



**CARING FOR OUR NEIGHBORS:  
A 10-YEAR PLAN  
TO END CHRONIC HOMELESSNESS  
IN TALLAHASSEE**

**The Report From  
City of Tallahassee Mayor John Marks'  
Task Force to End Chronic Homelessness  
November 2006**



“No one should ever have to experience homelessness ... for a year, a month, a week, not even a day.”  
- *Mayor John Marks*

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This report presents the culmination of a community planning process that was initiated and endorsed by Mayor John Marks of Tallahassee, Florida. This process was inclusive of a variety of stakeholders who represented the interests of our community and offered expertise and insight for the plan.

**More than 1,000  
individuals  
are estimated  
to be homeless  
in the Big Bend area  
every day.**

Source: Big Bend Homeless Coalition  
Point-In-Time Survey 2005



“I have learned that success is to be measured not so much by the position that one has reached in life as by the obstacles which he has had to overcome while trying to succeed.”

- **Booker T. Washington**

## INTRODUCTION

Tallahassee has a homelessness problem ... a problem that exists for well over 700 individuals on *any given day*. The entire eight-county Big Bend area and the overwhelming majority of cities and counties throughout the United States are faced with a growing number of people experiencing homelessness, particularly single-parent families and disabled adults experiencing long-term homelessness.

The Mayor's Task Force to End Chronic Homelessness brought together a team of area leaders in December 2004 to address the needs and problems of people who are experiencing chronic homelessness in the Big Bend area – including the needs and problems of those who provide the support and services. The conscientious work of these change-agents spanned a 10-month period to study the individual and systemic factors that cause and contribute to a person experiencing homelessness. This task force was charged with developing local solutions for the some of the most vulnerable among our neighbors, the chronically homeless.

The federal policy focus on ending chronic homelessness began with an initiative from our current president to end chronic homelessness in 10 years. To date, more than 200 cities, counties and municipalities around the U.S. have begun to develop and implement 10-year plans to end homelessness for the most vulnerable people: those who are disabled and living on the streets, in shelters and in encampments. Tallahassee's task force did not simply work on viable solutions to ending *chronic* homelessness; it also agreed that the entire community would be considered in developing this plan. We established that *ALL* people experiencing homelessness were to be considered when developing our 10-year plan's goals of prevention, intervention and community awareness. In addition, the task force determined that work will begin with a focus on Tallahassee, as the urban core of the eight-county Big Bend area, with the future goal of partnering with our outlying rural counties to develop their own local plans to end homelessness.

We must all work diligently and cooperatively toward creating a culture of permanent housing; a culture of preventing homelessness from ever happening; a culture of care, respect and persistence for those who do not have the resources to live the lives they deserve. We also must work to create a culture that empowers individuals by ensuring that they have the choices and voices to live safe and healthy lives in the Big Bend area. Helping people reintegrate into our community – to connect and find places – must be our primary motivator. To this end, **our vision for the Big Bend Community is for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it.** By building on current partnerships and creating new connections we must unite as allies in the systems-change needed to end homelessness as we know it.



John R. Marks, III  
Mayor

## ACKNOWLEDGEMENTS

The Mayor's Task Force to End Chronic Homelessness gratefully acknowledges the following individuals and organizations for their support and technical assistance in producing the 10-Year Plan to End Chronic Homelessness in Tallahassee:

Dr. Wendy Crook, Associate Professor, Florida State University College of Social Work and Director, Institute for Family Violence Studies

Alan Williams, Aide to the Mayor, City of Tallahassee Mayor's Office

Kay Freeman and Stephanie Shepherd, Big Bend Homeless Coalition

Chuck Mitchell

Ron Book and David Raymond, Chair and Executive Director,  
Miami-Dade Homeless Trust

Steve Louchheim, Executive Director, Tallahassee Board of Realtors

Lisa Garcia, President, PR Florida Inc.

Philip Mangano, Executive Director,  
U.S. Interagency Council on Homelessness

The City of Tallahassee, United Way of the Big Bend and the Brokaw-McDougall House for their hospitality in donating meeting space,

*and especially*

The many Big Bend community members who shared their visions for ensuring access to safe, decent and affordable housing and support for all members of our community who are without homes or who are at risk of becoming homeless.

## EXECUTIVE SUMMARY

On December 8, 2004, City of Tallahassee Mayor John Marks launched a task force that was charged with recommending solutions to overcoming local systemic factors that contribute to homelessness, with a focus on chronic homelessness. The Mayor's Task Force to End Chronic Homelessness was formed to confront problems such as lack of affordable housing, health care and living wages. It also was tasked with addressing the multiple and complex needs of people experiencing chronic homelessness, which often include mental health and substance abuse issues and high usage of emergency services in the community. The task force focused on ending chronic homelessness in Tallahassee, as the urban core of the eight-county Big Bend area. Subsequent to the release of the plan, strategies will be developed to engage outlying counties in the 10-year planning process.

The task force's agenda is part of a national movement to develop a comprehensive federal approach to ending chronic homelessness. The long-range planning process began with a directive from President George W. Bush to the Department of Housing and Urban Development and has been passed on to local homeless coalitions. Cities and counties throughout the U.S. now are working in partnership with all levels of government toward the goal of developing plans to end chronic homelessness within 10 years.

### Chronic Homelessness in Tallahassee

- Chronic Homelessness: Taking all aspects of chronic homelessness (disabling condition, unaccompanied, number of times homeless and length of homelessness), **26% of the adult respondents to the Primary Survey** [conducted in 2005 by Big Bend Homeless Coalition] **are chronically homeless.**
- Disabling Conditions: **Approximately 42% had one or more disabling conditions.**
- Experiences with Homelessness: 35% had been without a regular place to stay four or more times in the past three years and **46% had been homeless for more than one year.**

Early in its deliberations, the task force developed a mission, vision and goals to guide the group's development of a 10-year plan:

- The task force **mission**, which explains our purpose in global terms, is:  
*"To develop, disseminate and monitor a plan to end chronic homelessness."*
- The **vision** captures what we want our community to look like in the future. It not only encompasses the task force vision in relation to chronic homelessness, but to homelessness in general:  
*"It is the vision of the Big Bend Community for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it."*

After developing the mission and vision, the task force divided into three primary components to address each of the three established goals for the 10-year plan:

- ❖ **Prevention** (*before* homelessness): To assist people at risk for homelessness in maintaining housing.
- ❖ **Intervention** (*during* homelessness): To assist people experiencing homelessness by intervening with appropriate services.
- ❖ **Community awareness** (*ongoing*): To educate the community regarding the nature, causes and costs of homelessness, and to engage and mobilize them to participate in developing and implementing solutions to the problem.

For each of these components the task force approved objectives, as follows:

***Prevention:***

- 1. Affordable Housing** – Provide adequate affordable housing for low-, very low- and no-income persons and families.
- 2. Income** – Provide the support necessary to empower all citizens to meet or exceed the threshold for adequate income to sustain self-sufficiency.
- 3. Health and Well-being** – Minimize health crises through the provision of primary health care to all uninsured individuals.
- 4. Transportation** – Provide adequate transportation necessary to support independence.

***Intervention:***

- 1. Assessment:** To develop and implement a community-wide assessment system that matches the level of need of individuals experiencing homelessness with appropriate services.
- 2. Service Provision and Community Infrastructure:** To ensure that necessary, sufficient quality services and community infrastructure are available. These include case management, life skills education, range of best practice housing options and supportive services, mental health and substance abuse treatment, comprehensive stopgap services, i.e., supported employment, financial assistance, 30-day emergency shelter, short- and long-term transitional housing and permanent supportive housing.

### **Community Awareness:**

- 1. Educate** the community about the 10-year plan by disseminating strategic communications about the plan to key stakeholders within a six-month period following the plan's release. Education regarding the nature, causes and costs of homelessness and solutions to the problem is an ongoing effort of the Big Bend Homeless Coalition and its partners and will continue throughout the life of the organization.
- 2. Engage** the community immediately following the release of the 10-year plan by disseminating information about the plan, the plight of the homeless and our community's responses to this problem through the mass media and other broadcast options. Continue to engage the community until homelessness ceases to exist.
- 3. Mobilize** the community to participate in developing and implementing solutions to the problem.

**The most essential recommendation of the task force is to identify and secure the necessary resources to implement the plan's goals and objectives.**

*The Task Force recommends that in order to support the goals of this plan, our community must take on the challenge of establishing a dedicated funding source for homeless programs and prevention. This plan does not state what source of funding should be used or how much should be made available. Instead, this plan recommends that a special sub-committee be tasked with identifying which funding sources would be best suited to address our homeless concerns and develop a budget commensurate to our needs. In order to implement a successful plan, there must be a mobilization of community and political will to ensure that a dedicated funding source is developed to support the goals and objectives recommended by the Mayor's Task Force to End Chronic Homelessness in Tallahassee.*

*See Appendix B for a complete list of task force Participants*

**In communities throughout America, the homeless have become almost invisible, like wallpaper that you rarely notice.**

*Tallahassee Democrat Editorial  
December 23, 2005*

## NATIONAL PERSPECTIVE

### *Interagency Council on Homelessness (ICH)*

Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The council is responsible for providing federal leadership for activities to assist homeless families and individuals. This interagency council is a collaboration of leaders from such federal departments as Housing and Urban Development (HUD), Veterans Affairs (VA), Social Security Administration (SSA), Agriculture, Commerce, Education, Health and Human Services and the White House Office of Faith-Based and Community Initiatives.

### ***HUD Strategic Goal to End Homelessness and 10-Year Plans***

According to the U.S. Interagency Council on Homelessness, research indicates that the small percentage of individuals who are chronically homeless accounts for the use of a large portion of the resources intended to meet the needs of the entire homeless population. For this reason, President Bush made it a national goal to end chronic homelessness in 10 years. Tallahassee will be joining over 200 other cities and counties that have committed to developing 10-year plans to end chronic homelessness. This task force's *10-Year Plan to End Chronic Homelessness in Tallahassee* is the culmination of a 10-month planning effort which is consistent with and complementary to this federal policy priority.

“Partnership trumps partisanship on this issue. It is critical that all community leaders come to the table on this issue. Ending homelessness benefits businesses by increasing quality of life; it benefits hospitals by decreasing demand on emergency and acute care; it benefits citizens as we enter ‘planful partnerships’ that re-moralize our community; and most importantly, it benefits people experiencing homelessness, as they finally get what they want ... a place to call home.”

***ICH Executive Director,  
Phillip Mangano***

## STATE PERSPECTIVE

### *Department of Children & Families, Office on Homelessness*

The state Office on Homelessness was established in 2001 to serve as a central point of contact within state government on the issue of homelessness. The office's primary duty is to coordinate the services of the various state agencies and programs that serve those persons or families who have become homeless, or are facing homelessness. The Office on Homelessness is supported in this role by a statewide Council on Homelessness. The council has adopted the 10-year goal to end homelessness, and commits to this partnership with the Mayor's Task Force to End Chronic Homelessness. It also commits to breaking down barriers in the state system and ensuring that all plans and services are client-centered.

In addition, the Council on Homelessness prepares an annual report on the conditions of homelessness in Florida. Based on the 2005 report there are an estimated 83,391 men, women, and children who are homeless on any given day in this state. This is an estimate, of course, because no matter how well we count persons experiencing homelessness, we will never be able to get an *exact* count. The result is a picture of what homelessness looks like at a particular point in time; a count that is most certainly an under-representation of the true number of persons experiencing homelessness in our communities on any given day. Statewide the top four factors contributing to homelessness are lack of affordable housing, underemployment/unemployment, family break up and medical or mental health related issues. Furthermore, there are others who for a variety of reasons are at risk of losing their housing.

**"The realization that there are people experiencing homelessness in our community should be a source of shame. It is time to recognize and address the institutionalized factors that led to this unconscionable state and offer real solutions; the short-term expenses are far outweighed by the long-term costs to our budget as well as our collective conscience."**

*-Dr. Wendy Crook, Florida State University College of Social Work*



## LOCAL PERSPECTIVE

### *WHO EXPERIENCES HOMELESSNESS: OVERVIEW, KEY FACTS*



*Volunteers at the Big Bend Homeless Coalition's annual Homeless Service Day serve food to participants and fellow volunteers.*

According to the last census and survey conducted by the Big Bend Homeless Coalition in January 2005, the top four reasons why people are homeless in Tallahassee are: lack of affordable housing; unemployment or underemployment; family break up; and lack of adequate transportation. This point-in-time count is a survey of the community that gathers information from agencies, the public school system, shelters, homeless camps and public places such as the library and bus station.

The 2005 point-in-time count revealed that there are at least 739 children and adults who are experiencing homelessness in one day in Tallahassee; 398 were adults (54%) and 341 were children (46%). Estimates rise to above 1,000 people per day in the eight-county Big Bend area. The count represents only a “snapshot” of homelessness; over the course of one year it is estimated that *at least* 4,000 people in the Big Bend will experience what it is like to be without a place to call home. Key findings and trends in this report are briefly summarized below.

*Demographics & Family Structure:*

- Gender: Adult males continue to outnumber adult females.
- Race & Ethnicity: African-Americans continue to comprise the highest percentage of those identified through the primary survey and school system data, followed by Caucasians then Hispanics.
- Children: The number identified as homeless is larger than in previous years.
- Veteran Status<sup>1</sup>: In 2005, 23% of respondents indicated they were veterans; over all survey years between 21% and 25% of adults were veterans.



*Workforce Plus staff reach out to vets in our community to provide much needed employment and supportive services.*

<sup>1</sup> All remaining data including veteran status refers to adult responses to the Primary Survey (Core Survey Instrument, n = 254)

- Family Structure: The vast majority of the adults (87%) were single and not currently living with child family members, or single parents (8%).
- Number of Families: There were 156 families identified through the primary survey and school data.

*Education, Employment, Income & Benefits:*

- Education: 32% had some college or a college degree; nearly one-third had less than a high-school degree.
- Employment: Approximately 36% were working for pay at the time of the survey. As in prior years, more than half were unemployed.
- Sources of Household Income: 56% of those with income only received income through work. One-fifth of adults received government cash assistance.
- Non-cash Benefits: More than one-third of the respondents received at least one of the mainstream governmental non-cash benefits in the month before the survey.
- Income & Benefits: In the month prior to the survey, 50% received no mainstream governmental (cash or non-cash) benefits, and one quarter had no income or benefits.
- Household Income: Almost 9 out of 10 of respondents reported household income of \$1,000 or less per month; 65% earned \$500 or less; 27% received no income.



*Service Use:*

- Services Used: 70% of those surveyed used emergency shelter and 59% used food programs in the past year. Only 8% of respondents indicated that they did *not* use any of the listed services in the past year and over half used two to four services.
- Services Helped: The service that was reported by the most respondents as helpful was emergency shelter (56%), followed by food/meals (52%).

- Services Needed: The most needed services were permanent housing (43%), food/meals (41%) and financial assistance (40%). More than one-third indicated they needed two to four services.

*Experiences with Homelessness:*

- Length of Time in Tallahassee: The proportion of those living in Tallahassee for more than one year is highest in 2005 (56%) when compared to previous years. Jobs, being born or growing up in Tallahassee, and family/friends were the three top cited reasons why people first came to Tallahassee.
- Sleeping Arrangements: Emergency shelter continues to be the place where the most respondents slept the previous night.
- Reasons for Homelessness: Unemployment remains the top reason cited.
- Experiences in Past Year: As in 2003, going to the ER for basic medical care and being in prison or jail are the two most commonly cited experiences from the past year. This is particularly true for the chronically homeless.

There is nothing worse than living a forgotten life, except dying a forgotten death.

Rev. Tom Dohrman  
Board Chair  
Big Bend  
Homeless Coalition

*Chronic Homelessness:*

- Taking all aspects of chronic homelessness (disabling condition, unaccompanied, number of times homeless and length of homelessness), 26% of the adult respondents to the Primary Survey are chronically homeless. This is higher than typical estimates produced elsewhere.
- The majority of these individuals were staying in emergency shelter, in the woods or on the streets.

- Disabling Conditions: Approximately 42% had one or more disabling conditions.
- Experiences with Homelessness: 35% had been without a regular place to stay four or more times in the past three years and 46% had been homeless for more than one year.

The information about service use and chronic homelessness yields a few possible conclusions and recommendations. Respondents were generally able to obtain food and shelter. However, low rates of access to some needed services suggest the need for expansion of transitional and permanent housing services and improved coordination with mainstream services. Furthermore, it suggests the need for



expanded or improved outreach, information and referral and case management. People experiencing chronic homelessness are particularly vulnerable to “falling though the cracks” and may also be those who are not as willing to come into services for a variety of

different reasons. The coalition’s survey highlights the need for homeless persons to have access to a variety of services, including outreach to meet people in their environments. Through better gathering of data and more targeted support services, we can learn more about ending homelessness for this particularly vulnerable population.

We must continue improving our current systems so that we are providing the highest quality of services at every level in the continuum. Creating a community support system that engages *all* homeless persons - recognizing their unique and individual needs - is of the utmost importance. Creating this comprehensive support system is especially critical for those with disabilities - including those with co-occurring disorders - many of whom are chronically homeless and high users of community resources. By continually evaluating ourselves and making needed changes to the variety of ways we serve the homeless, we aim to maximize opportunities for successful transition off the streets, out of emergency and transitional housing and into permanent, affordable housing. In this process, we must also recognize and engage

consumers in regards to such critical areas as physical and mental health, income, employment needs and other support systems unique to each person in his/her environment.

The point-in-time count information discussed above is used in conjunction with agency and community input in the Continuum of Care planning process for services to people experiencing homelessness in our community. Current service capacities in each area of the continuum are identified: prevention, outreach/intake/assessment, emergency shelter/services, transitional housing/services and permanent housing; needs and demand for services are determined; and then gaps in services are recognized. Continuum partners then vote to prioritize the gaps. This information is used in planning services and funding priorities in the annual Continuum of Care plan for the Big Bend area. The planning of services to the homeless is coordinated by the Big Bend Homeless Coalition, which is recognized by federal, state and local governments as the designated lead agency in the Continuum of Care system of services to the homeless and to those at risk of becoming homeless.

### ***ECONOMIC IMPACT***

Ending chronic homelessness is not only the right thing to do morally; it is also the most cost-effective thing to do for a community and its residents. This emphasis reflects a growing body of research demonstrating that members of this group are poorly served by existing efforts even though they use a disproportionate share of emergency services and resources. In Asheville and Buncombe County (North Carolina) just 37 of an estimated 300 chronically homeless individuals cost the community over \$700,000 each year; this figure does not reflect the costs of the other 260+ chronically homeless. Another study by the University of California San Diego found that over an 18-month period, 15 chronically homeless individuals cost the city a total of \$3 million due to their high usage of emergency rooms, law enforcement and jails, mental health and substance abuse facilities.

The Big Bend area can realize considerable economic benefits by preventing homelessness and helping people exit homelessness – whether “chronic” or not. This occurs through the “return on investment” of creating more wage earners and thereby increasing both the number of taxpayers and purchasing dollars into the local economy. In 2004, a local economic impact study conducted by Dr. Wendy Crook of the Florida State University College of Social Work illustrated the revenues our community can reap by changing the status of people experiencing homelessness from tax *consumers* to tax *payers*. This report demonstrates both the tangible and intangible benefits to our community. Benefits are returned to our local economy by helping people move from homelessness to the highest levels of independence and self-sufficiency that they are able to achieve.

### ***HOUSING AFFORDABILITY IN TALLAHASSEE***

For low- and very low-income households all over the country, it is extremely difficult to find safe and adequate housing at a rate that is affordable. Furthermore, it is virtually impossible for people with disabilities receiving Supplemental Security Income (SSI) or a veteran’s pension to obtain decent, safe, affordable, and accessible housing in the community unless they receive housing assistance. Looking at the housing wage - the amount a full time (40 hours per week) worker must earn per hour in order to afford a two-bedroom unit at the area's fair market rent - for low- and very low-income households in Tallahassee sheds new light on the housing affordability problems experienced by some of our most vulnerable citizens in all eight counties:

**“Homeless people should go out and get jobs!”**

- In Tallahassee, a minimum wage earner (earning \$6.15 per hour) can afford **monthly rent of no more than \$320.**
- In Tallahassee, a worker earning the minimum wage must work **86 hours per week** in order to afford a two-bedroom unit at the area's fair market rent of \$687.

- *Out of Reach 2005*, National Low Income Housing Coalition

- In Tallahassee, an extremely low-income household (earning \$16,950, 30% of the area median income of \$56,500) can afford monthly rent of no more than \$423, while the fair market rent for a two-bedroom unit is \$687.
- A minimum wage earner (earning \$6.15 per hour) can afford monthly rent of no more than \$320.

**“This extreme affordability gap between disability income and rents – combined with the growing scarcity of available federal rent subsidies necessary to close the gap – means that millions of the lowest-income people with disabilities have no choice but to live in untenable circumstances. The most visible of these individuals – [the] “chronically homeless” – live on our streets, in makeshift campgrounds, under bridges and highways, and in over-crowded and expensive emergency shelters.”**

**- Technical Assistance Collaborative (TAC), Consortium for Citizens with Disabilities (CCD)**

- An SSI recipient (receiving \$564 monthly) can afford monthly rent of no more than \$169, while the fair market rent for a one-bedroom unit is \$556 and \$501 for an efficiency apartment.
- In Tallahassee, a worker earning the minimum wage (\$6.15 per hour) must work 86 hours per week in order to afford a two-bedroom unit at the area's fair market rent.

**The housing wage in Tallahassee is \$13.21.**

In other words, a full time (40 hours per week) worker must earn \$13.21 per hour in order to afford a two-bedroom unit at fair market rent. Housing affordability guidelines state that low-income households should pay no more than 30 percent of monthly income toward housing costs (i.e., a unit is considered affordable if it costs no more than 30 percent of the renter's income). This long-standing policy recognizes that money must be left over after the rent is paid to cover other basic needs such as food, clothing, transportation, etc.

## **TALLAHASSEE'S INCLUSIONARY HOUSING ORDINANCE**

Approved in the spring of 2005, this inclusionary zoning ordinance is designed to increase affordable homeownership in our community. Although relevant to the interests of this task force, the target populations of this ordinance exclude those who currently are homeless:

*Eligible households* shall be defined as those households composed of residents of the city earning 70 percent to 100 percent of MSA or county-wide median family income, adjusted for size, based upon the most recently published census or HUD data. In addition:

- (1) Households earning less than 70 percent of the area median family income but able to secure a first institutional mortgage wherein the lender is satisfied that the household can afford principal and interest mortgage payments in excess of 27 percent of its income, shall be deemed eligible households for purposes of owner-occupied housing provided pursuant to requirements of this division; and,
- (2) Households earning less than 70 percent of the area median family income but willing to pay rents in excess of 27 percent of its income, shall be deemed eligible households for purposes of rental housing provided pursuant to requirements set out in this article (Article VI, Sec. 9-241).

## LOCAL INITIATIVE & RATIONALE



After being on the street and in shelters for many years, a resident of one of Tallahassee's transitional housing programs enjoys a quiet moment to read the newspaper. In 2005, transitional housing was identified by our community as one of the top three service gaps in our Continuum.

As part of the national movement to develop a comprehensive federal approach to ending chronic homelessness, this local task force was a “call to arms” to the many stakeholders and change-agents in our community to develop a 10-Year Plan to End Chronic Homelessness in Tallahassee. The Mayor’s Task Force to End Chronic Homelessness brought key community stakeholders to the table to confront local *systemic* problems such as lack of affordable housing, health care and living wages. It was also tasked with addressing the multiple and complex *individual* needs of people experiencing homelessness including mental health, substance abuse issues and high usage of emergency services in the community.

It is important to note that these individual and systemic issues are not only critical to those who are *chronically* homeless; we also must continue to develop solutions for *homelessness of any kind*. This broader focus on homelessness was a decision made

by the task force in an effort to be inclusive and consistent with the missions and visions of so many local human service agencies working every day – with minimal resources – to end homelessness as we know it. It is with this spirit that the task force spent 10 months developing its 10-year plan, which is both consistent with and complementary to the current federal policy focus on ending chronic homelessness.

Mayor John Marks convened the task force on Dec. 8, 2004, in the Tallahassee City Commission chambers with over 25 community leaders and Philip Mangano, Director of the U.S. Interagency Council on Homelessness. Mr. Mangano reviewed the federal policy focus on ending chronic homelessness and stressed that for this critical work to effect real change a broad representation of community leaders must play key roles throughout the development and implementation of the plan. Local and state experts on homelessness educated the group about local, state and national issues regarding homelessness. At the close of the meeting, there was an open question and answer session among task force members; each person was able to voice his or her reasons for committing to ending homelessness in Tallahassee and Big Bend.

Over the next 10 months, the task force met monthly to develop a mission, vision, goals and objectives for those goals. After the development of three goals for the plan (prevention, intervention, community awareness), each goal group met at least once a month to develop realistic, measurable objectives. The full task force convened a meeting in September 2005 to review the work done by each of the goal work groups and to agreed upon the content and format of the plan. As revised versions of the plan became available they were reviewed by a volunteer review committee consisting of representation from the mayor's office and the task force (included two staff from the Big Bend Homeless Coalition). Plans were also released to the full task force for review and critical input. This entire 10-month process was facilitated by Dr. Wendy Crook of the Florida State University College of Social Work. Dr. Crook is respected both statewide and nationally as an expert on homelessness; she is also a tireless volunteer for local human service agencies.

In November 2005, the plan was formally released to key stakeholders in the community for review and feedback. Over the next several months, community input was incorporated; the plan was reviewed with homeless consumers, and consumer input was added. In February 2006, the full task force was once again convened by Mayor Marks for final approval of the 10-Year Plan to End Chronic Homelessness in Tallahassee.

The end goal of this entire plan is to end chronic homelessness and, hopefully, homelessness for all people not in stable housing. The solutions must also address the plight of those who are living in substandard housing, and those paying more than an affordable portion of their income on housing. This is an overwhelming goal indeed; however, we would be doing ourselves and our neighbors a disservice if we didn't seek solutions to issues that lead to poor quality of life and often results in homelessness. Over the course of developing this plan it has become increasingly clear that without an infusion and continuation of resources and a dedicated funding source homelessness will not be eradicated.

**The Task Force will  
focus its energy on solutions  
to chronic homelessness,  
but we all must remember  
that it is equally as tragic  
for an individual to experience  
homelessness for one day.**

**Mayor John Marks**

## ***THE MAYOR'S TASK FORCE TO END CHRONIC HOMELESSNESS***

Mayor John Marks issued a call to the community to develop a 10-year plan. The following stakeholders were invited by Mayor Marks to designate a representative who would participate in the task force:

- ❖ Local and State Government
- ❖ Universities and Colleges
- ❖ Service Providers
- ❖ Consumers
- ❖ Faith Based Community
- ❖ Substance Abuse
- ❖ Mental Health
- ❖ Employment
- ❖ Business Sector
- ❖ School District
- ❖ Law Enforcement
- ❖ Health Care
- ❖ Public Housing Authority
- ❖ United Way
- ❖ Foundations
- ❖ U.S. Department of Housing and Urban Development (HUD)

Despite a diversity of methodologies utilized across multiple continents, the current literature ... demonstrates a remarkable consistency that transcends borders, cultures and oceans: **homeless persons are 3–4 times more likely to die than the general population.**

*National Health Care for  
the Homeless Council Inc.  
2005*

*For a full list of participants see Appendix B*

## MAYOR'S TASK FORCE

### *MISSION AND VISION*

The task force mission, which explains our purpose in global terms, is:

**To develop, disseminate and monitor a plan to end chronic homelessness.**

The vision of the task force describes the desired end state of this 10-year plan. This vision captures what we, as the Mayor's Task Force to End Chronic Homelessness, want our community to look like in the future. It not only encompasses the task force vision in relation to chronic homelessness, but to homelessness in general:

**It is the vision of the Big Bend community for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it.**



Volunteers get involved with children at a local agency serving homeless families and single adults.

The task force approved two proclamations to forward to local governments (for approval) that support the vision of the 10-year plan. Upon acceptance by our local governing bodies, officials in the rural counties in the Big Bend area will be invited to make similar commitments to ending homelessness in their respective communities.

## ***PARTNERSHIPS TO END HOMELESSNESS***

Mayor John Marks and the Big Bend Homeless Coalition spearheaded this Task Force to End Chronic Homelessness in Tallahassee; however, none of the critical work could have been possible without key community partners. This spirit of partnership has been, for all involved in developing this 10-year plan, the main vehicle for ensuring clear communication, collaboration and planning toward a common end. With the support of the entire Mayor's Task Force to End Chronic Homelessness, the Big Bend Homeless Coalition has committed to facilitating the development and execution of this plan. Representatives from the mayor's office and the task force also have committed to continued work throughout the life of the plan to ensure its success.

### ***Big Bend Homeless Coalition, Inc.***

Established in 1986, Big Bend Homeless Coalition, Inc. is a nonprofit community-based organization. The coalition began as a group of dedicated service providers who realized the need for a centralized coordination body; this body became Tallahassee Coalition for the Homeless (now called the Big Bend Homeless Coalition to bring focus to the larger community of need and to support efforts in neighboring counties). The coalition formed partnerships with all organizations that served homeless persons and coordinated services to suit the needs of persons experiencing homelessness. It is this grassroots spirit, led by a vision to end homelessness one person at a time, that continues to drive the work of all community partners who work together to address individual and systemic factors that contribute to homelessness in our community.

In 1992, the coalition's mission was to serve as a leader in representing the best interests of the homeless population through *education, advocacy, and the coordination* of community resources in partnership with those who are homeless and those who serve them. The coalition then became a resource manager of funding sources, provided technical assistance and focused its efforts on advocacy, education and resource development on behalf of the agencies that provide direct service in the community. During this time, the coalition began to view the service delivery system as a Continuum of Care - a concept that emphasizes agency partnerships and collaborative

service efforts in order to eliminate duplication of effort and increase service efficiency. The Continuum model offers a seamless array of services for persons experiencing homelessness to empower homeless persons thus enabling self-sufficiency. As the lead agency in the Continuum of Care, the primary responsibilities of the coalition are as follows:

**EDUCATE...**

- The community regarding issues of and pertinent to the homeless
- Homeless persons regarding available services and housing
- Ourselves on better methods to provide services to people who are without homes or who are at risk of homelessness in our community

**ADVOCATE...**

- On the local, state and federal levels for homeless persons and their rights as citizens
- For agencies who provide services to our community's homeless individuals and families

**and COORDINATE...**

- Community stakeholders and service providers to reduce duplication of effort and services as well as to eliminate barriers and gaps within service systems
- Local, state and federal resources in order to best serve our community's homeless neighbors, friends, families and coworkers.

The Big Bend Homeless Coalition is recognized by the state and federal governments as the lead agency in the Continuum of Care covering the eight-county Big Bend area. The coalition partners with other agencies, organizations, and the community-at-large primarily through monthly network meetings. These monthly meetings are an opportunity for service providers and other network partners to discuss services, make announcements, and address other issues pertaining to homelessness in our community. Training is held at each meeting on a variety of topics including applications for state and federal funding and accessing mainstream benefits for the individuals and families with and for whom we work.

**"As part of our Continuum of Care, the City of Tallahassee and the Big Bend Homeless Coalition are working together, with community partners, to empower the homeless and instill hope in those who have been less fortunate."**

Michael Hervey,  
City of Tallahassee,  
Neighborhood and  
Community Services,  
Housing and Grants  
Administrator

## Continuum of Care

### Components

*"The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."*

*- United States Department of Housing and Urban Development*

There are five basic components of the Continuum of Care:

- a. **Prevention strategies** that play an integral role in a community's plan to eliminate homelessness
- b. **A system of outreach, intake and assessment** for determining the needs and conditions of an individual or family who is homeless
- c. **Emergency shelters with appropriate supportive services** to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing search counselors to transition to housing as soon as possible
- d. **Transitional housing with appropriate supportive services** to help those homeless individuals and families who are not prepared to make the transitions to permanent housing and independent living, and
- e. **Permanent independent housing or permanent supportive housing** to help meet the long-term needs of homeless individuals and families.

Supportive Services are involved in each of the above components and can be best understood as an umbrella of supportive services.



### *Prevention*

Prevention takes place before individuals enter this system and includes measures such as emergency financial assistance to keep individuals in safe and stable housing with proper supports in place.

### *Outreach, Intake and Assessment*

Outreach is the process by which homeless service providers and advocates make contact and form relationships with people experiencing homelessness. Intake and assessment are the ongoing, non-threatening processes used to learn about clients' situations and to determine – with the clients/consumers - which services are best suited to help them. Consumers are



referred to the agencies best able to help. This is the process necessary to ensure that clients can maximize the use of available resources including mainstream resources. It is through this process that referrals to appropriate service providers can be made, and it is the “front door” to coordination of homeless assistance.

### *Homeless Management Information System (HMIS)*

The Homeless Management Information System – locally, named the Big Bend Information System (BBIS) – is a significant element of the Continuum of Care. The purpose of the BBIS is to coordinate resources for homeless persons through a community-wide, shared database that houses demographic information on homeless individuals served, as well as information on the availability and utilization of services, to better meet the needs of our homeless population. This is a critical part of the outreach, intake and assessment processes as it helps in decreasing duplication of services, fills in gaps in services to those in need, and tracks information over time to identify the individual strengths and needs of our neighbors.

### *Emergency Services*

Emergency Services are those that can prevent homelessness or assist in stabilizing individuals and families, or shorten an episode of homelessness.

### *Transitional Services*

Transitional Services are housing services to individuals or families for a period not to exceed 24 months. Transitional housing often includes built-in supportive services.

### *Permanent Housing*

Permanent Housing usually is identified as affordable housing for individuals and families for an undetermined length of time. Housing is considered affordable when no more than 30 percent of an individual's gross monthly income is needed for housing. Permanent housing is usually secured with a lease for a minimum period of one year. Lack of affordable housing is the number one reason for homelessness at the local, state and national levels.

**People think that just because  
you're homeless, you're not human.**

Stanley Thompson, homeless, Tallahassee Democrat, January 14, 2006

**Many families live on the margin,  
staying barely out of homelessness  
but never far from it.**

- Tallahassee Democrat editorial, January 23, 2006

## Needs, Gaps and Priorities in This Continuum of Care

During the first several months of every year, the Big Bend Homeless Coalition leads the Continuum in conducting the annual gaps analysis for the Continuum of Care plan. Continuum partners include, but are not limited to: service providers, businesses, local governments, law enforcement, private citizens, formerly homeless individuals and people experiencing homelessness. This process includes several elements:

- Service providers conduct a week-long count in February to get a snapshot of whom is served by their agencies;
- Actual counts of whom and how many are not served due to limited capacity are conducted; and
- Agencies record their capacity to provide a range of services, including number of beds (resource inventory).

Annual agency capacity inventories highlight the need for service providers to obtain resources for new programs, and for the community to intensify the prevention services and affordable housing stock to keep individuals and families from ever entering homelessness.

As part of the gaps analysis process, network partners answer a series of subjective questions about the Continuum of Care strengths, weaknesses and opportunities for improvement. The aggregated data from all three components above and the subjective questionnaire are distributed via email and absentee suggestions are obtained before the network meeting during which gaps are prioritized. The gaps analysis and resource inventory results also are reviewed by all members present at the respective network meeting. The gaps identified through this process are then voted on and ranked in order of priority. The gaps analysis and prioritization network meetings are widely advertised, giving our

Many subgroups of homeless persons appear particularly vulnerable [to death], especially those living with AIDS, street youth, mentally ill veterans, and those who live chronically on the streets.

*National Health Care for the Homeless Council Inc., 2005*

entire community an opportunity to participate. In 2005, the top three priorities identified by our Continuum (in order) were:

- 1) Permanent Housing – both supportive and independent housing,
- 2) Transitional Housing and
- 3) Services for Persons with special needs – prevention and ongoing support.

The Continuum of Care plan and priorities are used as the foundation upon which we develop and deliver services to the adults and children experiencing homelessness in our community. In addition, these priorities are the basis on which local projects are solicited for inclusion in all consolidated funding applications such as the HUD SuperNOFA (Notice of Funds Availability) and the State of Florida Office on Homelessness Challenge Grant and Homeless Housing Assistance Funding.

[Money] must be earmarked to opportunities that deliver housing today, not tomorrow. Otherwise, the homeless ranks will grow, the essential work force we need in our hurricane-ravaged communities will relocate, and our economic recovery will suffer.

Mitch Friedman, Chair  
Coalition of Affordable Housing Providers

## THE PLAN

### *Foundations for Success*

Homelessness and lack of affordable housing are state- and nation-wide crises, not just problems of the City of Tallahassee. Unless we develop a sufficient supply of affordable and safe housing, there will always be those who are chronically and episodically homeless. We *must* ensure that affordable housing is available for the neediest people. In addition, in keeping with its designation as an “All American City” and ratings such as “Best Parks & Recreation Department” in the nation, we want to make Tallahassee and Leon County a model for the nation: where all residents live in stable, affordable, decent permanent housing; where an individual or family does not pay more than 30% of their income for housing; where a family does not have to hold down 2.5 jobs to have a place to call home; and a place where they can feel safe, warm and not in jeopardy of condemnation or eviction.

**The most fundamental recommendation of the task force – in service to the goals of the plan – is to develop a dedicated funding source for: assistance to the chronically homeless, the homeless and those at risk of homelessness; the development of additional affordable housing (including rental subsidies) for those in need; and expansion of supportive services to help those who are in housing to remain housed.**

This plan does not state what source of funding should be used, or how much should be made available. Instead, this plan recommends that a special sub-committee be tasked with identifying which funding source(s) would be best suited to address all homeless concerns and develop a budget commensurate to our community's needs. Funding decisions are left to the elected officials who charged the committee with creating this plan.

**We must address these issues with a holistic, community approach. Ending homelessness must be a community priority with broad support.**

**Kay Freeman  
Executive Director  
Big Bend Homeless  
Coalition**

## ***Overview***

The work of the task force toward developing a results-oriented 10-year plan to end chronic homelessness in Tallahassee spanned a 10-month period beginning December 2004 and coming to a close in September of 2005. Under direction of the Big Bend Homeless Coalition, the next several months were taken to incorporate task force and community input, including input from people experiencing homelessness. The development, implementation and oversight of this plan will be in service to the vision of the task force:

**It is the vision of the Big Bend community for all people to have access to decent, safe, adequate, and affordable housing and the means to sustain it.**

The full task force studied issues surrounding homelessness - including the personal and professional effects that homelessness has on our lives - and discussed key partners needed to develop solutions to both chronic homelessness and homelessness overall. With the mission and vision established, the task force then began to establish specific goals for the 10-year plan.

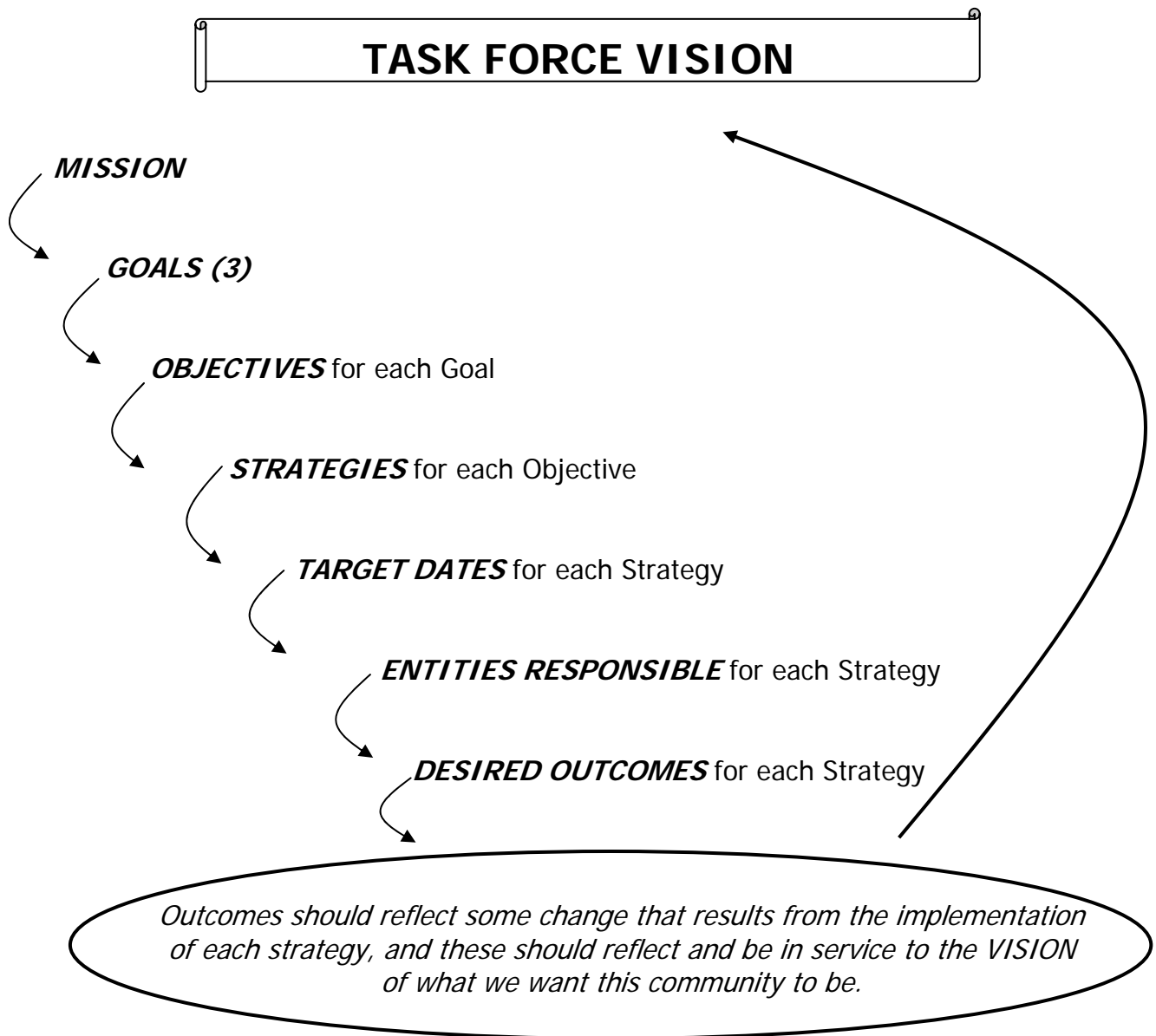
During the planning process, a goal development subcommittee met several times to make recommendations to the full task force regarding possible goals for the plan. Through group process and consensus, the full task force adopted the following goals for its 10-year plan to end chronic homelessness:

- ❖ **Prevention** (*before* homelessness): To assist people at risk for homelessness in maintaining housing.
- ❖ **Intervention** (*during* homelessness): To assist people experiencing homelessness by intervening with appropriate services.
- ❖ **Community awareness** (*ongoing*): To educate the community regarding the nature, causes and costs of homelessness, and to engage and mobilize them to participate in developing and implementing solutions to the problem.

These goals were then used to establish individual workgroups that were charged with deliberating and making recommendations to the full task force ways to operationalize their respective goals. The three goal groups met monthly over a five month period.

### ***Organization***

The following format guided the workgroups:



## Goal #1: Prevention

**PREVENTION GOAL:** To assist people at risk for homelessness in maintaining housing.

### OBJECTIVES:

**1. Affordable Housing** – provide adequate affordable housing for low-, very low- and no-income persons and families.

**1.1.** Increase the stock of affordable rental properties with rents below market rate through construction or purchase of additional units, or rehabilitation of existing units.

**Strategies:**

- Identify appropriate Continuum of Care members with the capacity to develop and implement specialized housing for chronically homeless/homeless people and families.
- Develop additional housing stock through the HUD SuperNOFA and other federal and state sources.

**Entities Responsible:** Big Bend Homeless Coalition and Continuum of Care, affordable housing developers

**Target Date:** Ongoing

**Desired Outcomes:**

- A decrease in homelessness and the demand for support services.
- An increase in the safety and stability of individuals and families.
- A decrease in the number of evictions that lead to homelessness: increase the percent of families/individuals who avoided evictions by 10% each year.
- Development of 50 affordable housing units per year targeted at low- to no-income individuals and families.

**1.2.** Increase the stock of subsidized rental housing available to low to no-income persons.

**Strategy:**

Obtain funding for additional HUD vouchers and other rental subsidies and support for special needs populations.

**Entities Responsible:** Tallahassee Housing Authority and the City of Tallahassee

**Target Dates:** *Year one:* Planning and research  
*Year two:* Begin applying for subsidies

**Desired Outcomes:**

- A decrease in homelessness and the demand for support services.
- An increase in the safety and stability of individuals and families in Tallahassee.
- Development of 50 affordable housing units per year targeted at low- to no-income individuals and families.

**1.3.** Increase supportive services to those at risk of becoming homeless (e.g., emergency financial assistance, case management for permanent housing, mortgage delinquency assistance).

**Strategies:**

- Increase supportive services to people at risk of homelessness (e.g., housing case management, supportive housing programs).
- Expand the Homeless Management Information System to gather data about those at risk of eviction, homelessness and conduct outreach to avoid homelessness.
- Increase financial resources to prevent evictions.

**Entities Responsible:** Big Bend Homeless Coalition and Continuum of Care, Community Human Service Partnership (CHSP), Department of Children & Families' Office on Homelessness (specifically, the Emergency Financial Assistance for Housing Program - EFAHP) and the City of Tallahassee legislative liaison

**Target Dates:** *Year one:* Gather data to determine if particular census tracts suffer higher eviction rates.  
*Year two:* Provide information on eviction prevention.

**Desired Outcomes:**

- Increase the percent of families/individuals who avoided eviction by 10% each year.
- A decrease in homelessness and the demand for support services.
- An increase in the safety and stability of individuals and families in Tallahassee.

**2. Income** – Provide the support necessary to empower all citizens to meet or exceed the threshold for adequate income to sustain self-sufficiency.

**2.1.** Expand access to mainstream resources which assist low- to no-income individuals and families.

**Strategies:**

- Continue implementation of the ACCESS system, which is the Department of Children and Families' one-stop application process for food stamps, Medicaid, temporary assistance, and refugee assistance. Recruit appropriate members of the continuum of care to the ACCESS system.
- Advocate for a policy change whereby indicators of housing stability would be included in applications for mainstream resources to determine those at risk of losing housing.

**Entities Responsible:** DCF Office on Homeless, Big Bend Homeless Coalition and Continuum of Care and City of Tallahassee

**Target Dates:**

Ongoing

*Year two:* 10% increase in clients using ACCESS.

**Desired Outcomes:**

- More providers are able to help clients access mainstream resources.
- Increase in the scope of services that people are linked to for prevention and support.
- Increase in housing instability data being gathered about those at risk of losing housing.

**2.2.** Increase continuum capacity for providing employment training and job placement for persons at risk of homelessness.

**Strategies:**

- Expand opportunities for employment training and job placement.
- Promote the availability of and access to existing employment training.
- Assist the underemployed with training and job search services to help improve their income.

**Entities Responsible:** Greater Tallahassee Chamber of Commerce and other key partners, such as Workforce PLUS, Goodwill Industries and ECHO Outreach Ministries' Jubilee Joblink, Tallahassee Community College and Lively Vocational-Technical School

**Target Dates:**

*Year one:* Develop comprehensive data base on existing resources, determine usability and gaps in training.

*Year two:* Develop training to meet the need and demand for job services.

*Year two and ongoing:* Implement training, evaluate effectiveness and track success of students.

**Desired Outcome:**

- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.

**2.3.** Coordinate and promote financial literacy training opportunities for at-risk populations community-wide to utilize resources to the maximum capacity and identify gaps in financial literacy services.

**Strategy:**

- Facilitate access to training for at-risk populations by bringing trainings to consumers.
- Identify gaps in financial literacy services for low- to no-income persons.

**Entities Responsible:** Financial institutions, Big Bend Homeless Coalition and Continuum of Care, City of Tallahassee

**Target Date:**

Year two

**Desired Outcome:**

- Dissemination of 100 brochures to those least likely to seek financial literacy training with the desired outcome of improved money management skills, increase in savings and improved credit rating.
- Staffing for a community financial literacy trainer who will provide targeted, on-site services to four key locations in Tallahassee.



*The foundation for planning for services in our community is networking.*

**2.4.** Increase availability and accessibility of emergency financial assistance necessary to maintain housing and prevent episodes of homelessness.

**Strategy:** Create local, state and national outcry for the need to direct state and local resource to prevent homelessness and enable our poorest citizens achieve a basic standard of living.

**Entities Responsible:** Department of Children & Families' Office on Homelessness, Continuum of Care partners responsible for advocacy to increase awareness of the need for funding and the economic gain to our state achieved by increasing the standard of living.

**Target Dates:** Began October 2006 and will continue annually throughout the life of the plan  
*Immediately gather data from DCF on current level of assistance available and estimate on total funding to meet the need of our state and present information to local delegation serving in the House and Senate.*

**Desired Outcomes:**

- Increase amount of state and federal funds available by 3-5% each year, until full need to met.
- A decrease in the number of evictions that lead to homelessness: increase the percent of families/individuals who avoided eviction by 10% each year.
- A decrease in the number of families that are behind on mortgage payments and are at risk of homelessness.
- Increase in the shared responsibility of preventing homelessness.
- Number of evictions and foreclosures prevented will directly correspond to the increase in funding.

**2.5.** Increase the funding for and access to emergency childcare assistance for those seeking employment.

**Strategies:** Expand partnerships with the Early Learning Coalition on the local level and the Florida Children's Forum on the state level.

**Entities Responsible:** Big Bend Homeless Coalition and Continuum of Care

**Target Date:** Year two: Establish baseline needs and determine needed financial expansion.

**Desired Outcomes:**

- Increase needed financial resource by 10% each year, until full demand is met.

- Increase in the number of families gaining access to emergency childcare assistance for those seeking employment, enabling families to stabilize family incomes.
- Number of “new families” gaining access to subsidized childcare will be proportional to increase in available funding.

**3. Health and Well-being** – Minimize health crises through the provision of primary health care to all uninsured individuals.

**3.1.** Increase access to and availability of adequate and affordable medical care.

**Strategies:**

- Educate patients in self-advocacy and communication skills used with health-care providers, to empower patients in taking responsibility for their own health.
- Support, advocate and educate the public about the advantages of CareNet, We Care, Community Health Centers and avoiding emergency room visits.



**Entities Responsible:** Big Bend Homeless Coalition, CareNet, Continuum of Care, Community Health Centers, Tallahassee Memorial HealthCare (TMH) and Capital Regional Medical Center (CRMC)

**Target Date:** October 2006

**Desired Outcomes:**

- A decrease in the number of patients using emergency rooms as walk-in treatment centers (3-5% yearly decrease).
- Increase in primary health care usage (5% increase in “patient base” at Bond and Neighborhood Health Centers).

**3.2.** Coordinate discharge planning with local and state institutions.

**Strategy:** To take the lead in developing model plans for discharge planning and the implementation of same, to avoid "street" discharge.

**Entities Responsible:** State Office on Homelessness and the Florida Coalition for the Homeless

**Target Dates:** *Year one:* Begin establishing baseline June 2007 and develop strategy for legislative bill development and passage.

*Year two:* March 2008 – present bill and advocate passage.

**Desired Outcome:** 10% yearly decrease in the number of people who become homeless upon release from hospitals, mental health facilities, jails, prisons, and substance abuse centers.

**3.3.** Develop Safe Havens, Assisted Living Facilities (ALFs) and Convalescent Centers.

**Strategies:**

- Identify appropriate agencies to develop safe havens, assisted living facilities (ALFs) and convalescent centers or "halfway houses" for those with special medical needs who are homeless or at-risk.
- Develop memoranda of understanding with hospitals and treatment centers that will prevent the discharge of patients without adequate case management and shelter.

**Entity Responsible:** Continuum of Care partners, city and county officials

**Target Date:** November 2007

**Desired Outcomes:**

- Decrease in the number of individuals needing medical treatment among the homeless population.
- Increase in understanding how to access and link to appropriate care (e.g., Safe Haven, ALF and Convalescent Care).
- Increase in the number of beds available for special needs population – see goal 2 1.1.

**4. Transportation** – Provide adequate transportation necessary to support independence.

**4.1.** Increase access to public transportation and provide feedback on services provided by public transportation.

**Strategy:** Advocate for improved public transportation to meet the needs of those without personal means of transportation.

**Entities Responsible:** Big Bend Homeless Coalition and StarMetro

**Target Date:** Ongoing

**Desired Outcomes:**

- Increased mobility and independence of homeless and formerly homeless persons.
- 10% growth in riders among the low- to no-income, measured by the increase in “free” or reduced passes.

**4.2.** Advocate for appropriate infrastructure (including sidewalks) for those with transportation needs.

- Increase evening and weekend access to transportation via public transportation
- Ensure affordable access to specialized transportation for those with medical needs.

**Strategy:** Identify key routes for those without personal transportation and request sidewalks, bike lanes, and safety measures for the pedestrians using those routes.

**Entities Responsible:** Big Bend Homeless Coalition, Continuum of Care and StarMetro, Transportation Disadvantaged Committee

**Target Date:** Year two

**Desired Outcome:** Increased mobility and independence of homeless and formerly homeless persons.

## Goal #2: Intervention

**INTERVENTION GOAL:** To assist people experiencing homelessness by intervening with appropriate services.

### Task force recommendation:

A "housing first" model should be used for those who are already homeless or for whom homelessness cannot be prevented. The goal of "housing first" is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. For Tallahassee, this approach requires a fundamental shift in our sheltering strategies, away from the current system to a model in which short term housing is provided for the minimum time needed to access transitional shelter and then permanent housing with the supportive services focused on an immediate and comprehensive needs assessment, resource acquisition and housing placement.

As the supply of permanent affordable housing is increased, the necessary time of stay in emergency shelter is reduced, and access to permanent housing is expedited. There will continue to be a need for both emergency and transitional housing; however, with shifts in our housing strategies, emergency shelter will be more accessible to those who truly need short-term, emergency housing. Transitional housing will continue to serve as the stabilizing period for families and individuals before moving on to more self-sufficient, permanent housing options in the community. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.



*Case Management and other supportive services are essential to success for many people experiencing homelessness.*

**INTERVENTION OBJECTIVES:**

**1. Assessment** – To develop and implement a community-wide assessment system that matches the level of need of individuals experiencing homelessness with appropriate services.

**Strategy:** Establish one-stop-shopping for professional intake, assessment, referral and placement, using HMIS where appropriate. HMIS is critical to knowing what services clients are being linked to; it is also critical in getting a picture of if/how people are moving through the continuum of care to appropriate services as soon as possible.

**Entities Responsible:** Continuum of Care, Big Bend Homeless Coalition and the Big Bend Management Information System (BBIS - our local HMIS), CHSP agencies

**Target date:** End of year three

- Desired Outcomes:**
- o Every person who is identified as homeless, or at risk of homelessness in our community will be matched within 30 days with an appropriate service to enable him or her to return to stable housing.
  - o Emergency shelter being used as permanent housing will more appropriately be used for emergency 30-90 day housing.
  - o Increase capacity for gathering data from all components of the continuum of care, regardless of whether they have targeted homeless programs.
  - o Increase capacity to learn about high users of public resources (e.g., health and mental health care providers, law enforcement, etc.).
  - o 10% yearly increase in the number of “records” entered into BBIS.

**2. Service Provision and Community Infrastructure** – To ensure that necessary, sufficient quality services and community infrastructure are available. These include case management, life skills education, range of best practice housing options and supportive services, mental health and substance abuse treatment, comprehensive stopgap services, i.e., supported employment, financial assistance, 30-day emergency shelter, short- and long-term transitional housing and permanent supportive housing.

**Strategy:** Identification of needed services and community infrastructure will be performed by the community planning process undertaken by the community network coordinated by Big Bend Homeless Coalition.

<b>Entity Responsible:</b>	This includes the identification of service priorities, capacities, and unmet needs. Continuum of Care partners, Big Bend Homeless Coalition
<b>Target date:</b>	Immediate and Ongoing
<b>Desired Outcomes:</b>	<ul style="list-style-type: none"> <li>○ Increased ability to identify service priorities for unmet needs and capacities and increased ability to document progress toward accomplishment of vision.</li> <li>○ Increased ability to develop and implement appropriate range of services and resources to meet the identified unmet needs of the population.</li> </ul>

## Goal #3: Community Awareness

**COMMUNITY AWARENESS GOAL:** To educate the community regarding the nature, causes and costs of homelessness, and to engage and mobilize them to participate in developing and implementing solutions to the problem.



*Mayor John Marks and former Senator John Edwards host a community forum to discuss systemic factors that lead to poverty.*

### Objectives:

**1. Educate** the community about the 10-year plan by disseminating strategic communications about the plan to key stakeholders within a six-month period following the plan's release. Education regarding the nature, causes and costs of homelessness and solutions to the problem are ongoing efforts of the Big Bend Homeless Coalition and its partners and will continue through the life of the organization.

#### Strategies:

- Release of the plan: One news conference and community forum (combined) with press kit containing a news release, copy of the 10-year plan, appropriate background, talking points and contact list. All media outlets in Leon and surrounding counties will receive the press kit within a one-week period after release of the plan.
- Subsequent news coverage: Media availability, news conferences, meetings and telephone calls to local media and other available Big Bend media as determined by the task force and the coalition, to facilitate news coverage. Task force recommendation is that there should be one news opportunity per month for the six months following the release of the plan.

- News release(s): One per month, where appropriate.
- Op-Ed article(s) in the *Tallahassee Democrat* and other key print media: One for each print outlet.
- Letters to the editor from task force members and community stakeholders: Two for each print outlet.
- Appearances on morning radio and television shows highlighting the issues and calling for community commitment to the solutions: WCTV "In the Spotlight," WTXL Morning Show, Troy and Dawne in the Morning, and other broadcast opportunities as identified by the task force.

**Entities Responsible:** Big Bend Homeless Coalition, with recommendations from the task force

**Target Date:** Specific tasks to be accomplished in the six-month period following completion of the plan; community awareness will be ongoing until homelessness ceases to exist.

- Desired Outcomes:**
- Increased awareness about the problem of homelessness in our community.
  - Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.

**2. Engage** the community immediately following the release of the 10-year plan by disseminating information about the plan, the plight of the homeless and our community's responses to this problem through the mass media and other broadcast options. Continue to engage the community until homelessness ceases to exist.

- Strategies:**
- Release of the plan: One news conference and community forum (combined) with press kit containing a news release, copy of the 10-year plan, appropriate background, talking points and contact list. All media outlets in Leon and surrounding counties will receive the press kit within a one-week period after release of the plan.
  - Subsequent news coverage: Media availability, news conferences, meetings and telephone calls to local media and other available Big Bend media as determined by the task force and the coalition, to facilitate news coverage. Task force recommendation is that there should be one news

opportunity per month for the six months following the release of the plan.

- News release(s): One per month, where appropriate.
- Op-Ed article(s) in the *Tallahassee Democrat* and other key print media: One for each print outlet.
- Letters to the editor from task force members and community stakeholders: Two for each print outlet.
- Appearances on morning radio and television shows highlighting the issues and calling for community commitment to the solutions: WCTV "In the Spotlight," WTXL Morning Show, Troy and Dawne in the Morning, and other broadcast opportunities as identified by the task force.
- Direct mailing and public speaking engagements to key stakeholders in the Big Bend area, requesting their involvement.
  - Create within the first year of the plan's release a speaker's bureau/public speaking group of no fewer than five members tasked with engaging all key stakeholders – adapting the message to fit the audiences and including homeless/formerly homeless persons.
  - Establish a recurring community forum and/or "Update to the Community" from the mayor, the task force and the coalition. This forum and/or letter to the public would be an update on the plan (to remain accountable to the public). Goal is quarterly.
- Encourage through e-mail updates, invitations to attend Big Bend Homeless Coalition and continuum events, meetings, etc. key community leaders to get involved in our community's responses to homelessness.
- Consider potential language barriers when communicating with the public.

**Entity Responsible:** Big Bend Homeless Coalition, with recommendations from the task force

**Target Date:** Specific tasks to be accomplished in the six-month period following completion of the plan; speaker's bureau to be formed within first year after final

release of the plan; community awareness will be ongoing until homelessness ceases to exist.

**Desired Outcomes:**

- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.

**3. Mobilize** the community to participate in developing and implementing solutions to the problem.

**Strategies:**

- Develop in one month following the plan's release a communications matrix to identify key audiences/stakeholders, problems with communicating with that audience, and solutions.
- Develop within two months of the plan's release a master communications plan – utilize a professional public relations expert to create this plan (communications matrix would guide this plan).
- Facilitate the committee responsible for producing progress reports on the 10-year plan.
- Develop in the year following the plan's release a speaker's bureau with no fewer than five members that will discuss the nature, causes and costs of homelessness and solutions (must include homeless & formerly homeless individuals) and seek speaking opportunities at Big Bend area civic and community group meetings.
- Increase consumer involvement: in monthly networking meetings held by the Coalition; as members of the Coalition's community planning and development committee; and encourage homeless service providers to involve consumer input in policy & procedure development.



- Within one year of the plan's release, partner with Continuum of Care providers to develop an informal program to get community members "into" programs that work with people who are experiencing homelessness – to see the people and the programs first hand. To be developed through a subcommittee of the coalition's community planning and development committee.
- Consider potential language barriers when communicating with the public.

**Entity Responsible:** Big Bend Homeless Coalition, with recommendations from the task force

**Target Date:** Specific tasks to be accomplished in the six-month period following completion of the plan; speaker's bureau to be developed within one year of the plan; community awareness will be ongoing until homelessness ceases to exist.

**Desired Outcomes:**

- Ongoing knowledge and support for the 10-year plan and efforts of the coalition and its partners.
- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.

**Homeless people struggle in  
silence and anonymity on most  
days, frequently gaining public  
attention only when something  
bad happens.**

*Tallahassee Democrat editorial  
January 23, 2006*

## **IMPLEMENTATION and OVERSIGHT/MONITORING**

### ***Who will approve the final plan?***

The Mayor and Tallahassee City Commission will approve the final plan.

### ***Who (what entity) will be responsible for oversight of the 10-year plan?***

Task Force members came to a consensus that the 10-year plan will be reviewed by an “oversight committee” to consist of representatives from the following three entities: 1) The mayor’s office, 2) Big Bend Homeless Coalition and 3) volunteer representatives from the task force. Accountability will rest with this oversight committee.

### ***How often will it be reviewed?***

Semi-annually. There will be a “progress to date” at six months, and an annual report to give an account of each year’s progress.

### ***Who will be responsible for preparing data for the review?***

The Community Planning and Development (CPD) Committee of the Big Bend Homeless Coalition will be responsible for establishing baseline data and benchmarks and for measuring actual outcomes. This committee consists of a minimum of 5-7 Continuum of Care partners, including service providers, at least one person experiencing homelessness and other key stakeholders. The CPD committee will meet quarterly. The CPD committee also will appoint a representative to participate on the 10-Year plan oversight committee.

### ***How will progress be reported to the community?***

Through the regular communication mechanisms in place as part of the Big Bend Homeless Coalition’s coordination, collaboration and advocacy efforts.

*How often will progress be reported?* A “progress to date” report will be done every 6 months to continuum of care partners, with an annual report released by the Office of the Mayor.

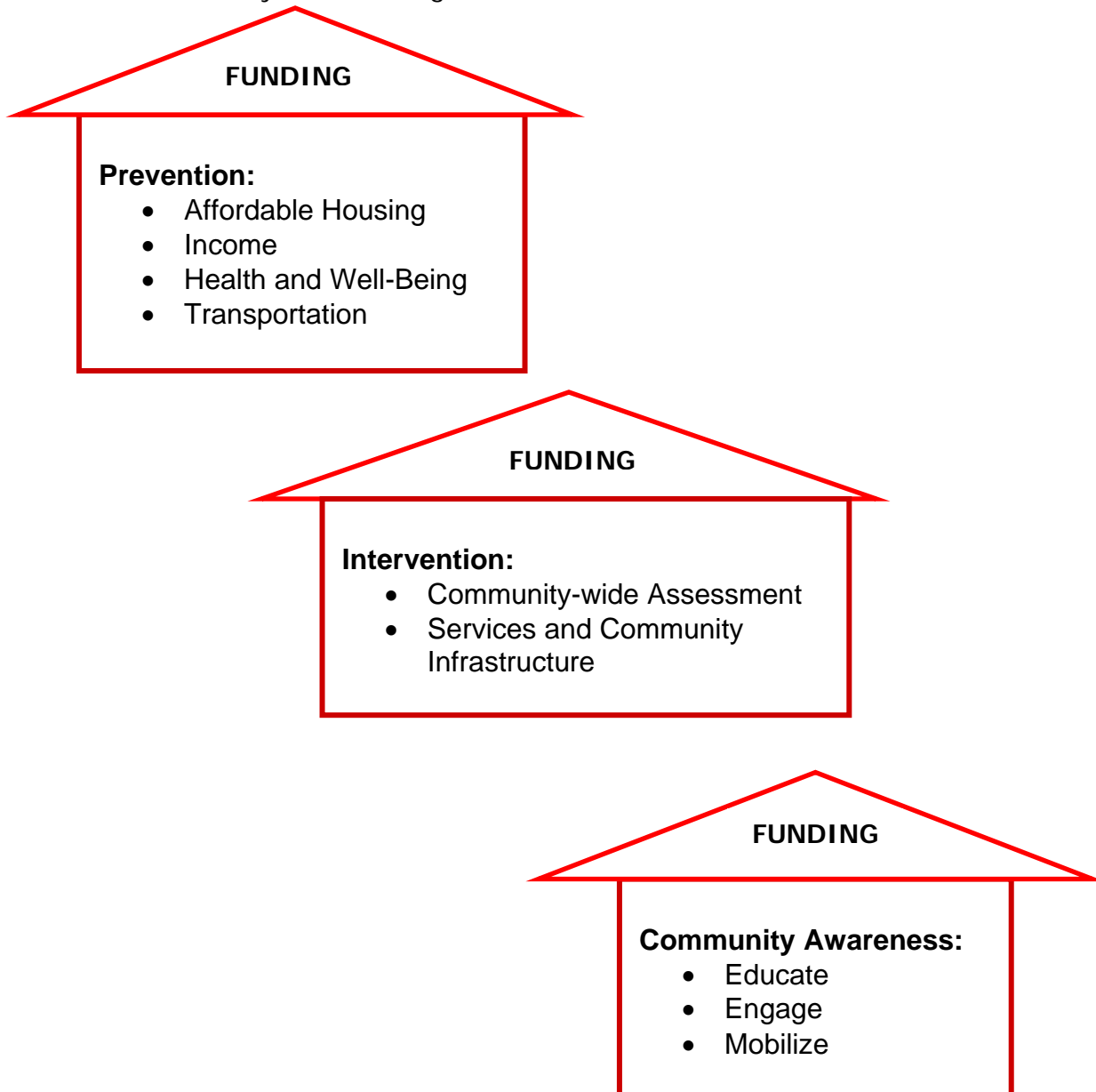
*To whom will the annual report be released?* Key stakeholders as defined by the mayor’s office, the Task Force and the Big Bend Homeless Coalition continuum partners.

### ***How often will amendments be made to the plan? And by whom?***

The full task force will meet every two years to review the plan and make amendments if needed.

## SUMMARY AND CONCLUSION

This report presents the culmination of a community planning process that was initiated and endorsed by Mayor John Marks of Tallahassee, Florida. This process was inclusive of a variety of stakeholders who represented the interests of our community and offered expertise and insight for the plan. The results of the planning process can be summarized by the following:



## APPENDIX A: COST ESTIMATE, YEAR ONE

The following itemization is a cost estimate for the first year of implementing this plan. This itemization is an attempt to capture the full cost of providing all operating, supportive, capital, and professional services needed to reach the desired outcomes detailed in the plan. It is the expectation that in subsequent years as more housing is developed, more people become housed and self sufficient and as other federal departments such as SAMHSA and HHS begin to fund supportive services the line items expenses will either shift, be eliminated or decrease.

The primary factors contributing to the cost of the plan is the capital outlay to build new affordable housing units each year for 10 years, and the rental subsidies to be used as an intervention tool for those currently experiencing homelessness and for those who are at risk of homelessness.

No doubt, it is expensive, however the human toll and lack of action is more expensive. If we fail to act we risk spending as much as \$40,000 (Culhane) per chronically homeless individual per year. If we act the opportunity savings are exponential.

Each objective is broken down into component parts and, using today's dollars, assigned an estimated expense.

## GOAL 1: PREVENTION

### 1. Affordable housing

#### 1.1. Increase the stock of affordable rental properties by 50 units

Line Item	Capital	Operations
Construction & site development	\$ 4,600,000	\$ 0
Land Acquisition	403,850	0
<b>Total</b>	<b>\$ 5,003,850</b>	<b>\$ 0</b>

#### 1.2. Increase available HUD and other mainstream rental subsidies by 50 additional units

Line Item	Capital	Operations
Monthly rent 50 units at \$542 for 12 months	\$ 0	\$ 325,200
Supportive services:		
Personnel:		
2 Case mgrs.		
1 Housing administrator		
.25 Finance admin		
.25 Clerical support	0	123,500
Operating/Admin:		
Physical plant		25,000
Oversight .5 FTE		16,000
Client Assistance	0	5,000
<b>Total</b>	<b>\$ 0</b>	<b>\$ 494,700</b>

#### 1.3. Increase supportive services to those at risk of becoming homeless

Line Item	Capital	Operations
Eviction prevention		
Rental/utility assistance 100 additional households		\$ 50,000
Access to medical care Doctor visits, prescriptions, labs, etc. \$5,000/yr. per person	\$ 0	500,000
Personnel:		
2 Outreach workers		
2 Case managers		
1 Employment Specialist		
1 Admin.	0	202,800
Operating:		
Office space, utilities, supplies, insurance, audit, etc.	0	30,000
Coordination: HMIS:		
3 Data Entry staff		78,000
Connectivity		3,000
Hardware, software		4,600
<b>Total</b>	<b>\$ 0</b>	<b>\$ 868,400</b>

2. **Income:**

2.1. Increase client resources to help meet their own daily living needs

Line Item	Capital	Operations
Expand ACCESS to State on-line system used to assist in securing mainstream resources	\$ 0	\$ 0
Advocate for collection of housing stability date	0	0
<b>Total</b>	<b>\$ 0</b>	<b>\$ 0</b>

2.2. Income employment and job placement: Expand employment services for 1000 additional at risk persons

Line Item	Capital	Operations
<b>Personnel:</b>		
5 Counselors		
1 Employer recruiter		
1 Administrator	\$ 0	\$260,000
<b>Operations:</b>		
Office space, utilities, phone, supplies, connectivity, etc.		\$20,000
Hardware/software		\$12,000
Admin/oversight	0	\$14,600
<b>Total</b>	<b>\$ 0</b>	<b>\$306,600</b>

2.3. Financial Literacy

Line Item	Capital	Operations
<b>Monthly classes at 4 location:</b>		
1 trainer	\$ 0	\$39,000
Publications: brochures, text books, etc		\$ 6,000
Travel		\$ 6,000
Cell phone	0	\$ 1,300
<b>Total</b>	<b>\$ 0</b>	<b>\$52,300</b>

2.4 Advocate for increased emergency financial assistance

Line Item	Capital	Operations
1 Advocacy Coordinator	\$ 0	\$ 52,000
1 Educator/Consultant	0	\$ 75,000
<b>Total</b>	<b>\$ 0</b>	<b>\$127,000</b>

2.5 Emergency childcare assistance for job seekers

Line Item	Capital	Operations
100 additional parents served at \$35 day for 2.5 children for 11 days each	\$ 0	\$ 96,250
Administration	0	\$ 5,000
<b>Total</b>	<b>\$ 0</b>	<b>\$101,250</b>

### 3. Health and Well-being

#### 3.1 Increase access to and availability of adequate/affordable medical care

Line Item	Capital	Operations
Personnel: Patient/community educator 1 FTE	\$ 0	\$ 33,800
Total	\$ 0	\$33,800

#### 3.2 Discharge Planning

Line Item	Capital	Operations
Personnel: Discharge planner 1 FTE	\$ 0	\$33,800
Total	\$ 0	\$33,800

#### 3.3 Safe Havens, ALF's and Convalescent care (Please refer to 2 1.1 for unit information)

Line Item	Capital	Operations
Personnel: Referral coordinator 1 FTE	\$ 0	\$33,800
Total	\$ 0	\$33,800

### 4 Transportation

#### 4.1 Increase access for those without personal means of transportation

#### 4.2 Advocate for improved infrastructure for those without transportation

Line Item	Capital	Operations
Personnel: Coordinator 1 FTE	\$ 0	\$ 33,800
Total	\$ 0	\$ 33,800

### SUMMARY OF COSTS FOR GOAL 1

Line Item	Capital	Operations
1.1 Increase the stock of affordable rental properties.	\$5,003,850	\$ 0
1.2 Increase HUD and other mainstream rental subsidizes	0	494,700
1.3 Increase supportive services for those at risk of homeless	0	868,400
2.1 Increase client resources to help meet daily living needs	0	0
2.2 Income employment and job placement	0	306,600
2.3 Financial Literacy	0	52,300
2.4 Advocate for increased emergency financial assistance	0	127,000
2.5 Emergency childcare assistance for job seekers	0	101,250
3.1 Increase availability of adequate/affordable medical care	0	33,800
3.2 Discharge Planning	0	33,800
3.3 Safe Havens, ALF's and Convalescent care	0	33,800
4.1 Increase access for those without transportation	0	0
4.2 Advocate for improved transportation infrastructure	0	33,800
Total	\$ 5,003,850	\$ 2,085,450

## GOAL 2: INTERVENTION

### 1.1. Assessment – One Stop Center

Line Item	Capital	Operations
Admin/medical building	\$ 1,200,000	\$ 0
Equipment start-up	50,000	0
Assessment team: 1 Intake Specialist 2 Medical Professionals (Primary & Psychiatric) 2 Nursing professionals 4 Case Mgr. 1 Clerk/data entry	0	610,600
Utilities, maintenance, phones, connectivity, etc	0	75,000
Supplies: medical/office	0	25,000
<b>Total</b>	<b>\$ 1,250,000</b>	<b>\$ 710,600</b>

### 1.2. Safe Haven – 16 communal bed, low-demand, housing for hard to reach and serve

Line Item	Capital	Operations
Construction (4,000sq. at \$115 per)	\$ 460,000	\$ 0
Acquisition	400,000	0
Operating including supportive services	0	375,000
<b>Total</b>	<b>\$ 860,000</b>	<b>\$ 375,000</b>

### 1.3. Triage Center – 110 bed crisis housing, assessment and case management

Line Item	Capital	Operations
Construction	\$ 2,200,000	\$ 0
Land Acquisition	450,000	0
Operating Expenses	0	1,000,000
<b>Total</b>	<b>\$ 2,650,000</b>	<b>\$ 1,000,000</b>

### 1.4. Community Infrastructure: Provision of immediate housing for the disenfranchised

Line Item	Capital	Operations
Rental/utility assistance 200 - 1 bedroom at FMR for 1 yr.	\$ 0	\$ 1,334,400
10 Case managers - supportive services	0	364,000
Operating costs	0	150,000
<b>Total</b>	<b>\$ 0</b>	<b>\$ 1,848,400</b>

### 1.5. Resource needs identification

Line Item	Capital	Operations
Consultant & Plan Implementation	\$ 0	\$ 50,000
<b>Total</b>	<b>\$ 0</b>	<b>\$ 50,000</b>

**SUMMARY OF COSTS FOR GOAL 2**

Line Item	Capital	Operations
1.1 Assessment – One Stop Center	\$ 1,250,000	\$ 710,600
1.2 Safe Haven – 16 bed	860,000	375,000
1.3 Triage Center – 110 bed	2,650,000	1,000,000
1.4 Community Infrastructure	0	1,848,400
1.5 Resource needs identification	0	50,000
<b>TOTAL PROGRAM EXPENSE</b>	<b>\$ 4,760,000</b>	<b>\$ 3,984,000</b>

**GOAL 3: COMMUNITY AWARENESS**

1.1. Educate: Community Awareness

Line Item	Capital	Operations
Public relations consultant	\$ 0	\$ 50,000
Print materials: The plan, press kits, flyers, brochures	0	12,000
Media/educational opportunities and coverage	0	0
<b>Total</b>	<b>\$ 0</b>	<b>\$ 62,000</b>

1.2. Engagement with the community: Distribution of materials, etc.

Line Item	Capital	Operations
Utilizing existing personnel	\$ 0	\$ 0
Mailings and information inclusion in utility bills	0	32,000
<b>Total</b>	<b>\$ 0</b>	<b>\$ 32,000</b>

1.3. Mobilize: Stimulate interest and work with advocacy leaders

Line Item	Capital	Operations
Utilizing existing personnel and public relations consultant	\$ 0	\$ 0
<b>Total</b>	<b>\$ 0</b>	<b>\$ 0</b>

**SUMMARY OF COSTS FOR GOAL 3**

Line Item	Capital	Operations
1.1 Educate: Community Awareness	\$ 0	\$ 62,000
1.2 Engagement with the community	0	32,000
1.3 Mobilize	0	0
<b>Total</b>	<b>\$ 0</b>	<b>\$ 94,000</b>

## ESTIMATED PLAN COST

Line Item	Capital	Operations
GOAL 1: PREVENTION	\$ 5,003,850	\$ 2,085,450
GOAL 2: INTERVENTION	4,760,000	3,984,000
GOAL 3: COMMUNITY AWARENESS	0	94,000
Total	\$ 9,763,850	\$ 6,163,450

This estimated plan cost does not include current inputs. It specifically addresses the additional resources both capital and on-going operational costs that are needed to end chronic homelessness. In order to accomplish this goal existing resources and services must be maintained.

## APPENDIX B: TASK FORCE PARTICIPANTS

*The following individuals participated in developing the 10-Year Plan to End Chronic Homelessness in the Big Bend*

21st Century Council	Mr. Steve Meisburg
Ability1 <sup>st</sup>	Mr. Daniel Moore
Bethel Community Development Corporation	Mr. Darryl Jones
Bethel Missionary Baptist Church	Dr. Carolyn Ryals
Big Bend Homeless Coalition	Mrs. Kay Freeman Ms. Stephanie Shepherd Reverend Thomas Dohrman Ms. Adrienne Criste Ms. Arika Beachy Mr. Jason Purify
Blueprint 2000 Intergovernmental Agency	Ms. Shelonda Gay
City of Tallahassee	Mr. Tom Coe Ms. Andi Lyons
City of Tallahassee, Neighborhood and Community Services	Mr. Michael Hervey Ms. Martha Bentley Ms. Joyce Martinez
City of Tallahassee, Office of the Mayor	Mayor John Marks Mr. Alan Williams
Department of Children & Families (DCF) Office on Homelessness	Mr. Tom Pierce Ms. Bonnie Hazelton Mr. Darius Graham
District II DCF Alcohol & Drug Administration Office	Mr. Daniel Moore
Downtown Improvement Authority	Ms. Marilyn Larson
Fannie Mae	Ms. Pam Duncan Ms. Evett Francis
Florida Agricultural & Mechanical University	Mr. Delmas Barber
FAMU/UF Extension Office	Ms. Tonda Nelson
Florida State University, Center for Civic Education and Service	Mr. Bill Moeller
Florida State University, College of Social Work	Dr. Wendy Crook

Goodwill Industries – Big Bend	Ms. Dee Austin Ms. Donna Warlick
Good News Outreach	Mr. Jim Bailey
Greater Tallahassee Chamber of Commerce	Mrs. Sue Dick
Homeless Participants	Mr. James Campbell Mr. Daniel Berg Mr. James Harris Ms. Thelma Daniels
Leon County Schools	Mr. Jon Cramer Ms. Kenyetta Williams
Leon County Sheriff's Office	Captain Craig Dennis
Planet Gumbo	Ms. Su Ecenia
Private Citizens	Ms. Elizabeth Banks Mr. Justin Sikes Ms. Tracee Ford
Tallahassee Housing Authority	Mrs. Claudette Cromartie Ms. Latweeta Wynn Mr. Eric Wood
The Tallahassee-Leon Shelter	Mr. Grant Slayden Dr. Christie Koontz Ms. Tess Tomasi
Tallahassee Memorial HealthCare	Ms. Catherine Heimbecher
Tallahassee Police Department	Sergeant Jim Martinez Lieutenant Brian Donaldson
Tallahassee Community College	Mr. Kurt Salsburg
United Way of the Big Bend	Dr. Ken Armstrong
U.S. Department of Housing and Urban Development	Mr. Jim Nichol

*Thank you to all of the individuals who participated.*

## APPENDIX C: DEFINITIONS



**10-Year Plan:** A 10 year plan is a strategic community plan which develops action steps that seek an end to chronic homelessness.

**Affordable Housing:** Housing affordability guidelines state that low, very low- and no-income households should pay no more than 30 percent of monthly income toward housing costs (i.e., a unit is considered affordable if it costs no more than 30% of the renter's income). This long-standing policy recognizes that money must be left over after the rent is paid to cover other basic needs such as food, clothing, transportation, etc.

**Big Bend Information System (BBIS):** The local Homeless Management Information System (see HMIS).

**Case Management:** This continuum acknowledges quality case management services as including, but not being limited to a comprehensive assessment of an individual's or family's social, health, and educational/employment circumstances. Also included are screening for mental health, alcohol or drug abuse. After the assessment, the case manager and consumer will develop a plan to assist the individual/family in overcoming challenges, build on strengths and regain their independence.

**Chronic Homelessness:** Refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

**Continuum of Care:** A local homeless assistance continuum of care is a framework for a comprehensive and seamless array of emergency, transitional, and permanent housing, and services to address the various needs of homeless persons and persons at risk for homelessness. The nature and configuration of housing and services may be unique to each community or region, depending on local needs, assets, and preferences. Big Bend Homeless Coalition (formerly Tallahassee Coalition for the Homeless) is the lead agency in the Big Bend continuum of care system of services to the homeless and those at risk.

**Emergency Services:** Services that can prevent homelessness or assist in stabilizing individuals and families, or shorten an episode of homelessness.

**Emergency Shelter:** An emergency facility that provides temporary shelter for homeless individuals and/or families up to 60 days. It provides at a minimum the basic needs of a place to sleep, compassionate care, a clean environment, reasonable security, and referrals

to other agencies. Most emergency shelters provide additional support services, including meals, case management, counseling, advocacy and help with future plans.

**Goal:** Goals follow from the mission statement and are general and global with regard to activities and products. Goals are not specific as to when or how something will be accomplished but speak instead to aspirations.

**Homeless Management Information System (HMIS):** A significant element of the Continuum of Care – locally, named the Big Bend Information System or BBIS. The purpose of HMIS is to coordinate community resources for homeless persons through a community-wide, shared database that houses demographic information on homeless individuals served, as well as information on the availability of services for homeless persons in this community. The goal of this system is to help agencies in the continuum of care better meet the needs of the homeless population.

**Homeless:** The term “homeless” or “homeless individual or homeless person” includes— (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is— (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Homeless Children and Youth:** (A) means individuals who lack a fixed, regular, and adequate nighttime residence ...; 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 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 ... (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 who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Housing First:** The goal of "housing first" is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing first can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.

**Income (low- and very-low income):** Section 3(b)(2) of the United States Housing Act of 1937 (USHA) defines “low-income families” and “very low-income families” as families whose incomes are below 80 percent and 50 percent, respectively, of the median family income for the area with adjustments for family size. Legislative history as well as the statutory language provides that income limits are to be calculated on a metropolitan statistical area basis except when specified otherwise in the statute. These income limits are generally referred to as Section 8 income limits because of the historical and statutory links with that program.

**Intake/Assessment:** The ongoing, non-threatening process used to learn about the client’s situation and determine which services are best suited to help the consumer. They shall be delivered through a non-judgmental interview process. Referrals to organizations within our continuum of care are made after intake and assessment has been completed. Consumers are referred to the agency or agencies best able to help the consumer. Referrals can be made either through traditional means (walk-ins, phone calls and fax) or through the use of the HMIS and the 211 linkage. The urgency of the need for additional services shall be based on the client’s self reported need. This is the process necessary to ensure clients can maximize the use of available resources including mainstream resources. It is through this process that referrals to appropriate service providers can be made, and it is the “front door” to coordination of homeless assistance.

**Mission:** Mission statements describe a group’s purpose in global terms – they explain what the group [or agency] is all about.

**Objective:** Objectives are specific and precise and allow us to measure progress being made toward the achievement of a goal. They declare what will be accomplished by a certain date and by whom.

**Outreach:** Outreach is the process by which homeless service providers and advocates make contact and form a relationship with the homeless. This engagement process is intended to assist homeless individuals and families in utilizing available services by meeting consumers “where they are.”

**Permanent Housing:** Housing usually identified as affordable housing for individuals and families for an undetermined length of time. Permanent housing is usually secured with a lease for a minimum period of one year.

**Special needs populations:** as defined by HUD, special needs populations include the chronically homeless, veterans, youth and those homeless individuals who have a serious mental illness, chronic substance abuse, HIV/AIDS or are victims of domestic violence.

**SuperNOFA:** HUD publishes an annual Notice of Funding Availability (NOFA) for Continuum of Care Homeless Assistance in the Federal Register; applicants must submit specific information about a proposed project, along with their continuum of care applications. Each application must include a certification that the project is consistent with

the consolidated plan of the jurisdiction where each proposed project is found. The Big Bend Homeless Coalition submits this consolidated application – called the SuperNOFA – on behalf on our eight-county catchment area.

**Supportive Housing:** Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives.

**Support Services:** Services that directly assist homeless individuals and families in locating and retaining housing. It also includes services which assist financially and personally, thereby assisting the person or family in avoiding additional episodes of homelessness. The services include, but are not limited to: medical care, mental health counseling, prescription assistance, transportation, educational classes, job counseling and job placement, childcare and legal services.

**Transitional Housing:** Housing services to individuals or families for a period not to exceed 24 months. Transitional housing often has built-in supportive services available.

**Vision:** A desired end state; what we want our community to look like in the future.

## APPENDIX D: OBJECTIVES FROM THE PLAN

### *Prevention:*

**1. Affordable Housing:** Provide adequate affordable housing for low-, very low- and no-income persons and families.

**1.1.** Increase the stock of affordable rental properties with rents below market rate through construction or purchase of additional units, or rehabilitation of existing units.

**1.2.** Increase the stock of subsidized rental housing available to low, very low- and no-income persons.

**1.3.** Increase supportive services to those at risk of becoming homeless (e.g., emergency financial assistance, case management for permanent housing, mortgage delinquency assistance).

**2. Income:** Provide the support necessary to empower all citizens to meet or exceed the threshold for adequate income to sustain self-sufficiency.

**2.1.** Expand access to mainstream resources which assist low-, very low- and no-income individuals and families.

**2.2.** Increase continuum capacity for providing employment training and job placement for persons at risk of homelessness.

**2.3.** Coordinate and promote financial literacy training opportunities for at-risk populations community-wide to utilize resources to the maximum capacity and identify gaps in financial literacy services.

**2.4.** Increase availability and accessibility of emergency financial assistance necessary to maintain housing and prevent episodes of homelessness.

**2.5.** Increase the funding for and access to emergency childcare assistance for those seeking employment.

**3. Health and Well-being:** Minimize health crises through the provision of primary health care to all uninsured individuals.

**3.1.** Increase access to and availability of adequate and affordable medical care.

**3.2.** Coordinate discharge planning with local and state institutions.

**3.3.** Develop Safe Havens, Assisted Living Facilities (ALFs) and Convalescent Centers.

**4. Transportation:** Provide adequate transportation necessary to support independence.

**4.1.** Increase access to public transportation and provide feedback on services provided by public transportation.

**4.2.** Advocate for appropriate infrastructure (including sidewalks) for those with transportation needs.

***Intervention:***

**1. Assessment:** To develop and implement a community-wide assessment system that matches the level of need of individuals experiencing homelessness with appropriate services.

**2. Service Provision and Community Infrastructure:** To ensure that necessary, sufficient quality services and community infrastructure are available. These include case management, life skills education, range of best practice housing options and supportive services, mental health and substance abuse treatment, comprehensive stopgap services, i.e., supported employment, financial assistance, 30-day emergency shelter, short and long term transitional housing and permanent supportive housing.

***Community Awareness:***

**1. Educate** the community about the 10-year plan by disseminating strategic communications about the plan to key stakeholders within a six-month period following the plan's release. Education regarding the nature, causes and costs of homelessness and solutions to the problem are ongoing efforts of the Big Bend Homeless Coalition and its partners, and will continue through the life of the organization.

**2. Engage** the community immediately following the release of the 10-year plan by disseminating information about the plan, the plight of the homeless and our community's responses to this problem through the mass media and other broadcast options. Continue to engage the community until homelessness ceases to exist.

**3. Mobilize** the community to participate in developing and implementing solutions to the problem.

## APPENDIX E: DESIRED OUTCOMES FROM THE PLAN

The most fundamental recommendation of the task force – in service to the goals of the plan – is to develop a dedicated funding source for: assistance to the chronically homeless, the homeless and those at risk of homelessness; for the development of additional affordable housing (including rental subsidies) for those in need; and for expansion of supportive services to help those who are housing to remain housed.

### Prevention:

- A decrease in homelessness and the demand for support services.
- An increase in the safety and stability of individuals and families.
- A decrease in the number of evictions that lead to homelessness.
- Development of 50 affordable housing units per year targeted at low-, very-low and no-income individuals and families.
- More providers are able to help clients access mainstream resources.
- Clients using ACCESS system increased by 10% by year two.
- Increase in the scope of services that people are linked to for prevention and support.
- Increase in housing instability data being gathered about those at risk of losing housing.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Dissemination of 100 brochures to those least likely to seek financial literacy training with the desired outcome of improved money management skills, increase in savings and improved credit rating.
- Staffing for a community financial literacy trainer who will provide targeted, on-site services to four key locations in Tallahassee.
- A decrease in the number of families that are behind on mortgage payments and at risk of homelessness.
- Increase in the shared responsibility of preventing homelessness.
- Number of evictions, foreclosures prevented will directly correspond to the increase in funding.
- Increase in the number of families gaining access to emergency childcare assistance for those seeking employment, enabling families to stabilize family incomes.
- Number of “new families” gaining access to subsidized childcare will be proportional to increase in available funding.

- A decrease in the number of patients using emergency rooms as walk-in treatment centers (3-5% yearly decrease).
- Increase in primary health care usage (5% increase in “patient base” at Bond and Neighborhood Health Centers).
- 10% yearly decrease in the number of people who become homeless upon release from hospitals, mental health facilities, jails, prisons, and substance abuse centers.
- Decrease in the number of individuals needing medical treatment among the homeless population.
- Increase in understanding how to access and link to appropriate care (e.g., Safe Haven, ALF and Convalescent Care).
- Increase in the number of beds available for special needs population – see goal 2 1.1.
- Increased mobility and independence of homeless and formerly homeless persons.
- 10% growth in riders among the low-, very low- and no-income, measured by the increase in “free” or reduced passes.

**Intervention:**

- Development of 50 affordable housing units per year targeted at individuals and families experiencing homelessness (includes chronically homeless) – this is in addition to the 50 units in the prevention goal for low-, very low- and no-income individuals and families, for a total of 100 additional units per year (includes rental subsidies).
- Every person who is identified as homeless in our community will be matched within 30 days with an appropriate service to enable him or her to return to stable housing.
- Emergency shelter being used as permanent housing will more appropriately be used for emergency 30-90 day housing.
- Increase capacity for gathering data from all components of the Continuum of Care, regardless of whether they have targeted homeless programs.
- Increase capacity to learn about high users of public resources (e.g., health and mental health care providers, law enforcement, etc.).
- 10% yearly increase in the number of “records” entered into BBIS.
- Increased ability to identify service priorities for unmet needs and capacities and increased ability to document progress toward accomplishment of the vision.
- Increased ability to develop and implement appropriate range of services and resources to meet the identified unmet needs of the population.

**Community Awareness:**

- Increased awareness about the problem of homelessness in our community.
- Increased participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.
- Ongoing knowledge and support for the 10-year plan & efforts of the Coalition and Continuum partners.

## APPENDIX F: TARGET DATES FOR IMPLEMENTATION OF STRATEGIES

### **Six months following approval of the plan ...**

- News conference and community forum (combined) with press kit and news releases to all media in Leon and surrounding counties.
- Meet with local media and other available Big Bend media as determined by the task force and the Coalition (one news opportunity per month for the six-months following the release of the plan).
- Direct mailing and public speaking engagements to key stakeholders in the Big Bend area, requesting their involvement.
- Develop a communications matrix to identify key audiences/stakeholders, problems with communicating with that audience, and solutions.
- Develop a master communications plan – utilize a professional public relations expert to create this plan (communications matrix would guide this plan).
- Planning for the establishment of a dedicated funding source for homeless services and prevention.
- Gather data from DCF on current level of assistance available and estimate on total funding to meet the need of our state and present information to local delegation serving in the House and Senate.

### **End of Year One...**

- Planning for the establishment of a dedicated funding source for homeless services and prevention.
- Planning for development of 100 affordable housing units (includes rental subsidies) for low-, very low- and no-income individuals and families.
- Planning and research toward the goal of increasing HUD vouchers and other rental subsidies and support for special needs populations.
- Gather data to determine if particular census tracts suffer higher eviction rates.
- Increase the percent of families who avoid eviction by 10% annually.
- Increase the number of homeless services providers using ACCESS to assist clients in accessing mainstream resources.
- Identify or develop a comprehensive data base on existing resources for employment training and job placement and determine usability and gaps in training among these services.

### **End of Year Two ...**

- The establishment of a dedicated funding source for homeless programs and prevention.
- Development of 100 affordable housing units (includes rental subsidies) for low-, very low- and no-income individuals and families.
- Begin applying for additional HUD vouchers and subsidies/support for special needs populations.

- Provide information to the community on eviction prevention as it relates to homeless prevention and affordable housing.
- Increase the percent of families who avoid eviction by 10% annually.
- Increase number of clients using ACCESS to apply for and obtain mainstream resources by 10% annually.
- Develop training to meet the need and demand for job services.
- Implement training, evaluate effectiveness and track success of students.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Dissemination of 100 brochures to those least likely to seek financial literacy training.
- Staffing for a community financial literacy trainer who will provide targeted, on-site services to four key locations in Tallahassee.
- Establish baseline needs for subsidized childcare and determine needed financial expansion.

### **End of Year Three ...**

- Establish one-stop-shopping for professional intake, assessment, referral and placement, using HMIS where appropriate.
- Development of 100 affordable housing units (includes rental subsidies) for low-, very low- and no-income individuals and families.
- Increase the percent of families who avoid eviction by 10% annually.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Increase financial resources for subsidized childcare by 10% each year, until full demand is met.

### **Ongoing ...**

- Develop additional housing stock through the HUD SuperNOFA and other federal and state sources (100 units a year for 10 years) for low-, very low- and no-income individuals and families.
  - Identify appropriate Continuum of Care partners with the capacity to develop and implement specialized housing.
  - Obtain funding for additional Housing Choice (Section 8) vouchers and support for special needs populations.
- Advocate for and assist with increasing supportive services to people at risk of homelessness (e.g., housing case management, supportive housing programs).
- Increase the percent of families who avoid eviction by 10% annually.
- Continue to implementation of the ACCESS system among homeless service providers.
- Recruit appropriate members of the Continuum of Care to BBIS and increase in the number of "records" entered into BBIS by 10% annually.
- Advocate for a policy change whereby indicators of housing stability would be included in applications for mainstream resources to determine those at-risk of losing housing.
- Increase job placement rates by 3-5% among low-, very low- and no-income individuals and families.
- Coordinate and promote financial literacy training opportunities community-wide.

- Identify gaps in financial literacy services for low-, very low- and no-income persons.
- Increase financial resources for subsidized childcare by 10% each year, until full demand is met.
- Expand the Homeless Management Information System to gather data about those at risk of eviction, homelessness and conduct outreach to avoid homelessness.
- Educate patients in self-advocacy and communication skills used with health-care providers, to empower patients in taking responsibility for their own health.
- Support, advocate and educate the public about the advantages of CareNet, We Care, Community Health Centers and avoiding emergency room visits.
- A decrease in the number of patients using emergency rooms as walk-in treatment centers (3-5% yearly decrease).
- Increase in primary health care usage (5% increase in “patient base” at Bond and Neighborhood Health Centers).
- 10% yearly decrease in the number of people who become homeless upon release from hospitals, mental health facilities, jails, prisons, and substance abuse centers.
- Identify appropriate agencies to develop safe havens, assisted living facilities (ALFs) and convalescent centers or ‘half-way houses’ for those with special medical needs who are homeless or at-risk.
- Advocate for improved public transportation to meet the needs of those without personal means of transportation.
- Identify key routes for those without personal transportation and request sidewalks, bike lanes, and safety measures for the pedestrians using those routes.
- The identification of needed services and community infrastructure will be informed by the community planning process that is undertaken by the community network that is coordinated by the Big Bend Homeless Coalition. This includes the identification of service priorities, capacities, and unmet needs.
- Facilitate committee responsible for producing progress reports on 10-year plan.
- Develop a speaker’s bureau that will discuss the nature, causes and costs of homelessness and solutions (must include homeless and formerly homeless individuals).
- Work diligently to increase consumer involvement.
- Increase awareness about the problem of homelessness in our community.
- Increase participation in policy shifts and changes that will benefit people experiencing homelessness and those at risk of losing their housing.
- Develop an informal program to get community members “into” these social service programs that work with people who are experiencing homelessness – to see the people and the programs first hand.
- Consider potential language barriers when communicating with the public.

## APPENDIX G: PROCLAMATIONS

### ENDORISING THE BIG BEND AREA TASK FORCE TO END CHRONIC HOMELESSNESS City of Tallahassee, Florida

1. **WHEREAS**, the Bush Administration has called for a 10 year Initiative to End Chronic Homelessness; and
2. **WHEREAS**, America's cities are on the front lines of response to homelessness; and
3. **WHEREAS**, approximately 3,000 to 4,000 people experience homelessness in our community every year; and
4. **WHEREAS**, individuals and families experiencing chronic homelessness are living with poverty and chronic conditions such as mental illness and substance abuse; and
5. **WHEREAS**, there exists new research findings, housing programs and discharge planning models that demonstrate that ending chronic homelessness is within our community's grasp; and
6. **WHEREAS**, the abolition of chronic homelessness requires collaboration and coordination of resources at all levels of government, together with community institutions, businesses, and faith-based organizations, to best determine how to implement prevention and intervention strategies; and
7. **WHEREAS**, nearly 200 major cities across the country have already created and committed to 10 year plans to end chronic homelessness; and
8. **WHEREAS**, the US Conference of Mayors adopted a resolution encouraging cities to create and implement performance based, results oriented strategic plans to end chronic homelessness in 10 years; and
9. **WHEREAS**, the National League of Cities officially adopted a resolution supporting the Bush Administration goal of ending chronic homelessness in the US in ten years;
10. **NOW, THEREFORE, BE IT RESOLVED** that the Tallahassee City Commission, by the authority vested in us, does hereby endorse and wholly support the Big Bend Area Task Force to End Chronic Homelessness.
11. **NOW THEREFORE, BE IT FURTHER RESOLVED** that the Tallahassee City Commission will work with the Task Force to ensure policies and resources to support its goals; and
12. **NOW THEREFORE, BE IT FURTHER RESOLVED** that Tallahassee, Florida is a community where all citizens have the opportunity to access adequate, safe and decent housing and the means to sustain it.

**ENDORISING THE BIG BEND AREA TASK FORCE  
TO END CHRONIC HOMELESSNESS  
County of Leon, Florida**

- 1. WHEREAS**, the Bush Administration has called for a 10 year Initiative to End Chronic Homelessness; and
- 2. WHEREAS**, America's communities are on the front lines of response to homelessness; and
- 3. WHEREAS**, approximately 3,000 to 4,000 people experience homelessness in our community every year; and
- 4. WHEREAS**, individuals and families experiencing chronic homelessness are living with poverty and chronic conditions such as mental illness and substance abuse; and
- 5. WHEREAS**, there exists new research findings, housing programs and discharge planning models that demonstrate that ending chronic homelessness is within our community's grasp; and
- 6. WHEREAS**, the abolition of chronic homelessness requires collaboration and coordination of resources at all levels of government, together with community institutions, businesses, and faith-based organizations, to best determine how to implement prevention and intervention strategies; and
- 7. WHEREAS**, nearly 200 major communities across the country have already created and committed to 10 year plans to end chronic homelessness; and
- 8. WHEREAS**, the National Association of Counties adopted a resolution endorsing the Bush Administration's national goal of ending chronic homelessness in ten years; and
- 9. WHEREAS**, the National Association of Counties further adopted a resolution encouraging counties to develop 10 Year Plans incorporating the latest research on effective engagement, housing, and services strategies to prevent and end chronic homelessness.
- 10. NOW, THEREFORE, BE IT RESOLVED** that the Leon County Commission, by the authority vested in us, does hereby endorse and wholly support the Big Bend Area Task Force to End Chronic Homelessness.
- 11. NOW THEREFORE, BE IT FURTHER RESOLVED** that the Leon County Commission will work with the Task Force to ensure policies and resources to support its goals; and
- 12. NOW THEREFORE, BE IT FURTHER RESOLVED** that Leon County, Florida is a community where all citizens have the opportunity to access adequate, safe and decent housing and the means to sustain it.

## APPENDIX H: Continuum of Care Partners

<b>State Agencies/Organizations</b>
Department of Children and Families – District II Alcohol, Drug and Mental Health
Department of Children and Families - Homeless Contracts
Department of Children and Families - Office on Homelessness
Department of Community Affairs
Department of Transportation
Florida Alliance for Assistive Services & Technology (FAAST)
Florida Coalition for the Homeless
Florida Commission on Human Relations
Florida House of Representatives
Florida Housing Coalition
Florida Housing Finance Corporation
<b>Local Government Agencies</b>
City of Tallahassee
Leon County
Leon County Schools
VolunteerLEON
<b>Public Housing Authorities</b>
Tallahassee Housing Authority
<b>Non-Profit/Faith Based Organizations</b>
211 Big Bend
Advocacy Center
Ability1 <sup>st</sup> (Center for Independent Living)
Apalachee Center, Inc. (formerly Apalachee Center for Human Services, Inc.)
Bethel Baptist Church
Big Bend Cares, Inc.
Big Bend Center for Human Services
Big Bend Community Based Care
Big Bend Fair Housing Center
Big Bend Regional Prevention Center
Brehon Institute for Family Services, Inc.
Capital Area Community Action Agency
Capital City Youth Services
Catholic Charities
Catholic Volunteers in Florida
Children’s Home Society
Diamond Literacy Academy

Disability Advocates
DISC Village
Divine Interventions of Tallahassee
ECHO Outreach Ministries
Evergreen Horizons
First Assembly of God Church
First Presbyterian Church
Frenchtown Outreach Center
Good News Outreach
Goodwill Industries – Big Bend
Homeless Expression and Art (HEArt)
Lutheran Social Services
Leon County Extension, Nutrition and Parenting Education Program
Life Church
MACAA
Mothers in Crisis
Planet Gumbo
Refuge House
Salvation Army
Shisa, Inc.
Sisters, INC. - Destiny Restoration House
Step One
Tallahassee Equality Action Ministries (TEAM)
Tallahassee Lenders Consortium
The Tallahassee-Leon Shelter
True Wisdom New Hope Ministries – New Hope Foundation
University Lutheran Church and Student Center at Florida State University
United Way of the Big Bend, Inc.
Veterans Administration
Workforce PLUS
<b>Business/Business Associations</b>
Awards 4 U
21 <sup>st</sup> Century Council
Blue Print 2000 Intergovernmental Agency
Downtown Improvement Authority
Florida A&M University (FAMU)
Florida State University (FSU)
Ghazvini Consulting
GTO
Hancock Bank
Kopy Kat Copy Center
Mad Dog Design & Construction

Marpan Supply Company
My Friend's Place
PC Wireless
Premier Bank
Premier Construction
Sprint
StarMetro (formerly TalTran)
SuperCuts
Tallahassee Chamber of Commerce
Tallahassee Community College (TCC)
<b>Private Citizens</b> <b>(Includes Homeless and Formerly Homeless Individuals)</b>
Names are withheld to protect the identity of those private citizens who are struggling to survive.
<b>Other Key Partners</b> <b>(Medical providers, Law enforcement, foundations and others)</b>
BlueCross BlueShield of Florida
Bond Community Health Center
CareNet
Fannie Mae Foundation
Gadsden County Health Department
Jack & Jill of America, Inc. – Tallahassee Chapter
Leon County Sheriff's Office
Leon County Health Department
Neighborhood Health Services
Tallahassee Memorial HealthCare
Tallahassee Police Department
WeCare Network