities.

Housing First

An approach to ending homelessness that centers on providing permanent housing first and then providing services such as mental health assistance as needed.

Pioneered by Dr. Sam Tsemberis from Pathways to Housing in New York City.

HUD-VASH

A voucher program through the Veterans Administration that provides permanent housing for eligible homeless Veterans who are single or eligible homeless Veterans with families.

Olmstead Decision

A United States Supreme Court case regarding discrimination against people with mental disabilities. The Supreme Court held that under the American with Disabilities Act, individuals with mental disabilities have the right to live in the community rather than in institutions.

Permanent Supportive Housing

A decent, safe, and affordable community-based housing that provides residents the rights of tenancy under state and local landlord-tenant laws. The housing is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences.

Rapid Rehousing

An approach that focuses on moving individuals and families that are homeless into appropriate housing as quickly as possible.

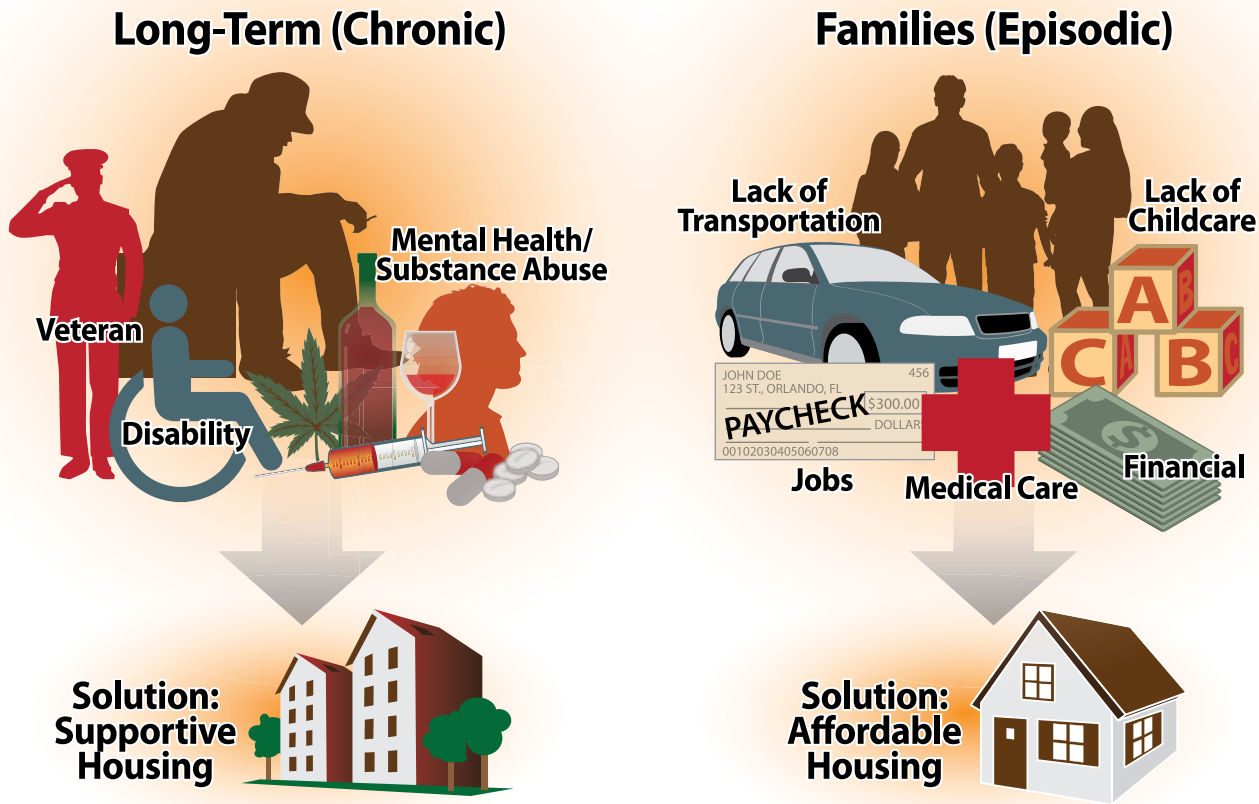
Sadowski Act

This Act created the dedicated revenue source for Florida's affordable housing programs. Monies dedicated from the Act to the state fund are called Sadowski funds.

State Housing Initiatives Housing Partnership (SHIP) Program

Program created to serve very low, low, and moderate income families. Funding is provided to local governments as an incentive to create partnerships that produce and preserve affordable homeownership and multifamily housing.

TYPES OF HOMELESSNESS THE CHALLENGES THEY FACE, AND THEIR HOUSING SOLUTIONS



Permanent Supportive Housing - A decent, safe, and affordable community-based housing that provides residents the rights of tenancy under state and local landlord-tenant laws. The housing is linked to flexible support and services designed to meet tenants' needs.

Affordable Housing - Costing no more than 30% of a household's gross monthly income, according to the U.S. Department of Housing and Urban Development. Often families need financial help such as rent and utility payment assistance, help overcoming bad credit, or help overcoming other barriers to obtain housing. Additionally, they often need other community services to remain in housing long term.

Creative Housing Solutions was retained in late 2013 by the Central Florida Commission on Homelessness to study the economic impact of homelessness in Central Florida and to identify solutions to the problem of homelessness which had reached a crisis point. To gather data for purposes of this report, the Commission enlisted the cooperation of elected officials, the business community, sheriff's departments, corrections departments, hospital administrators, mental health providers, homeless outreach teams, housing providers

and others in Osceola, Orange and Seminole counties, as well as other nearby Florida communities. By adding actual and projected costs incurred in the public domain by long-term, chronically homeless individuals, including repeated incarcerations, emergency room use and inpatient hospitalizations and comparing them to the costs of permanent supportive housing with services, we were able to demonstrate that providing housing and services to the chronically homeless saves money and provides better outcomes.

Our Findings...

Based on our study of a cohort of 107 chronically homeless individuals, we calculated that the average annual cost to be homeless and cycling in and out of incarceration, emergency rooms and inpatient hospitalizations was \$31,065 per person per year. Average cost per year for the cohort for the tri-county area is \$3,323,955, for a 10-year total cost of \$33,239,553. **Providing permanent supportive housing for individuals with similar histories of chronic homelessness and disabling conditions in Central Florida cost an average of \$10,051 per person per year, an annual cost savings of \$21,014 per person, or a community cost reduction of 68% per person, per year.**



Average cost per year for the cohort for Orange, Seminole and Osceola counties is **\$3,323,955**

for a **10-year total cost of \$33,239,553.**

Cost savings of providing permanent supportive housing, just for the cohort of 107, calculating for a 10% recidivism rate, over a period of 10 years, would be a minimum of \$20,236,482. Using this analysis, housing just 50% of the current chronic homeless population in Central Florida over a multiyear period, with a 10% recidivism rate, would save the taxpayers a minimum of \$149,220,414.



Name: Arnold Garikow
Age: 64
Homeless: 15+ years

Arnold knows several foreign languages and has a good education, but his inability to stop drinking keeps him on the streets.

Lack of Affordable Housing Adds to Homeless Crisis

Central Florida has one of the highest rates of chronic homelessness among veterans. The Orlando VA's catchment area and Gap Analysis covers six counties (Orange, Osceola, Seminole, Lake, Volusia, and Brevard). Using the 2013 Point In Time data, a projection of housing placements were estimated for 2013 through 2015. The analysis estimated a need for 963 (564 for Orange, Osceola, and Seminole Counties) Permanent Supportive Housing Placements (2013-2015) for Chronically Homeless Veterans. Within Osceola, Orange and Seminole counties, 429 veterans are currently housed in permanent supportive housing through the HUD-VASH (Veterans Affairs

Supportive Housing) with supportive services in place.⁸ The Orlando VA expects to receive hundreds of additional vouchers over the next five years and these veterans will need access to housing units where they can use their HUD-VASH subsidies and successfully reintegrate into the community.

However, the current crisis in both family and individual homelessness in Central Florida is precipitated by the fact that there is a severe shortage of affordable housing in the area for low, very low and extremely low-income households. These income levels are established by the U.S. Department of Housing and Urban Development and are as follows: Low Income = 51-80% of Area

Median Income (AMI); Very-Low Income = 31-50% of Area Median Income; and Extremely Low-Income (ELI) = 0-30% of Area Median Income.

According to the 2014 report from the Urban Institute (www.urban.org/housingaffordability), for the tri-county area comprising Central Florida, the currently available affordable housing stock in Osceola County is only four for every 100 Extremely Low Income households; Orange County has 13 for every 100 Extremely Low Income households, and Seminole has 22 for every 100 Extremely Low Income households. This leaves a three county total gap of over 45,000 affordable housing units for extremely low-income households.⁹

The National Low Income Housing Coalition's "Out of Reach" state-by-state analysis reports that for 2013, 31% of all households in Florida are renters and that 21%, or 432,892, of these households are Extremely Low Income.¹⁰ The State housing wage in Florida, or the wage that is required to afford a two-bedroom apartment is \$19.14 an hour, which is equal to \$3,318/month or \$39,811/year. 2014 Fair Market Rent as established by the U.S. Department of Housing and Urban Development for the Orlando-Kissimmee Metropolitan Statistical Area is \$697/month for a studio, \$825/month for a one-bedroom and \$983/month for a two-bedroom apartment.¹¹ According to the U.S. Department of Housing and Urban Development, the housing affordability standard is 30% of gross monthly income for rent.

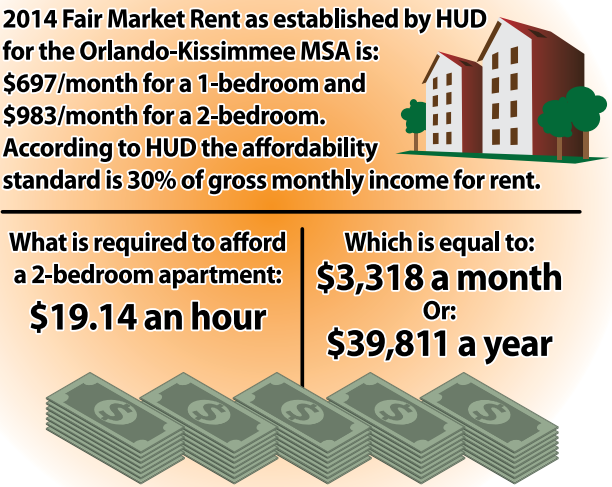
For a disabled person who qualifies for Supplemental Security Income (SSI) the monthly payment in Florida is \$720/month or \$8,640/year. This means affordable housing for a disabled person on Supplemental Security Income, at the standard of 30% of their monthly income, would be \$216 per month. Put simply, Extremely Low Income, homeless and disabled individuals, as well as Extremely Low Income families, are completely priced out of the market.

This has created an affordable housing crisis for households in poverty and is a major contributing factor to the escalating numbers of homeless in Central Florida. The longer someone is on the street, the more they are at risk of

incarceration and major medical and psychiatric illnesses, and the less chance they have of being able to get out of this vicious cycle.

The findings in this economic impact report are intended to be used as information to change the current trajectory of increasing numbers of chronically homeless individuals and families, and increasing community costs. Sustainable, solution-focused models for housing the homeless will save money while creating access, economic opportunity, community integration and neighborhood stabilization. Community collaboration, coordination of available resources and alignment of public policies toward the goal of ending homelessness is imperative in order for progress to occur. Creative Housing Solutions previously prepared an outline for strategic public policy alignment in the State of Florida. Additional details regarding the strategic and coordinated planning efforts required to reduce homelessness can be found under the Conclusions and Recommendations section of this report.

Creative Housing Solutions is recommending the implementation of a strategic plan to develop access to a minimum of 1,950 permanent supportive housing units for chronically homeless individuals, and another 3,050 affordable housing



units for families across the tri-county Continuum of Care, **using all available public and private resources** over a multiyear period of at least five years. Using a *mixed-income, mixed-population model for community reintegration*¹² will create access to affordable housing for households at 30%, 50% and 60% of area median income. By dedicating 31% of the affordable units as permanent supportive housing and prioritizing them to the most chronically homeless individuals and families, chronic homelessness can be functionally eliminated from Central Florida.

Using a low-density scatter-site approach across all three counties ensures that no one county, city or neighborhood is responsible for sharing an undue burden of ending homelessness; rather, *it is the entire community's responsibility*.

Using this strategy, Creative Housing Solutions is recommending a resource development approach that combines the use of existing and new resources to acquire and rehabilitate 1,800 units of multifamily rental housing, across the tri-county area, over a period of at least five years. **When combined with existing resources, this development plan will not only provide a solution to chronic and family homelessness, but also generate a direct economic impact of at least \$466,230,960 in jobs created and other indirect impacts on top of the future costs avoided by ending homelessness.**

Though the cost of family homelessness is not detailed here, the strategy for resource allocation and integrated design for development of affordable housing includes solutions leading to reduction of family and individual homelessness. The specific number of units dedicated to homeless and Extremely Low Income families can be found under the *Finding Resources to Create Housing for the Homeless* section of this report.

Osceola County previously funded three reports for the State of Homelessness in Osceola



Name: Phyllis Stroup
Age: 58
Homeless: 6 years
Phyllis is a Vietnam Veteran who has been homeless for six years prior to receiving a HUD-VASH subsidy for an apartment.

County Summit, examining both family homelessness and chronic homelessness where the issues of unemployment, low-wage jobs and lack of affordable housing are described in detail.¹³

New requirements from the U.S. Department of Housing and Urban Development for 2014¹⁴ mandate that **all Continuum of Care agencies across the country must implement a coordinated assessment and prioritization methodology, such as the Service Prioritization Decision Assistance Tool (SPDAT).**¹⁵ Creative Housing Solutions is further recommending that such assessment and prioritization system changes be implemented simultaneously with creating access to permanent supportive and affordable housing so that the neediest chronically homeless individuals, homeless families and other Extremely Low Income households are accurately assisted and offered the housing being developed through the strategic plan. By tracking the access created (housing placements) for the targeted population through the development of housing across the Continuum, the multiyear savings (costs avoided) can be calculated into the overall Return on Investment (ROI). As the new system is implemented and fine-tuned, the length of time from streets and shelters to housing placement will be reduced, which can be tracked over time.

Homelessness Around America



In 2013, The Central Florida Commission on Homelessness initiated regional planning with local and state governments, boards, authorities, the Veterans Administration, nonprofit service providers, business leaders and others to decrease homelessness in Central Florida. The Commission partnered with triSect, LLC to study the models of 10 cities across the country that have initiated successful programs to address homelessness. A report of this study, based on extensive surveys and interviews was released in October 2013.¹⁶ *Rethink Homelessness A Survey of Best Practices: Communities making a Difference* studied the metropolitan areas of Atlanta; Denver; Fairfax County, Virginia; Houston; Los Angeles; Marin County, California; Miami-Dade County; Minneapolis/Hennepin County, Minnesota; New Orleans; and Tulsa, Oklahoma which have all demonstrated effective planning strategies for reducing homelessness and creating access to affordable

housing. These communities, among others, are recognized as successful models by the United States Interagency Council on Homelessness (USICH), the National Alliance to End Homelessness (NAEH), the U.S. Department of Housing and Urban Development (HUD), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Veterans Administration (VA). As the Commission studied the outcomes of the various cities' efforts, similar themes began to appear and evidence-based practices were identified as the keys to these cities' accomplishments. The common practices being employed include Housing First, Permanent Supportive Housing, HUD-VASH¹⁷ and Rapid Rehousing¹⁸ for families. Leadership from every sector, collaboration and the use of good data for planning were essential to every successful community plan. Finally, each of these communities had studied the local cost of homelessness in preparation for their strategic planning resource allocation

models. Approximately 50 cost studies have been conducted over the past 25 years. Landmark studies conducted in New York City in 2002 by Culhane, et al¹⁹ considered 4,679 homeless individuals over the course of nine years and the *Economic Roundtable Report* in Los Angeles in 2009²⁰ studied 9,186 homeless "General Relief" recipients and 1,007 homeless disabled individuals with serious mental illnesses in and out of supportive housing. Many other communities and universities have also released reports including the University of Southern California; Vanderbilt; Tulsa, Oklahoma; San Francisco; Seattle; Louisville, Kentucky and San Diego, some studying the cost of just dozens of people while others considering more than 3,000 individuals or families. The focus of these cost studies centered on the repeated use of public services with the greatest public expenditures, such as incarceration, emergency room use and inpatient hospitalizations for medical and psychiatric illnesses. Each study has found that providing

housing and services to the homeless is less expensive than repeated reliance on the community resources. To quote

the 2009 Los Angeles *Economic Roundtable Report*: "The finding that homeless persons reduce their utilization of acute care

services such as inpatient hospitalizations and jail stays subsequent to housing placement is nearly universal."²¹

Brief Review of Findings in Other Communities

The studies all found a community cost savings associated with placement of chronically homeless individuals in housing compared to the cost of the same population while living on the streets and in the shelters. Nationally the annual cost savings ranged from 79% in Los Angeles²² to 72% in Jacksonville, Florida,²³ 55% in Tulsa,²⁴ 53% in Seattle,²⁵ and 49% in Louisville.²⁶

This savings amounts to millions of dollars per year in each instance, measured in local dollars and unique to each community.

Sample of Cost Savings Per Person/Per Year in Other Communities*

- **Los Angeles:** \$23,836/year per person (n=376) equals cost savings \$8,962,336/year for 376 individuals in study
- **Jacksonville:** \$54,086/year per person (n=12) equals cost savings equals \$649,032/year for 12 individuals in study
- **Louisville:** \$26,280/year per person (n=34) equals cost savings \$911,897/year for 34 individuals in study
- **Seattle:** \$30,000/year per person (n=95) equals cost savings \$2,850,000/year for 95 individuals in study

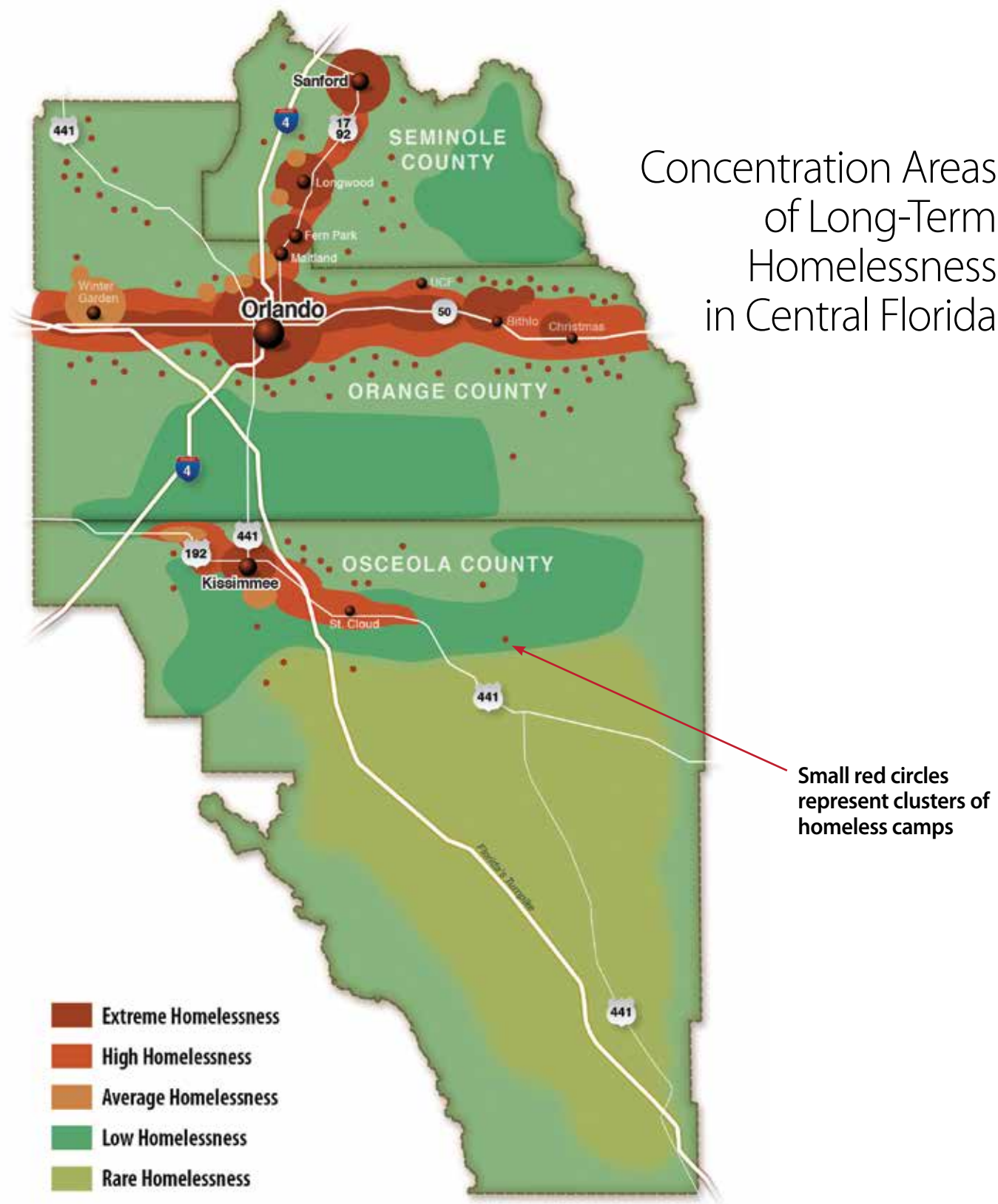
*Cost savings reported in this study for Central Florida was determined to be \$21,014 per person per year, a number only slightly lower than Los Angeles and Seattle even though fewer community costs were collected on the chronically homeless cohort. See the *Being Homeless Is Expensive to the Community* section of this report for more details.

The State of Utah²⁷ reports that they have reduced their chronic homeless population by 74% since 2005. Their coordinated outreach efforts and prioritized access to supportive housing with services has reduced the number of chronically homeless veterans to functional ZERO.²⁸ Similarly, Phoenix, Arizona²⁹ is now reporting functionally ZERO chronically homeless veterans. Though

cost savings are not yet available on this new data, these communities are demonstrating the effectiveness of implementing a coordinated community strategy using the evidence-based practices of Housing First, Permanent Supportive Housing, Rapid Re-housing and HUD-VASH to reduce and even end chronic homelessness.

In addition, some cities like Tulsa, Oklahoma, whose Point in Time Counts for the past six years show less than 100 chronically homeless individuals³⁰ have tracked the reduction in chronic homelessness for as many as 10 years and calculated the community cost savings per person by reducing chronic homelessness. By incorporating the economic impact of affordable housing development and adding the direct earnings in jobs created, taxes paid and other funds leveraged back to the local community with homeless reduction cost savings, a more complete return on the investment in the plan to end homelessness can be obtained.³¹ A more complete analysis provides a fuller understanding of the cost of allowing homelessness to exist in a community versus the economic impact of providing long-term permanent housing options with access to services.

Being able to maintain the community cost savings annually depends on the formerly chronic homeless person staying in the housing and not becoming homeless or incarcerated again, nor experiencing long-term hospital stays. This rate of sustainability, known as Housing Retention, has been tracked using Housing First and Permanent Supportive Housing models as far back as 2000.³² Maintaining basic fidelity to Housing First and PSH principles for provision of housing and services ensures a minimum annual housing retention rate of over 80%, with many communities regularly reporting close to or even over 90%.^{33, 34}



This map represents concentrations of varying degrees of homelessness. It is not meant to be an exact measurement. The information was compiled by the Outreach Teams pictured on page 16.

Long-Term Homelessness is Expensive to the Community

In order to carry out this study, three cohorts of some of the longest-term homeless individuals in Osceola, Orange and Seminole counties were identified and tracked by the number of known episodes of incarceration, instances of emergency room use and admissions for hospitalization, both medical and psychiatric. Identification of these individuals and their community costs was made possible by the assistance of local Sheriff's Departments, correctional facilities, hospitals, mental health providers and homeless outreach teams.

The study analyzes information on the community costs of 107 chronically homeless individuals in Central Florida. This includes 37 from Osceola County, 37 from Orange County and 33 from Seminole County. The individuals were identified by the local homeless outreach teams as those most frequently engaged by the teams, ensuring they were truly chronically homeless. Public records for the frequency of incarceration were provided by the Osceola County Jail, the

Orlando Police Department, the Orange County Jail, the Sanford Police Department, the Seminole County Sheriff's Department and John E. Polk Correctional Facility in Sanford, Florida.

These names were then submitted to Orlando Health, which reported data from Orlando Regional Medical Center and South Seminole Hospital, and to Florida Hospital, which reported data from seven hospitals in the area: Altamonte Springs, Apopka, Celebration, East Orlando, Kissimmee, Orlando and Winter Park. The hospitals and medical centers cross-matched the list of 107 chronic homeless names provided to them and in turn provided de-identified information on the individuals to the Commission for purposes of this report.

It is important to understand that this report provides exact costs for incarceration of these identified 107 confirmed chronically homeless individuals in Central Florida and aggregated costs for hospitalization of these same individuals due to HIPAA laws.

While this study does not quantify public service costs of these individuals while homeless and then after placement in supportive housing, it does include analysis of costs for individuals with similar characteristics before and after housing. These similar characteristics are long-term homelessness, criminal histories, disabling medical and psychiatric conditions and substance abuse disorders. The same reduction in community cost and service utilization for individuals with such histories is assumed as the potential outcome for individuals who are still homeless, if they only had access to supportive housing with services, and projected as future cost savings.

For purposes of this report, the Commission asked Creative Housing Solutions to look at the largest financial impacts of homelessness to Central Florida. There are other costs that could be considered, but which are smaller in magnitude when compared to the cost of incarceration, emergency room use and inpatient hospitalization.

These are listed below:

1. Cost of shelter use
2. Cost of probation or parole
3. Cost of state or federal incarceration
4. Cost of emergency transports
5. Cost of medical or psychiatric services not provided by Orlando Regional Medical Center, South Seminole Hospital or Florida Hospital's seven reporting locations
6. Substance abuse treatment for Orange and Seminole counties
7. Services through the Veterans Administration
8. Loss of business enterprise (tourism, etc.)
9. Costs outside of the tri-county area.

From the outset and based on a review of the literature from other communities, an assumption was made that these large “buckets” of community costs taken alone, which are easier to control for, would prove to be far more expensive than the cost of supportive housing and services per person per year. If any of the nine types of costs listed above could be obtained and included in the report, the cost differential between community costs associated with homelessness and the cost of providing permanent supportive housing with services would be much greater. Because of this, while the cost savings in this report are accurate, they are also generally understated.

Data was requested for 2013 and for the past 10 years on each individual from the police and sheriff's departments, county jails and hospitals. With this reporting method we are able to demonstrate an average one-year cost for each person, and to also determine significant historical costs for each person so that 2013, or any single year, is not assumed to be a typical year for any homeless person either for rate of incarceration, emergency room use or inpatient hospitalization.

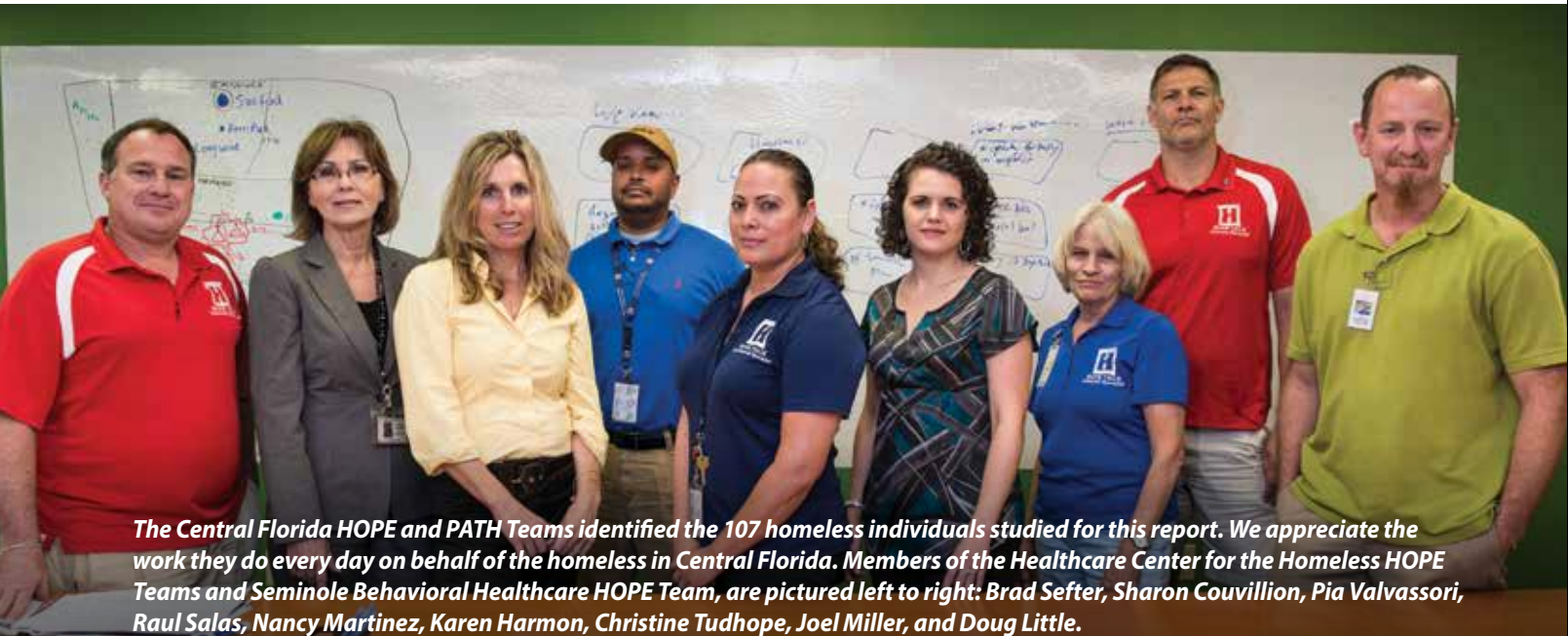
With this methodology Creative Housing Solutions was able to provide average one-year costs, 10-year actual costs and 10-year average costs per person for the cohort in each county, and the cumulative costs for the entire group of 107 across all three counties. Some actual hospital costs are only for 2013, and in these cases the 10-year totals are estimated.

Additional information was reported for larger groups of homeless individuals that were incarcerated including a total of 333 homeless individuals incarcerated in Osceola County and over 5,000 homeless individuals hospitalized over a two year period at seven Florida Hospital locations in all three counties. The costs associated with these larger groups were not assumed to be typical for the more detailed annual and 10-year costs of the 107 chronically homeless individuals in the study, and therefore are not included here.

The Commission was able to obtain actual local costs from the operators of Permanent Supportive Housing programs in the region. Costs were gathered on a total of 97 units of housing and services from: Orange County Shelter + Care (S+C) Program⁴¹ and Ability Housing of Northeast Florida in Jacksonville. The cost of Permanent Supportive Housing contains the cost of operating the housing including administration, insurance, utilities, staffing, maintenance, etc., and the cost of services, case management, healthcare and any known additional incarcerations or hospitalizations post-housing.

By averaging the actual community cost of incarceration, emergency room use and hospitalization and comparing that with the actual cost per person while residing in permanent supportive housing, an annualized and 10-year cost differential was established. *The Cost of Doing Nothing is Not Nothing* section of this report focuses on the historical and current actual costs, as well as future projected costs of homelessness, compared with the cost savings that could be obtained if these same individuals and many other chronically homeless individuals and families with similar characteristics, were in housing. Finally, the report projects the positive economic impact of developing permanent supportive and affordable housing by calculating the potential jobs to be created and taxes paid as a result of the projects.

Just under \$49 million per year of local taxpayer dollars across just three counties in Central Florida is simply being wasted, allowing unhoused chronically homeless individuals to cycle in and out of incarceration, emergency rooms and inpatient hospitalizations because there are very few permanent supportive housing units available to house this population. Even more striking is the fact that all of these individuals are still homeless.



The Central Florida HOPE and PATH Teams identified the 107 homeless individuals studied for this report. We appreciate the work they do every day on behalf of the homeless in Central Florida. Members of the Healthcare Center for the Homeless HOPE Teams and Seminole Behavioral Healthcare HOPE Team, are pictured left to right: Brad Seftor, Sharon Couvillion, Pia Valvassori, Raul Salas, Nancy Martinez, Karen Harmon, Christine Tudhope, Joel Miller, and Doug Little.



Name: Eric Sullivan
Age: 19
Homeless: 1 year

Don't Forget the Families:

More Families are Becoming Homeless in Central Florida

It is estimated that Central Florida has **3,920 families** doubled up and living in hotels and motels*

**2012-2013 Florida Department of Education Report*

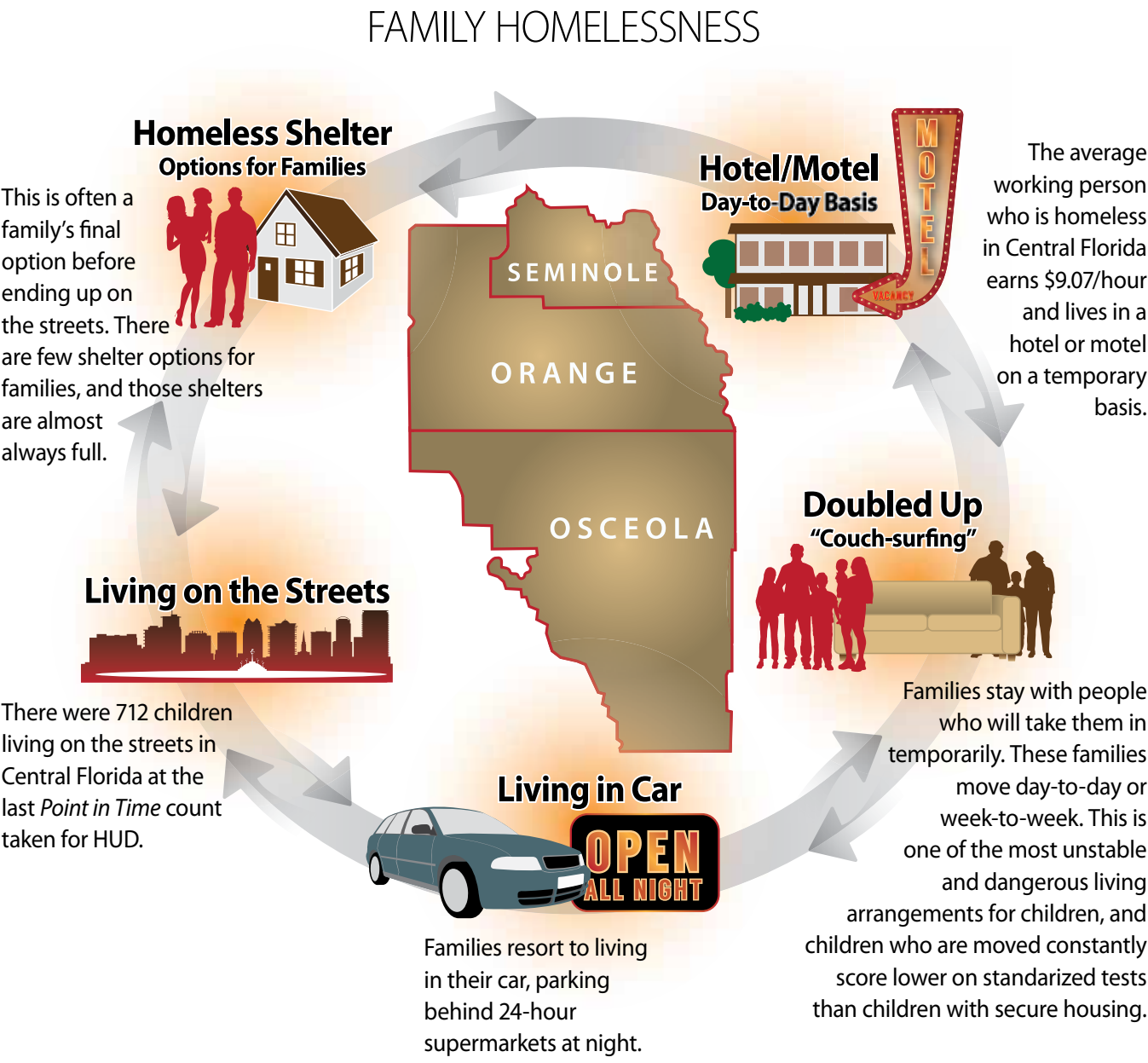
Where Does Florida Rank in Comparison to Other States			
State	Number of Homeless People in Families	Number of Unsheltered People in Families	Percentage of Homeless People in Families Who Were Unsheltered
Florida	16,503	9,163	55.5%
Oregon	4,828	1,998	41.4%
South Carolina	1,808	736	40.7%
Tennessee	2,619	930	35.5%
Mississippi	650	215	33.1%

Source: The 2013 Annual Homeless Assessment Report (AHAR) to Congress.

Osceola County funded three reports examining the complex problem of family homelessness in that county. *The 2012-2013 Florida Department of Education Report* showed that in Central Florida, 3,920 families were doubled up and in hotels and motels, as reported by each County's School District.³⁵ Between 74% and 90% of these households in Osceola County are non-native Floridians.³⁶ Many of these families traveled to Central Florida in search of work and wound up "stuck" in Florida with their support systems back in their home states. Like other "destination/vacation" communities identified by the U.S. Department of Housing and Urban Development (Branson, Missouri, Las Vegas, and Reno, Nevada), traveling or displaced families end up in low-cost hotels and motels that were originally designed for tourists. Many of these same families want to return to their places of origin but lack the resources to move. For these families, relocation strategies like The Homeward Bound program in San Francisco³⁷ and the former Homeward Connect program in Osceola County have offered funding to help them return home, as long as they can meet the requirement of documenting that they have a place to stay in the community upon their return. This could be a low-cost and effective way to reduce family homelessness for as many as 500 families per year, according to the Westgate Foundation's Hospitality Helps, the Central Florida Commission on Homelessness and the Homeless Services Network.³⁸

Whether native or non-native, these families are largely unable to access the affordable housing market due to lack of resources and exclusionary regulations. As stated earlier, there is a severe shortage of available rental units for those households that could access housing if it were available. According to the Florida Housing Finance Corporation, there are 34,302 affordable Low Income Housing Tax Credit (LIHTC) units in Osceola, Orange and Seminole

counties. 3,250, or 9.5%, are dedicated to households below 50% of Area Media Income; and **880, or only 2.80%, are dedicated to households below 33% of Area Media Income.**^{39,40} Strategies for creating access to housing for extremely low income families through both existing resources and the addition of new dollars for development of affordable housing are detailed in the *Finding Resources to Create Housing for the Homeless* section of this report.





The Cost of Doing Nothing is Not Nothing

Costs for each cohort (37, 37, 33) for arrest, incarceration, medical and psychiatric emergency room use and inpatient hospitalizations were totaled for each of the individuals in each county. The costs in each county were totaled separately and then combined for the annual averages and total 10-year costs.

Actual 10-year costs were used when available to determine the 10-year cost and one-year average. Where 10-year costs were not available, 2013 actuals were used as the baseline for estimating the 10-year cost. In both cases, actual costs were used in making projections. Again, these costs are very conservative due to the inclusion of only arrests, incarcerations and hospitalizations.

One surprising fact that came out of this study is that *none of the 107 individuals appear to have been arrested in more than one county.* From this, one can surmise that each of these individuals has been

homeless off and on for at least 10 years, and that they have tended remain homeless in the same county. It is known that chronically homeless individuals often establish “stable communities,” relying on formal and informal networks of other homeless individuals for support and protection.⁴² In addition, having been contacted by homeless outreach teams, arrested by police and taken to the hospital so many times over the years, these individuals have actually become very well known locally; the staff of nonprofit service providers, police officers and other law enforcement officials and judges, health care staff, doctors, nurses, technicians and others in clinics and hospitals have all become as much a part of their support network as the other homeless individuals they reside with on the street.

This data strongly supports the Housing First principles of choice and options, which will be more fully explored in the Conclusions and Recommendations section of this report.



Name: William Johnson
Age: 62
Homeless: 17 months

William travels between west Orange County and Downtown Orlando to receive a variety of services.



OUR STUDY...

37 Frequently Encountered Homeless



were arrested a total of 1,250 times...over the course of 10 years...

The Osceola County Sheriff's Department confirmed the list of 37 as being some of the most frequently encountered homeless individuals on the streets in Osceola County.

Average Booking Cost of:

\$104

per Arrest



For a Total Community Cost of:

\$130,000



The 1,250 Arrests:

**Averaging
49.5 Days**



For a Total Community Cost of:



Average Daily Cost of:

\$80



Totaled:

61,896

Days of Incarceration



...for a Combined Total of:

**\$6,417,905 dollars
over 10 years**

brings the total cost of arrests,
and time spent incarcerated to...

**\$641,791
Dollars**

per year for the
cohort of 37
over a 10 year period.



*TOTAL COSTS INCLUDED MENTAL HEALTH COSTS
WHILE INMATES WERE INCARCERATED



Name: Lestat Pierce

Age: 20

Homeless: 7 years

Lestat has been homeless
since the age of 13. He left
home because his parents
could no longer afford to
care for him.



OUR STUDY...

37 Frequently Encountered Homeless



were arrested a total of 1,320 times...over the course of 10 years...

The Downtown Outreach Team and the Orlando HOPE Team confirmed the list of 37 as being some of the most frequently encountered homeless individuals on the streets in Orange County, primarily in the downtown Orlando area.

Average Booking Cost of:

\$104

per Arrest



For a Total Community Cost of:

\$137,280



The 1,320 Arrests,

**Averaging
24.8 Days**



For a Total Community Cost of:



Average Daily Cost of:

\$103



Totaled:

32,736

Days of Incarceration



...for a Combined Total of:

**\$3,509,088 dollars
over 10 years**

brings the total cost of arrests,
time spent incarcerated to...

**\$350,909
Dollars**

per year for the
cohort of 37
over a 10 year period.



*MENTAL HEALTH COSTS WHILE INMATES WERE
INCARCERATED WERE NOT AVAILABLE FOR THIS STUDY

Name: James "Happy" Ramirez
(with Mrs. Durgin the cat)
Age: 49
Homeless: 18 months

James is helping rehab
transitional housing for a
local nonprofit organization
in exchange for services
he receives from that
organization.





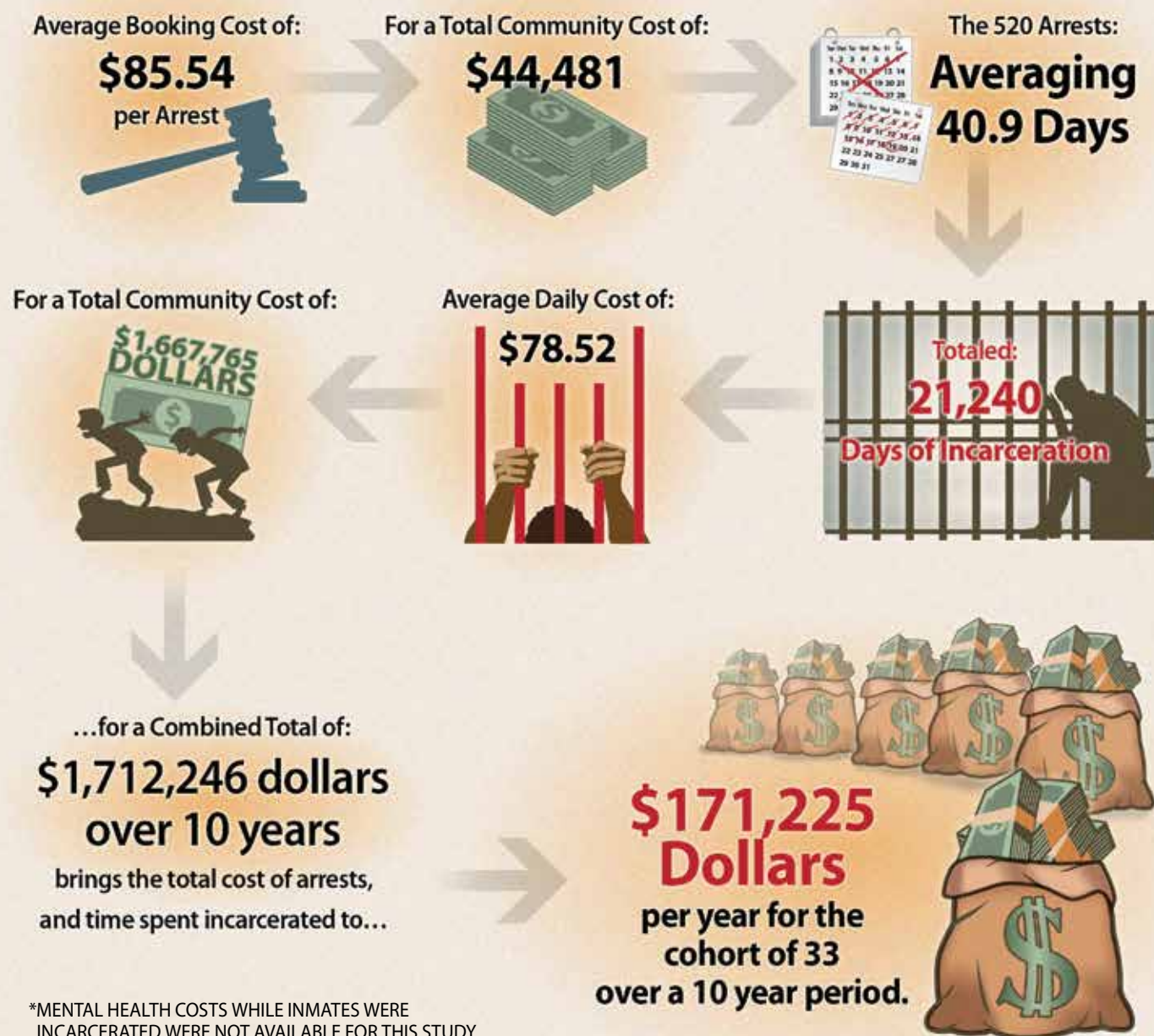
OUR STUDY...

33 Frequently Encountered Homeless



were arrested a total of 520 times...over the course of 10 years...

The Path Team and other outreach and case managers from Seminole Behavioral Healthcare HOPE and PATH Team confirmed the list of 33 as being some of the most frequently encountered homeless individuals on the streets in Seminole County.



*MENTAL HEALTH COSTS WHILE INMATES WERE INCARCERATED WERE NOT AVAILABLE FOR THIS STUDY

Hospital and Emergency Room Costs

For Osceola, Orange and Seminole Counties

Due to HIPPA privacy laws, only de-identified and aggregated information could be provided by the participating hospitals. Reporting locations include Orlando Regional Medical Center (ORMC), South Seminole Hospital, and seven Florida Hospital locations across all three counties: Altamonte Springs, Apopka, Celebration, East Orlando, Kissimmee, Orlando and Winter Park. Costs were reported for 54 of the 107 by ORMC and South Seminole (\$18,881,800) and 33 of the 107 by Florida Hospital (\$2,718,514.) Total costs averaged for each cohort of 37 in Orange and Osceola equaled \$7,469,268 or \$746,927 for each county per year over 10 years. Total costs averaged for the cohort of 33 in Seminole County equaled \$6,661,779 or \$666,178 per year over 10 years. Total emergency room and hospitalization costs for the cohort across the tri-county area are \$21,600,314, or \$2,160,031 per year for 107 chronically homeless individuals.

"Total emergency room and hospitalizations costs for the cohort across the three county area are \$21,600,314. That is \$2,160,031 per year for 107 chronically homeless individuals."

Overall Costs for Tri-county Region

Combined 10-year costs of arrest/booking, incarceration, emergency room and inpatient hospitalizations equaled \$33,239,553, or an average of \$3,323,955 per year for the tri-county Continuum of Care area. For the Continuum of Care

this equals \$31,065 per year per person for the cohort of 107.

Osceola County was the most expensive at \$37,533 per person per year, followed by Orange County at \$29,671 per person per year and Seminole County at \$25,376 per person per year.

It is important to keep in mind that although these totals represent actual costs, they are very conservative because of the other costs associated with homelessness that were not included in this report.

Projected Costs for the Tri-county Continuum of Care

The total Chronic Homeless Count for the tri-county Continuum of Care in 2013 was 1,577, ranking the Central Florida Continuum of Care first in the country for mid-sized communities. Keeping in mind that the definition of chronic homelessness from the U.S. Department of Housing and Urban Development is one year or more of continuous homelessness, or three episodes of homelessness in the past four years, *plus*, a disabling health, mental health or substance abuse disorder, it is safe to assume that the costs for the entire 1,577 individuals would be similar to the cohort of 107 detailed in this report.

The 2009 Los Angeles *Economic Roundtable* report did find variances in costs between differing groups of homeless individuals, but for individuals with similar characteristics the cost range differential was very small. In general there is a correlation between age, length of time homeless, disability and higher community costs per year

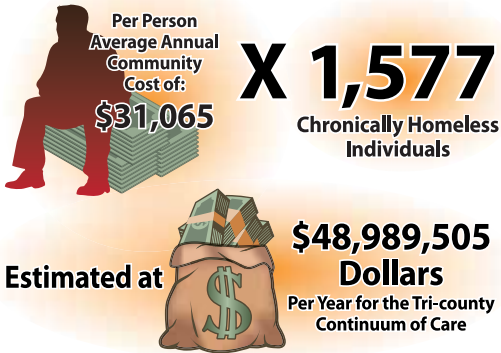
of homelessness.⁴⁴ On the other hand, many potential costs have not been included, so for the purposes of this report Creative Housing Solutions is using the average annual cost per homeless person per year for the entire Continuum of Care.

Using the data with a per person average annual community cost of \$31,065, the annual total community cost for 1,577 chronically homeless individuals can be conservatively estimated at \$48,989,505 per year for the tri-county Continuum of Care.

The Cost of Supportive Housing in Central Florida

Information was obtained from two providers of permanent supportive housing. The reporting sources were Ability Housing of Northeast Florida of Jacksonville, FL and the Orange County Shelter Plus Care (S+C) Program. Ability Housing reported an average annual cost per unit of housing at \$10,500 per year.⁴⁵ Orange County Shelter Plus Care reported

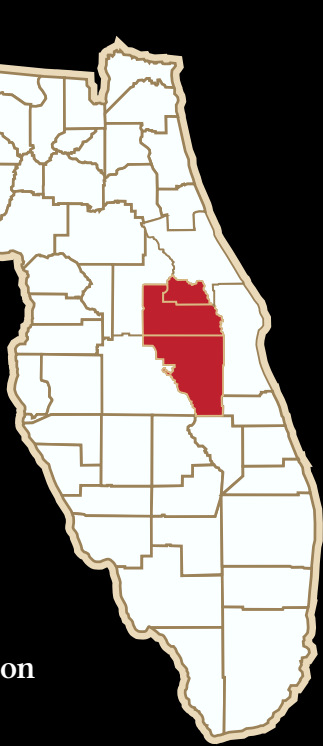
an average annual cost per unit of providing housing at \$9,602 per year.⁴⁶ As described in the *Being Homeless Is Expensive to the Community* section of this report, this is inclusive of all operating costs and services, including any known incarcerations or hospitalizations provided to formerly homeless and disabled individuals while living in the permanent supportive housing units. Total units of housing in this sample include 12 units at Ability Housing and 97 units for the Orange County Shelter Plus Care (S+C) Program. Between the two programs the average annual cost per unit for permanent supportive housing in the region is \$10,051.



Cost of Homelessness in Central Florida Over 10 Years

By studying the cohort of 107 chronically homeless individuals, we were able to determine that the average annual cost to be homeless and cycle in and out of incarceration, emergency rooms, and inpatient hospitalizations per person per year was \$31,065.

According to the 2013 U.S. Department of Housing and Urban Development's Annual Homeless Assessment Report (AHAR), Central Florida has 1,577 chronic homeless individuals in the tri-county region. Utilizing this number and the annual per person cost, the per year cost to allow these individuals to remain homeless is \$48,989,505.



Over 10 years, if we choose to do nothing to help these individuals, the cost to our community will be

\$489,895,050.

Providing Housing Saves Money

Housing Chronic and Long-Term Homeless Individuals who many otherwise never get off the streets on their own can save Central Florida billions of dollars and it won't take all new resources to create housing for these individuals. Existing resources including the following can be reallocated:

- Dedicated percentage of "released" Section 8 Vouchers
- Dedicated percentage of Low Income Housing Tax Credits units
- Re-prioritization of current permanent supportive housing unit
- Dedicated percentage of monthly vacancies from public housing
- Reallocation of existing transitional housing units

Cost Differential Between Chronic Homelessness and Permanent Supportive Housing

The average annual cost per person for the cohort of 107 was \$31,065, equaling \$3,323,955 per year for the tri-county Continuum of Care. Providing permanent supportive housing for this same group of 107 would similarly cost an average of \$10,051 per person per year, or \$1,075,457 per year for the entire group.

Providing permanent supportive housing for the 107 chronically homelessness individuals would save a minimum of \$21,014 per person per year, or \$2,248,498 per year if the entire group were housed. Using Housing First and Permanent Supportive Housing models achieving a 90% Housing Retention Rate allowing for a 10% rate of recidivism, would still provide an annual community cost savings of \$2,023,648. Were the entire group of 107 to be housed, a 10-year projected cost savings accounting for recidivism would be, at a minimum, \$20,236,482.

Allowing for a 10% recidivism rate and projecting the cost savings

as described above, reducing chronic homelessness across the tri-county Continuum of Care by 25%, or housing 394 individuals, would generate a net annual savings to the taxpayers of \$7,451,564 per year. Reducing chronic homelessness in the Continuum of Care by 50%, or providing housing to 789 individuals, would generate a net annual savings to the taxpayers of \$14,922,041. Reducing chronic homelessness by just 50%, or housing 789 individuals over a 10-year period would provide a minimum net savings in community costs to the taxpayers of \$149,220,414.

The Housing Gap

Previous reports and plans on homelessness, housing needs and public policy in Florida take into account the 2003 State of Florida Homeless Policy Academy Action Plan,⁴⁷ the 2013 Housing Needs of Homeless Families and Individuals report from the Shimberg Center for Housing Studies at the University of Florida⁴⁸ and the State of Florida Consolidated Plan for Federal Fiscal Years 2001-2015.⁴⁹



Names: Danny and Daphne Cheeseman
Ages: 43 and 42
Homeless: 5 years

The 2003 Housing Policy Academy Action Plan, representing a broad cross-section of state leaders and organizations, was in many ways visionary and made several strong recommendations. Unfortunately, most of this Plan was not implemented and many of the Creative Housing Solutions recommendations in this report echo this earlier 2003 Plan. Among them, the Plan called for the development of 6,000 additional units of permanent supportive housing dedicated to chronically homeless

individuals by 2012. In addition, it emphasized the importance of access for the chronically homeless to existing housing using units operated by the Public Housing Authorities; dedicated Section 8 vouchers; necessary changes to the State of Florida Consolidated Plan that would prioritize resources for the chronically homeless and those households below 30% of Area Median Income; job creation and economic development; and expansion of the role of Medicaid to provide services. Interestingly, this report also recommends

using a mixed population model to avoid recreating institutions of formerly homeless and disabled individuals. This model would achieve community integration and maintains compliance with the Olmstead Decision by not discriminating again people with disabilities by offering choices and options in the least restrictive settings possible.

The State of Florida Consolidated Plan for Federal Fiscal Years 2011–2015 (ConPlan) states that the overall inventory of housing has decreased by just

Danny is a hard worker, but finds it difficult to do so because of the severe pain he experiences from blood clots in his legs and the after effects of a stroke he suffered a year ago.

over 300,000 units across the state. The ConPlan calls for the creation of 5,154 additional units of permanent supportive housing for chronically homeless individuals; however, permanent supportive housing increased by only 452 new beds in one year (2009). It also failed to create specific “set-asides” prioritizing development resources for chronically homeless individuals, or those below 50% and 30% of Area Median Income. While an estimated \$5 billion is earmarked for affordable housing funding over five years, there is relatively little dedicated funding specifically for ending homelessness. For instance, the ConPlan only projected 2,150 units of rental housing to be developed statewide through HOME funds over the five year period, with no chronic homeless priority; though an additional 17,812 units were projected through Low Income Housing Tax Credits (LIHTC), very few of these units are actually accessible to Extremely Low Income households who are largely excluded from this housing through income levels, poor credit histories, criminal histories and other regulations in force.

Funding also lagged for development through the Sadowski Act and the State Housing Initiatives Housing Partnership (SHIP) Program. As the ConPlan explains, “because of state budget

shortfalls in the past few years, most of the revenue from the State and Local Government Housing Trust Funds was swept into general revenue to address state deficits. This is likely to occur in upcoming years as well.”⁵⁰

Although, in 2013 funding was released statewide, there was no applicant in Central Florida for available funding through SHIP.

For the Central Florida Continuum of Care, the results of the lack of concentrated and prioritized funding for development focused on ending homelessness have been staggering. From 2007 through 2013 the chronic homeless count increased by 66% averaging 1,600 individuals over the past five years. Though the increase in permanent supportive housing units was 94% during the same time period from 556 to 1,077

total units, **the percentage of Permanent Supportive Housing units dedicated to the chronically homeless out of the total permanent supportive housing units available only increased from 40 to 161. This represents just 161 units of permanent supportive housing for 1,577 chronically homeless persons identified in the 2013 Point in Time count.**

In summary, many factors have contributed to the increasing chronic homeless count in Central Florida:

- The redirection of State funds for development (SHIP)
- No identified developer for the target population
- Lack of prioritization for the use of Federal pass-through dollars (HOME)
- Existing policies that exclude Extremely Low Income households from

accessing housing (LIHTC)

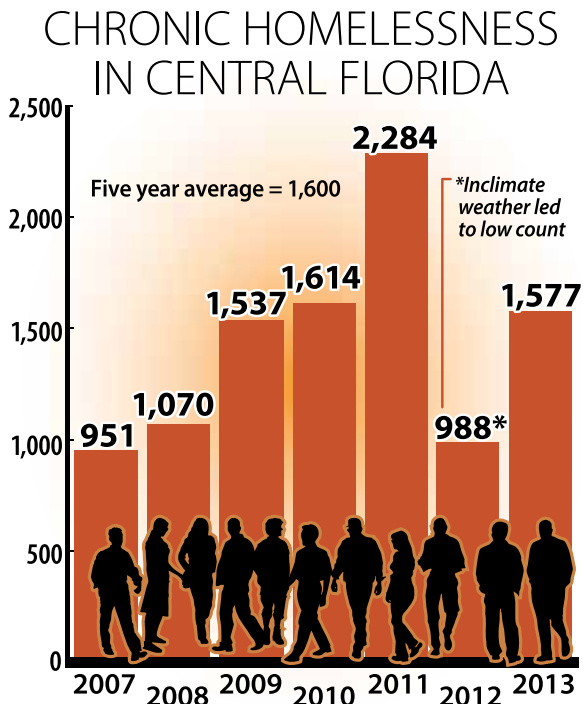
- The Continuum of Care focus on transitional housing and using available permanent supportive housing units for non-chronically homeless individuals

These issues have all contributed to the escalating homeless problem over a period of several years to make the Central Florida Continuum of Care number one in chronic homelessness for a city of its size. With large numbers of chronically homeless in each county and no access to housing, the identified cohort in this report, along with others like them, will continue cycling through incarceration and hospitalization for years to come – all at an escalating cost to the taxpayers and local businesses.

Finding Resources to Create Housing for the Homeless

With the coordination of all available resources and assistance from local units of government, nonprofit leadership, the business community and the Florida Realtors Association, a long-range strategic plan for development can be implemented, which will significantly decrease chronic and family homelessness for Extremely Low Income households across the region.

As discussed earlier, **reducing the chronic homeless count by just 50% would bring an estimated community cost savings of \$149,220,414.** Creative Housing Solutions also recommended creating access to 5,000 units of housing using a mixed income and mixed population model. In order to accomplish this goal, the State, County and City consolidated plans along with the Continuum of Care priorities must be aligned toward the same goal. Projected funding through HOME over the next five years alone would be in excess of \$10 million for the three county area,⁵¹ and the Continuum of Care funding during the same period of time will be in excess of \$30 million. In addition, funding can be expected through the SHIP program as current lobbying efforts are under way to stop the capture of these funds for state budget shortfalls. Finally, private investment of millions of dollars raised through local philanthropy will be needed to create a true public-private partnership.



Other existing resources can be reallocated toward meeting the goal, including:

- 1. Dedicating a percentage of Section 8 Vouchers that are “released” through turnover each month to the chronically homeless and removing the eligibility exclusions. Using only nine released vouchers per month will net 540 vouchers for chronically homeless individuals and families over five years.
- 2. Dedicating a percentage of monthly vacancies in public housing to the chronically homeless and removing the eligibility exclusions. Creating access for an average of slightly more than eight units per month through turnover will net 500 units for chronically homeless individuals and families over five years.
- 3. Dedicating a percentage of existing Low Income Housing Tax Credits (LIHTC) units to below 50% and below 30% of Area Median Income including the chronically homeless, and removing the eligibility exclusions. Creating access for an average of slightly more than eight units per month through turnover will net 500 units for chronically homeless individuals and families over five years. This represents only **1.46%** of current LIHTC units available to low and moderate income households. In fact, many in-service affordable units are currently occupied by households who exceed the allowable income limits.⁵²
- 4. Reallocating existing transitional housing units through the Continuum of Care into Rapid Rehousing for families and other non-chronic homeless individuals. Reallocating just 30% of current transitional housing units (1,670) will net 500 units for Rapid Rehousing at a fraction of the cost of transitional housing.
- 5. Reallocating existing transitional units through the Continuum of Care into permanent supportive housing for chronically homeless individuals. Reallocating another 30% of current transitional units will create 500 net new permanent supportive housing units. (If 60% of transitional housing units are reallocated to permanent supportive housing and Rapid Rehousing there will still be over 600 transitional units for the Continuum of Care.)
- 6. Reprioritization of 80% of current permanent supportive housing units, (which U.S. Department of Housing and Urban Development is mandating), to chronically homeless will create access to approximately 775 more units that are not currently occupied by chronically homeless.

Implementing these strategies above with *existing resources* should produce access to at least 2,000 units of housing not currently being accessed by the chronically homeless or other Extremely Low Income families who are excluded from housing for poor credit histories, outstanding fines and non-violent criminal histories. For instance, the Oklahoma City Housing Authority has prioritized 2% of monthly vouchers being released and has housed 240 chronically homeless individuals in just over two years.⁵³ Additional Project Based Section 8 units could be created through this same process with little to no effect on the closed waiting lists for Section 8.

Using new funding through Federal pass-through dollars (HOME and LIHTC) targeted for chronically homeless individuals and other Extremely Low Income and Low to Moderate Income families, together with state funding (SAIL, SHIP), applications to the Federal Home Loan bank and private dollars, an aggressive campaign to develop access to additional units of housing through an acquisition and rehabilitation strategy can be implemented. The cost of development for an additional 1,800 units of housing at \$40,138 per unit for acquisition would require approximately \$72,250,000 million in new capital investment over a 5-7 year campaign through both public and private resources.

Finally, application for new funds from the U.S. Department of Housing and Urban Development through the Continuum of Care for Rapid Rehousing is possible with the proposed FY 2015 budget and could result in 200 units of Rapid Rehousing for families. At \$2,500 average cost per placement**⁵⁴ this would require \$500,000 in new funding from the U.S. Department of Housing and Urban Development through the Continuum of Care and Emergency Solutions Grants programs.

In total, this strategy could net access to an additional 1,950 units of supportive housing for chronically homeless individuals and families, and 3,050 units of Rapid Rehousing and other affordable housing options for families. As reported earlier, the five year average chronic homeless count for the Continuum of Care is 1,600 individuals. Creating access to 1,950 units will allow for in-flow of chronically homeless individuals and also meet the need for any chronically homeless families that are identified.

Reducing Homelessness is an Economic Driver

Preservation or rehabilitation of affordable housing is a huge vehicle for creating jobs in the community. In Central Florida there can be a wide range of costs associated with development of affordable housing. For purposes of ending and preventing homelessness, the strategy for Central Florida should include acquisition and rehabilitation of existing multifamily properties across the tri-county area. Acquiring existing properties can be accomplished far more quickly than planning for new construction, at about half the cost. Since the goal is to create access to as many units as possible, the cost per unit for acquisition is the key to the success of long-range planning. Using the Orange County and Orlando HOME Funds allocations from 2002-2012 as a guide, the average cost per unit for development was slightly over \$40,000 per unit. A study released by the Florida Housing Finance Corporation based on applications for funding in 2011⁵⁵ showed the average cost for rehabilitation to be \$9,045 per unit for 2,156 units⁵⁶ through the Low Income Housing Tax Credit program. Thus, the total cost per unit for acquisition and rehabilitation would be \$49,045 per unit.

Using the IMPLAN model to project economic and fiscal impacts in their study, the Florida Housing Finance Corporation determined each rehabbed unit is equal to the creation of 2.2 jobs, or a total of 4,772 jobs for 2,156 units.⁵⁶ These jobs, in local Florida dollars, had a value of \$9,513,318 in direct earnings, or an average of \$1,993 per job. Total economic impact, direct, indirect and induced, using the IMPLAN multiplier was \$522,197,918.⁵⁷

Under the proposed plan, 1,800 units of housing will need to be acquired to provide access for chronically homeless individuals and extremely low income families at an average cost of \$40,138 per unit. Projecting another \$9,045 per unit for rehabilitation, using the IMPLAN model, would create a total of 3,978 jobs with earnings of \$174,733,200. Total direct and indirect economic impact would be \$435,970,800. This is only projecting jobs created through the rehabilitation of the housing and does not include jobs and impact created through housing acquisition.



Name:
Heather Torrado
Age: 38
Homeless: 5 months

Heather, mother of two, works onsite rebuilding homes for the homeless.

Housing the Homeless = Saved Money + Saved Lives

By adding the total community costs avoided through ending chronic homelessness and the positive economic impact of jobs created through development of affordable housing options across Central Florida, a total economic impact can be projected.

At an annual cost savings of \$21,014 per chronic homeless person, getting to functional zero, or housing approximately 1,600 chronically homeless individuals (based on a five year Point In Time count average),

would have an annual value of \$30,260,160. Adding the total value of rehabbing 1,800 units of affordable housing will result in earnings of \$174,733,200 and \$435,970,800 in total economic impact, and builds capacity for any additional chronic homeless individuals and families that are identified. Creating an additional \$20,000,000 in funding from all sources, public and private, over multiple years would generate the revenue to complete rehab on 1,800 units leaving over \$3 million for a replacement reserve.

Since progress and savings will

occur incrementally, the total of costs avoided can be tracked and quantified annually as progress toward functional zero is made. Similarly, using the formula for positive economic impact per housing unit developed toward the creation of new jobs can be summarized annually as units are developed over time. By calculating the people housed and total units developed toward the goal of 3,000 as a percentage of the whole, projected annual savings, with a 10% rate of recidivism and economic development in 25% increments would look like this:

25% Reduction in chronic homelessness = 400 x \$21,014/person = \$7,565,040 annual cost savings.

25% of new units developed = 450 x \$97,074
ROI per unit = \$43,683,300

Potential value of achieving 25% of total goal = \$116,557,740 Total ROI

50% Reduction in chronic homelessness = 800 x \$21,014/person = \$15,130,080 annual cost savings.

50% of new units developed = 900 x \$94,074
ROI per unit = \$87,366,600

Potential value of achieving 50% of total goal = \$233,115,480 Total ROI

75% Reduction in chronic homelessness = 1,200 x \$21,014/person = \$22,695,120 annual cost savings

75% of new units developed = 1,350 x \$94,074
ROI per unit = \$131,049,900

Potential value of achieving 75% of total goal = \$349,673,220 Total ROI

100% Reduction in chronic homelessness = 1,600 x \$21,014/person = \$30,260,160 annual cost savings.

100% of new units developed = 1,800 x \$94,074
ROI per unit = \$174,733,200

Potential value of achieving 100% of total goal = \$466,230,960 Total ROI

By tracking the annual housing retention rates and monitoring the total chronic homeless count, the costs avoided through housing 1,600 can be calculated annually. Over a 10-year period the savings to the tax payers could exceed \$302,601,600 while simultaneously creating 3,978 jobs for property management operations, maintenance and capital improvements related to the preservation of the stock of affordable housing with a total economic impact of \$466,230,960.

Sustainable operations of affordable housing can be achieved by strategically planning the percentages of each affordable

housing location dedicated to Permanent Supportive Housing for the formerly homeless and disabled, for homeless families and for homeless prevention and workforce housing. Operating costs of subsidized and below market rate housing for homeless families and individuals under 50% of Area Median Income can be offset by owning properties debt-free, and by using the profits made renting to households in the unsubsidized, market-rate units to help each property cash flow – even while allowing for some individuals with no income to enter the housing market. This strategy achieves both community integration and

financial sustainability. Using a low-density, scatter-site approach to ending homelessness, no more than 25-30% of the units in any one location should be dedicated to formerly homeless households with disabilities so that the affordable housing locations do not become de facto institutions. This will require partnerships between existing property managers as well as the creation of nonprofit developers and/or Community Housing Development Organizations (CHDOs), who can own and operate the housing in compliance with all existing laws and regulations.



Name: Margarita Dopwell
Age: 55
Homeless: 2 years



Names: Gerry Melzer (far left),
Russ Martin (second from left)
Ages: 59, 58
Homeless: 10 months; 2 years

Pictured left to right is Gerri (guest), Russ (guest), partially hidden behind Pastor Scott is Michelle Lucey, center is Pastor Scott Billue, Resa Mann, Shonna Dannels, and Lori Allen.

At Matthew's Hope, homeless guests and volunteers work in the Harvest of Hope Garden to provide food for guest meals and to sell for revenue for the organization. Guests are given the opportunity to work in the garden to earn points which they can trade in for important items such as tents, bicycles, and food from the pantry. Local restaurants that like to use chemical-free produce have become ongoing customers and like to showcase the fresh, local grown vegetables on their menu. The garden allows guests to feel useful again, use their talents, learn new skills, and prove their work ethic. Matthew's Hope strives to help their homeless guests by giving them a "hand up" instead of a "hand out" and the Harvest of Hope Garden is one way guests

can help move themselves forward into a productive, self-sufficient life.

Matthew's Hope is just one example of the great work that many service provider organizations offer to those in need in Central Florida. Whether people find themselves homeless due to a domestic violence situation, aging out of the foster care system, being under- or unemployed, or because they suffer from a mental or physical disability that keeps them from being able to work and support themselves, Central Florida's service providers answer the call. The Central Florida Commission on Homelessness applauds those that give their all every day to help those who are in need in our community.

Conclusions and Recommendations

The magnitude of the homeless crisis in Central Florida is at an all-time high for both chronic and family homelessness, and the cost to the community is measured in more than just dollars and cents. The taxpayers are funding a never-ending cycle of institutional stays and emergency services at a cost of millions of dollars per year. At the same time, there is a significant loss of commercial enterprise and negative impact on quality of life for the community as a whole. It is clear that developing solutions to the problem is far more cost effective than continuing to allow the problem to exist. As families and individuals are re-housed in the community over time, the positive economic impact can be quantified while the quality of life goes up for everyone, including the people who are no longer homeless. The value of this will be a net return on investment worth hundreds of millions of dollars and the possibility that people who are stabilizing in the community can reach their full potential.

The community must work together across the tri-county area toward the end goal of reducing chronic homelessness. Using a Housing First and Rapid Rehousing approach and offering different types, styles and locations of permanent supportive housing across the area will enhance the choices and options, allowing families and individuals to live in the community and in neighborhoods of their choosing. This approach significantly improves long-range outcomes⁵⁸ and provides a model of community integration for truly affordable housing that does not displace families while creating neighborhood stabilization.

Public policies must be changed so that existing resources are prioritized to allow for access to Section 8 vouchers, Project-Based Section 8, Public Housing and Low Income Housing Tax Credit units. This will require changing laws and regulations at both the state and county levels

where regulations keep people who are homeless from entering the housing market. Ending chronic homelessness must be emphasized under new Consolidated Plans. Prioritizing annual HOME, Low Income Housing Tax Credit and State Housing Trust fund allocations so that qualified projects for chronically homeless and Extremely Low Income households are funded will ensure continuing development of affordable housing for years to come. Raising private dollars as match and capital to be invested guarantees success in leveraging the public funding streams. This also allows flexibility in development of unsubsidized market units, achieving maximum profitability, sustainability and community integration.

Leadership is required at all levels in order to create the will to update Consolidated Plans and change existing laws and regulations. Corporate, philanthropic and nonprofit leadership must combine efforts and influence public officials to invest in long-range effective strategies proven to reduce homelessness. These strategies are Housing First, Permanent Supportive Housing and Rapid Rehousing. The leadership in the Continuum of Care must act to reprioritize and reallocate current funding for homeless programs toward these proven approaches. Continuing to prioritize transitional housing with below average outcomes is a failing strategy which the U.S. Department of Housing and Urban Development will no longer fund. **Finally, implementing a coordinated assessment and access policy based on a priority listing of eligible homeless individuals and families will streamline the process and significantly reduce the length of time someone is homeless.** Community leaders dedicated to the strategies outlined in this report can move Central Florida from a position leading the country in chronic homelessness, to that of being a model community that others will look to for proven and sustainable solutions.

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Additional copies of the report are available at www.impacthomelessness.org/data

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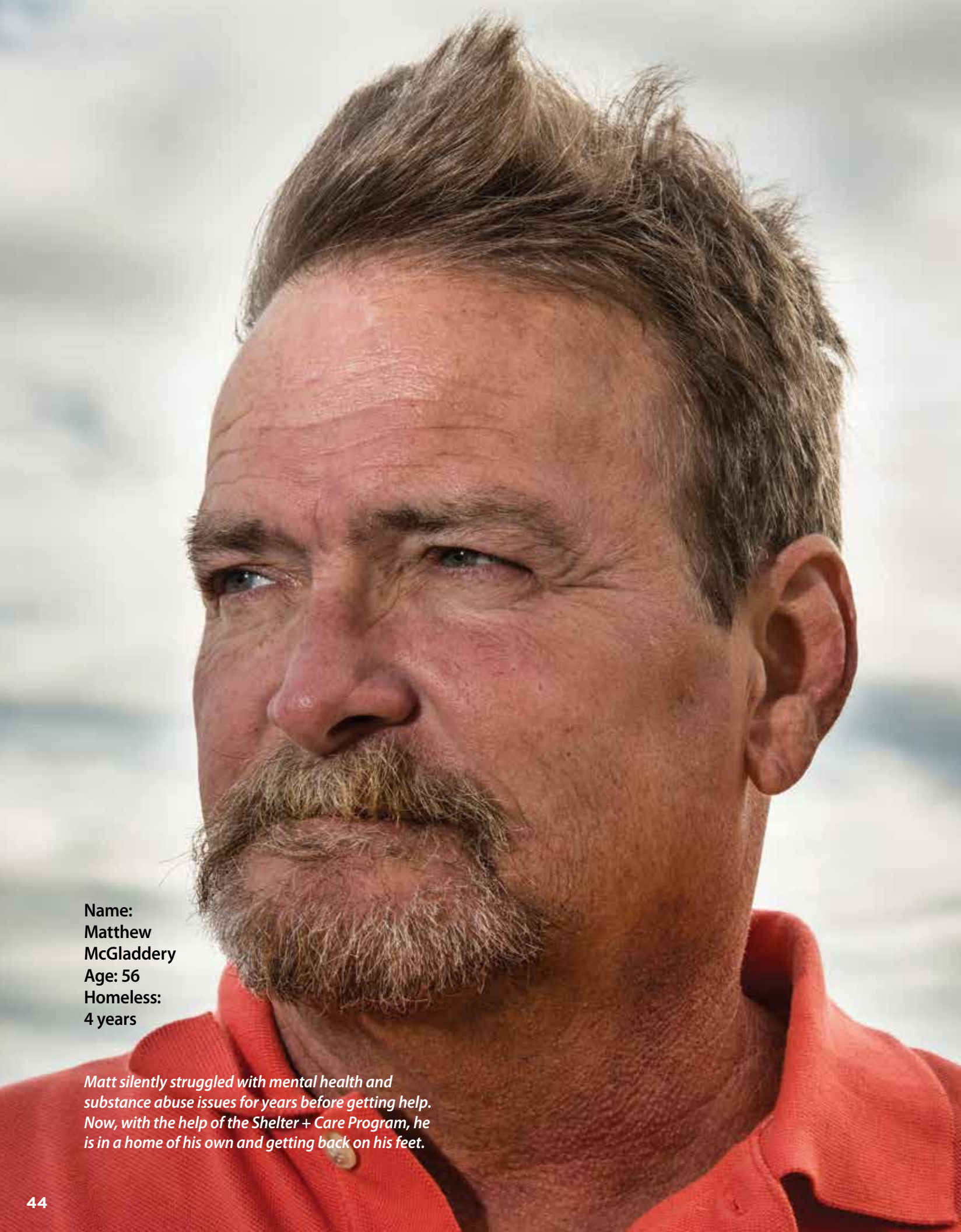
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Name:
Matthew
McGladdery
Age: 56
Homeless:
4 years

Matt silently struggled with mental health and substance abuse issues for years before getting help. Now, with the help of the Shelter + Care Program, he is in a home of his own and getting back on his feet.



Names: Cheyenne, Randall, and Samantha
Ages: 13 months, 31, and 27
Homeless: 4 weeks

Meet your neighbors.

Randall Wooten and Samantha Barr fell into homelessness after Baby Cheyenne underwent several surgeries in the first year of her life and the bills piled up. Jobs were lost and the family ended up living in their truck. At the time of this photo shoot, the family had to sell their truck and move into a motel, hoping to land jobs in order to continue paying the night-to-night fees so they didn't end up on the streets with Baby Cheyenne. Homelessness does not just affect individuals. Family Homelessness is on the rise in Central Florida. According to the 2012-2013 *Florida Department of Education Report*, 3,920 families were living doubled-up (living with relatives or friends) or in motels in Central Florida. More families were living in shelters, in their cars, or on the streets. Imagine trying to raise children and ensure their education when stable housing is not even an option.



www.ReThinkHomelessness.org



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