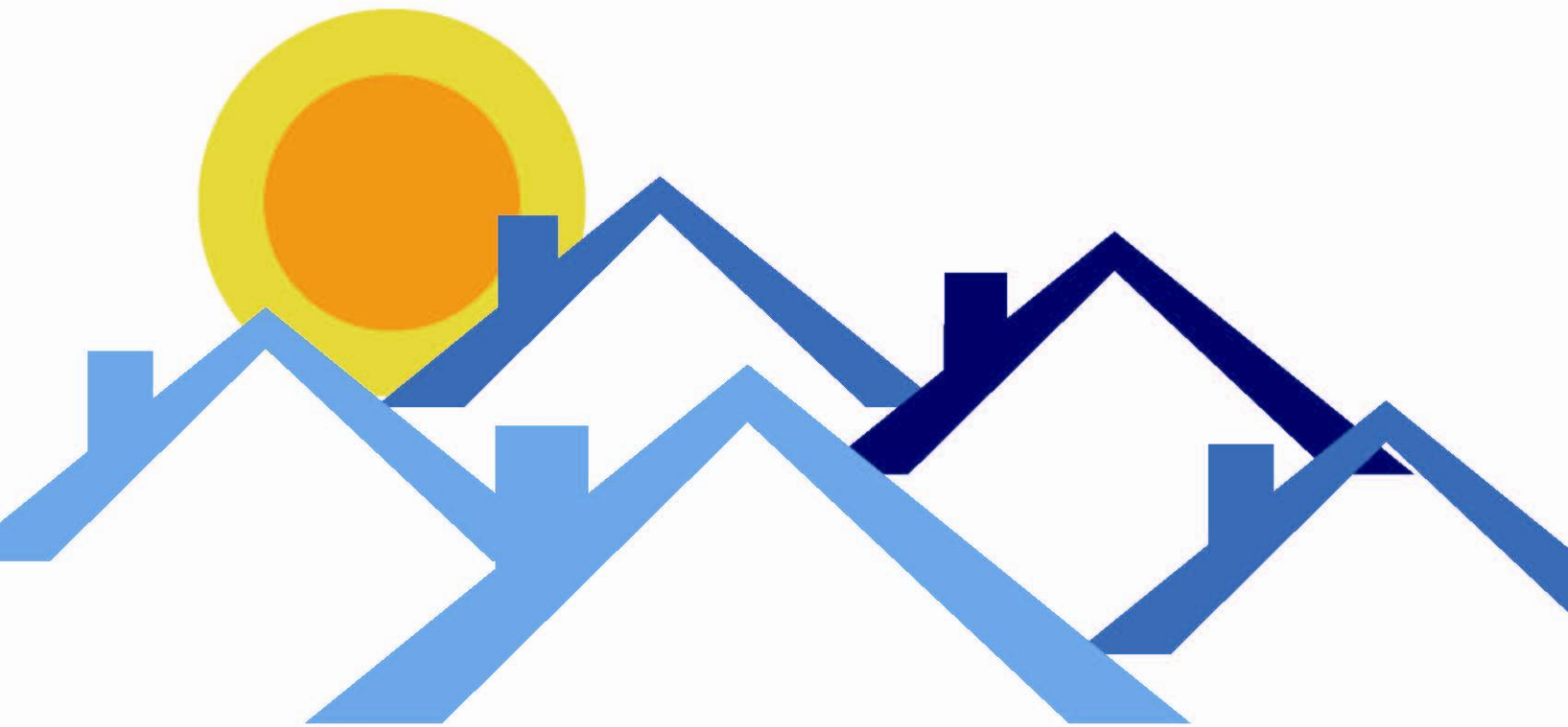


20/20 VISION:

A clear view of housing for all members of Collier County.
A community ten year plan to prevent and
end homelessness by 2020.





**20/20 VISION: A clear view of housing for all members of Collier County
A community ten year plan to prevent and end homelessness by 2020**

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EXECUTIVE SUMMARY

20/20 Vision: A Clear View of Housing for All Members of Collier County is a community-level action plan for addressing the housing needs of adults, families, youth, and children who are homeless or at risk of becoming homeless. The development of this plan has been a collaborative effort involving individuals and families who have or are currently experiencing homelessness or are at risk of becoming homeless, unaccompanied youth identified as homeless, service providers, advocates, policy makers, and other community leaders.



20/20 Vision Statement

Housing and coordinated systems of resources will be available to and accessible by adults, families, youth, and children for preventing and ending homelessness in Collier County by 2020.

The vision statement, guiding principles, and goals of this plan are aligned with the core values and objectives of *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*.

Guiding Principles

Although homelessness is a complex problem that takes many forms, it is above all a housing problem that affects human dignity and the progress of society. Housing First practices address this core problem and have tremendous potential to both prevent homelessness and set a course for housing stability for persons who have been homeless. Housing First is both an approach and an evidence-based model that focuses on providing housing as quickly as possible then providing support services as needed to achieve housing stability.

As a housing model, the key principles of Housing First are: choice of housing; separation of housing and support services; decent, safe, and affordable housing; community integration; rights of tenancy access to housing; and flexible, voluntary support services.

A Housing First approach to solving the problem of homelessness applies the model according to the varying needs of target populations. This community ten year plan to prevent and end homelessness supports a Housing First approach to homelessness in

Housing First is an approach that emphasizes stable, permanent housing as a primary strategy for ending homelessness.

National Alliance to End Homelessness

Collier County that takes into account and adapts to the unique needs of subpopulations. The basic principles of Housing First outlined above guide all proposed programs, but solutions will look very different among subpopulations.

For example, Housing First for a family experiencing homelessness due to an economic crisis or other unfortunate circumstances might include short-term, temporary rent assistance and the support services necessary for the family to achieve housing stability. Once financially stable, the subsidy is no longer necessary. On the other hand, permanent supportive housing is more appropriate for those with disabling physical and mental health conditions. In permanent supportive housing, persons receive the services that support them to live independently with the same rights and responsibilities as others.

In addition to a Housing First approach, a full continuum of services, including emergency shelters and transitional housing to stabilize and guide individuals on a path to permanent housing will continue to be necessary.

Finally, the Plan is guided by the principles that the community will provide solutions that are not only cost-effective, but maintain the dignity of all persons seeking assistance. Restoring independence, accepting personal accountability for a stable future, and becoming a contributing member of the community respect the full dignity of living that is the right of every individual.

Defining Goals

In 2010, the Hunger & Homeless Coalition of Collier County and the Continuum of Care began this plan's development by referring to the National Alliance to End Homelessness *Ten for Ending Homelessness in Your Community* to evaluate the current state of homeless services delivery in Collier County. (National Alliance to End Homelessness, 2003) Self-evaluation against the *Ten Essentials* by 24 Continuum of Care member organizations produced an inventory of services, revealing unmet needs and gaps.¹

Guiding Principles for 20/20 Vision

Follow Housing First practices to address housing needs for persons without a home.

Provide a full continuum of housing options from emergency shelter to housing subsidies and vouchers with choice.

Promote a dignified quality of life for all who are experiencing homelessness or are at risk of becoming homeless.

Implement cost-effective, best practice solutions for preventing

¹ See Appendix A-Inventory of Service and Appendix B-Needs and Gap Analysis

In addition to the inventory of services, a needs and gap analysis was conducted. Representatives from 12 organizations ranked needs and gaps in services. Six areas of concern are, in rank order:

1. Homeless prevention services, including case management with rent assistance for housing stability
2. Affordable housing options, inclusive of existing housing inventory structures and rent subsidies/vouchers
3. Supportive employment/job search and secure income
4. Rapid Re-Housing, inclusive of supportive services and financial assistance
5. Emergency shelter
6. Transitional housing *and* services for youth, ages 16 to 24 years, who are homeless or at risk of becoming homeless

The information collected in the Inventory of Services and Needs and Gap Analysis and information gathered from community members, including persons who are, have been, or are at risk for becoming homeless, guided the development of the Ten Year Plan's Vision and Goals.

A core team of Hunger and Homeless Coalition staff, Florida Gulf Coast University faculty, and County staff conducted focus group discussions, surveys, and other conversations adding to the development of the following four goals and strategies for implementation.

Goals for 20/20 Vision

Goal #1 – Affordable Housing

Strategy #1

Increase the supply of permanent housing units that best meet the needs of identified target populations.

Strategy #2

Maintain the existing transitional housing and emergency shelter programs.

Target populations include:

- Families with children who are homeless or at risk of becoming homeless.
- Older adults and other persons, such as individuals with disabilities, who are homeless or at risk of becoming homeless.
- Veterans who are homeless or at risk of becoming homeless.
- Persons who are chronically homeless.

Goal #2 – Support Services for Housing Stability

Strategy #1

Increase support services and enhance resources for provision of wrap around services so persons successfully maintain their housing.

Strategy #2

Increase support services for prevention of homelessness.

Goal #3 – Centralized Intake for Accessing Needed Services

Strategy

Create a countywide central point of intake for housing services.

Goal #4 – Resources for Unaccompanied Youth

Strategy

Develop a drop-in center and increase the supply of overnight beds for youth 16 to 24 years old experiencing homelessness and unaccompanied by an adult.

Who Is Homeless in Collier County?

During the 2011 Point-in-Time (PIT) Homeless Count, 390 individuals were experiencing homelessness in Collier County as defined by the US Department of Housing and Urban Development (HUD).² These individuals were living in a place not meant for human habitation, in an emergency shelter, or in transitional housing—that is to say, they

² See Appendix C-Definitions of Homeless

were literally homeless. The number generated by the PIT process is an estimate of how many people are homeless at a specific point in time. Locally, this is a slight decrease from the 401 reported in 2010.

The PIT results show a stable number of persons who are literally homeless. While this is encouraging, it does not accurately reflect the increase in homelessness among families with children. A better indicator of homelessness among children is the public school report to the Department of Education.

The Collier County Public Schools reported 993 children experiencing homelessness during the 2011 PIT Homeless Count, a significant increase from the 641 children reported in 2010. Of the 993 students identified as homeless, 122 were unaccompanied youth. The school district applies the definition of homelessness in the *Education for Homeless Youth and Children* provision of the *McKinney-Vento Homeless Assistance Act*.³ This includes those who are doubled up due to economic hardship and living in motels and, thus, is a more accurate accounting of homelessness among children and youth.

Collier County Public School Homeless Children & Youth

2008	2009	2010	2011
307	411	641	993

Cost Study Summary

The Hunger and Homeless Coalition of Collier County commissioned NonProfit Solutions Consulting of Naples, Florida to complete a cost analysis of homelessness. The purpose of the study was to understand the real and hidden costs of homeless-related services, and also to put a face on homelessness. Using qualitative and quantitative methods, NonProfit Solutions staff gathered data from community members and from agencies directly involved with addressing homelessness in Collier County.

Homelessness is a condition that becomes more expensive over time. The longer a person is homeless, the more likely they are to experience health and substance abuse related problems. These problems become expenses that the community must cover. Therefore, it makes economic sense to try to limit the time an individual experiences homelessness as much as possible. The *Study on the Cost of Homelessness* provides the data necessary to support this conclusion. (Salerno & Younger, 2011)



\$2,871,97

Annual Pricetag of **Doing Nothing** to Prevent and End Homelessness

³ See Appendix C-Definitions of Homeless

Study findings also support the premise that Housing First practices offer the most cost-effective strategy to prevent and end homelessness. The study and real human stories demonstrate that the cost of doing nothing is too great. A full continuum of services saves the community money and respects human dignity. This remains a guiding principle.

On any given night, individuals and families who are homeless might avoid sleeping on the street, in cars, or at campgrounds by seeking refuge at emergency shelters. Others might find themselves “sheltered” in hospital emergency rooms, in mental health facilities for crisis stabilization or detoxification, or in jail. Costs for these services vary widely.

The price of a meal and a place to sleep is anywhere from \$35 in emergency shelter to \$117 in jail per day. The shelter system is cost-effective by offering an alternative to living on the street that may lead to significant health issues and result in the need for most costly health services. Inpatient mental health services range from \$500 to \$600 per day. The most expensive place to care for persons experiencing homelessness is the hospital where a single visit can exceed an expense of \$2000 (Salerno & Younger, 2011, p. 3).

Annual Cost of Approaches to Homelessness		
Emergency Shelter	Transitional Housing	Housing First
\$35 per night	\$129 per day	\$519 per month
\$12,775 ¹	\$43,800 ¹	\$6,228 ²

¹Includes residential programs and supportive services.

²Excludes the cost of supportive services.

Source: *Study on the Cost of Homelessness to the Community of Collier County*

Minimum Estimated Cost of Homelessness to Collier County in 2010

Item	Cost/Unit	Units	Cost	Visits/Days	Annual Cost
Health/Hospital					
Hospitalization & ER	\$2026/visit	1 visit	\$2,026	1118	\$2,265,068
Urgent Care	\$488/visit	1 visit	\$488	1344	\$65,392
Mental Health Care	\$600/day	4.5 days	\$2,700	120	\$324,000
Detoxification	\$500/day	5 days	\$2,500	36	\$90,000
Incarceration					
Jail	\$117/24 hr	1 day	\$117	519	\$60,723
Law Enforcement (2 officers)	\$25.74/hr	5 hours	\$129	519	\$66,795
Total					\$2,871,978

Source: *Study on the Cost of Homelessness to the Community of Collier County*

In Collier County, one of the largest hospitals, Naples Community Hospital is a non-profit organization. Even without extracting a profit, the cost of charitable care is almost impossible to bear. Charity care cost the hospital over \$19 million in 2010. According to this study's calculation over \$2 million of that was attributable to homeless patients. (Salerno & Younger, 2011)

The *Study on the Cost of Homelessness* documents the human costs of homelessness. It did not attempt to assign a real, dollar value on the price of human dignity. Nonetheless, the stories of homelessness included in the study make clear the need to promote a dignified quality of life for all who are experiencing homelessness or are at risk of becoming homeless.

INTRODUCTION

20/20 Vision: A Clear View of Housing for All Members of Collier County is a community level action plan for addressing the housing needs of adults, families, youth, and children who are at risk of or have been experiencing homelessness.

20/20 Vision Statement

Housing and coordinated systems of resources will be available to and accessible by adults, families, youth, and children for preventing and ending homelessness in Collier County by 2020.

Although homelessness is a complex problem that takes many forms, it is above all a housing problem that affects human dignity and the progress of society.

Communities nationwide are moving toward prevention and a Housing First approach to address homelessness. The community plan for Collier County, *20/20 Vision*, adopts that approach while maintaining the current shelter and transitional housing programs.

The lingering effects of the recession have pushed more and more Americans into precarious financial situations. Perhaps the most ominous indicator with respect to homelessness is the continuing rise in deep poverty, which increased to a record level of 20.5 million people in 2010. This marks the fourth consecutive annual increase in deep poverty and raises the deep poverty rate to 6.7 percent. (Homeless Research Institute, 2011)

While recent years have been economically challenging for many Americans, the most vulnerable populations were hit the hardest. The average income for working poor people decreased more than 2 percent in the last year. The National Alliance to End Homelessness reports nearly 6 million poor households are severely burdened by housing costs, meaning about three out of every four poor households pay more than 50 percent of income on rent. The number of persons experiencing poverty has increased to a record million and the poverty rate of 15.1 percent is the highest on record since 1983. (Homeless Research Institute, 2011)

The Federal plan, *Opening Doors*, accounts for the continued increase in homelessness as the combined effects of three key factors: 1) the loss of affordable housing and rise in foreclosures; 2) a growing gap between income and the cost of living due to rising housing costs, job loss and underemployment, and the resulting debt; and 3) the closing of state psychiatric facilities without providing community-based housing and services to care for persons with mental illness. (United States Interagency Council on Homelessness, 2011)

These factors certainly contribute to homelessness on a local level. In Collier County there is a lack of affordable and accessible housing for many vulnerable individuals and families. When asked to prioritize unmet needs and gaps in services, local social services organizations ranked the need for additional affordable housing, including rent subsidies, as most urgent. Supportive employment, emergency shelter, transitional housing, and services for youth were also identified.⁴

20/20 Vision: A Clear View of Housing for All Members of Collier County is comprehensive by addressing a variety of causes of homelessness and proposing solutions that correspond to the needs identified by the Inventory of Services⁵ and the Needs and Gap Analysis⁶ conducted by the Continuum of Care.

This Plan acknowledges the full range of federal definitions for homelessness. The number of children reported by the Department of Education is higher than numbers from HUD because the Department of Education includes as homeless children who are doubled-up or living in motels or other temporary habitation, while HUD does not.⁷

⁴ See Appendix B-Needs and Gap Analysis

⁵ See Appendix A-Inventory of Services

⁶ See Appendix A-Inventory of Services

⁷ See Appendix C-Definitions of Homeless

CHAPTER 1: WHAT WE KNOW ABOUT HOMELESSNESS IN COLLIER COUNTY

Persons

In Collier County, we have identified three groups of persons who are homeless, which include families with children, unaccompanied youth, and single adults. Of the single adults, we have included older persons, veterans, and persons experiencing chronic homelessness.

Data on homelessness come from three primary sources: 1) the Annual Housing Assessment Report (AHAR), compiled by HUD; 2) local Point in Time (PIT) homeless counts; and 3) homeless student enrollment counts required of state and local educational agencies by the Department of Education. Both the PIT homeless count and the student count are conducted on a single night in January. The number generated is an estimate of the number of families, unaccompanied youth, and individuals experiencing homelessness at a specific point in time.

Families With Children

Unfortunately, the number of families with children experiencing homelessness is on the rise in Collier County. This trend in family homelessness mirrors the pattern seen elsewhere in Florida and nationwide.

The numbers of Collier County Public Schools students facing homelessness are discouraging. During the 2011 PIT Homeless Count, school district officials reported 993 children experiencing homelessness, a 55 percent increase from the 641 children reported in 2010.

There are several ways of assessing the extent of homelessness among families and children. The definition of homeless used in determining eligibility for HUD homeless assistance programs excludes many circumstances short of literal homelessness that, nonetheless, raise concerns for the ongoing education, physical well being, and mental health of children. Thus, the McKinney-Vento Homeless Assistance Act requires that the US Department of Education program reporting count as homeless families staying in

More than 83,500 Children Homeless in Florida

Florida Ranks 42 out of 50 States in Child Homelessness

Florida Campaign to End Child Homelessness

the home of a family member or friend, those living in a hotel or motel, and children awaiting foster care placement. (U. S. Department of Education, 2009) These numbers are a more accurate indicator of the rise in family homelessness. (The National Center on Family Homelessness, 2011)

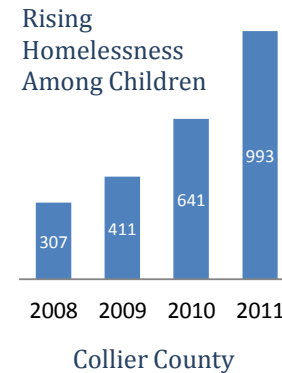
The overwhelming majority of the 993 children reported homeless by the Collier County Public Schools could not have been included using the HUD definition. In 2011, 87 percent of these children were doubled up, another 1 percent lived in hotels or motels, and 3 percent were awaiting foster care placement. Between 2010 and 2011, the number of children doubled up and staying in motels increased 55 percent.

Statewide, 16 percent, of homeless students were unsheltered or living in emergency or transitional shelter. Although still troubling, in Collier County, less than 10 percent of homeless students were literally homeless.

The rapid rate of increase in family homelessness is largely attributable to the housing finance crisis and economic recession that began in December 2007. Nationally, from 2007 to 2010, unemployment, foreclosures, worst-case housing needs, and overcrowded housing have all increased dramatically (2010 AHAR). Prior to the economic crisis, Florida and Collier County benefited from a robust local economy and unemployment rates significantly lower than the national average. Unfortunately, housing market conditions and economic recession hit Florida and Collier County earlier and harder. Foreclosure and unemployment rates remain well above the national average and economic recovery is sluggish.

Families with children make up the fastest-growing segment of the population facing homelessness (The National Center on Family Homelessness, 2011). According to the National Center on Family Homelessness, one in fifty children in America experiences homelessness each year. The National Coalition for the Homeless reports that 41 percent of the population experiencing homelessness are families with children. (The National Center on Family Homelessness, 2011)

According to the 2010 Annual Homeless Assessment Report to Congress (AHAR), the number of persons in families who access emergency shelters increased nationally by 20 percent between



2007 and 2010, and families currently represent a much larger share of the total sheltered population than ever before. The majority of families who are homeless consist of a single mother with young children. (U.S. Department of Housing and Urban Development, Office of Community Planning and Development, 2010)

According to *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, families experiencing homelessness have extremely low incomes, have limited access to housing subsidies, and have weak social networks that are not able to provide sufficient assistance. (United States Interagency Council on Homelessness, 2011)

These families are under considerable stress. The *Florida Plan to End Child Homelessness* reports that families experiencing homelessness move often, doubling up for a time in overcrowded situations with relatives or friends. Others stay in motel rooms or sleep in cars or campgrounds. Many times families must split up in order to find shelter. (The National Center on Family Homelessness, 2011)

Children experiencing homelessness suffer from hunger, poor physical and emotional health, and missed educational opportunities. A majority of these children have limited academic proficiency in math and reading.

Unaccompanied Youth

Of 993 children reported homeless by Collier County Public Schools, 122 students were unaccompanied youth. Unaccompanied youth are young people, typically between the ages of 14 and 24 years, experiencing homelessness who are not in the physical custody of a parent or legal guardian. Because homeless programs more directly address the needs of adults, youth face many barriers to meeting their needs.

Recognition of the extent of homelessness among youth who are unaccompanied by an adult in Collier County has fostered growing commitment among agencies, advocates, and the public school system to address their unique needs.

Information collected directly from unaccompanied youth in the preparation of this plan has led to a greater understanding of the complex issues associated with youth homelessness that need to be



addressed locally. In a needs analysis conducted by the Hunger and Homeless Coalition in 2010, agencies ranked the need for housing and services for unaccompanied youth in the top six of the twelve service needs and gaps.⁸

Many unaccompanied youth have fled abuse in the home. They live in a variety of temporary situations—including shelters, cars, abandoned buildings, and motels—or share the homes of other people (sometimes called couch surfing).

The United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention reported that 1.7 million homeless and runaway youth, the majority between 15 and 17 years old, have been identified nationally. (Homeless Youth, 2008)

National research shows that some youth become homeless when they leave foster or institutional care (including running away, aging out, or being discharged). Shelter policies that require older adolescent boys be housed in adult shelter often separate teenage boys from their families. (United States Interagency Council on Homelessness, 2011)

Physical, emotional, and social problems are widespread among homeless youth, especially those unaccompanied by an adult. Many have histories of academic difficulties including suspensions and expulsion. Research shows a high prevalence of depression, suicide ideation, and other mental health conditions among youth who are homeless. Chronic physical health conditions also are common, including asthma and other respiratory problems, hypertension, tuberculosis, diabetes, and hepatitis. Adolescents who are homeless also have high rates of substance abuse disorders. Behaviors associated with mental health and substance abuse conditions, moreover, can cause problems cultivating relationships. Finally, those who have been abused or neglected are at increased risk of abusing or neglecting their own children. (United States Interagency Council on Homelessness, 2011)

Single Adults

In Collier County, 390 individuals were experiencing homelessness during the 2011 PIT Homeless Count. These individuals, including

⁸ See Appendix B-Needs and Gap Analysis

older persons, veterans, and persons experiencing chronic homelessness, met the HUD definition of homeless, meaning they were literally homeless. This is a slight decrease in homelessness among individuals from 2010, when 401 individuals were reported.

Older Adults

Homelessness among older adults stems from poverty and lack of affordable housing. With extremely low income and limited resources, they struggle with covering other necessities such as food, medicine, and health care, making this population particularly vulnerable to homelessness.

The problem requires long-term housing assistance to prevent homelessness. HUD estimates that, nationwide, at least nine seniors remain on waiting lists for every occupied unit of affordable housing for older adults (The McKinney-Vento Homeless Assistance Act, 2009).

Overall economic growth will not alleviate the income and housing needs of older people with limited resources, as returning to work or gaining income through marriage are often unlikely. Many older persons who are homeless are entitled to Social Security benefits. However, these benefits often are inadequate to cover the cost of housing. In a study of homelessness among older adults, the National Coalition for the Homeless found that those relying on Supplemental Security Income (SSI) cannot afford housing at the Free Market Rate (FMR) anywhere in the country (National Coalition for the Homeless, 2009).



Veterans

The Collier County PIT homeless count included 26 homeless veterans in 2011, down only slightly from 27 in the previous count. This slight decrease in the number of homeless veterans in Collier County is consistent with national trends in veteran homelessness. (United States Interagency Council on Homelessness, 2011)

According to the Veterans Administration (VA), the number of veterans experiencing homelessness has been declining rapidly over the past two years. In 2009, the VA estimated 107,000 homeless veterans on any given night through its Community Homeless Assessment Local Education and Networking Groups (CHALENG). This represented an 18 percent reduction from the 2008 estimate of

131,000. (United States Interagency Council on Homelessness, 2011)

The decline in homelessness among veterans is likely due to the combined effects of increased efforts to avoid homelessness through programs such as Veterans Affairs Supportive Housing (VASH) vouchers, and improved ability to link veterans to needed programs with the availability of SOAR-trained (SSI/SSDI Outreach, Access, and Recovery) case managers who can assist veterans in navigating the complex bureaucratic system. The national plan, *Opening Doors*, recognizes this reduction as a significant step toward achieving the VA's goal of eliminating homelessness among veterans. (United States Interagency Council on Homelessness, 2011)

The causes of homelessness among veterans—the combined effects of economic and personal factors and a shortage of affordable housing—are similar to the causes of homelessness among non-veterans. However, the trauma of combat introduces additional factors, such as post-traumatic stress. As with other populations, the complexity of navigating systems makes it difficult for veterans to access services. (United States Interagency Council on Homelessness, 2011)

Adults Experiencing Chronic Homelessness

Chronic homelessness in Collier County appears to be reaching stable numbers. The 390 individuals reported homeless in the 2011 PIT Count represents a 5% decrease in non-family homelessness.

In Collier County, the overall stability in the number of persons who are chronically homeless reflects both the effectiveness of local shelters and support services in responding to crisis and the success of rapid re-housing and housing stabilization services to prevent homelessness. In 2011, 106 persons in Collier County (45 adults and 61 children) were assisted with moving into stable housing using Homeless Prevention and Rapid Re-Housing Program (HPRP) funding through the American Recovery and Reinvestment Act of 2009.

This trend mirrors state and national estimates and characteristics of homelessness. Chronic homelessness has declined steadily in the past four years, as a result of the emphasis that HUD and communities have placed on assisting people who are chronically

homeless to move off the streets and into permanent supportive housing.

Services

History of Homeless Services in Collier County and What's Already in Progress

For more than 20 years, Collier County has provided homeless assistance to many vulnerable members of our community. Local homeless shelters continue to serve people experiencing hunger and homelessness, offering hope, and transforming lives. Our domestic violence shelter remains committed to prevent, protect, and prevail over domestic violence. With these structures in place and community commitment to their continued support, Collier County is prepared to build on the firm foundation of emergency services by adopting an approach that focuses on preventing homelessness and rapidly returning those who become homeless to housing.



Under the leadership of the Hunger and Homeless Coalition and the Continuum of Care, measures taken to restructure the homeless services system have increased the effectiveness of the existing crisis response system through improved collaboration. Interagency initiatives linking homeless services and mainstream resources confirm the results of improved collaboration, referral, and discharge planning for preventing homelessness and addressing the unique needs of the chronically homeless, including those with mental health conditions, alcohol and substance disorders, and physical disabilities.

St. Matthew's House

St. Matthew's House was the first, and remains the only, emergency shelter for persons experiencing homelessness in Collier County. In 1989 its doors opened to 18 single men at one site. Today 170 beds at several sites in Naples and Immokalee give shelter to some 2,000 persons annually. The largest of the shelters houses 64 beds for men, 18 beds for single women, and a 20-bed unit for women with children and infants. Since 2005, St. Matthew's House has been over capacity and regrettably turns away people each night. Throughout 2010, a waiting list of 50 or so persons was common. Largely due to the economic downturn, the rise in unemployment

that followed, and the housing crisis of the late-1990s, an increased number of those on the waiting list are families. St. Matthew's House relies on the generosity of grant making organizations, individual donors, private foundations, churches, and civic organizations to fund its programs. (St. Matthew's House, 2010)

St. Matthew's House operates the Wolfe Apartments, a 46-unit transitional living complex located in Golden Gate. In a drug- and alcohol-free structured community, residents receive guidance and support from an on-site staff to assist in their recovery and self-sufficiency. Fourteen units are dedicated to the permanently disabled with rents adjusted to their income. Wolfe Apartments relies on private support to fill the need between its costs and government funding sources.

The Shelter for Abused Women and Children

For women living in poverty, escaping domestic violence often means facing homelessness. The Shelter for Abused Women and Children provides safety and shelter for victims of domestic violence, their children, and their pets. In 1986, a group in Collier County recognized the need for a domestic violence shelter and began organizing and fundraising efforts. By 1988—against community resistance—an East Naples multi-family home was converted to shelter. The services and programs of The Shelter for Abused Women and Children have since grown in number and scope and today the Beau Venturi Home is a state-of-the-art, 60-bed residential shelter. The Shelter receives less than 20 percent of its funding from government grants; the remaining funds come from individual donors, fundraising events and activities, and foundations.

In addition to providing emergency shelter, case managers at St. Matthew's House and The Shelter for Abused Women and Children offer guidance and referrals aimed at restoring self-esteem and self-worth, personal empowerment, and acquiring the life skills needed to lead an independent life free of victimization and homelessness.

David Lawrence Center

Collier Housing Alternatives and Housing Alternative of Southwest Florida provide individuals with mental health housing facilities and support services designed to meet their physical, social, and psychological needs. Collier Housing Alternatives was developed in

1995 to operate a six-bedroom home in Golden Gate Estates. Housing Alternatives of Southwest Florida was developed in 1997 to operate five duplexes containing 10 housing units in East Naples.

The projects receive funding from HUD Section 811 capital advances and Section 8 Housing Assistance Payments. The rooms are available only to disabled individuals with mental conditions. One hundred percent of the residents earn less than 80 percent of area median income. In fact, residents' annual income from SSI/SSD is only \$6,088 to \$10,000, so each is considered "extremely low" income.

The David Lawrence Center is the managing agent for both entities. David Lawrence Center provides the supported housing services which enable residents to live quality lives in an integrated setting in the community. Supported housing services include: case management, supported employment, assistance with activities of daily living, linkage to medical care, counseling, transportation, and socialization activities.

Collier County Housing Authority

The Collier County Housing Authority was created in 1966 by Florida Statutes. The mission of the Housing Authority is to provide choices for families to have decent, safe and affordable housing and opportunities for education and economic upward mobility for the residents of our communities.

In addition to providing housing to low and low-to-moderate income residents through Section 8 and public housing programs, the Housing Authority administrates the Housing Choice Voucher Program and the HOME Tenant Base Rental Assistance (TBRA) program, which specifically targets individuals and families experiencing homelessness. The organization has also been funded to provide Shelter Plus Care choice vouchers with support services in cooperation with the David Lawrence Center.

Collier County Housing Authority was the first organization to implement a rapid re-housing program in Collier County. Consistent with a Housing First approach, Rapid Re-Housing programs help families experiencing homelessness locate housing in the community, negotiate with landlords, and provide home-based case management to promote housing retention and link families with needed services within their new community. The Rapid Re-housing

Rapid re-housing with an avenue to access services will provide families with the stability necessary to achieve independence.

National Alliance to End Homelessness

program was a natural fit for the Housing Authority because of their experience building and retaining the trust of landlords. This is instrumental and expands the housing options available to families, particularly those with more challenging rental histories. The program typically offers some housing assistance to help families pay for housing. Housing assistance can vary depending on funding from security deposit and first month's rent, a year rent subsidy, a subsidy of up to a capped amount (e.g. \$5,000 per family) that can be tailored to meet the needs of families, and traditional Housing Choice Vouchers.

Hunger and Homeless Coalition of Collier County

The Hunger and Homeless Coalition of Collier County in collaboration with member agencies⁹ works diligently to prevent and end homelessness through existing programs. In 2009, with the help of HPRP federal stimulus funding, the Coalition led the development of a comprehensive system of services for homeless prevention and rapid re-housing. Together with Catholic Charities of Collier County, Collier County Housing Authority, Housing Development Corporation, Legal Aid of Collier County, and Youth Haven, a coordinated system of financial assistance and support services was implemented allowing many families to remain housed or regain housing. This homeless services delivery system for homeless prevention and rapid re-housing continues to serve households as funding permits.

According to the 2010 Annual Homeless Assessment Report (AHAR), HPRP provided Re-Housing resources for communities nationwide to help reduce the time people spent in homeless shelters. HPRP also provided grantees and communities with an impetus to refocus their homeless systems away from simply providing shelter and towards helping people experiencing a housing crisis to quickly obtain or maintain housing. (U.S. Department of Housing and Urban Development, Office of Community Planning and Development, 2010)



⁹ For a listing of our board of directors and full membership, visit our website www.collierhomelesscoalition.org

CHAPTER 2: THE COSTS OF HOMELESSNESS IN COLLIER COUNTY

Homelessness is costly—in both economic and human terms—and, ultimately, the community bears the expense. Homelessness is a financial burden that weighs heavily on public and private institutions. Emergency shelters and soup kitchens are not the only places that grapple with homelessness. Emergency health care providers, public safety officials, and the judicial system also incur homelessness-related expenses. The human costs are less tangible—loss of dignity, depression, chronic illness—but equally devastating.

The methodology used in the *Study on the Cost of Homelessness* relies heavily on interviews with both homeless individuals and those who serve them in Collier County. Data presented has been supplied directly by the individuals and agencies who are currently involved in managing homelessness in Collier County. The reliability of the data is easily testable and if anything, most likely undercounts the actual expense of the current system. (Salerno & Younger, 2011)

Minimum Estimated Cost of Homelessness to Collier County in 2010

Item	Cost/Unit	Units	Cost	Visits/ Days	Annual Cost
Health/Hospital					
Hospitalization & ER	\$2026/visit	1 visit	\$2,026	1118	\$2,265,068
Urgent Care	\$488/visit	1 visit	\$488	1344	\$65,392
Mental Health Care	\$600/day	4.5 days	\$2,700	120	\$324,000
Detoxification	\$500/day	5 days	\$2,500	36	\$90,000
Incarceration					
Jail	\$117/24 hr	1 day	\$117	519	\$60,723
Law Enforcement (2 officers)	\$25.74/hr	5 hours	\$129	519	\$66,795
Total					\$2,871,978

Source: *Study on the Cost of Homelessness to the Community of Collier County*

In Collier County, one of the largest hospitals, Naples Community Hospital is a non-profit organization. Even without extracting a profit, the cost of charitable care is almost impossible to bear. Charity care cost the hospital over \$19 million in 2010. According to this study’s calculation over \$2 million of that was attributable to homeless patients. (Salerno & Younger, 2011)

Inpatient mental health services range from \$500 to \$600 per day. The most costly care for those experiencing homelessness is the hospital, where a single visit can cost in excess of \$2000 (Salerno & Younger, 2011, p. 3).

Crisis-centered homeless services cost Collier County an estimated \$2,871,978 in public and private funds in 2010 (Salerno & Younger, 2011). Because social services in Collier County are largely privately funded, Collier County government incurs little of the costs related to homelessness beyond those sustained by the Collier County Sheriff’s Office.

How will the community meet the increasing demand for services to address or prevent homelessness at a time when government faces the possibility of reducing or eliminating core services and families continue to tighten their belts? Simply stated, the price of doing nothing is far greater.

Annual Per Person Cost of Approaches to Homelessness

Emergency Shelter	Transitional Housing	Housing First
\$35 per night	\$120 per day	\$519 per month
\$12,775¹	\$43,800¹	\$6,228²

¹Includes residential programs and supportive services.

²Excludes the cost of supportive services.

Source: *Study on the Cost of Homelessness to the Community of Collier County*



\$2,871,978
Annual Pricetag of **Doing Nothing**
to Prevent and End Homelessness

A meal and a place to sleep cost anywhere from \$35 in emergency shelter to \$117 in jail per day. Already the shelter system is cost-effective by offering an alternative to living on the street that may lead to significant health issues and result in the need for more expensive health services.

Supportive housing is costly and, because persons experiencing homelessness are likely to be uninsured, it is unrealistic to expect the cost of services will not be eliminated. However, managing chronic health conditions, psychological conditions, and substance

abuse is less costly in a community setting with the added benefit of improved outcomes.

Much of the cost savings comes from crisis prevention and case management. Individuals in stable housing are more likely to carry out treatment plans than their peers who are homeless. The savings in healthcare more than offset the cost of housing supports.

Real Stories Exposing the Costs of Homelessness

Michael H. was interviewed for the *Study on the Cost of Homelessness*. His is a story of chronic homelessness.

Michael H: Single Male

Michael, a 50-year-old college graduate with a degree in business, has a long and varied work history, largely in sales and services. His most recent job, house sitting for a man who lives out of state, came to an abrupt end with Michael's arrest and 18-day stay in jail. The realtor who had made the living arrangements had phoned the homeowner and changed the locks. When Michael was released, he was out of a job and homeless.

Homelessness and unstable work conditions are not Michael's only problems. Michael has been diagnosed with several psychiatric conditions, including bipolar disorder, manageable with medication. However, Michael chooses not to take medication for his condition.

Michael's opposition to treatment is likely contributing to his homelessness, as treatment is mandatory in many programs. Although he does not benefit from homeless programs, Michael is, nonetheless, in contact with local government institutions and mental health providers. In a year's time Michael has been picked up several times by police, has been incarcerated twice, has visited the hospital emergency room for treatment of severe exhaustion and hunger, and has been seen at the David Lawrence Center for psychological evaluation.

The hidden costs of Michael's homelessness are significant. Michael's arrest and incarceration, psychological evaluation, and emergency medical care cost the community approximately \$3,600. With the exception of the 18 days he spent in jail, Michael was

unsheltered and homeless. County taxpayers spent \$2100 for Michael's jail stay. The problem of Michael's homelessness and mental health needs were neither addressed nor resolved.

Karen R. also shared her story for the *Study on the Cost of Homelessness*. The cost of shelter for Karen and her two young children is nearly equal to the cost of services related to Michael's homelessness. The outcome is very different. Through a coordination of services among homelessness, housing, and mainstream assistance providers, the community invested in housing stability and independence for Karen's family.

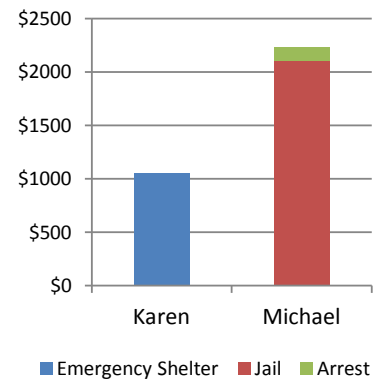
Karen R: Single Mother of Two

Karen R, a mother of two, and her fiancé believed they had their future mapped out. Karen and her fiancé were purchasing the Lehigh Acres home they lived in on a rent-to-own basis. Karen had completed an associate's degree in business and the two had developed a five-year-plan to start a small business. Karen stayed home with her children while her boyfriend held down a job to support their family. Their future seemed bright until Karen's fiancé lost his job. The money set aside for their business went to living expenses and, when their savings were depleted, Karen and her fiancé could no longer fulfill the contract with the property owner. They were homeless.

Karen's fiancé moved in with his mother. Without a local support network of her own, Karen and her children were relieved to find St. Matthew's House. Karen works two jobs to make ends meet and though St. Matthew's House is a 90-day program, she and her children have been granted a 90-day extension. She is using this time wisely and with rental assistance from Catholic Charities, will move in to an apartment soon. Ever hopeful, Karen and her fiancé have not abandoned their plan for a small business.

Placing the costs of homelessness for Michael H. and Karen R. side by side is revealing and informative. Using the unit costs for services and shelter from the *Study on the Cost of Homelessness* and their stories, we can estimate the monthly cost to the community for a single month of homelessness for Michael and Karen.

Estimated 30-Day Cost of Michael's and Karen's Homelessness



Karen’s story of moving from shelter to housing, though costly, is money well spent. With shelter and coordinated services to re-house her family and limited rent assistance, the family achieves housing stability.

For Michael the story has a different outcome. If the past is a predictor of the future, it is reasonable to expect Michael H. to cycle in and out of homelessness—and the community will continue to pay for costly services—indefinitely. Most troubling, however, is that none of these services will prevent Michael’s homelessness or foster his independence.

Homelessness is a condition that becomes more expensive over time. The longer a person is homeless, the more likely they are to experience health and substance abuse related problems. These problems become expenses that the community must cover. Therefore, it makes economic sense to try to limit the time an individual experiences homelessness as much as possible. (Salerno & Younger, 2011)

Permanent supportive housing, which provides affordable housing and community-based services, would offer Michael and other individuals who are chronically homeless the best and most cost-effective prevention of homelessness.

The Housing First model is currently being used on a national level as the official approach to managing homelessness as espoused by the Hearth Act of 2009. It is clear to see from the cost study results, that providing some duration of supportive housing is less expensive than managing all the costs associated with homelessness. Implicit in this argument is that once housing has been provided, the other related expenses are eliminated. Most likely, they would not be completely eliminated immediately. However, as people experiencing homelessness begin to rebuild their lives, stabilize their circumstances, and begin to avail themselves of the opportunities for support, such as medical and psychiatric care, the emergency related expenses should abate. (Salerno & Younger, 2011)

Outreach that provides low-demand housing minimizes the negative effects of street living, which include worsened mental and physical health. When people feel safe and secure, they are more likely to participate in treatment. Housing has this effect.

National Alliance to End Homelessness

10 Essentials Toolkit

CHAPTER 3: 20/20 VISION ACTION PLAN

Community Input & Response

In the 18-month period from May 2010 until November 2011, the 20/20 Vision core team, which consisted of Florida Gulf Coast University faculty, and Coalition and County staff, gathered input from service providers and members of the community interested in preventing and ending homelessness.

The core team solicited the viewpoints of service providers, individuals experiencing homelessness, those who were formerly homeless, and those at risk of becoming homeless during focus group discussions in May and June 2010. In August of that year, representatives of Coalition member organizations assembled to hear the focus groups results.

Coalition staff and Florida Gulf Coast University faculty presented their findings to the Continuum of Care (CoC), the group of organizations charged with organizing and delivering housing and services to those experiencing homelessness or at risk of becoming homeless, in January 2011. The CoC then evaluated existing services, identified gaps and needs, and agreed upon plan priorities.

In a series of community conversations during open public meetings in October and November 2011, 20/20 Vision goals and strategies for achieving them were presented to service providers, community and business leaders, individuals who were or had previously experienced homelessness, and community members interested in solutions to homelessness. These meetings produced action steps, recommended outcomes, and suggested community partnerships.

Implementation & Next Steps

The *20/20 Vision* Action Plan is a living document for the community, including the Hunger and Homeless Coalition and the Continuum of Care, to revisit annually. The CoC will be responsible for prioritizing which strategies demand action initially and annually the CoC will translate the Action Plan into a schedule for implementation. In addition, the CoC will evaluate the implementation and progress of the prioritized initiatives.

Strategies, Actions, Partners & Outcomes

The following tables present the goals of *20/20 Vision, Collier County's Ten Year Plan to Prevent and End Homelessness by 2020*. For each of the four goals presented in the Executive Summary, specific Actions, Partners, and Outcomes are detailed.

Goal 1: Affordable Housing

Strategy	Actions	Outcomes	Partners
<p>#1 Increase supply of permanent housing units that best meet the needs of a target population</p> <p>Target populations include:</p> <ul style="list-style-type: none"> a) Families with children who are homeless or at risk of becoming homeless b) Older adults and other persons, such as individuals with disabilities, who are homeless or at risk of becoming homeless c) Veterans who are homeless or at risk of becoming homeless d) Persons who are chronically homeless 	<p>Strategy #1 Action Step</p> <p>Target Populations a-d</p> <ul style="list-style-type: none"> • Increase the number of rent subsidies and Housing Choice vouchers with case management • Increase Rapid Re-Housing programs with case management, that enable individuals and families to quickly and successfully move to stable housing • Educate landlords about supportive housing and provide incentives for them to house people with eviction/MI/SA/criminal history • Review current housing needs <p>Target Populations a, b, c:</p> <ul style="list-style-type: none"> • Increase overall supply of committed affordable units • Provide incentives to mortgage holders/landlords to convert existing housing to real affordable units • Ensure that resources to prevent homelessness are funded and provided in a timely fashion <p>Target Population b</p> <ul style="list-style-type: none"> • Increase affordable assisted living units for seniors <p>Target Populations c & d</p> <ul style="list-style-type: none"> • Increase permanent supportive housing units including Housing Choice vouchers with support services 	<p>Strategy #1 Desired Outcomes</p> <ul style="list-style-type: none"> • Funds are secured for short-term rent assistance to prevent homelessness • 20+ Rent Assistance vouchers added annually recognizing that a portion will serve homeless individuals and families with disabilities • Rapid Re-Housing strategies are funded and adopted • Inventory of current and potential housing resources is completed • Affordable housing units for extremely low income earners have increased by 80% • Permanent Supportive Housing units have increased by 76% with a portion utilizing rehabilitated existing housing • 80% of participants retain their housing for 1 year or more • A 50+ unit assisted living project with convalescent beds occupied by older adults at risk of homelessness • TBRA slots are increased yearly by 5% for persons discharged from jail 	<ul style="list-style-type: none"> • 2-1-1 • Collier County Housing Authority • Collier Housing Alternatives • David Lawrence Center • FIRST (Forensic Intensive Reintegration Support Team) • Goodwill Industries • Habitat for Humanity • Housing Development Corporation of SW Florida • Housing Managers Group • Collier County Housing, Human & Veteran Services Department • Hunger & Homeless Coalition • Legal Aid Service • Mortgage and lending companies • NAMI (National Alliance for the Mentally Ill) • Naples Interagency Council • Providence House • St. Matthew’s House, Wolfe Apartments • St. Vincent de Paul • The Shelter for Abused Women & Children • VA (US Department of Veterans Affairs) • Youth Haven

Goal 1: Affordable Housing (Cont'd)

Strategy	Actions	Outcomes	Partners
<p>#2 Maintain existing transitional housing and emergency shelter programs</p>	<p>Strategy #2 Action Steps</p> <ul style="list-style-type: none"> • Provide short-term emergency shelter and crisis housing with support services • Maintain transitional housing units with support services • Provide protection from domestic violence and offer empowerment programs • Develop shelter protocols aimed at Rapid Re-Housing approaches 	<p>Strategy #2 Desired Outcomes</p> <ul style="list-style-type: none"> • Funds are secured to maintain existing transitional housing and emergency shelter programs • Homeless households who are leaving shelters have access to housing vouchers on a priority basis and eligible households are rapidly re-housed 	<ul style="list-style-type: none"> • 2-1-1 • Collier County Housing Authority • Collier Housing Alternatives • David Lawrence Center • FIRST (Forensic Intensive Reintegration Support Team) • Goodwill Industries • Habitat for Humanity • Housing Development Corporation of SW Florida • Housing Managers Group • Collier County Housing, Human & Veteran Services Department • Hunger & Homeless Coalition • Legal Aid Service • Mortgage and Lending Companies • NAMI (National Alliance for the Mentally Ill) • Naples Interagency Council • Providence House • St. Matthew’s House, Wolfe Apartments • St. Vincent de Paul • The Shelter for Abused Women & Children • VA (US Department of Veterans Affairs)

Goal 2: Support Services for Housing Stability

Strategy	Actions	Outcomes	Partners
<p>#1 Increase support services and enhanced resources for provision of wrap around services to ensure housing stability for persons to successfully maintain their housing</p>	<p>Strategy #1 Action Steps</p> <ul style="list-style-type: none"> • Provide ongoing training to case managers to improve their capacity to conduct individual assessments related to living in supportive housing • Train community providers to develop trauma informed care and informed service delivery to special populations • Expand intensive treatment teams such as FIRST for substance abuse populations • Develop assertive community treatment teams • Expand supportive employment training and placement services • Expand financial literacy and credit repair programs • Improve and formalize discharge planning from systems • Increase availability of mental health and substance abuse treatment • Expand childcare for families at risk of or experiencing homelessness • Coordinate services for non-violent offenders • Identify funding sources to expand transportation services 	<p>Strategy #1 Desired Outcomes</p> <ul style="list-style-type: none"> • Case management training on consumer driven housing stabilization methods utilizing social media are developed and implemented • 10 supportive housing specialists/coaches positions are funded • All newly-housed individuals/families have support in the first phase of their return to independent housing • 80% of community providers have received specialized training in trauma informed care • Jail diversion program for non-violent offenders and community reintegration program for persons exiting jail or prison are developed • 80% of eligible newly housed individuals/families access supportive employment and vocational rehab programs • Funding is secured to expand transportation services, including cab and public transportation vouchers • Funding is secured for childcare scholarships and vouchers 	<ul style="list-style-type: none"> • 2-1-1 System • AARP (American Association of Retired Persons) • Area Agency on Aging • Avow Hospice • Cancer Alliance of Naples • Catholic Charities • Children’s Network • Community Foundation • David Lawrence Center • DCF (Florida Department of Children and Families), ACCESS Florida • Early Learning Coalition • Faith-based Partners and Social Service Providers • Goodwill Industries • Hispanic Chamber of Commerce-Business After Hours • Housing Authority • HR Directors’ Network • Human Services Information Network • IMMCAA (Immokalee Multicultural Multipurpose Community Action Agency) • Liaison for Education of Homeless Students • Lifeline • Local Financial Institutions

Goal 2: Support Services for Housing Stability (Cont'd)

Strategy	Actions	Outcomes	Partners
<ul style="list-style-type: none"> ● #2 Increase support services for prevention of homelessness 	<p>Strategy #2 Action Steps</p> <ul style="list-style-type: none"> ● Increase the capacity of current providers to provide appropriate services to those at risk of becoming homeless ● Expand programs that educate about domestic violence and raise awareness 	<p>Strategy #2 Desired Outcomes</p> <ul style="list-style-type: none"> ● Webinar training is made available to current providers on practices that best link clients to appropriate services, increase employability, and income earned ● Number of families homeless because of domestic violence is decreased by 50% through education programs 	<ul style="list-style-type: none"> ● Mental Health Resources Center, FACT Program ● NCH (Naples Community Hospital) and Neighborhood Health Systems ● PLAN (Physician Led Access Network of Collier County) ● Rotary Clubs ● St. Matthew’s House ● St. Vincent de Paul ● SW Florida Workforce Development Board ● The Shelter for Abused Women and Children ● United Way ● Visitors and Convention Bureau ● Youth Haven

Goal 3: Centralized Intake For Accessing Needed Services

Strategy	Actions	Outcomes	Partners
<p>Create a county-wide central point of intake for housing services</p>	<ul style="list-style-type: none"> ● 2-1-1 System for Collier County for information and referral services is implemented ● Second tier of centralized intake specifically for referral from 2-1-1 to housing and homeless prevention services is developed ● All homeless service providers implement a collaborative system for intake and centralized referral 	<ul style="list-style-type: none"> ● 2-1-1 system is developed ● 90% of community members becomes aware of 2-1-1 through awareness campaign ● A central intake specifically for housing services is developed ● All homeless service providers implement a collaborative system for intake and centralized intake 	<ul style="list-style-type: none"> ● 2-1-1 System Organization ● Comcast ● Community Foundation ● Continuum of Care ● HMIS (Homeless Management Information System) ● Publix

Goal 4: Resources for Unaccompanied Youth

Strategy	Actions	Outcomes	Partners
<p>Develop a drop-in center and increase supply of overnight beds for youth 16 to 24 years old experiencing homelessness and unaccompanied by an adult</p>	<ul style="list-style-type: none"> • Design awareness campaign that focuses on the housing needs of unaccompanied youth in Collier County • Develop drop-in services with education and support for high school graduation/workforce training programs, mental health counseling, and involve community social/recreation activities and contact with mentor/advocate • Work with local faith-based and other community organizations to develop Host Home option^a • Apply for federal and state resources that can provide emergency shelter modeled on Covenant House or fund the Group Home^b option 	<ul style="list-style-type: none"> • 80% of the community is aware that unaccompanied youth experiencing homelessness and youth aging out of foster care need services in Collier County • Youth Drop-in Center/Student Success Center is established and 90% of school age participants continue enrollment and reach graduation • Host Home system model is implemented and 75% of youth proposed for participation in the program are stabilized for at least 18 months • Exit plans are developed for youth aging out of foster care • Additional funds are secured for shelter/group home option 	<ul style="list-style-type: none"> • 2-1-1 • Big Brothers/Big Sisters • Boys and Girls Club • Catholic Charities • Collier County Public School System, including Liaison for Education of Homeless Students • Collier County Sheriff’s Office • David Lawrence Center • Department of Children and Families • Goodwill Industries of Southwest Florida • Henkels and McCoy • Lutheran Services • Naples Children and Education Foundation/Wine Festival • Naples Ministerial Association • Vince Smith Center, SW Florida Addiction Services • Youth Haven

^aHost Home: Long-term housing with a family with the support of a counselor and additional services.

^bGroup Home: Long-term housing with a group of unaccompanied youth who live together in a home dedicated to that purpose, usually with an adult providing supervision and counseling.

CHAPTER 4: BUILDING THE PLAN & COMMUNITY PARTICIPATION

Focus Groups

It was essential to obtain input from community members of Collier County for establishing goals and action steps for *20/20 Vision: A Clear View of Housing for All Members of Collier County, A Community Plan to Prevent and End Homelessness by 2020*. During the spring and summer of 2010, the Hunger and Homeless Coalition and Florida Gulf Coast University faculty conducted the following focus group discussions:

- Collier County Continuum of Care with representatives of social service agencies
- Lely High School with youth identified as homeless
- Beacon High School with youth identified as homeless
- Wolfe Apartments with residents of transitional housing
- Housing Authority of Collier County with residents accessing Section 8 funding for housing
- Immokalee Friendship House with residents and staff of shelter housing
- Immokalee Housing & Family Services with families of farm workers
- Collier County Hunger & Homeless Coalition meeting with representatives of member organizations

Notes from the focus group discussions are provided below.

Collier County Continuum of Care

Representatives of Social Service Agencies

May 1, 2010

What are we doing well to address or prevent homelessness in Collier County? What do we need to do better?

- Subsidized housing – housing, rental vouchers
- Transitional housing – more overall
- Permanent supportive housing, more scattered-site, for seniors and/or persons with disabilities
- Affordable medical assistance, including dental
- Central point of reference for information, such as 2-1-1, hotline, website
- Central point of intake for example, families with children - DLC, NAMI, Collier Health Services, and Youth Haven – HUGS with 3 system navigators, one of whom is a homeless navigator as a team member
- Drop-in center transitional housing for Unaccompanied Youth, a growing population
- Education and best practices – workshop for all interested parties, so CoC is working on “what works”
- Halfway houses with support services for women with substance addictions and their children
- Housing First model with wrap around supportive services including case management
- More supportive services
- Wet, damp, and dry housing options
- Employment training and placement including supportive employment
- Best practice training and continuing education offered to providers

Top Goals:

- 1) Education & best evidence-based practices training opportunities for providers
- 2) Community Awareness, outreach and marketing
- 3) Increase and expand supportive services and case management, services to include child care, medical, dental, substance abuse, and mental health support with wrap around case management – similar to Assertive Community Treatment teams in Collier County (Charlotte County has a homeless ACT team)
- 4) Housing subsidies and affordable housing and Rapid Re-Housing services, to include low-income families.
- 5) Permanent supportive housing for various sub populations including seniors and persons with disabilities and Youth → with wet, dry, and damp options
- 6) Transitional housing → with wet, dry, and damp options
- 7) Increase employment training and placement, including supportive employment and voc rehab.
- 8) Prevention
- 9) Discharge from institutions, such as transitioning from jail, hospitals and mental health and substance abuse services
- 10) Central process of intake, consumer navigators
- 11) Data collection and evaluation
- 12) More integrated food assistance
- 13) Drop in and overnight beds for unaccompanied youth.
- 14) Transportation

Guiding Principles:

- 1) Housing First
- 2) Full continuum of housing with choice
- 3) Promoting a dignified quality of life for all

Lely High School

Youth Identified as Homeless

May 25, 2010

What are we doing well? What can we do better? What are your current needs and what services would you like to access?

Tutoring programs

Tutoring for people from other countries/English classes

Advice/Family relationship counseling

What would you like to see in a Drop in Center for Youth?

Recreation center, after school homework/tutoring

Summer programs

Fun but learn, too

Counseling

Find out about jobs

Beacon High School

Youth Identified as Homeless

June 2, 2010

What are we doing well?

People trying to help kids that need more stability

What can we do better & what are your current needs and what services would you like to access?

Youth groups

Better, easier transportation

Rehabilitation resources

Vocational schooling

What would you like to see in a Drop in Center for Youth?

More teen job opportunities

Weekend/day activities to stay out of trouble

Dance

Teaching kids to drive who don't have help or the money

Help getting loans/bank accounts

Options for the future – College, grants, scholarships

Abuse counseling

Job training

College information

Nail salon

Basketball court/football/other sports

Place where kids can hang out – pool table, arcade

College information

Somewhere kids can talk to someone when there are problems in the home

Wolfe Apartments

Residents of Transitional Housing

June 8, 2010

What services do you wish we had in Collier County? (that we don't already have)

More jobs!

More transportation (public – more bus passes)

More soup kitchens

Resource cents at bus stations, fire stations, SAFE place, hospitals, and senior friendship help clinic, etc.

Dental services

Vision services

More effective case management

Discharge from hospital

Unification of families

Health care – the 20% that Medicare doesn't cover

Child care to support employment

How can we make the process of accessing services easier for others?

2-1-1

More user friendly phone books (larger font)

Map of services at bus stops (in busses)

Laundromats

Housing Authority of Collier County

Residents Accessing Section 8 Funding for Housing

June 21, 2010

What can we do better?

- More assistance/incentive for small businesses (too many taxes)
- People on unemployment can't make ends meet
- More senior housing (affordable)
- Income requirements can be tough
- Pedestrian infrastructure (safety)
- More lighted walking areas
- Better schools in low income areas
- More affordable single family homes
- More services for adults w/ disabilities
- More jobs
- More training to be able to compete for jobs
- Business helps community and vice versa
- Police patrolling
- General public safety issues
- More access to medical care (hospitals, other places)
- More community based shopping
- Service to find roommates
- Access to more healthcare
- More dental specialties
- More vouchers (flexible but w/ limits)
- Incentives for youth to break the cycle (prevention programs)
- Work with banks to get their properties involved
- Single moms need: mixed housing, second chance credit program, affordable housing, more case management, private investment in affordable housing, affordable educational extracurricular activities for kids

What are your current needs that you want addressed?

- More jobs
- Extend time to report income changes
- More affordable health insurance for low income families and for people without children
- Problem of making \$9/hr but being ineligible for services
- Better transportation and information source for transportation
- Summer and after school programs for kids
- More transfer options with CAT
- More routes/longer schedules with CAT
- More public service ads from media
- More job opportunities/programs for high schoolers
- CETA

Immokalee Friendship House

Residents and Staff of Shelter Housing

June 28, 2010

What can we do better?

Finding a job
Transportation
Mental health counseling – better organized
Identification documents

Immokalee Housing & Family Services

Families of Farm Workers

June 28, 2010

What can we do better?

Lack of informational about programs and transportation
Can't get help without identification – i.e., food stamps, Medicaid, etc
Early learning
Affordable rent
Single moms try to make it on their own
Transportation and shade cover at bus stop
Medical care for adults and older children
Better wages/more work
Separation from family
Problems with the Collier County sheriff's office not responding to needs of people in the community
More than one health clinic
Less crowded housing options
Need more information about services and transportation
Better education than "F" school
Teen program needs
Summer education for children
Access to English classes
More grocery options/food store prices are high
More superstores – i.e., clothing, basic needs

Collier County Hunger & Homeless Coalition

Representatives of Member Organizations

August 3, 2010

What are we doing well to address or prevent homelessness in Collier County? What do we need to do better?

Prevention
quick rent assistance to avoid eviction
Affordable Housing
quick access
quick financial assistance
Transportation
more vouchers
planning
later hours
more frequency

medical transport (speed up elderly, disabled, stream lined)
Food Assistance, better access
De-Stigma
so people come for word
shatter myths
Outreach to Link to Services
access Florida
resource card
Who in community can help?
a person to contact?
Supportive Housing w/Case Management
transitional housing
vouchers/rent assistance
volunteers/peer mentors
continuity education – jobs, budgets, language
Dental Needs (Adults)
Mental Health Access
Collaboration with Systems
Discharge Planning from Systems
2-1-1 Marketing – with central point of access

Other Community Input Activities

During development of the Plan, a number of events and activities took place and documents were released that influenced the direction of the Plan. These included the following:

June, 2010

The federal plan to prevent and end homelessness in ten years, *“Opening Doors: Federal Strategic Plan to Prevent and End Homelessness”* was released by the Interagency Council on Homelessness.

July 29 and 30, 2010

The Collier County Hunger & Homeless Coalition participated in Strategic Planning and System Mapping facilitated by University of South Florida – Florida Mental Health Institute and organized by David Lawrence Center. The CJMHSa Planning Council created an Action Plan to address barriers and best practices in discharge planning from jail, supportive housing, criminal justice, and behavioral health care.

November 10, 2010

A workshop, *“Solutions to End Homelessness,”* was presented by Mark A. Engelhardt – University of South Florida, to educate the Collier County community and increase awareness during National Hunger and Homeless Awareness week.

January 2011

The Coalition worked with the Continuum of Care (CoC) strategic planning committee to prioritize CoC goals for the ten year plan, utilizing information from research and focus groups. The goals were then consolidated in relation to priorities identified in the federal plan, *Opening Doors*.

May 16 and 26, 2011

Community Conversation sessions were conducted to seek community input for strategies to apply to the established goals listed in *20/20 Vision* (refer to notes).

October 2011

An annual update of *“Opening Doors: Federal Strategic Plan to Prevent and End Homelessness”* was released by the Interagency Council on Homelessness.

November 14 and 15, 2011

Community Conversation sessions were conducted to seek community input for outcomes and partners for achieving the established goals and strategies listed in *20/20 Vision*.

Community Conversations

It was important to ensure consensus among community members of Collier County for the established goals and action steps for preventing and ending homelessness in Collier County for *20/20 Vision: A Clear View of Housing for All Members of Collier County, A Community Plan to Prevent and End Homelessness by 2020*. An open invitation was issued to the community to take part in Community Conversation meetings. Notes from the meeting discussions are provided below. The following community meetings were, the following Community Conversation meetings were conducted: Notes from the community meeting discussions are provided below.

Edison College

May 16, 2011

What do we need to do specific to CENTRALIZED INTAKE, to prevent and end homelessness in Collier County?

Those searching for information dial the United Way number and are redirected to 2-1-1. Development of the 2-1-1 system seems to be underway, but may have been more difficult to implement than expected. There appears to be funding, but it is not clear what is happening with this. The County has been awarded money (\$200,000 per year, perhaps?) to accomplish this goal.

One of limitations experienced at present is the difficulty in sustaining communication among agencies. Holding meetings may seem like the easiest way to forge relationships and share information. Attending meetings, however, is burdensome for agency staff. How can we use new technologies to create “meetings” that don’t demand as much time? A virtual community created along the model of Blackboard and other online class management platforms comes to mind. There is a need to create a system between the agencies to share accurate information about the services provided. This information needs to be prepared and edited by the agencies rather than rely on word-of-mouth, as much time is taken up in redirecting questions to other agencies.

It is important for centralized intake to have accurate knowledge of the roles, responsibilities, and capabilities of all agencies.

In developing a centralized intake system, it is important to keep in mind that each agency is part of a larger system.

A centralized intake system should build on the current referral system. Can we develop an “information tree” that assists intake personnel in prioritizing intervention and referral? The

current referral system relies heavily on personal-professional networks. Can we make this information accessible for intake workers without requiring they have this “insider” understanding?

Can we tap into existing technology, such as the HMIS, to build a database/system for directing referrals?

Collier County has a relatively small number of service providers and covers a rather large geographic area. Although this seems like weakness, we can also see it as a strength; we can really concentrate our efforts.

GOAL: Centralized Intake

Action Step 1: Develop 2-1-1 System

Strategies to implement

Secure funding for implementation of the 2-1-1 system

Collier Cares

HMIS

The system is in place. What is needed is the money to operate it.

Outcome to be accomplished

2-1-1 is operational

Action Step 2: Second level of referral after 2-1-1, specific to housing and homelessness

Strategies to implement

Agencies really have to embrace 2-1-1. How can we avoid the possibility of information overload? Will 2-1-1 create turf wars within the network?

How will referrals be handled by 2-1-1 after normal business hours? Will this be a 24-hour service?

Focus on housing

Outcome to be accomplished

No concrete outcome was identified. It seems there are more questions than answers.

Identify successfully implemented 2-1-1 systems as a model

Action Step 3: Outreach so people know what resources are available in the community

Strategies to implement

Research other 2-1-1 models

Ask ourselves: Is 2-1-1 really a system for us?

Outcome to be accomplished

Prepare and broadcast PSAs

What do we need to do specific to SUPPORTIVE SERVICES, to prevent and end homelessness in Collier County?

Transportation – Expand access areas to provide transportation to where jobs and services are available. Is carpooling a possibility?

Medical/Public health – Create an ombudsmen to serve as a liaison between individuals and families and the system to assist with insurance and financial issues relating to medical and health problems

Access to service information – Information coming from 2-1-1 requires case management services. Case managers make home visits to coordinate services

Guardian Ad Litem for adults – Identify “at risk” adults and coordinate legal provisions for their protection through Legal Aid

GOAL: Supportive Services

Action Step 1: Case Management and Treatment Teams for housing stability

Strategies to implement

Centralized intake with a cheat sheet with available services

Have each entity following the same procedures while individualizing as need

Get the Workforce Development Board involved in the process

Outcome to be accomplished

Case management is tailored to individual need

Action Step 2: Employment Resources and linkage available

Strategies to implement

Getting the right people involved, especially the Workforce Development Board

Having someone from the Workforce Development Board present weekly at the shelters offering services, help, and support

Outcome to be accomplished

Individuals receive practical job seeking skills and secure employment

Action Step 3: Improved discharge planning from institutions

Strategies to implement

Having agencies accountable to the community for discharge

Educate institutions on discharge and the need to coordinate with local providers

Outcome to be accomplished

A seamless discharge system

Action Step 4: Financial planning and financial literacy training

Strategies to implement

Putting on a class and holding one-on-one discussions to provide support to participants

Agencies must also embrace the program in order for clients to participate

Financial planning and financial literacy must be a part of the case management system, but there needs to be training provided to case managers

Outcome to be accomplished

Economic empowerment through knowledge of resources in respect to finances

What do we need to do specific to UNACCOMPANIED YOUTH, to prevent and end homelessness in Collier County?

Education is required

Partnership with Youth Haven for services for teens facing homelessness

Drop-in Center for youth to both identify unaccompanied youth and to link them with needed services

Covenant House

Host Homes-modeled on host homes provided for study abroad students

Tap into faith-based groups. Make their members aware of the needs and the current resources available to unaccompanied youth.

Provide training for host families

Identify a timeframe of commitment required of host families

Ensure proper background checks of families and adults residing with them

Address issues of legal liability and liability waiver

Provide support services for unaccompanied youth to improve likelihood of success.

Life skills training

Health care services

Mentors

Employment preparation: Job training and job opportunities

Vocational/ITech programming

What can be done to facilitate family unification?

Can PACE assist with support service for girls?

How can the juvenile justice system assist in preventing homelessness among unaccompanied youth?

GOAL: Housing and Services for Unaccompanied Youth

Action Step 1: Awareness Campaign that focuses on housing needs.

Strategies to implement

Inform county government, including commissioners, and local legislators

Follow example of Massachusetts-Reconnection Youth to Prevent Homelessness Act

Contact businesses for assistance in funding, providing job opportunities for unaccompanied youth, for on-the-job training opportunities

Outcome to be accomplished

Funding for awareness campaign

Focus on solutions to facilitate a community-wide effort

Target Naples Community Foundation trustees for bringing in the community

Action Step 2: Develop Host Home option and partner with faith based organizations

Strategies to implement

Initiate a collaborative effort among faith-based and non-profit organizations with the Naples Community Foundation

Outcome to be accomplished

Implement a community-wide planning effort for host home development

Action Step 3: Identify specific aged children for referral to youth shelter or group home with sharing resources and collaborating with local agencies in meeting the identified needs for counseling and other support services.

Strategies to implement

Target the 14-17 year olds and prepare them as they age out of the system

Provide paid internships or volunteer training and provide mentors for youth. These could be arranged through contacts with NCH.

After hours school programs and scholarships create a bridge between school services and after school

Provide financial management training

Contact Lorenzo Walker for assistance in providing vocational training

Visit with staff at SWFLWorks

Center for Abused Women and Children provides healthy relationships classes

Outcome to be accomplished

No specific outcomes identified

Immokalee Friendship House

May 26, 2011

GOAL: Affordable HOUSING for all

Action Step 1: Increased inventory of permanent supportive housing and affordable housing.

Strategies to implement

Temporary Housing (Safe Havens)

Identify stock of empty housing and landlords willing to have people live in vacant housing with the agreement that the tenant assumes responsibility for care and upkeep during the period they occupy the dwelling. Provide necessary supportive services during this transitional period.

Outcome to be accomplished

Partner with realtors to identify landlords to make five vacant Arrowhead properties available by 2013

Seek funding for safe havens

Expand access to housing by working with the Housing Authority to change the status of 276 housing units from “Farm Worker Housing Only” to make these units generally available.

Remove farm labor status limitations from existing housing.

Question: Does this imply that an equivalent number of safe haven housing units would be created to replace the re-categorization of farm-worker-housing-only to general populations housing?

Action Step 2: Increase number of Housing Choice Vouchers with support services and continue Rapid Re-Housing program

Strategies to implement

Loosen requirements for rapid Re-Housing

Raise awareness of the success of vouchers and rapid Re-Housing in moving people out of homelessness

Rent assistance is not available if the housing lease is not in the person’s name seeking assistance

More vouchers are needed and more rapid Re-Housing

Outcome to be accomplished

Provide Tenant Based Rental Assistance to 30 people per year in 2011

30 cash vouchers for veterans in 2012

Action Step 3: Homeless Prevention

Strategies to implement

Loosen criteria for existing Permanent Supportive Housing.

Outcome to be accomplished

No specific outcomes identified

GOAL: Centralized Intake

Action Step 1: 2-1-1 System

Strategies to implement

Look to Lee County as a model for developing Collier County’s 2-1-1 system

The Catholic Church is a common entry point for accessing services because people find it easy to access and feel safe there

In Immokalee, the Catholic Church is safe for women and children

There are two points of entry: street and service center

It is essential to keep in mind that people go where they are not afraid. Centralized intake needs to be a “safe place”

Establish a “safe place” designation and philosophy for agencies

Legal status should not matter

Immokalee is not a telephone using community. Development of a centralized intake system needs to take this into consideration.

Essential to centralized intake is increased communication among agencies

The Catholic Church is one such safe place, but people also feel safe at St. Matt’s and Immokalee Friendship House

Guadalupe Soup Kitchen is an important “intake” point for people arriving on bike or walking.

They make many referrals from there.

Language is also an issue for those not fluent in English. An easily readable centralized referral form to carry with you in English, Spanish and Creole

Outcome to be accomplished

Address fear and mistrust that prevents people from seeking help by raising awareness of confidentiality. *Question: Under what circumstances is confidentiality guaranteed or limited?*

Develop an easily readable centralized intake form. By easily readable, it takes into consideration both limited fluency and literacy.

What to do with that information? Can the existing HMIS be tapped into to make a 2-1-1 system workable? *Question: when speaking of HMIS is this being used interchangeably with Clientrack?*

Creation of an agency council with one intake form that taps into the HMIS system

Action Step 2: Second level of referral after 2-1-1, specific to housing and homelessness

Strategies to implement

Safe Place housing where people feel their problems are addressed confidentially and they are not placing themselves at risk of additional problems

Guarantee of confidentiality, but also services provided in a manner that protects privacy and dignity. People need to be treated with respect and be able to maintain personal pride.

Outcome to be accomplished

Breakdown countywide intake, for example, into housing, social services, and health

Provide transportation to centralized intake center

Action Step 3: Outreach so people know what resources are available in the community

Strategies to implement

Outreach and public awareness campaign to provide information about help available. Word of mouth spreads news of resources quickly.

Address fears and past experiences when people have run into several dead ends in seeking assistance

Outcome to be accomplished

No specific outcomes identified

GOAL: Supportive Services

Action Step 1: Case Management & Treatment Teams for housing stability

Strategies to implement

Operations and staff for in stock housing

Partnerships and linkages

Case management to link to housing and housing stabilization; training in motivational interviewing

Outcome to be accomplished

No specific outcomes identified

Action Step 2: Employment Resources and linkage available

Strategies to implement

Training through Vo-Tech and I-Tech

Notification system for available jobs

Jobs at hotels and airports

Jobs at farmer's market

Check into Eden Park

Expand from farm worker only housing options

Ability to get a job offer and accept a job can be limited by transportation options and availability. With expanded transportation options, it would be possible also to expand job search to Lee County, for example.

Outcome to be accomplished

No specific outcomes identified

Action Step 3: Improved discharge planning from institutions

Strategies to implement
No specific strategies identified
Outcome to be accomplished
No specific outcomes identified

Action Step 4: Financial planning and financial literacy training.

Strategies to implement
No specific strategies identified
Outcome to be accomplished
No specific outcomes identified

GOAL: Housing and Service for Unaccompanied Youth, including undocumented young males

Action Step 1: Awareness Campaign that focuses on housing needs

Strategies to implement
No specific strategies identified
Outcome to be accomplished
No specific outcomes identified

Action Step 2: Develop Host Home option and partner with faith based organizations

Strategies to implement
No specific strategies identified
Outcome to be accomplished
No specific strategies identified

Action Step 3: Identify specific aged children for referral to youth shelter or group home with sharing resources and collaborating with local agencies in meeting the identified needs for counseling and other support services

Strategies to implement
Change criteria for funding to address needs specific to Immokalee. For example:
Not requiring current employment if not a migrant worker
Not “overpaying” for substandard housing if illegal status
Outcome to be accomplished
Fill Service Gaps
Barriers to affordable transportation: consequences of being arrested if driving without a license; if undocumented, the ability to acquire a car
Essential Needs
Housing-Substandard environment, both physical and social. Changes to the existing restrictions for funding vouchers are necessary. Housing requires centralized intake.
Transportation-CAT bus is fare-based; many may not have the necessary fare. Without transportation beyond the public transportation system, job search is also geographically limited. Work may be more available outside the range of transportation. Look to FSU Clinic Bus as a model for providing transportation.
Childcare for median income families, affordable and available
Victims of domestic violence face special problems in addressing essential needs. Immediate access to housing is essential to escape abuser. There is also a public safety issue involved in domestic violence. The focus should be on the abuser in advocating for changes in the system.
Transportation issues can also create unique problems for victims of domestic violence

Acknowledgements

The Board and Executive Director of the Hunger and Homeless Coalition of Collier County are grateful for the financial support of:

The Community Foundation of Collier County

United Way of Collier County

Florida Department of Children and Families

This Community Ten Year Plan to Prevent and End Homelessness relied on the input and suggestions of numerous members of:

Hunger and Homeless Coalition of Collier County¹⁰ Board of Directors and General Membership

Collier County Continuum of Care

Collier County community leaders, including:

Mari DeWees, Ph.D., Assistant Professor, Florida Gulf Coast University

Karen Morgan, 2010 Liaison for Homeless Education, Collier County Public Schools

Nick Green, Collier County Housing Human and Veteran Service

Community members contributed their views to this Plan in focus groups discussions and community meetings held throughout the Plan's development, including:

Students at Lely High School and Beacon High School

Residents of Wolfe Apartments

Residents of Section 8 funded housing and Collier County Housing Authority staff

Residents and staff of Immokalee Friendship House

Farm worker families and staff of Immokalee Housing & Family Services



¹⁰ For a listing of our board of directors and full membership, visit our website www.collierhomelesscoalition.org

20/20 Vision: A Clear View of Housing for All Members of Collier County

A Community Ten Year Plan to Prevent and End Homelessness by 2020

Appendix A: Inventory of Services

10 Essentials for Ending Homelessness	1		2		3			4			5		6		7			8						9		10									
	Plan	Data	Emergency Prevention		Systems Prevention			Outreach		Shorten Time		Rapid Re-Housing			Services						Perm. Housing	Income													
Agency	Strategies to End Homelessness	Range of Players/CoC Committees	Point-In-Time Data	HMS	Rent/Mortgage Assistance	Utility Assistance	Case Management	Landlord/Lender Intervention/Legal Assistance	Prisons/Jails-Discharge System	Mental Health Facilities-Discharge System	Hospitals-Discharge System	Direct Homeless to Housing	Link with Appropriate Services	Emergency Shelter/Transitional Housing	Minimize Shelter Stay/Outcome Measures	Housing Search/Placement Services	Short Term Rental Assistance	Medium Term Rental Assistance	Case Management	Mainstream Prog.-TANF, SSI Medicaid	Child Care	Employment	Financial Literacy	Transportation	Substance Abuse	Mental Health Counseling	Food Assistance	Affordable Housing	Permanent Supportive Housing	Secure Income to Afford Rent	Link with Employment				
Cancer Alliance of Naples					•	•																													
Catholic Charities-Counseling Center													•													•									
Catholic Charities-Family Resource Center	•		•		•	•	•						•								•						•								
Coalition of Florida Farmworkers (COFFO)					•	•	•							•																					
Coalition of Immokalee Farmworkers (CIW)	•							•			•		•																			•			
Collier Co. Health Dept.-Immokalee													•																						
Collier Co. Housing Authority								•				•						•										•							
David Lawrence Center	•	•		•	•	•	•		•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Grace Place													•															•							
Guadalupe Social Services		•		•	•	•							•																						
Homeless Liaison													•											•											
Housing & Human Services of Collier Co.				•	•		•						•				•																		
Housing Development Corporation (HDC)				•																			•												
Hunger & Homeless Coalition of Collier Co.	•	•	•	•							•	•	•														•								
IMMCAA					•	•	•						•	•														•							
Immokalee Non-Profit Housing		•		•																	•		•					•	•						
Immokalee Shelter (SMH)	•		•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Legal Aid Service of Collier Co.				•				•												•															
Naples Career & Service Center (SWFL Works)																						•												•	
NAMI					•	•				•	•		•																						
Providence House													•	•	•																				
Salvation Army		•	•	•	•	•	•						•	•		•		•			•						•						•		
Shelter for Abused Women & Children	•	•	•				•	•				•	•	•	•					•	•			•	•			•							
Wolfe Apartments (SMH)			•	•			•					•		•	•						•							•							
St. Matthew's House Shelter (SMH)		•		•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Youth Haven	•			•	•		•						•			•	•	•					•			•								•	

Appendix B: Needs & Gap Analysis

September 2010

HUNGER & HOMELESS COALITION OF COLLIER COUNTY

Ranking of Identified Needs and Gaps in Services

➤➤➤ Ranked in order of priority by the following local agencies:

Catholic Charities, Collier County Housing Authority, Collier County Housing, Human & Veteran Services, David Lawrence Center, IMMCAA, Immokalee Housing & Family Services, Jewish Family Services, NAMI of Collier County, St. Matthew's House, St. Vincent De Paul, Shelter for Abused Women & Children, Youth Haven

RANK:

SERVICES NEEDED

- | | |
|----|--|
| 1 | Homeless Prevention: Case Management w/rent assistance for Housing Stability |
| 2 | Affordable Housing: Inclusive of structures & rental subsidies/vouchers |
| 3 | Supportive employment/job search/secure income |
| 4 | Rapid Re-housing: Inclusive of supportive services and financial assistance |
| 5 | Emergency Shelter |
| 6 | Transitional Housing |
| 6 | Services for At Risk and Homeless Youth ages 16-24 |
| 7 | Treatment: Mental Health/Addiction |
| 8 | Education/Retooling for employment |
| 8 | Medical, Dental, Optical Care |
| 9 | Food Assistance |
| 9 | Transportation |
| 10 | Discharge System: Prisons/jails/Hospitals/Mental Health |
| 11 | Minimized shelter stay to shorten homelessness |
| 12 | Legal Assistance |

For more information contact: Hunger and Homeless Coalition
www.collierhomelesscoalition.org

Phone: 239-263-9363

Appendix C: Definitions of Homeless¹¹

HUD Definitions of Homeless Individual

The Federal definition of homelessness requires individuals and families are literally homeless. However, as amended by the HEARTH Act, this definition includes those in imminent danger of losing housing.

The Federal definition used in the *2010 CoC NOFA*: A homeless person is a person sleeping in a place not meant for human habitation or in an emergency shelter, and a person in transitional housing for homeless persons who originally came from the street or an emergency shelter.

The McKinney-Vento definition of homelessness¹² includes:

- (a) For the purposes of this chapter, 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.

This definition expressly excludes from the definition of homeless individuals:

- (c) Exclusion—

the purposes of this chapter, the term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or by State law.

Public Schools Definition of Homeless Children and Youth

In addition to the general definition of homeless individual defined in Section 103 of Subtitle I of the McKinney Vento Act, public schools use the following definition of homeless children and youth. This definition is more inclusive than the preceding definition in that it includes persons who are not literally homeless, for example, families who are “doubled up” or youth who are “couch surfing”.

¹¹ All definitions are contained, exactly as written here, in Federal legislation or code.

¹² McKinney-Vento Homeless Assistance Act, Section 103(a)(1), codified as 42 U.S.C. §11302(a)(1), in the United States Code, Title 42, Chapter 119, Subchapter 1, Paragraph A.
(http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+42USC11302)

Sec. 725. DEFINITIONS¹³

For purposes of this subtitle:

- (1) The terms ‘enroll’ and ‘enrollment’ include attending classes and participating fully in school activities.
- (2) The term ‘homeless children and youths’—
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes—
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(c));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

HEARTH Definition of Homelessness

Amendments to the McKinney-Vento Act add situations where a person is at imminent risks of homelessness or where a family or unaccompanied youth is living unstably. Imminent risk includes situations where a person must leave his or her current housing within the next 14 days with no other place to go and no resources or support networks to obtain housing.

Instability includes families with children and unaccompanied youth who: 1) are defined as homeless under other federal programs (such as the Department of Education’s Education for Homeless Children and Youth program); 2) have lived for a long period without living independently in permanent housing; 3) have moved frequently; and 4) will continue to experience instability because of disability, history of domestic violence or abuse, or multiple barriers to employment.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009¹⁴ defines a homeless individual or family as:

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence meaning:

¹³Subtitle B—Education for Homeless Children and Youths, of Title VII of the McKinney-Vento Homeless Assistance Act, Section 725 Definitions (http://center.serve.org/nche/downloads/mv_full_text.pdf)

¹⁴Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homeless” (HEARTH_HomelessDefinition_FinalRule.pdf)

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- (2) An individual or family who will imminently lose their primary nighttime residence provided that:
- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
- (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Services Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012, section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of the application for homeless assistance;
 - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of application for homeless assistance; and
 - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

State of Florida Definition of Homelessness

In administration of state programs for the homeless, the State of Florida includes as homeless migratory individuals living in conditions of homelessness.

The State of Florida homeless definition is contained in 2011 Florida Statutes, Section 420.621¹⁵

- (5) "Homeless," applied to an individual, or "individual experiencing homelessness" means an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual who:
 - (a) Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
 - (b) Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations;
 - (c) Is living in an emergency or transitional shelter;
 - (d) Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
 - (e) Is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or
 - (f) Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in paragraphs (a)-(e).

¹⁵2011 Florida Statutes, Title XXX, Chapter 420, Section 621 <http://www.flsenate.gov/Laws/Statutes/2011/420.621>

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