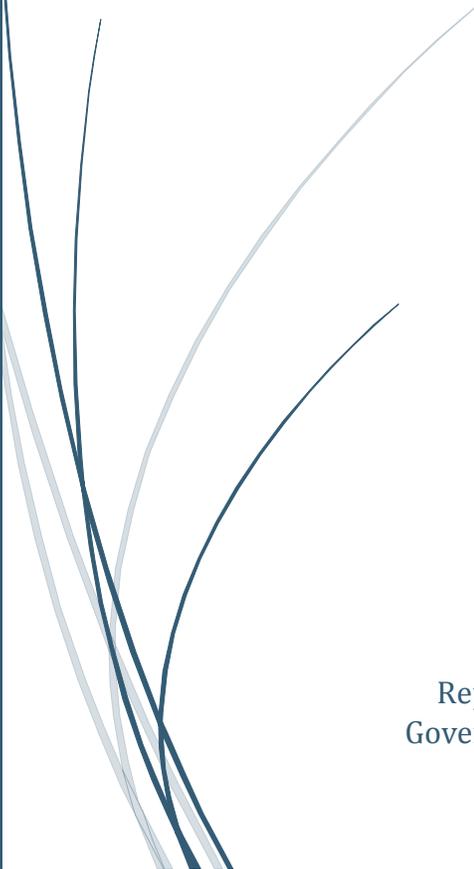




6/11/2019

# **NEEDS ASSESSMENT REPORT ON HOMELESSNESS IN NORTHEAST FLORIDA**



Report prepared for the Northeast Florida Continuum of Care  
Governance Board at the direction of Changing Homelessness, Inc.

## Acknowledgements

As a community it is our civic duty to provide the most effective services for persons that are homeless, have previously been homeless or that are at risk for homelessness. This report was written to assist the Northeast Florida Continuum of Care (CoC), the CoC Governance Board, local government and community service providers to successfully plan an effective system of care for persons at risk of or experiencing homelessness to achieve the goal of ending homelessness in Northeast Florida. This report was produced by Micheal Cochran, MPH and Dr. Laura Lane, on behalf of Changing Homelessness Inc. and the Northeast Florida Continuum of Care.

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## Table of Contents

Introduction .....	1
Definitions .....	1-2
Current System of Care .....	2-4
Prevalence of Homelessness .....	4-9
Point-In-Time data .....	4-7
Surge data .....	7-8
Housing Inventory .....	8
Financial Analysis .....	9-10
Results of surveys, focus groups, and key informant interviews .....	10-21
Methodology .....	10
Service Provider Surveys .....	11-15
Service Provider Interviews .....	15-16
Consumer Surveys .....	17-19
Consumer Focus Groups .....	19-21
System Performance Measures .....	21-23
Summary Findings of Gaps and Barriers .....	24-26
Appendices	
Cost per Exit from Focus Strategies	
Homeless Provider Survey	
Consumer Survey	
Consumer Focus Group Questions	
Performance Measures Report	

## Introduction

The purpose of this report is to identify gaps and barriers in community homelessness services. This report does not present recommendations. The findings of this report are one tool to assist the community to begin to create change by setting a framework for systems and programs that work toward ending homelessness in Northeast Florida.

This report presents the results of an analysis of the current FL-510 Continuum of Care (CoC) system for the homeless population in Northeast Florida. The CoC is a coordinated, community-based approach of identifying needs and building a system of housing and services to address those needs. The CoC consists of individuals and organizations committed to impacting and ending homelessness in the community.

## Definitions

**Centralized or coordinated entry system (CES):** A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals.

**Chronically homeless:** Type of homelessness defined as an individual or head of household with a disability who lives in a place not meant for human habitation or emergency shelter; and who has either been continuously homeless for at least 12 months or has experienced at least four episodes of homelessness in the last 3 years where the combined occasions total at least 12 months. Occasions are separated by a break of at least seven nights. Stays in institutions of fewer than 90 days do not constitute a break.

**Collaborative applicant:** The eligible applicant that has been designated by the Continuum of Care to collect and submit the CoC Registration, CoC Consolidated Application, and to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum. The CoC Governance Charter details other duties as assigned by the CoC.

**Continuum of Care (CoC):** The local planning body designed to promote communitywide commitment to the goal of ending homelessness. The CoC is responsible for coordinating the full range of homelessness services in the designated geographic area, which covers all of Duval, Nassau and Clay Counties. The CoC Governance Board of Northeast Florida has oversight responsibility for the Northeast Florida Continuum of Care.

**Emergency Housing or Shelter (ES):** A facility with the primary purpose of providing temporary shelter for people experiencing homelessness. It can include facility-based beds and vouchers for beds located in hotels/motels made available by a homeless assistance project.

**Homeless Management Information System (HMIS):** The information system designated by the Continuum of Care to track the homeless population and service

capacity. The database and its use must comply with the HMIS requirements prescribed by HUD.

**Housing First:** An approach that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). It is intended to quickly connect individuals and families experiencing homelessness to permanent housing without barriers to entry and without preconditions that might lead to the program participant's termination from the project. Supportive services are voluntary, but are offered to maximize housing stability and prevent returns to homelessness.

**Housing Inventory Count (HIC):** A snapshot of the number of beds and units on one night that are dedicated to persons currently and formerly experiencing homelessness. This is completed each year during the last week in January, coinciding with the Point-in-Time Count.

**Permanent Supportive Housing (PSH):** Permanent housing in which supportive services are provided to assist homeless persons with a disability so they can live independently.

**Point-in-time count (PIT):** A count of sheltered and unsheltered homeless persons carried out on one day in the last 10 calendar days of January or at such other time as required by HUD.

**Rapid Re-Housing (RRH):** An intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again. Rapid re-housing is defined as an intervention providing short-term or medium-term (up to 24 months) financial assistance and services to help those experiencing homelessness to be quickly re-housed and stabilized. This is considered permanent housing.

**Transitional Housing (TH):** Housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary.

**Unaccompanied Youth:** An individual who is not part of a family during their episode of homelessness and is between the ages of 18 and 24.

**Unsheltered Homelessness:** Type of homelessness in which people 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. It includes the street, parks, camps, vehicles, storage units, and bridge underpasses.

## **Current System of Care**

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 is the federally mandated legislation that governs Housing and Urban Development (HUD) funding to states and communities. OPENING DOORS is the strategic plan that accompanies the HEARTH Act that guides the work of federal agencies as it relates to preventing and ending homelessness. HUD, through its Continuum of Care programs, places priorities on certain activities at the state and community level, to restructure their crisis response system to embrace coordinated access and rapidly house homeless persons.

Performance criteria against which states and communities are judged and obtain funding for include:

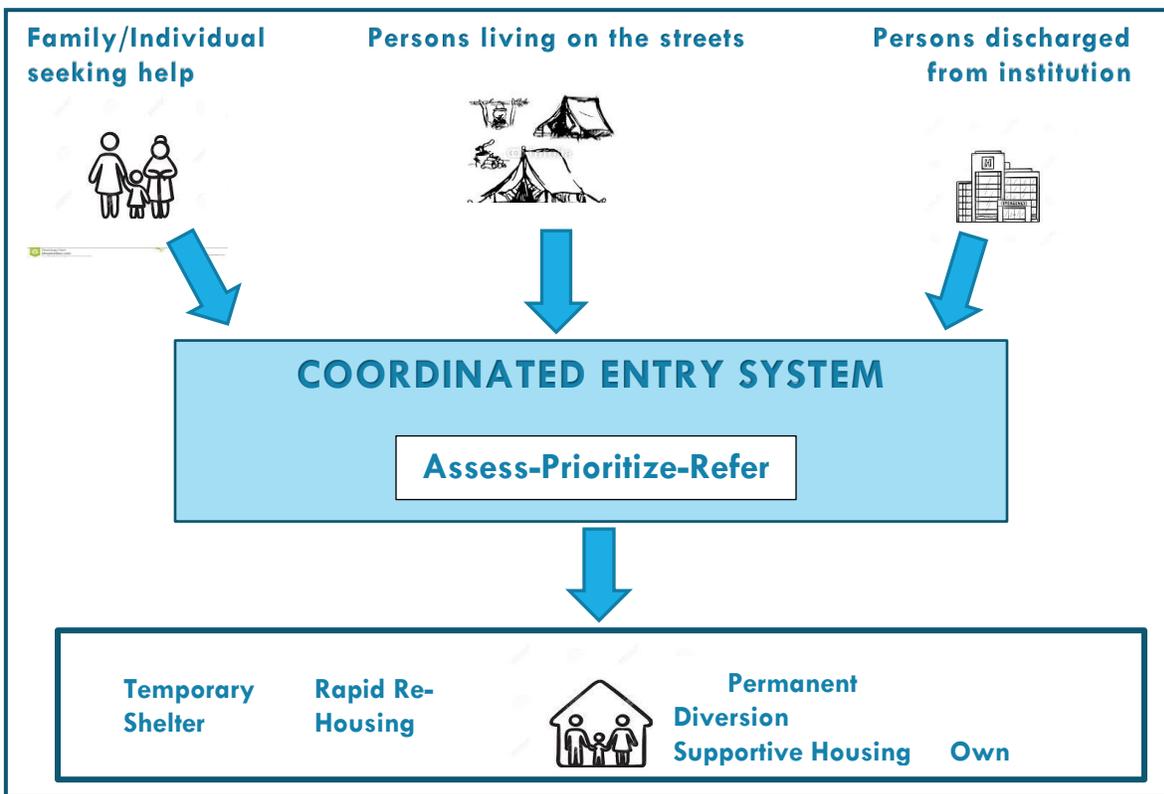
- Number of people who become homeless
- Length of time homeless
- Returns to homelessness
- Jobs and income
- Thoroughness in reaching homeless population

The system of care for the homeless in Northeast Florida is similar to the structure of systems of care for the homeless in many urban cities around the country. There are emergency shelters with length of stay up to 90 days, transitional housing and permanent supportive housing units. Shelter stays are often supplemented with case management services (e.g., referrals, assistance with subsidies) that may vary by shelter depending on staffing and availability. The viewpoint of most providers is to move clients directly from the street or shelters and into affordable housing or permanent supportive housing as quickly as possible. This is in line with Housing First principles which prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). It is intended to quickly connect individuals and families experiencing homelessness to permanent housing without barriers to entry. In short, persons experiencing homelessness should not be considered ineligible for housing because of a precondition that contributed to their homelessness in the first place.

To meet the need of our community, the NE Florida CoC uses a single point of entry called the Coordinated Entry System (CES). CES is a hybrid approach incorporating one central access point supplemented with outreach navigators that will meet persons experiencing homelessness in outlying counties or other locations as needed to provide a variety of avenues in which all segments of our community can connect with and have access to housing and support services.

One of the main purposes of CES is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. The Northeast Florida CoC uses the Vulnerability Index-Service Prioritization Decision

Assistance Tool (VI-SPDAT) to determine initial acuity (the presence of an issue) and for housing triage, prioritization and housing placement. Note there are two versions of VI-SPDAT, the Individual and Family, both of which are available in HMIS. There is also Transition Age Youth VI-SPDAT (TAY-VI-SPDAT) that is used by some providers but is not currently available in HMIS. Scores on the VI-SPDAT populate the local By-Name List once entered into Client Track, and at weekly By-Name List meetings all the partners and others with housing resources decide who enters available housing (RRH and PSH) next. Their decisions are made based on acuity and HUD priorities. Prioritization on the By-Name List is a combination of VI-SPDAT score and the length-of-time homeless. Coordinated Entry System ranks persons and refers persons to existing programs while the By-Name List prioritizes persons for permanent housing placement.



### Prevalence of Homelessness

Homelessness is a dynamic condition, with people losing a home, moving towards housing, and securing permanent housing constantly. It is possible to take a snapshot of who is homeless and where they are at one point-in-time. From the Point in Time Counts, a picture emerges of people who are experiencing homelessness.

**Point in Time Counts**

Northeast Florida’s most recent Point in Time Count took place on Wednesday, January 23, 2019. Over 140 volunteers collected survey data from unsheltered people. In addition, information was pulled from 40 regional social service agencies offering overnight emergency beds, transitional housing, and supportive services. Below are the results of this year’s Point in Time Count.

A total of 1,654 persons experienced homelessness on January 23, 2019. More than twice the number of people experiencing homelessness had some kind of shelter as compared to those who were unsheltered.

**Table 1. Sheltered, Unsheltered and Totals, 2019**

<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
<b>1,146</b>	<b>508</b>	<b>1,654</b>

The Northeast Florida CoC covers three counties: Clay, Duval, and Nassau.

**Table 2. Clay County**

<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
<b>67</b>	<b>7</b>	<b>74</b>

**Table 3. Duval County**

<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
<b>1,011</b>	<b>483</b>	<b>1,494</b>

**Table 4. Nassau County**

<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
<b>68</b>	<b>18</b>	<b>86</b>

Northeast Florida’s providers of emergency shelter and transitional beds are improving their services and offering people more dignity and permanency. Examples of these changes include:

- Salvation Army’s renovation of their family rooms; and
- Sulzbacher Village offering private accommodations for women and children.

This shift means fewer beds in emergency shelters (e.g., bunk beds in congregate sleeping areas). Table 5 shows this shift.

**Table 5. Emergency Shelter and Transitional Beds, PIT Counts 2018-2019**

<b>Beds</b>	<b>2018</b>	<b>2019</b>	<b>Difference</b>
<b>Emergency Shelter</b>	<b>1,015</b>	<b>848</b>	<b>-167</b>
<b>Transitional Housing</b>	<b>549</b>	<b>540</b>	<b>-9</b>
<b>Totals</b>	<b>1,564</b>	<b>1,388</b>	<b>-176</b>

Because of this shift in services, the number of sheltered persons also decreased from 2018 to 2019. Table 6 shows the decrease in the number of sheltered persons.

**Table 6. Individuals Experiencing Homelessness, PIT Counts 2018-2019**

<b>Individuals</b>	<b>2018</b>	<b>2019</b>	<b>Difference</b>
<b>Emergency Shelter</b>	<b>878</b>	<b>707</b>	<b>-171</b>
<b>Transitional Housing</b>	<b>487</b>	<b>439</b>	<b>-48</b>
<b>Totals</b>	<b>1,365</b>	<b>1,146</b>	<b>-219</b>

A decrease in shelter and transitional beds means a decrease in emergency capacity—the ability to assist a person facing a housing crisis. As a result, Northeast Florida experienced an increase in unsheltered persons from 2018 to 2019.

Table 7 shows how the total number of persons experiencing homelessness dropped. It dropped because the number of sheltered persons dropped—a consequence of fewer available emergency and transitional beds. At the same time, the number of unsheltered increased.

**Table 7. Sheltered and Unsheltered, PIT Counts 2018-2019**

<b>Persons</b>	<b>2018</b>	<b>2019</b>	<b>Difference</b>
<b>Sheltered</b>	<b>1,365</b>	<b>1,146</b>	<b>-219</b>
<b>Unsheltered</b>	<b>429</b>	<b>508</b>	<b>+79</b>
<b>Totals</b>	<b>1,794</b>	<b>1,654</b>	<b>-140</b>

The increase in unsheltered persons could have been higher given the decrease in emergency capacity—167 fewer beds. Northeast Florida providers are carefully managing a well-defined mix of emergency and permanent accommodations in a coordinated effort to assist people in the most effective ways.

The CoC identifies persons experiencing homelessness using five designations: veterans, young adults, families with children, chronic homelessness, and all others. The group of “all

others” are individuals and make up more than half the entire population experiencing homelessness. The graph in Figure 1 shows the percentages of homelessness for each group.

**Figure 1. Persons Experiencing Homelessness by sub-population**

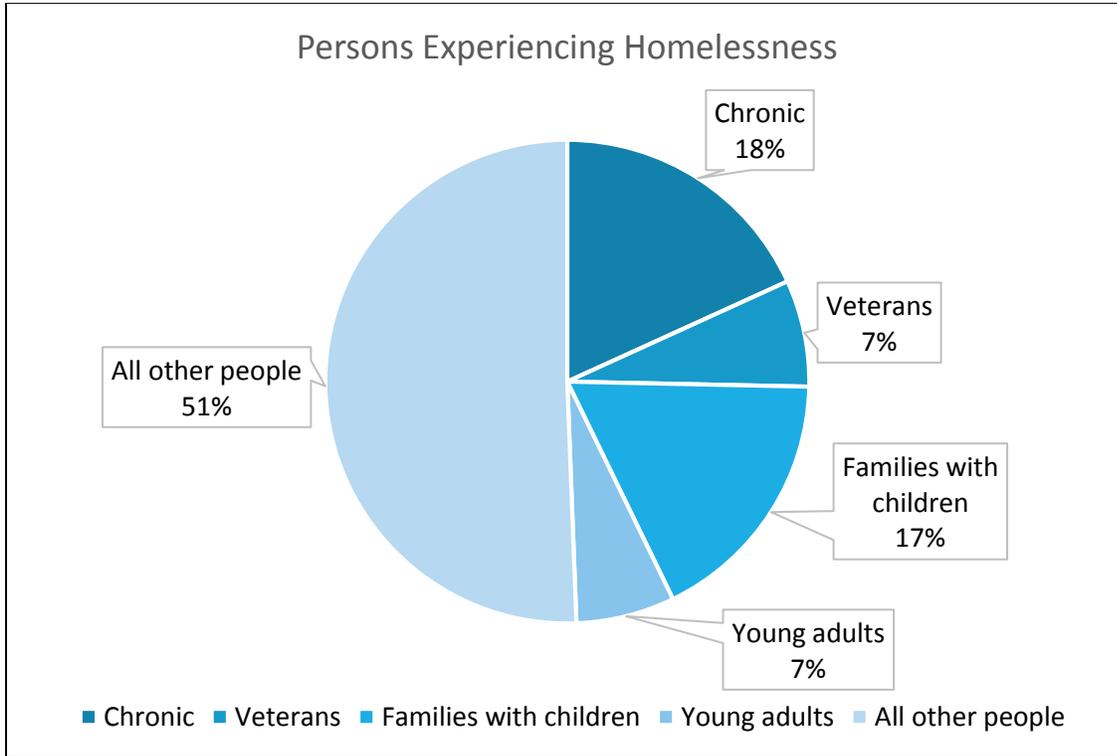


Table 8 below shows the exact number of persons experiencing homelessness in each of the 5 sub-populations.

**Table 8. Persons experiencing homelessness, 2019**

Population	Number
Chronic	301
Young adults	109
Families with children	289
Veterans	118
All others	837
<b>Total</b>	<b>1,654</b>

**Surge Data**

While HUD mandates a Point in Time Count each year, non-mandated counts of street homeless are conducted in specific areas.

In the August 2018 Surge Count as well as three Street Counts conducted in the same year, there were no families with children found unsheltered. The CoC is able to meet the emergency needs of families with children, according to these counts.

However, the needs of young adults are different. The August 2018 Surge count found 27 young adults who were unsheltered. Twenty-four of them were found in the urban core and the remaining three were in the Beaches and Riverside areas. The 2018 PIT Count found 132 young adults ages 18-24 experiencing homelessness and in 2019 that number decreased to 109. These are young adults living on the street because they are homeless and not finding appropriate shelter.

### **Housing Inventory Count**

The Northeast Florida CoC monitors the available capacity of housing units, housing beds and emergency shelter beds for assisting people experiencing homelessness. Below are the counts of available beds, by type, and the occupancy rates on the day of the Point in Time count in January of 2019.

**Table 9. Housing Inventory, 2019**

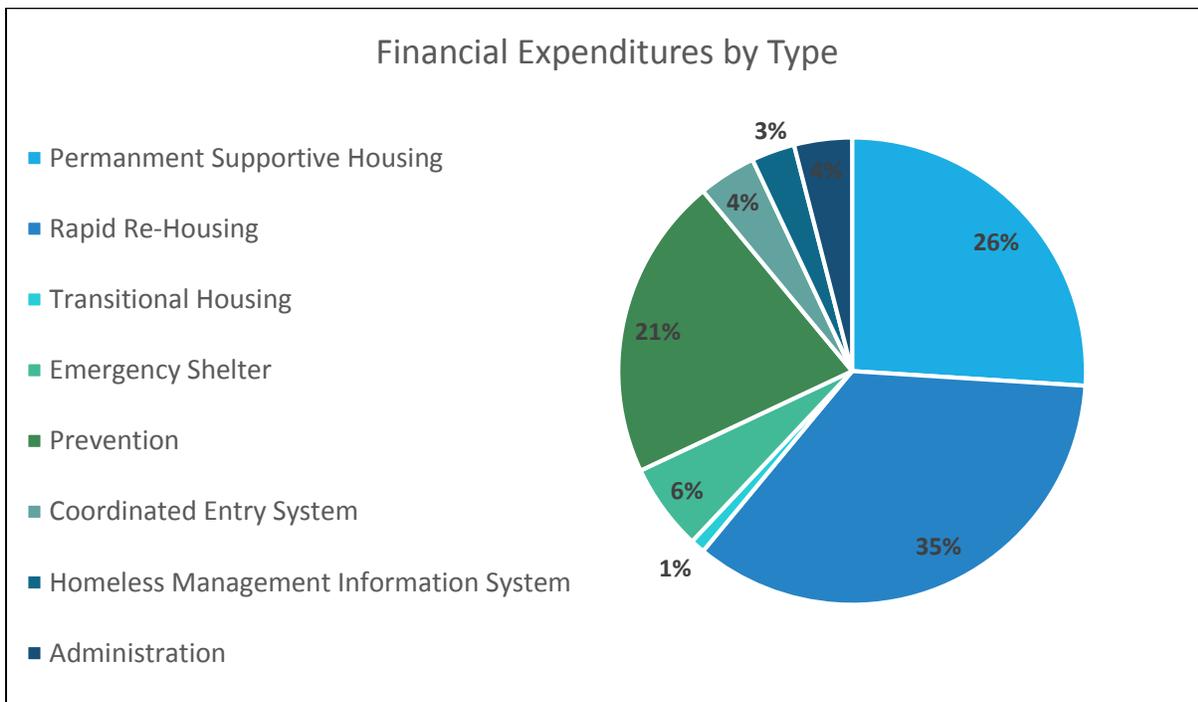
Type of Assistance	Number Available	Occupancy Rate
<b>Emergency shelter</b>	<b>848</b>	<b>83%</b>
<b>Transitional housing</b>	<b>540</b>	<b>81%</b>
<b>Permanent supportive housing</b>	<b>1,398</b>	<b>96%</b>
<b>Rapid re-housing</b>	<b>439</b>	<b>100%</b>
<b>Other permanent housing</b>	<b>459</b>	<b>100%</b>
<b>Total</b>	<b>3,684</b>	

There is a total of 2,296 permanent housing beds in Northeast Florida. Of these 1,284 serve chronically homeless persons (this includes all household members). As of the last HIC submission there were no beds serving youth. The only dedicated youth beds were 29 of the 540 transitional housing beds. There has been funding awarded recently to address this deficiency in addition to funding applications submitted that are waiting on notification. Over the past several years there has been a push nationally for CoCs to transform transitional housing units (by definition lengths of stay up to 2 years) into permanent supportive housing units as the latter have been shown to be more effective in addressing the complex needs of persons experiencing homelessness, especially those that have been chronically homeless. Many of the permanent housing units correspond to service provider specializations such as families with children, homeless individuals with serious mental illness, substance use/abuse histories, HIV/AIDS, chronically homeless persons, and veterans experiencing homelessness. This broad array of permanent housing indicates the CoC is endeavoring to meet the needs of subpopulations of homeless persons.

## Financial Analysis

There are a wide variety of funding sources for activities related to homelessness from federal grants to philanthropic giving. This report only looked at federal and state funding that was distributed through the City of Jacksonville or through the Continuum of Care (via the collaborative applicant-Changing Homelessness). This analysis did not include any funds received by organizations through philanthropic giving, funds distributed by the Managing Entity (LSF Health Systems) for State of Florida substance abuse and mental health services, or funds used in the purchase or construction of housing units serving homeless populations. The analysis includes the following funding sources: HUD Continuum of Care (excluding planning expenses) - \$4,508,181, Temporary Assistance for Needy Families (TANF) - \$46,582, Emergency Solutions Grants (ESG) - \$172,000, Challenge Grant - \$148,500, Supportive Services for Veteran Families (SSVF) - \$3,000,000, City of Jacksonville (COJ) Public Service Grant (PSG) - \$918,469, COJ ESG - \$471,466 and COJ Community Development Block Grant (CDBG) - \$214,157 for a total of \$9,479,355. The following graph represents a distribution of total funds by type of activity.

**Figure 2. Expenditures by type of activity**



Of the \$9,479,355 million funds, \$3,317,774 was used to provide Rapid Re-Housing, \$2,478,249 was used to provide Permanent Supportive Housing, \$100,070 was used for Transitional Housing, \$530,292 was used for Emergency Shelter, \$2,100,592 was used for Prevention, \$362,771 was used for the Coordinated Entry System, \$324,641 was used for the Homeless Management Information System and \$291,966 was used for Administration activities. The predominant form of housing provided is Rapid Re-Housing followed by

Permanent Supportive Housing which together accounts for 61% of the total funds. Emergency shelter services and transitional housing only accounts for a total of 7% of funds.

One area that is beyond the scope of this report is the average cost per unit per day by type of housing and the same type of cost comparison between programs offering the same type of housing. In order to produce a valid analysis for both of these you would need to get all of the funding for each housing program (for instance, any other federal or state grants, philanthropic giving, in kind giving, etc.) This analysis would be helpful because it will show program differences. There is a report done by Focus Strategies comparing the exit costs to permanent housing for emergency shelters, transitional housing and rapid re-housing (see the document in the appendix “Cost per Exit from Focus Strategies”). The graph reflects exits from beds for programs serving adults and exits from units for programs serving families. Focus Strategies did not concentrate their efforts on project types in terms of straight cost per bed for a number of reasons, including that a primary goal is to assist households in exiting to permanent housing while also supporting system flow by not generating long lengths of stay. The costs per exit are skewed due to length of stay till exit in each housing type. Hence cost per permanent housing exit is a performance measure rather than a simple expenditure measure.

### **Results of surveys, focus groups, and key informant interviews**

#### ***Methodology***

A combination of quantitative and qualitative data was gathered and used to analyze the current system of care for homeless populations in Northeast Florida including:

- data and analysis on prevalence of homelessness;
- analysis of housing stock serving persons at risk, experiencing, or previously homeless;
- data gathering and analysis of funding for homeless services;
- document review including current relevant initiatives, grant proposals and current policies;
- collection and analysis of 32 provider surveys;
- collection and analysis of 281 consumer surveys;
- results of 3 consumer focus groups to obtain specific information about gaps and barriers;
- results of key-informant interviews with 5 stakeholders to obtain specific information about the system of care components; and
- analysis of HUD System Performance Measures.

All survey tools, focus group questions, and key informant interview questions are in the appendix.

### **Service Provider Survey Results**

The purpose of the Provider Survey was two-fold: 1) to capture information regarding the importance of specific factors that providers believed contributed to homelessness, and 2) to capture information regarding areas of system improvement. The respondents included twenty-five COC member agencies and seven non-COC member agencies that serve persons at risk of or that are experiencing homelessness. To see the exact wording of the questions and the list of answers see the document “Homeless Provider Survey” in the Appendix.

Respondents were first asked two questions regarding the type of services provided by their agency. For the question “Does your agency directly address client housing issues such as providing financial assistance to be used towards rent, providing low-income housing, providing emergency accommodations, etc.?” Twenty-four agencies responded **yes** and eight responded **no**.

Answers to the question regarding type of services the agency primarily focuses on are reflected in Table 10.

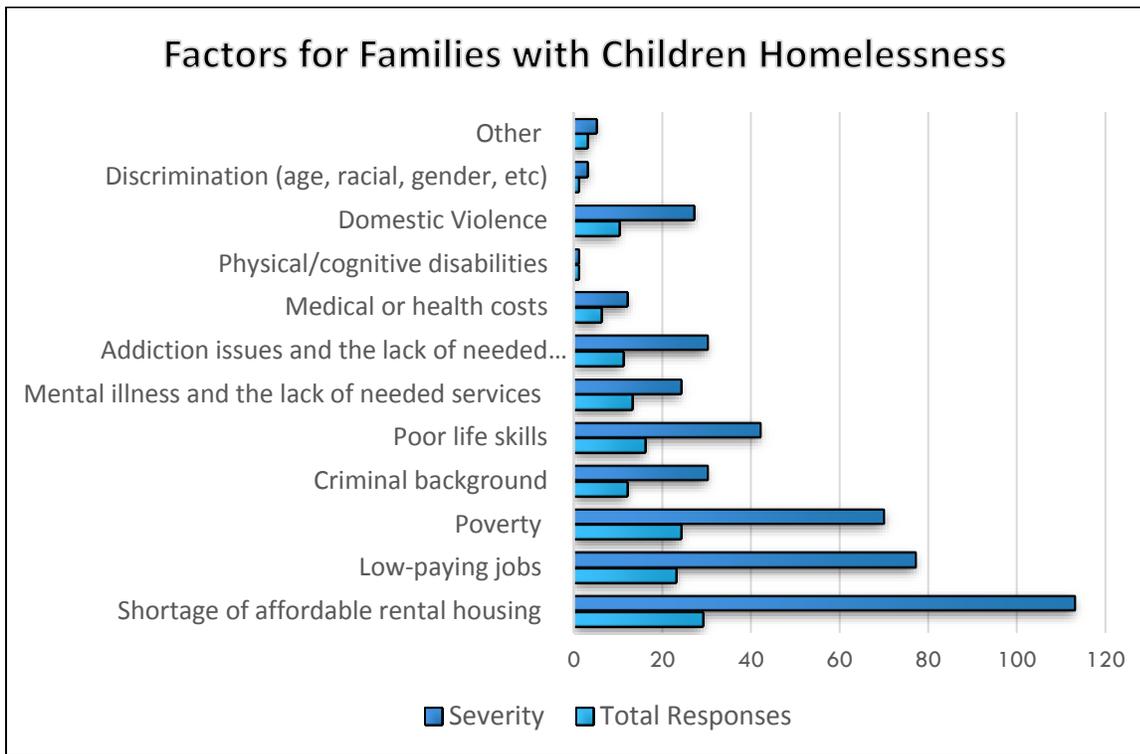
**Table 10 Provider type of service**

<b>Type of Service</b>	<b>Responses</b>
<b>Emergency intervention</b>	<b>16</b>
<b>Short-term intervention</b>	<b>14</b>
<b>Long-term intervention</b>	<b>9</b>
<b>Prevention</b>	<b>12</b>

The graph in figure 3 reflects provider answers to the question “..... *to what extent each of the following is a contributing factor when Northeast Florida’s families with children become homeless.*” Providers were asked to choose five factors and rate them from 1 to 5 with 1 being greatest need. The graph includes the total number of times providers rated the factor and the severity of the factor. This was determined by giving each rating of 1 five points, rating of 2 four points, etc. and then adding for a total.

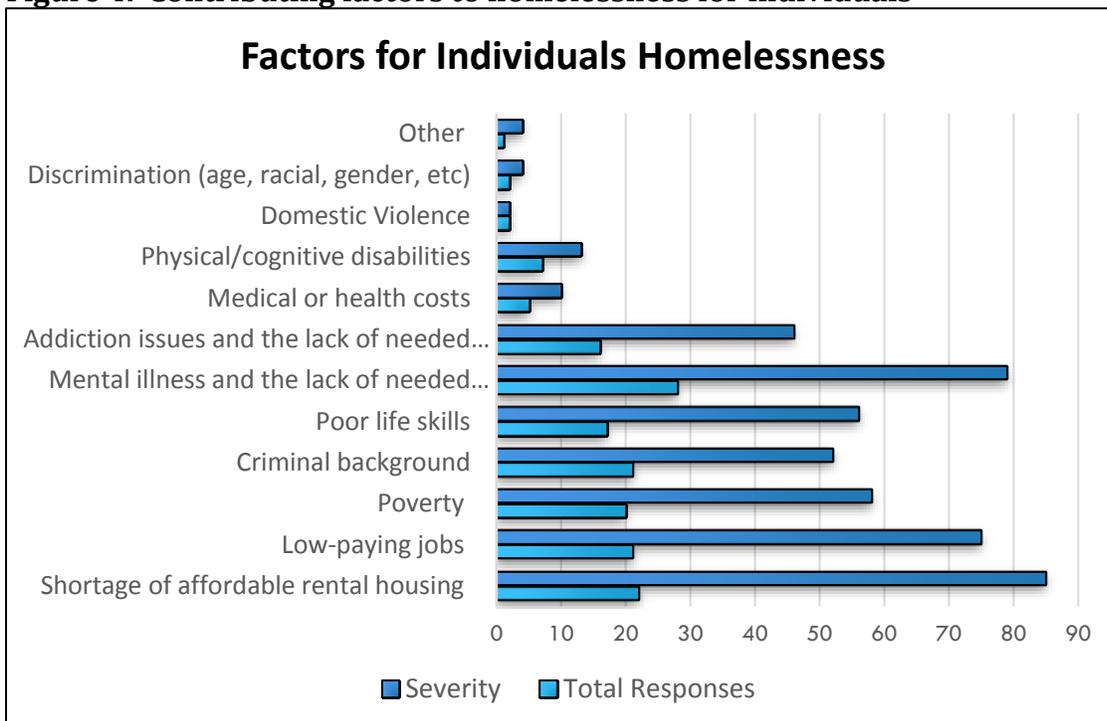
**“There needs to be better engagement from all providers in the care system. Still too many organizations are just working in their own silos”.** Homeless Services Provider.

**Figure 3. Contributing factors to homelessness for families**



The graph in Figure 4 reflects provider answers to the question “... to what extent each of the following is a contributing factor when Northeast Florida’s individuals become homeless.” The factor choice and scoring for this question is the same as for the previous.

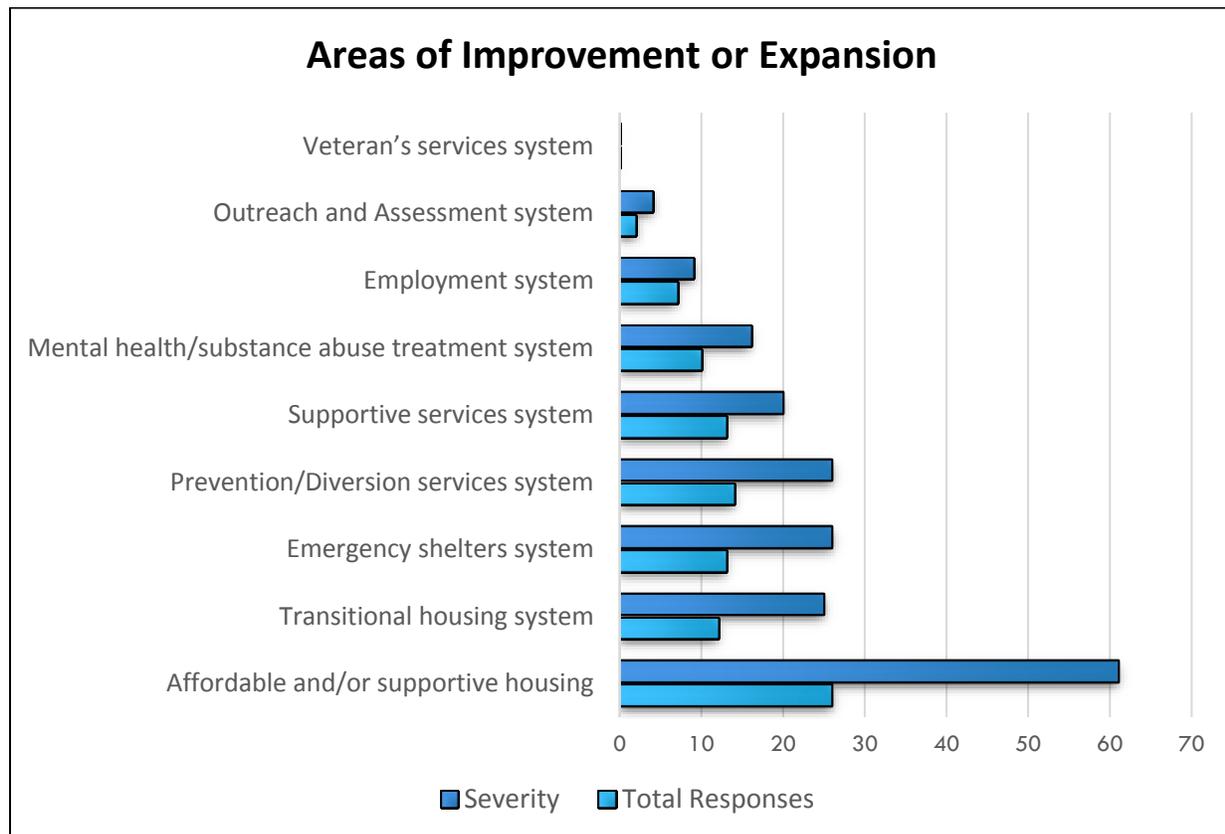
**Figure 4. Contributing factors to homelessness for individuals**



Research and experience shows that the primary causes of homelessness are complicated, often with multiple factors contributing to a particular person or family becoming homeless. The factor that is usually identified most often in research and community needs assessments is housing affordability. The same holds true with the results of the provider surveys conducted in Northeast Florida. The condition leading to homelessness with the highest severity value for both families and individuals was “shortage of affordable housing.” Low paying jobs was rated second for families and third for individuals as a primary cause of homelessness. For individuals, the lack of services for mental illness was the second leading cause with a severity index of 79 while for families this factor was rated relatively low with a severity index of 24. Discrimination, disabilities and health costs were rated relatively low for both groups.

The results of the question “Which parts of the existing system serving persons experiencing homelessness have the greatest need for improvement or expansion” are reflected in Figure 5. Providers were asked to choose three of nine areas for improvement and rate them from 1 to 3 with 1 being greatest need. The graph includes the total number of times providers rated the factor and the severity of the factor. This was determined by giving each rating of 1 three points, rating of 2 two points and rating of 3 one point and then adding for a total.

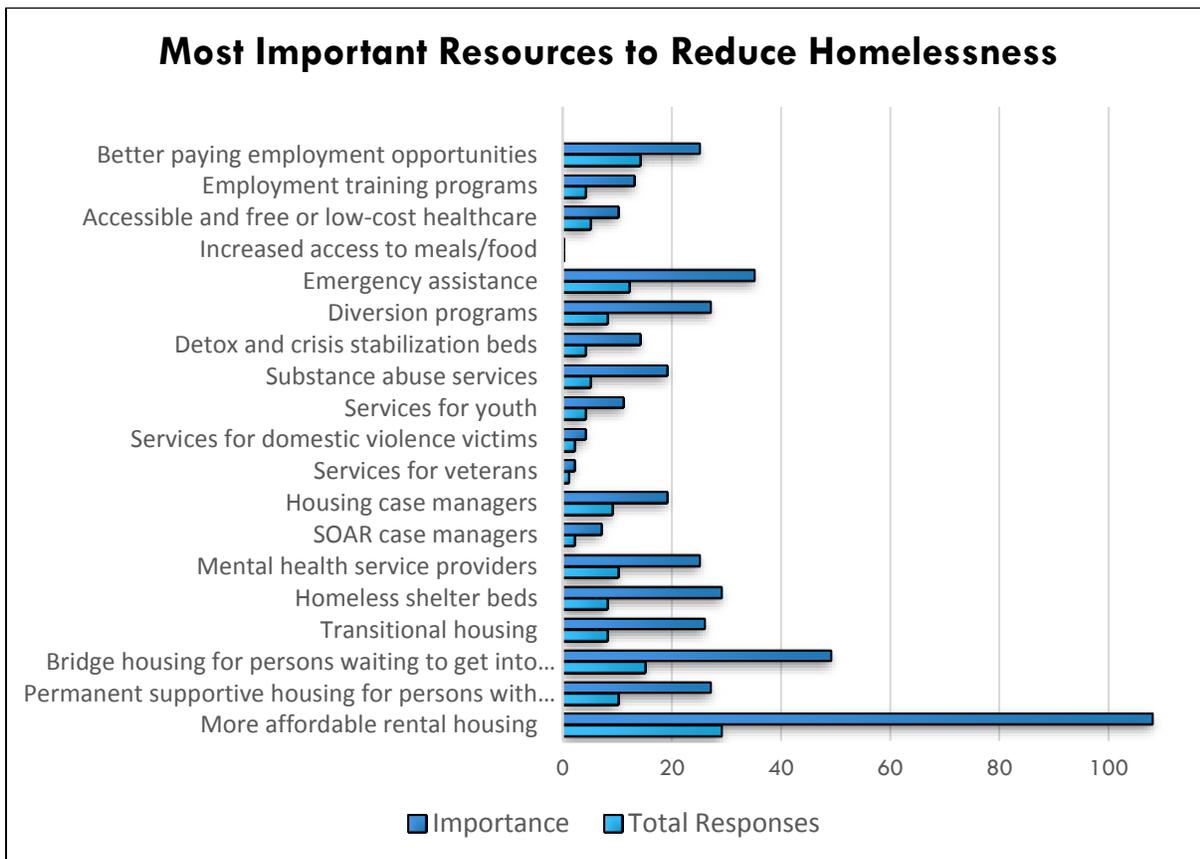
**Figure 5. Areas for improvement or expansion**



Again, affordable housing is the area identified as in most need of improvement or expansion with 26 of 32 respondents naming it in the top five and a severity index of 61, far exceeding the next highest severity index of 26 for prevention and emergency shelters. No respondent rated Veteran’s services system. This is likely due to the number of VASH vouchers available in Northeast Florida, coupled with the tremendous amount of resources local agencies such as Changing Homelessness have been able to leverage for homeless veterans in Northeast Florida (refer to section regarding funding).

The results to the question “...name the top FIVE resources needed to help reduce homelessness” are reflected in Figure 6. Providers were asked to choose five resources and rate them from 1 to 5 with 1 being greatest need. The graph includes the total number of times providers rated the resource and the importance of the resource. This is determined by giving each rating of 1 five points, rating of 2 four points, etc. and then adding for a total.

**Figure 6. Most important resources**



Providers were asked “In your experience, is there a shortage of emergency shelter beds for unaccompanied individuals in NE Florida?” **Nineteen answered yes, five said no and eight were not sure.** Answers to the same question for families with children were: **Twenty-two said yes, two said no and eight were not sure.**

It is notable that so many providers believe that there is a shortage of emergency shelter beds in Northeast Florida. While emergency shelters play a critical role in providing a safe place for people experiencing a housing crisis, a shelter bed alone does not end a person's homelessness. It is for this reason that the Northeast Florida Continuum of Care has, during the last decade, emphasized the production of more types of permanent housing over the production of additional emergency shelter beds. While this policy has resulted in fewer shelter beds, there has been a significant increase in permanent housing beds. Nevertheless, this is an area of concern that needs more analysis and discussion.

Finally, providers were asked their expectations regarding an increase, decrease or remain the same for the number of homeless individuals and families over the next year in Northeast Florida. **Eight said that it would stay at about the same level, Twenty-one said it would increase moderately, two said that it would increase substantially and one said that it would decrease moderately.**

### ***Service Provider Interviews***

Staff from five providers were interviewed to supplement the provider survey data. The principal question was to identify strengths, gaps and barriers in service delivery. Areas of concern included preventing people from becoming homeless, supporting those who are homeless to get stable housing, and assisting those placed in housing to maintain their housing and live productive lives. The actual provider interview questions are in the Appendix. The provider agencies that participated were: Mica's Place, Presbyterian Social Ministries, Mission House, Jewish Family Community Services and Lutheran Services Florida Health System.

#### *Describe the current system of care to end homelessness in NE Florida?*

Most of the providers described the current system in terms of the Coordinated Entry System. If someone is homeless or at risk for homelessness then they are referred to CES for assistance. Several providers noted that they did not know what happens with these referrals, or if some other type of assistance was needed, what resources may be available for them. Three of the five providers stated that the communication between CES and providers could be improved and that the 2-4 week wait time for open permanent housing beds was too long. They were discussing referrals from CES for eligible clients.

Other comments noted no emergency shelter bed access through CES and that for persons living in counties other than Duval, access to CES was sporadic. In regards to CES access in outlying counties, the program manager for CES stated that they go to Nassau every Thursday morning and to Clay on an as-needed basis (when they call).

#### *Which part of the existing system serving homeless people works best?*

Four of five providers stated that HMIS was much improved ("Lauren rocks it") and has improved data accuracy, improved assessments and reporting features. Two providers said

that the new Urban Drop in Center is an improvement, but it still does not meet the needs of the community. The Chronically Homeless master list works well, but not every provider that needs to participate does so.

*Which parts of the existing system have the greatest need for improvement?*

Four of five providers said that CES needed improvement in some manner. Areas mentioned were: better outreach to outlying counties (especially West Nassau); quicker turnaround time on referrals for permanent housing beds; and adding in availability of all shelter beds. One provider stated, "Religious based programs lack technology-based systems, and they lack the data collection capability to develop needed performance metrics." A couple of providers identified the need for improved training and education of front line and front desk staff regarding what is available to persons and where to direct them for help. The consumer focus groups also brought up training and education of staff. There is also a need for more prevention activities to "plug the hole" for persons becoming homeless and generally more safe places to get people off the streets. One provider stated "...it is also important in order to prioritize diversion."

*What actions would you take to expand or improve the system?*

One provider stated that to move forward we need to monitor metrics of a unified system and need improved participation of all agencies serving persons at risk or experiencing homelessness. Another echoed this by stating that we need to find the resources to help the faith-based community improve their use of HMIS. Providers also discussed the need for more support for affordable housing developments or helping to set up an effective Affordable Housing Advisory Committee that will concentrate efforts across organizations and systems to increase the availability of affordable rental housing stock. Finally, two providers outside the urban core said that there needs to be improved access to shelter beds outside of downtown Jacksonville.

*What actions could the community (government/philanthropic/business/non-profit) take to expand or improve the system?*

More collaboration with the Jacksonville Housing Authority, local foundations focusing more on homelessness, more emphasis from City of Jacksonville government, were all areas discussed to expand and improve the system of care.

One provider discussed the possibility of having a mentor program for agencies. The idea was that an agency with more experience and capacity could mentor a smaller agency with a similar in focus (e.g. both of them would be faith-based agencies) in areas of training, establishing policies and procedures, HMIS use, etc.

## Consumer Surveys

In order to gather this data, a number of agencies were recruited staff to assist in collecting survey data including: Mental Health Resource Center’s Urban Drop in Center, Changing Homelessness’ Supportive Services for Veteran Families (SSVF) Program outreach workers, The Sulzbacher Center’s HOPE team and SSVF outreach workers, Peer Support Specialists and Hubbard House staff. A total of 281 surveys were collected.

Participant Characteristics: No children under age 18 were included in the survey, although parents of children were interviewed. Responding to the survey question, “Do you have children staying with you currently?” 6.4% answered yes. The average age of the participants was 46.9 years, with a range of 18 to 81 years; 60.9% were male, 39.1% female with none reporting any other gender type. All surveys were completed by persons currently experiencing homelessness with 50.9% currently residing in shelters, 40.6% living on the streets and 8.5% living in transitional housing.

**Figure 7. Race/ethnicity for consumer surveys**

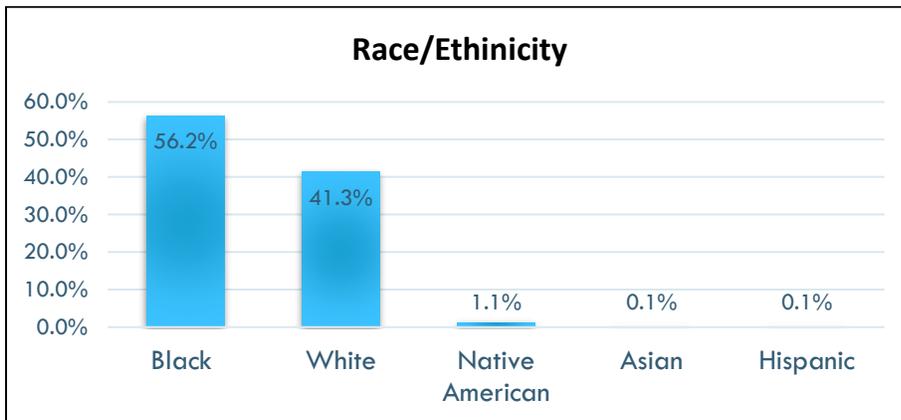


Table 11 reflects the responses from the question: *If you are sleeping on the street, why don't you use shelter services?*

**Table 11. Why Not Using Shelter Services**

They are too crowded	29
Bugs	26
There are too many rules	19
They are full	28
I can't stay with my family/partner	9
Germs	17
They don't allow my pet	1
There is nowhere to store my stuff	13
They are too far away	23
I can't stay with my friends	7
Other	1 (unsafe)

There were two questions specific to services. One asked about immediate needs and the other asked what is needed to obtain permanent housing. The highest two perceived needs were food (198 responses) and housing (179 responses) followed by bus passes, clothing, job assistance and a place to take a shower. Lowest need was for child care, substance abuse counseling, utilities assistance and public computer.

The most important thing participants needed to obtain housing was rental assistance (149 responses), more affordable housing (88 responses) and employment assistance (66 responses). Least important were help clearing rental history (29 responses) and additional education (27 responses).

Figure 8 reflects the answers to responses from the question: Do you need this service? *Check all that apply.*

**Figure 8. Need for services**

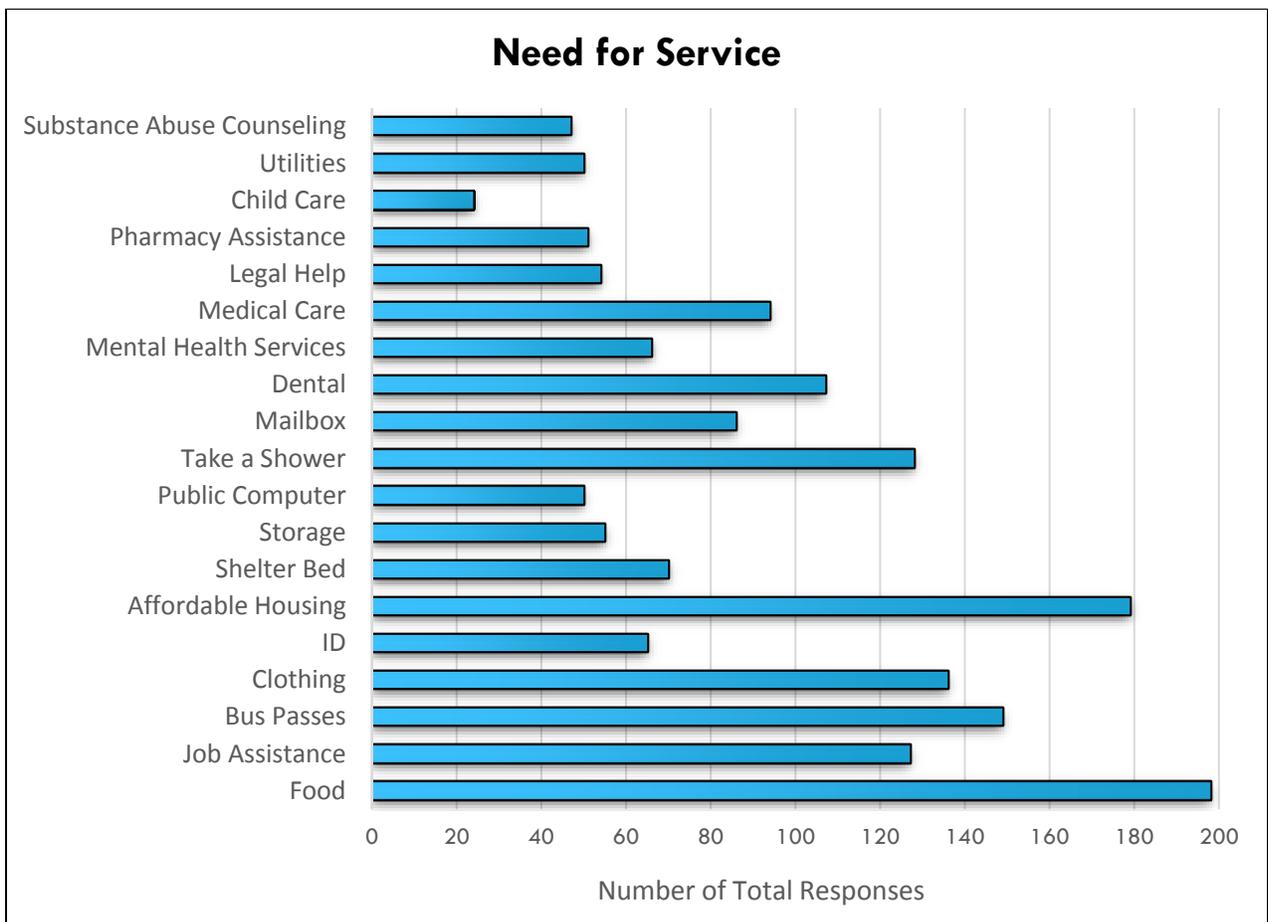
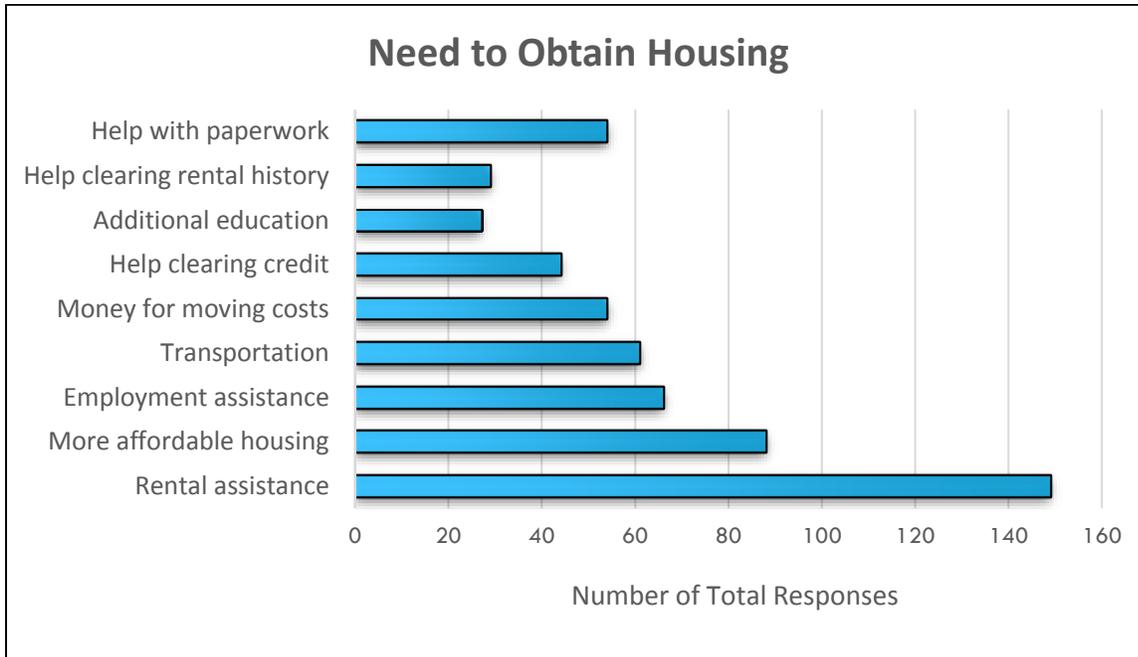


Figure 9 reflects the answers to responses from the question: *What would help you obtain permanent housing?*

**Figure 9. Obtaining permanent housing**



### ***Consumer Focus Groups***

Focus groups were designed to add qualitative data to the results of the consumer surveys. Focus group participants were recruited by staff from Mental Health Resource Center, Sulzbacher Center, Ability Housing, and Presbyterian Social Ministries. There were a total of 20 participants in 3 different focus groups. The first focus group involved persons that were currently living on the streets and consisted of 8 African-American males and 1 White female. The second focus group was made up of formerly chronically homeless persons that were now living in Permanent Supportive Housing and consisted of: 2 African-American Males, 1 White male, 1 African-American female and 2 White females. The last group involved single females (some with children and some without) that were formerly homeless and currently lived in either transitional housing or permanent housing. The group consisted of 2 African-American females and 3 White females. Focus groups lasted for approximately 1 ¼ hours. Focus group participants were made aware that a voice recorder would be operating during the focus group, though it was not started until after introductions, to protect their anonymity.

Not all focus group participants were asked the same questions. Focus groups were asked questions relevant exclusively to their subpopulation. While recruitment efforts were designed to represent individuals from multiple subpopulations, not all subpopulations and geographies of the homeless community were represented.

All of the groups were asked some form of the question “What is the most important thing that you need to get into housing?”

The most common answer was not enough affordable housing available. Other key themes included: background checks and evictions; transportation; knowing all housing possibilities that are available; and not being able to get correct information from case managers/service providers.

This last comment was a topic that was brought up by all focus groups. The consensus was that while there are a few case managers that are very good and know how to direct clients to the best housing solution given the individual’s situation, most case managers and service providers are unaware of many of the resources available in the community. A number of persons that are now in housing stated that the only reason they were able to secure housing was because of what they learned from other persons that are homeless. There was also a general consensus that there is little collaboration between agencies. A number of participants stated that there are certain organizations (primarily faith-based organizations) that are only focused on the services/housing that are available directly through that organization. A few participants suggested agencies need collaborative training for outreach workers and case managers so everyone is on the same page.

In discussions with currently unsheltered people, the most common services needed besides housing were: bus passes, help with legal issues, drug treatment and access to computer help/training. This group expressed a strong desire to obtain permanent housing and to become self-sufficient. Four members of this group discussed the challenges in finding a job while unsheltered. They also said that they perceive service providers don’t want to help them get housing if they already have a job.

One other issue of note specific to this group was the opinion that police downtown are arresting more persons experiencing homelessness than any time in the past couple of years.

Focus group respondents that were in housing noted that property managers and landlords were raising rents to take advantage of surging demand. They also noted changing eligibility requirements that would exclude them from signing a lease. Many of them were worried about becoming homeless again because of these factors. This group was generally very appreciative of their housing and placed a lot of value on remaining in housing. “Getting into my own home absolutely changed my whole life” stated one participant-- an attitude echoed by a number of others in both groups.

One of the most pressing needs identified by these two groups was transportation. Both groups had access to bus passes but all of them stated there was an incredible need for more bus passes. Other needs that were mentioned included: help with past eviction

history, access to clothes for themselves and their children, general computer classes and parenting classes.

When asked if any agency had ever asked them for their feedback on how well that agency was doing, the unsheltered group unanimously responded that they had never been asked how an agency is performing. The group of single women stated that they used to have regular group meetings with staff but have not had any in the last few months. Another housed group said they were sometimes asked to fill out a client feedback questionnaire.

## **System Performance Measures**

### ***Overview***

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

To have a full understanding of each measure one needs to understand the parameters of the data and the limitations for each measure. For that reason, I will not include the outcome of each measure here but will just give an overview of measures #1, #5 and #7. I am not including a summary of #2, and #4 because there are current HMIS system issues that need to be addressed (currently in progress) to give a more accurate picture of the results of these measures. Measure # 3 is the Point-In-Time results which are available at: [changinghomelessness.org](http://changinghomelessness.org). Measure #6 is not applicable to the Northeast Florida CoC. To review the full Northeast Florida CoC's latest performance measures please refer to the Performance Measures Preliminary Report in the appendix.

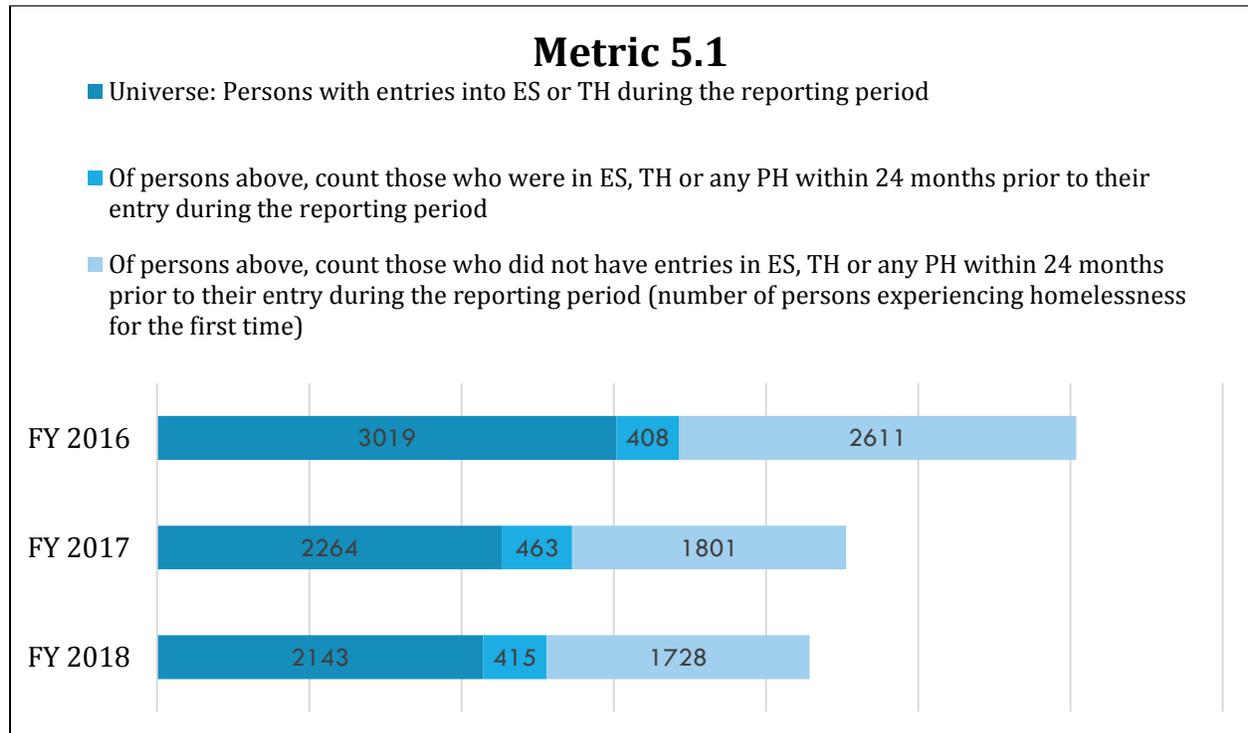
The following table is a measurement of length of time homeless from emergency shelter exits only. As can be seen the Northeast Florida area exceeds both state and national averages. While for 2018 this number has decreased to 99 days, this may be a contributing factor regarding the perception by both providers and consumers for the need for additional emergency shelter and/or bridge housing beds.

**Table 12. Measure 1: Length of time persons remain homeless exits from ES**

<b><i>National Averages for Length of Time Homeless</i></b>	
<b>FY 2016- 74 days</b>	
<b>FY 2017- 77 days</b>	
<b><i>Florida Averages for Length of Time Homeless</i></b>	
<b>FY 2016- 59 days</b>	
<b>FY 2017- 77 days</b>	
<b><i>Northeast Florida Averages for Length of Time Homeless</i></b>	
<b>FY 2016- 93 days</b>	
<b>FY 2017- 114 days</b>	

The following table is a measurement Number of persons who become homeless for the first time. This measure provides the number of people who experience homelessness for the first time compared to all people who experience homelessness in emergency shelter and transitional housing during a year.

**Figure 10. Measure 5: Homeless for first time in ES and TH.**



Measure #7 provides the number of people who exit successfully to permanent housing across the federal fiscal year. The first part of the measure looks at combined exits from emergency shelter, transitional housing and rapid re-housing. The second measure looks at permanent supportive housing only and includes retention of existing permanent supportive housing as well as exits to new permanent housing from permanent supportive housing.

**Table 13. Change in exits from street outreach to permanent housing destinations**

Metric 7a. 1	FY 2016	FY 2017	FY2018
Universe: Persons who exit street outreach	301	427	550
of the persons above, those who exited to permanent housing destinations	134	276	261
% Successful Exits	64%	72%	56%

The national average for successful exits from street outreach in 2017 was 50% and the state average for 2017 was 53%.

**Table 14 Change in exits to permanent housing destinations**

Metric 7b. 1	FY 2016	FY 2017	FY 2018
Universe: Persons in ES, SH, TH and PH-RRH	2886	2590	2507
of the persons above, those who exited to permanent housing destinations	1121	863	951
% Successful Exits	39%	33%	38%

The national average for successful exits to permanent housing in 2017 was 45% and the state average for 2017 was 47%.

**Table 15 Change in exit to or retention of permanent housing**

Metric 7b. 2	FY 2016	FY 2017	FY 2018
Universe: Persons in all PH projects except	650	817	900
Of the persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	596	751	837
% Successful Exits	92%	92%	93%

The national average for successful exits or retention from permanent housing in 2017 was 93% and the state average for 2017 was 92%.

For more information regarding HUD's System Performance Measures, refer to HUD's system performance website at: <https://www.hudexchange.info/programs/CoC/system-performance-measures/#guidance>.

## Summary Findings of Gaps and Barriers

Data from the Point-in-Time count for Northeast Florida shows the shift in emphasis by the CoC to dedicating more resources to permanent housing. This shift means fewer beds in emergency shelters. Because of this shift, the number of sheltered persons has decreased from 2018 to 2019. A decrease in shelter and transitional beds means a decrease in emergency capacity—the ability to assist a person facing a housing crisis. As a result, Northeast Florida experienced an increase in unsheltered persons from 2018 to 2019. This is likely the reason for the responses from both providers and consumers for the need for more emergency shelter beds or bridge housing beds.

It is significant to note that the only dedicated youth beds were 29 of the 540 transitional housing beds. There has been a response by the CoC to address this deficiency with recently awarded funding applications for additional permanent housing specifically for youth.

From the financial analysis it can be seen that the predominant form of housing provided is Rapid Re-Housing followed by Permanent Supportive Housing, which together accounts for 61% of the total funds. Emergency shelter services and transitional housing accounts for a total of 7% of funds.

One area that is beyond the scope of this report is the average cost per unit per day by type of housing and the same type of cost comparison between programs offering the same type of housing.

In the provider survey, in response to the question about “contributing factors to homelessness for families,” by far the greatest factor was “shortage of affordable rental housing” followed by “low paying jobs” and “poverty.” Responses to the question for “contributing factors to homelessness for individuals” is similar to the previous response showing “affordable housing” as the leading cause but only slightly ahead of “lack of services for mental illness” followed by “low paying jobs.” Additionally, the response to the lack of services for addiction issues was almost double for individuals as for families.

In response to “areas for improvement or expansion,” again “affordable and/or supportive housing” was the leading area for improvement scoring over 100% higher than any other area.

In response to “most important resources to reduce homelessness,” “more affordable rental housing” was again by far the most important resource. Nevertheless, it is significant that bridge housing was the second most important resource. This adds credence to the responses from both providers and consumers for the need for more beds to get persons off of the streets or an improved system to get persons out of current shelter and transitional housing beds into permanent housing.

Three of the five providers interviewed stated that the communication from the Central Entry System needs to be improved. Four of five providers said that CES needed improvement in some manner. Areas mentioned were: better outreach to outlying counties

(especially West Nassau); quicker turnaround time on referrals for permanent housing beds; and adding in availability of all shelter beds.

Four of five providers stated that HMIS was much improved and has improved data accuracy, assessments and reporting features. One area of significance was the need to find the resources to help the faith-based community improve their use of HMIS.

Two providers identified the need for improved training and education of front line and front desk staff regarding what is available to persons and where to direct them for help. The consumer focus groups also brought up training and education of staff.

Responses to the consumer survey disclosed the two highest needs were food (198 responses) and housing (179 responses) followed by bus passes. The most important thing consumer survey participants needed to obtain housing was rental assistance (149 responses), more affordable housing (88 responses) and employment assistance (66 responses)

All focus groups were asked some form of the question “What is the most important thing that you need to get into housing? The most common answer was not enough affordable housing available. Other key themes included: background checks and evictions; transportation; knowing all housing possibilities that are available; and not being able to get correct information from case managers/service providers. This last comment was a topic that was brought up by all focus groups.

In focus group discussions with currently unsheltered people, the most common services needed besides housing were bus passes.

One other issue noted by unsheltered people was the opinion that police downtown are arresting more persons experiencing homelessness than at any time in the past couple of years.

Focus group respondents currently in housing noted that property managers and landlords were raising rents to take advantage of surging demand. They also noted changing eligibility requirements that would exclude them from signing a lease. Many of them were worried about becoming homeless again because of these factors.

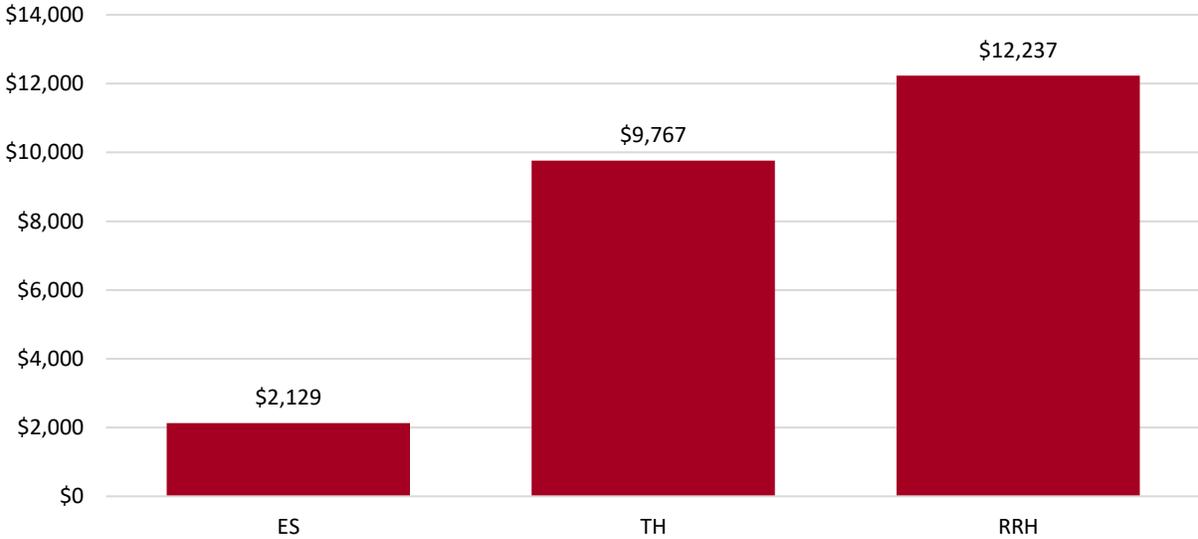
An area for concern for providers is that when focus group participants were asked if any agency had ever asked them for their feedback on how well that agency was doing, the unsheltered group unanimously responded that they had never been asked how an agency is performing.

Results of the preliminary report on Systems Performance Measures indicate that the CoC is making significant progress in addressing homelessness. One area of concern is the average length of time persons are remaining in emergency shelters. For 2018 this was 99 days, which is an improvement over previous years, but still significantly higher than national and state averages.

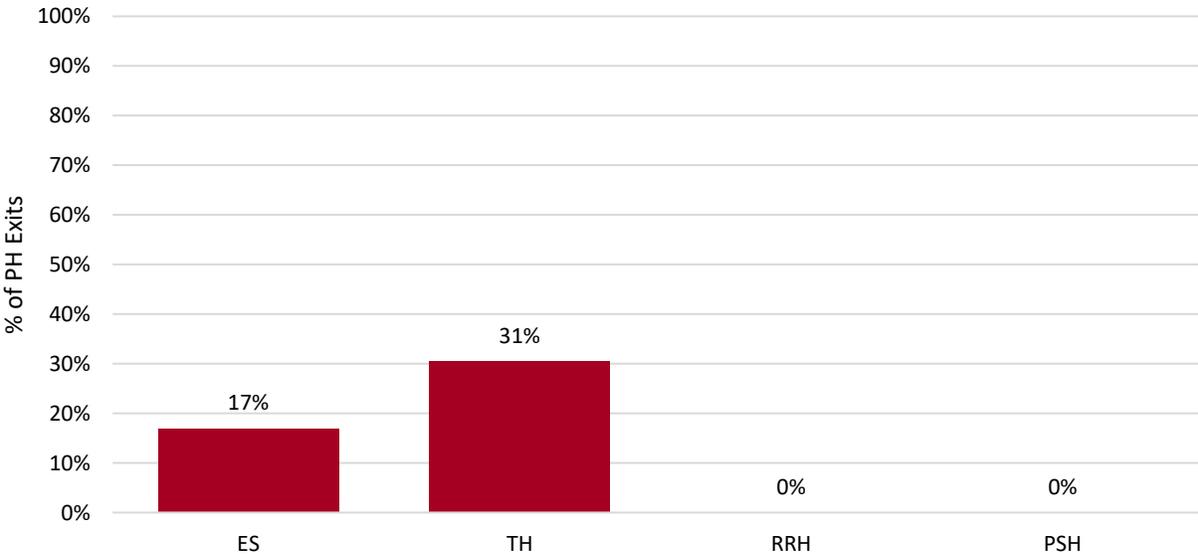
This report does not present recommendations. The findings of this report are one tool to assist the community to begin to create change by setting a framework for systems and programs that work toward ending homelessness in Northeast Florida.

# Exhibits

Jacksonville Program Performance:  
 Cost per Pemanent Housing Exit in Analysis Year  
 (January 2016 - December 2016)



Jacksonville Program Performance:  
 Permanent Housing Exits that Return to Homelessness in Analysis Year  
 (January 2016 - December 2016)



\*Projects AB, AD, AE, and AF were not included\*

## Continuum of Care FL 510 Provider Survey

The Northeast Florida Continuum of Care Governance Board is undergoing a strategic planning process to develop long range plans to better meet the needs persons experiencing homelessness and those at risk of homelessness in our community. The purpose of this survey is to elicit information regarding the needs of homeless people in our community and to help identify gaps in the current homeless service. This survey is not intended to identify the services available from your agency or in the community. The CoC Governance board will complete that work at a later time and utilize a different methodology.

This information is intended to help guide the CoC Governance Board make better informed decisions regarding our system of care going forward.

**Instructions: Place a check mark by each correct answer unless otherwise instructed.**

**1, Does your agency directly address client housing issues such as providing financial assistance to be used towards rent, providing low-income housing, providing emergency accommodations, etc.?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**2. What do your services focus primarily on?**

\_\_\_\_\_ Emergency intervention  
\_\_\_\_\_ Short-term intervention  
\_\_\_\_\_ Long-Term intervention  
\_\_\_\_\_ Prevention

**3. Please indicate to what extent each of the following is a contributing factor when Northeast Florida's families with children become homeless. Name five by placing a number – 1, 2, 3, 4 and 5- in order of greatest need with 1 being the greatest.**

\_\_\_\_\_ Shortage of affordable rental housing  
\_\_\_\_\_ Low-paying jobs  
\_\_\_\_\_ Poverty  
\_\_\_\_\_ Criminal background  
\_\_\_\_\_ Poor life skills  
\_\_\_\_\_ Mental illness and the lack of needed services  
\_\_\_\_\_ Addiction issues and the lack of needed services  
\_\_\_\_\_ Medical or health costs  
\_\_\_\_\_ Physical/cognitive disabilities  
\_\_\_\_\_ Domestic Violence  
\_\_\_\_\_ Discrimination (age, racial, gender, etc)  
\_\_\_\_\_ Other If other, please specify: \_\_\_\_\_

**4. Please indicate to what extent each of the following is a contributing factor when Northeast Florida's unaccompanied individuals become homeless. Name five by placing a number – 1, 2, 3, 4 and 5- in order of greatest need with 1 being the greatest.**

\_\_\_\_\_ Shortage of affordable rental housing  
\_\_\_\_\_ Low-paying jobs  
\_\_\_\_\_ Poverty  
\_\_\_\_\_ Criminal background  
\_\_\_\_\_ Poor life skills  
\_\_\_\_\_ Mental illness and the lack of needed services  
\_\_\_\_\_ Addiction issues and the lack of needed services  
\_\_\_\_\_ Medical or health costs  
\_\_\_\_\_ Physical/cognitive disabilities  
\_\_\_\_\_ Domestic Violence  
\_\_\_\_\_ Discrimination (age, racial, gender, etc)  
\_\_\_\_\_ Other If other, please specify: \_\_\_\_\_

**5. Which parts of the existing system serving persons experiencing homelessness have the greatest need for improvement or expansion (name three by placing a number – 1, 2, and 3 - in order of greatest need)?**

- Affordable and/or supportive housing
- Transitional housing system
- Emergency shelters system
- Prevention/Diversion services system
- Supportive services (case management/peer supports) system
- Mental health/substance abuse treatment system
- Employment system
- Outreach and Assessment system
- Veteran's services system

**6. What are the top FIVE resources needed to help reduce homelessness in Northeast Florida? Place a number – 1, 2, 3, 4 and 5- in order of greatest need with 1 being the greatest.**

- More affordable rental housing
- More permanent supportive housing for persons with disabilities
- More bridge housing for persons waiting to get into other types of housing
- More transitional housing
- More homeless shelter beds
- More mental health service providers
- More SOAR case managers
- More housing case managers
- More services for veterans
- More services for domestic violence victims
- More services for youth
- More substance abuse services
- More detox and crisis stabilization beds
- More diversion programs
- More emergency assistance
- Increased access to meals/food
- Accessible and free or low-cost healthcare
- More employment training programs
- More or better paying employment opportunities
- Other If other, please specify: \_\_\_\_\_

**7. In your experience, is there a shortage of emergency shelter beds for unaccompanied individuals in NE Florida?** \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

**8. In your experience, is there a shortage of emergency shelter beds for families with children in NE Florida?** \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

**9. Given current economic conditions, housing availability, employment condition and other factors affecting homelessness in Northeast Florida, do you expect the number of homeless individuals and families over the next year to:**

- Continue at about the same level?
- Increase moderately?
- Increase substantially?
- Decrease moderately?
- Decrease substantially?

**10. Is there anything we missed? If so please specify:**

---

Name of your organization

---

Your Name

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

1. Do you have children staying with you currently? \_\_\_ Yes \_\_\_ No

2. Where are you currently sleeping? IF PERSON IS IN PERMANENT HOUSING- DO NOT COMPLETE SURVEY

\_\_\_ In a shelter

\_\_\_ In transitional housing

\_\_\_ On the street (includes tent, abandoned building, car)

3. If you are sleeping on the street, why don't you use shelter services? Check all that apply

\_\_\_ They are too crowded

\_\_\_ They don't allow my pet

\_\_\_ Bugs

\_\_\_ There is nowhere to store my stuff

\_\_\_ There are too many rules

\_\_\_ They are too far away

\_\_\_ They are full

\_\_\_ I can't stay with my friends

\_\_\_ I can't stay with my family/partner

\_\_\_ Other \_\_\_\_\_

\_\_\_ Germs

4. Would you move if safe, affordable housing were available? Yes \_\_\_ No \_\_\_

If No why not \_\_\_\_\_

5. Do you need this service? Check all that apply

\_\_\_ Food

\_\_\_ Storage

\_\_\_ Medical Care

\_\_\_ Job Assistance

\_\_\_ Public Computer

\_\_\_ Legal help

\_\_\_ Bus Passes

\_\_\_ Take a Shower

\_\_\_ Pharmacy assistance

\_\_\_ Clothing

\_\_\_ Mailbox

\_\_\_ Child Care

\_\_\_ ID

\_\_\_ Dental

\_\_\_ Utilities

\_\_\_ Affordable Housing

\_\_\_ Mental Health

\_\_\_ Substance Abuse

\_\_\_ Shelter Bed

Services

Counseling

6. What would help you obtain permanent housing?

\_\_\_ Rental assistance

\_\_\_ Help clearing credit

\_\_\_ More affordable housing

\_\_\_ Additional education

\_\_\_ Employment assistance

\_\_\_ Help clearing rental history

\_\_\_ Transportation

\_\_\_ Help with paperwork

\_\_\_ Money for moving costs

## **Focus Group Questions**

### **Questions for non-sheltered.**

*Which services do you believe you most need today?*

*Have you been offered a shelter bed but did not move into the shelter? If so, why not?*

*Have you been offered housing but did not move into the housing? If so, why not?*

*What do you need most to get into housing?*

*What has been your experience in getting into your own housing?*

*Have you ever been asked before by a service provider to offer feedback on the quality of services you are currently receiving from them? If so, how were you asked for your opinion?*

### **Questions for formerly homeless that are now in permanent housing.**

*What did do you need most to get into housing?*

*Which services do you believe you most need today to remain in housing?*

*What has been your experience in getting into your own housing?*

*What areas of the current system that serves persons experiencing homelessness are in most need of improvement?*

*Have you ever been asked before by a service provider to offer feedback on the quality of services you are currently receiving from them? If so, how were you asked for your opinion?*

# Northeast Florida System Performance Measure Report

**FY 2018**

**Reporting Period: 10/1/17 – 9/30/18**

## Overview

### HUD System Performance Measures in Context

Published: July 2014

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities to ensure that those placements are also stable. Taken together, these measures allow communities to more comprehensively evaluate the factors that contribute to ending homelessness.

For CoCs to accurately assess their progress using these measures, they must ensure that their data are as complete and accurate as possible, from data entry to report generation.

## **How These Measures Will Be Used**

There are two primary uses of the system-level performance measures. First, HUD will use the data as selection criteria to award projects under future NOFAs. HUD will carefully consider which performance measure data is most appropriate and constructive as selection criteria for awarding grants under the CoC program. HUD will evaluate how CoCs are improving their performance from year to year and take into account their unique circumstances and conditions.

Second, system performance measures data will enable communities to evaluate and improve their performance. Because these are system-level measures, they can reveal significant information about how well homelessness assistance programs are functioning as a whole and where improvements are necessary. The data will also help CoCs identify gaps in data and services. It is critical for CoCs to consider the populations they are serving when evaluating their performance and potential system changes. Populations such as youth, victims of domestic violence, and people experiencing chronic homelessness might have unique circumstances. In comparing services in their system, CoCs should strive to ensure comparisons are made among projects with similar target populations.

Retrieved from: <https://www.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf>

For more Guidance and Information regarding HUD's System Performance Measures, please refer to HUD's system performance website at: <https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance>

## **Reporting Periods**

The annual System Performance dates ranges are broken down as follows:

FY 2018- October 1, 2017 – September 30, 2018

FY 2017- October 1, 2016 – September 30, 2017

FY 2016- October 1, 2015 – September 30, 2016

# Measure 1: Length of time persons remain homeless

## Overview of Measure:

This measures the number of clients active in the report date range along with their average and median length of time homeless across the relevant universe of projects. The measure is broken into two separate reporting categories:

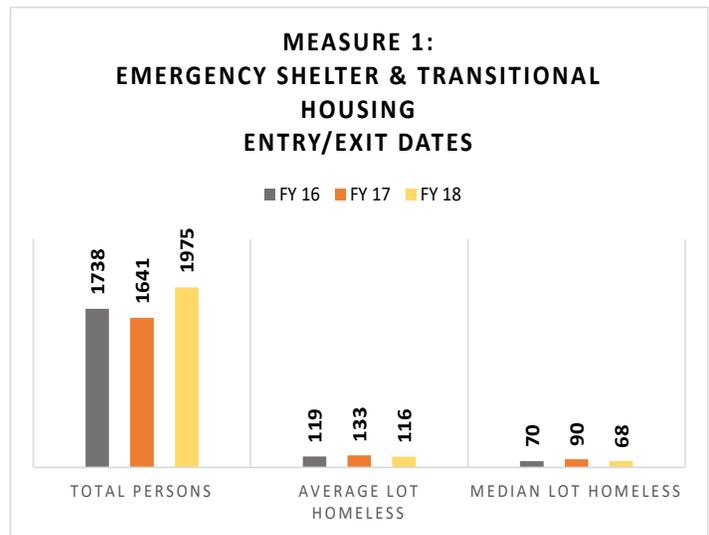
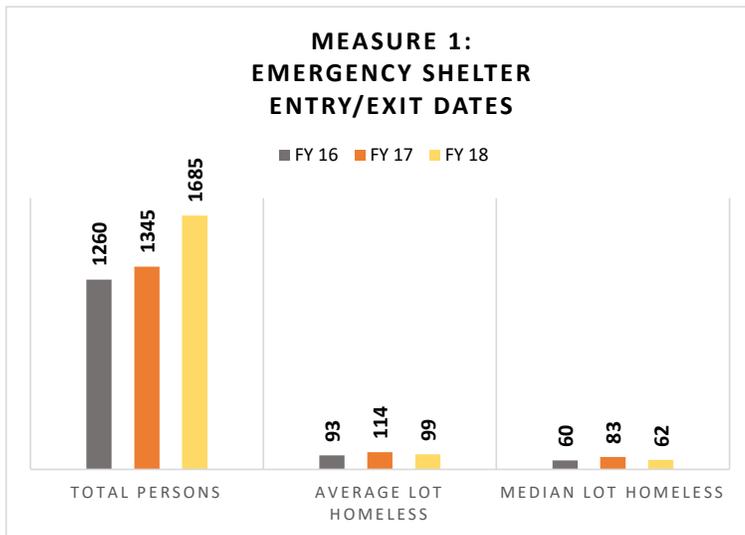
**Measure 1-** This measure uses each client’s start, exit, and bed night dates strictly as entered in HMIS. This measure looks specifically at Emergency Shelter and Transitional Housing programs.

	Previous FY Universe	Current FY Universe	Previous FY Average LOT Homeless	Current FY Average LOT Homeless	Difference	Previous FY Median LOT Homeless	Current FY Median LOT Homeless	Difference
Persons in ES and SH		1,685		98.75			62.00	
Persons in ES, SH, and TH		1,975		115.72			68.00	

### What context is important to consider?

Emergency shelter and transitional housing have operational differences that impact their length of stay. Emergency shelter is intended to provide short-term, temporary shelter and generally has no prerequisite for entry. In contrast, transitional housing provides up to 24 months of temporary shelter usually coupled with supportive services to prepare people for permanent housing. Transitional housing generally targets specific groups and can have entry requirements. Thus, transitional housing will typically have a longer length of stay than emergency shelter.

### Fiscal Year Comparisons



#### *National Averages for Length of Time Homeless*

**FY 2016- 74 days**  
**FY 2017- 77 days**

#### *National Averages for Length of Time Homeless*

**FY 2015- 117 days**  
**FY 2017- 123 days**

#### *Florida Averages for Length of Time Homeless*

**FY 2016- 59 days**  
**FY 2017- 61 days**

#### *Florida Averages for Length of Time Homeless*

**FY 2016- 98 days**  
**FY 2017- 95 days**

# Measure 2: The extent to which persons who exit homelessness to permanent housing destinations return to homelessness

## Overview of Measure:

This measure provides the percentage of people who exited into permanent housing and returned to homelessness during the reporting period that occurred within 2 years after their exit. The measure looks at all returns in addition to returns after exiting specific program types: emergency shelter, transitional housing and permanent housing programs.

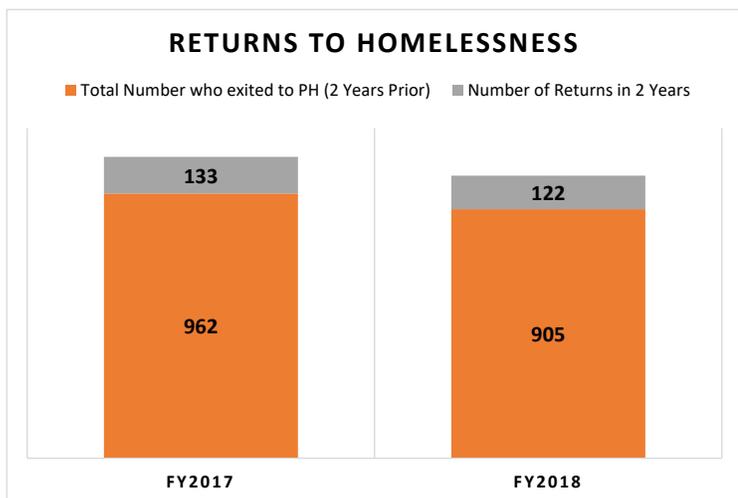
## What context is important to consider?

This measure looks back at exits from 2 years prior to the reporting period. It includes all people within a household including children. The differences across project types of emergency shelter, transitional housing and rapid re-housing should be considered when interpreting this outcome.

Permanent housing success includes specific housing destinations. These include: long-term care facility or nursing home, permanent housing programs including rapid re-housing and permanent supportive housing, housing that is owned and/or rented with or without a subsidy, and staying or living with friends or family that is permanent in tenure.

The Federal Fiscal year runs from October to September. This measure looks back at all the program exits that occurred 2 years prior to the reporting period. Of those program exits, the measure reports on how many of them returned to homelessness for up to 2 years after their exit. Permanent housing programs include rapid re-housing, other permanent housing and permanent supportive housing.

FY 2018	Total # of Persons who Exited to a Permanent Housing Destination (2 years Prior)	Returns to Homelessness in Less than 6 months (0-180 days)		Returns to Homelessness from 6-12 Months (181-365 days)		Returns to Homelessness from 13 to 24 Months (366-730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from Street Outreach	119	4	3.36%	7	5.90%	3	2.46%	14	11.76%
Exit was from Emergency Shelter	335	20	5.97%	16	4.78%	14	4.18%	50	14.93%
Exit was from Transitional Housing	80	7	8.75%	4	5.00%	3	5.56%	14	17.50%
Exit was from Permanent Housing	371	12	3.23%	14	3.77%	18	4.85%	44	11.86%
<b>Total Returns to homelessness</b>	<b>905</b>	<b>43</b>	<b>4.75%</b>	<b>41</b>	<b>4.53%</b>	<b>38</b>	<b>4.19%</b>	<b>122</b>	<b>13.48%</b>



*National Averages for returns to homelessness:*

**FY 2016- 17%**

**FY 2017- 18%**

*Florida averages for returns to homelessness:*

**FY 2016- 21%**

**FY 2017- 19%**

## Measure 3 Number of Homeless Persons

### Overview of measure:

This measure provides two different counts of people experiencing homelessness. The Annual Count captures the number of people experiencing homelessness across 12 months in emergency shelter and transitional housing. The Point-in-Time (PIT) Count captures the number people experiencing homelessness on one night in January in emergency shelter, transitional housing as well as unsheltered homelessness including places unfit for human habitation.

<b>Metric 3.1</b>	<b>2016 PIT Count</b>	<b>2017 PIT Count</b>	<b>2018 PIT Count</b>
Universe: Total PIT Count of sheltered and unsheltered persons	1959	1869	1794
Emergency Shelter Total	907	933	878
Transitional Housing Total	611	504	487
Total Sheltered Count	1518	1437	1365
Total Unsheltered Count	441	432	429
<b>Metric 3.2</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
Universe: Unduplicated Total sheltered homeless persons	1969	1780	2524
Emergency Shelter Total	1367	1376	2249
Transitional Housing Total	649	419	335

### *National Averages for Unduplicated HMIS Totals*

**FY 2016- 2,819**

**FY 2017- 2,790**

### *Florida Averages for Unduplicated HMIS Totals*

**FY 2016- 2,429**

**FY 2017- 1,892**

### What Context is important to consider?

The number of people who experience homelessness in emergency shelter and transitional housing is connected to the number of beds available to shelter people in emergency shelter and transitional housing. This number of beds is part of our community's Housing Inventory Count. When there is an increase or decrease in beds, there is a corresponding change to the number of people that can be counted in them. Therefore, analysis of an increase or decrease in the number of people experiencing homelessness must also include whether the bed count also changed.

The annual count covers a full year, but does not include unsheltered homelessness. The PIT Count provides only a one-night snapshot, but includes unsheltered homelessness in its total.

# Measure 4: Jobs and income growth for homeless persons in CoC

## Program-funded projects

### Overview of Measure:

This measure provides the percentage of people who exit that increased their income in CoC-funded projects across the federal fiscal year. The first part of the measure looks at increase in income among adults who were currently enrolled during the reporting period. The second part of the measure looks at increase in income among adults who exited during the reporting period. This measure is divided into six tables as shown below. The project types reported in these metrics are the same for all metrics, but the type of income and universe of clients differs.

#### **Metric 4.1 - Change in earned income for adult system stayers during the reporting period**

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		219	
Number of adults with increased earned income		14	
Percentage of adults who increase earned income		6%	

#### **Metric 4.2 - Change in non-employment income for adult system stayers during the reporting period**

	Previous FY	Current FY	Difference
Number of adults with increased non-employment cash income		37	
Percentage of adults who increased non-employment cash income		17%	

#### **Metric 4.3 - Change in total income for adult system stayers during the reporting period**

	Previous FY	Current FY	Difference
Number of adults with increased total income		48	
Percentage of adults who increased total income		22%	

#### **Metric 4.4 - Change in earned income for adult system leavers**

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		135	
Number of adults who exited with increased earned income		37	
Percentage of adults who increase earned income		27%	

#### **Metric 4.5 - Change in non-employment cash income for adult system leavers**

	Previous FY	Current FY	Difference
Number of adults who exited with increased non-employment cash		25	
Percentage of adults who increased non-employment cash income		19%	

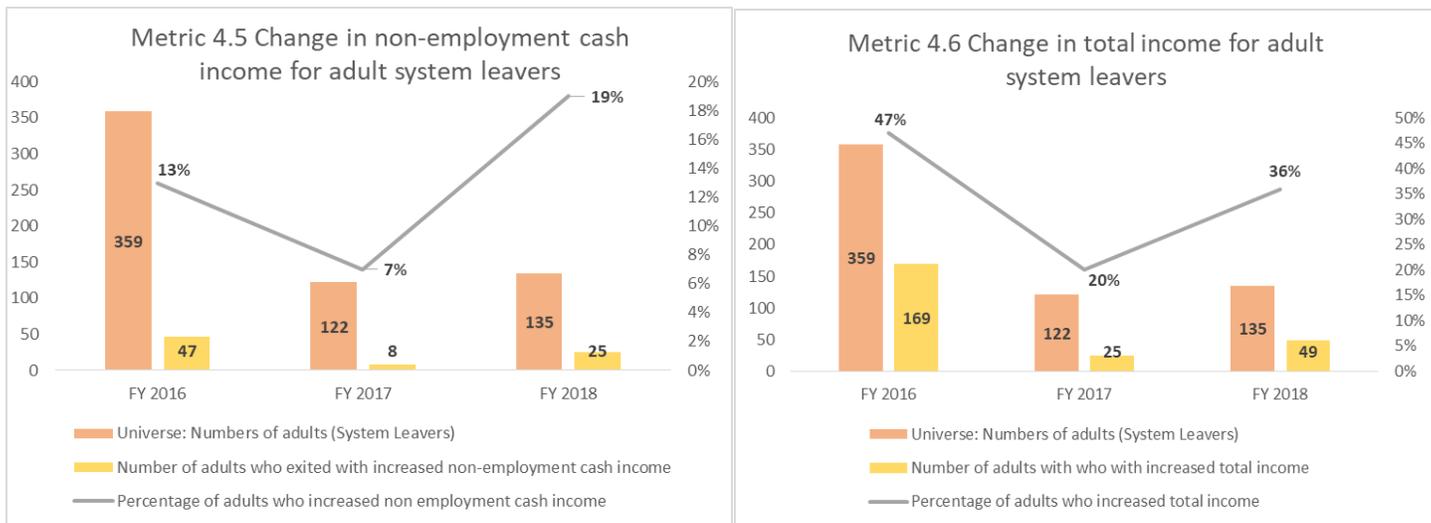
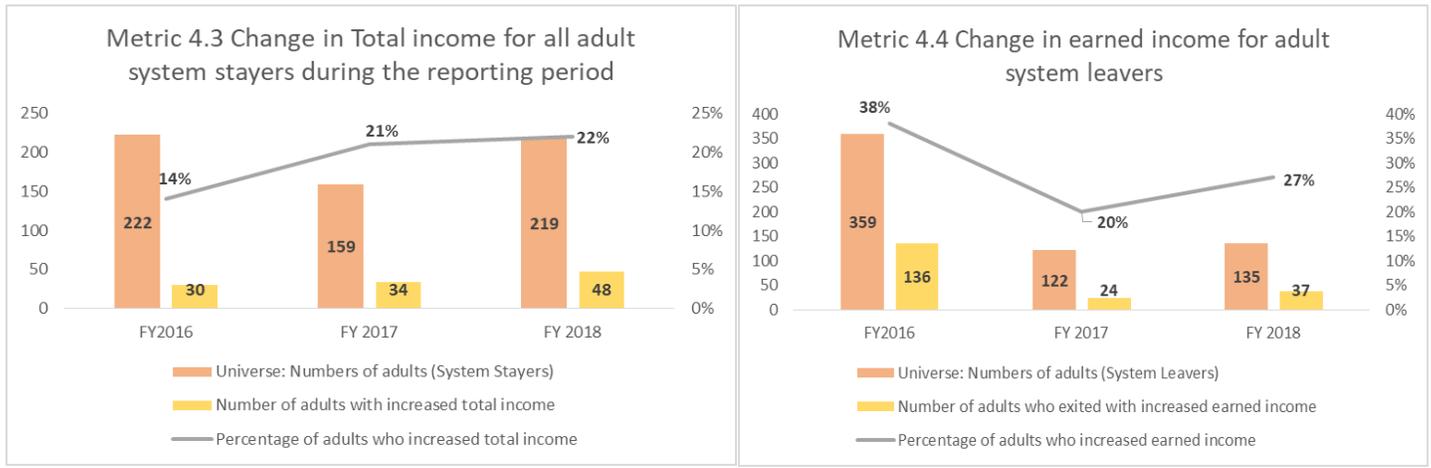
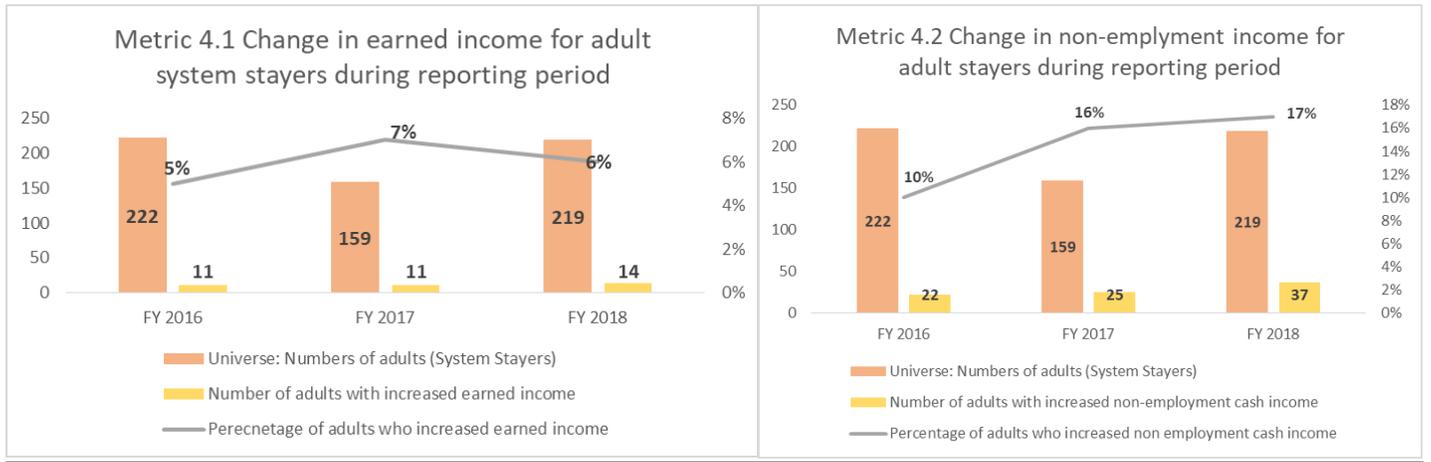
#### **Metric 4.6 - Change in total income for adult system leavers**

	Previous FY	Current FY	Difference
Number of adults who exited with increased total income		49	
Percentage of adults who increased total income		36%	

# What context is important to consider?

This measure only looks at adults within CoC-funded projects, which is a smaller universe than the other system performance measures. The measure only includes adults who experienced an increase in their income; it does not include adults who maintained the same level of income, which can also serve as a positive indicator for housing stability. In addition, the measure does not give the amount of increase; it could be as small as \$1 or more than \$100; and the amount of increase, while substantial, may not be enough to sustain the housing of the adult without financial assistance. For these reasons, this data should be interpreted with caution.

## Fiscal Year Comparisons

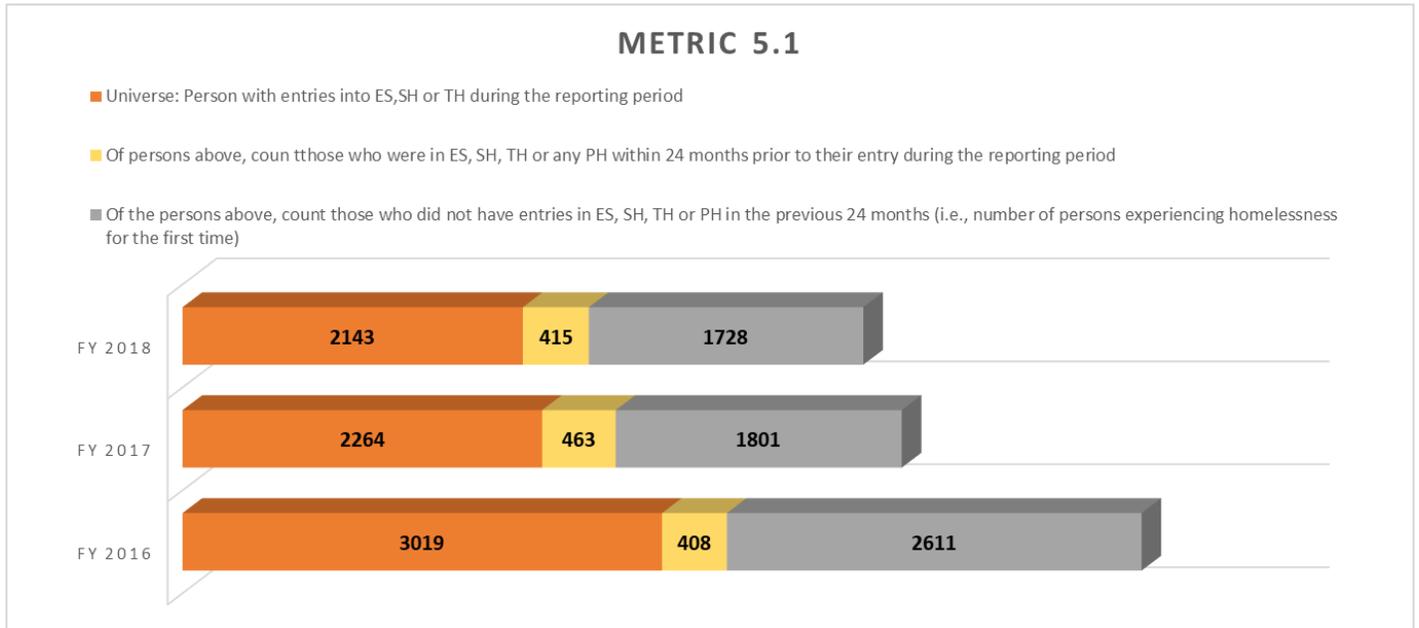


# Measure 5: Number of persons who become homeless for the first time

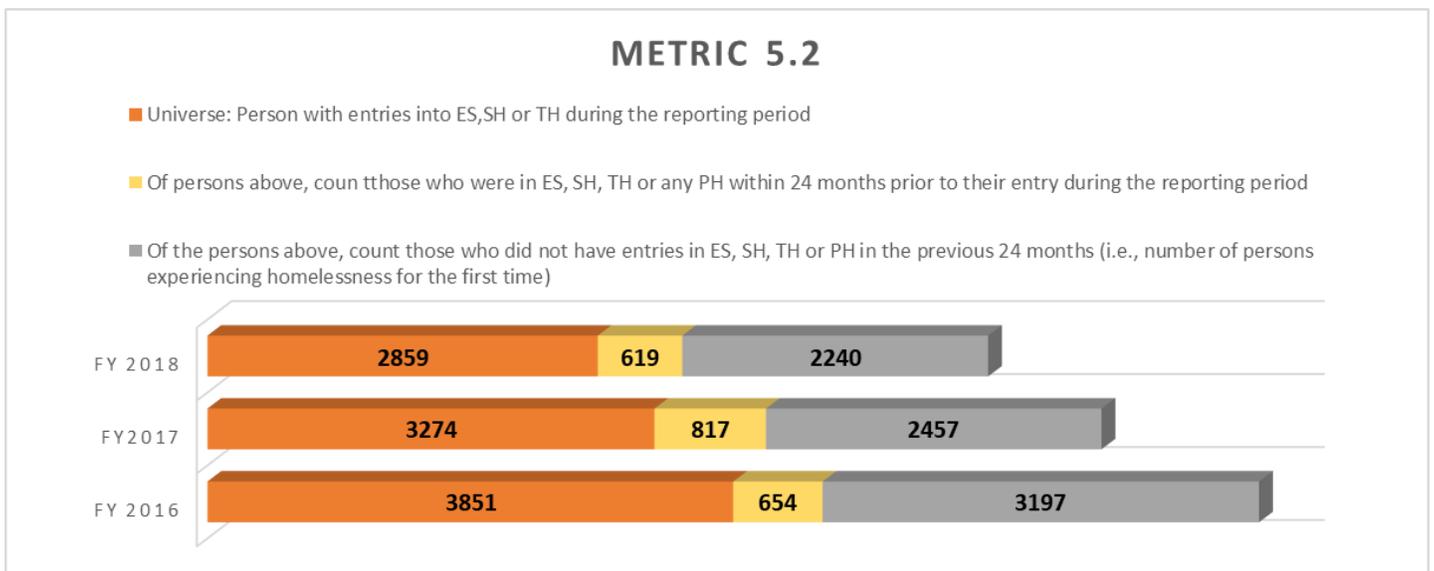
## Overview of measure:

This measure provides the number of people who experience homelessness for the first time compared to all people who experience homelessness in emergency shelter and transitional housing during a year.

**Metric 5.1:** This measures the change in active persons in ES, SH, and TH projects with no prior enrollments in HMIS.



**Metric 5.2:** This measures the change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollment in HMIS.



**Measure 6: Homelessness prevention and housing placement of persons defined by Category 3 of HUD’s homeless definition in CoC Program-funded projects**

**Overview of Measure:**

HUD’s System Performance measure number 6 is not applicable to our CoC, therefore we do not report on it.

**Measure 7: Successful housing placement**

**Overview of measure:**

This measure provides the number of people who exit successfully to permanent housing across the federal fiscal year. The first part of the measure looks at combined exits from emergency shelter, transitional housing and rapid re-housing. The second measure looks at permanent supportive housing only and includes retention of existing permanent supportive housing as well as exits to new permanent housing from permanent supportive housing.

**Metric 7a.1 - Change in exits from street outreach to permanent housing destinations**

Metric 7a. 1	FY 2016	FY 2017	FY2018
Universe: Persons who exit street outreach	301	427	550
of the persons above, those who exited to permanent housing destinations	134	276	261
% Successful Exits	64%	72%	56%

**National Averages**  
**FY 2016- 48%**  
**FY 2017- 50%**

**Florida Averages**  
**FY 2016- 62%**  
**FY 2017- 53%**

**Metric 7b.1 - Change in exits to permanent housing destinations**

Metric 7b. 1	FY 2016	FY 2017	FY 2018
Universe: Persons in ES, SH, TH and PH-RRH	2886	2590	2507
of the persons above, those who exited to permanent housing destinations	1121	863	951
% Successful Exits	39%	33%	38%

**National Averages**  
**FY 2016- 45%**  
**FY 2017- 45%**

**Florida Averages**  
**FY 2016- 48%**  
**FY 2017- 47%**

**Metric 7b.2 - Change in exit to or retention of permanent housing**

Metric 7b. 2	FY 2016	FY 2017	FY 2018
Universe: Persons in all PH projects except	650	817	900
Of the persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	596	751	837
% Successful Exits	92%	92%	93%

**National Averages**  
**FY 2016- 92%**  
**FY 2017- 93%**

**Florida Averages**  
**FY 2016- 89%**  
**FY 2017- 92%**

## **What context is important to consider?**

The differences across service types of emergency shelter, transitional housing and rapid re-housing should be considered when interpreting this outcome.

The second measure on permanent supportive housing combines retention and exit into one measure. Permanent supportive housing by design is intended to be long-term, which results in a low exit rate. At the same time, permanent supportive housing is considered a permanent housing destination, which is why retention and exit data are collected together.

In Northeast Florida, permanent supportive housing is prioritized for people experiencing chronic homelessness, which is characterized by long periods of homelessness and one or more disabling conditions that pose a barrier to obtaining and maintaining housing.

Permanent housing success includes specific housing destinations. These include: permanent housing programs including rapid re-housing and permanent supportive housing, housing that is owned and/or rented with or without a subsidy, long-term care facility or nursing home, and staying or living with friends or family that is permanent in tenure.