SARASOTA:

Creating an Effective HOMELESS CRISIS Response System

Transforming the Homeless Crisis Response System to Effectively Address Adult Homelessness

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Introduction

Homelessness has deep and costly repercussions. Homelessness affects not only the individual experiencing that crisis, but also increases community costs and negatively impacts the quality of life for community residents, businesses, and visitors. Fortunately, there are proven effective approaches to reducing homelessness. These successful approaches collectively offer a comprehensive system that will significantly reduce homelessness when implemented in a coordinated manner.

The recommendations offered here will result in noticeable and cost-effective short-term successes, including reducing street homelessness and frequent system utilizers by 100 within the first year, along with continuing to decrease veteran homelessness. Just as importantly, our recommendations chart a path for long-term success, providing a systems approach to make homelessness in Sarasota rare, brief, and nonrecurring.

Because of the unique strengths of the community, Sarasota has the potential to significantly reduce adult homelessness within just a few years. These goals can be achieved with the right leadership, application of proven best practices, and better targeting resources and funding. Working collaboratively, and working smart, Sarasota can effectively address homelessness, experience noticeable declines in adult homelessness, and improve the quality of life for all.

A Homeless Crisis Response System Designed to Effectively Address Homelessness

Effectively addressing homelessness means that the community has in place a comprehensive response that ensures homelessness is prevented whenever possible or, if it can't be prevented, it is a rare, brief, and non-recurring experience. Of course, homelessness will sometimes occur; effectively addressing homelessness does not mean that no one will ever be homeless in Sarasota. It does mean that Sarasota will see measurable significant reductions in homelessness over the next three years.

This comprehensive response is what we refer to here as the Homeless Crisis Response System. This is a system designed to:

1. quickly identify and engage people at risk of or experiencing homelessness;
2. intervene to prevent the loss of housing and divert people from entering the homelessness services system; and
3. when homelessness does occur, provide access to shelter and crisis services while permanent housing and appropriate supports are being identified, and then quickly connect people to housing assistance *and* services to help them achieve and maintain stable housing.[i]

An effective Homeless Crisis Response System has five key components:

1. outreach and coordinated entry,
2. prevention and diversion,
3. short-term emergency shelter,
4. rapid rehousing, and
5. permanent supportive housing.

These components work best when there is a strong foundation. The necessary foundation is a community collaboration that (1) uses a systems approach, (2) focuses on specified outcomes, and (3) makes decisions based on data and best practices.

Urgency for Transformation

The time for transformation is now. Much study, debate, and discussion has already taken place. Though there have been pockets of success, homelessness continues to a daunting challenge that is costly to taxpayers and impacts the local economy. The intractability of homelessness locally is not due to a lack of hard work or caring among nonprofit organizations, local government, or other community stakeholders.

It is clear, however, that continuing to depend on the homeless assistance practices currently in place will most assuredly lead to the same results. To achieve different results, the community must utilize different tactics. Reducing homelessness depends not only on hard work but also on that work being outcomes-focused, coordinated, accountable, and based on best practices and proven models. The stakes are too high to continue business as usual.

The most effective approach to turning the tide of homelessness in Sarasota is to transform the current system by embracing the Homeless Crisis Response System described in this report. This Homeless Crisis Response System is based on best practices that have proven successful in communities of all sizes and characteristics across the nation. While the system approach is a nationally proven model, specific recommendations made here are tailored to the unique strengths and challenges in the Sarasota community.

Report Design and Scope

In this report, we first review the strengths of the Sarasota community as they relate to the issue of homelessness, and explain our specific focus on adult homelessness and creating an effective homeless response system. Because other reports summarize the state of homelessness in Sarasota, as well as the ongoing community costs of homelessness, we do not repeat that information here. It is clear to all who work, play, and live in Sarasota that homelessness needs to be effectively addressed and significantly reduced.

The core of the report is a description of the components of an effective Homeless Crisis Response System, and specific recommendations regarding creating this system in Sarasota. This report does not map the current system; rather, we focus on what will move the community forward – creating a highly effective Homeless Crisis Response System that will yield measurable results and successes.

While our work is based solidly on best practices, expertise in systems design, and understanding the importance of collective impact on social problems – and, admittedly, we use some of the jargon that comes with that territory – our recommendations are not academic. This report offers very specific, actionable, practical solutions with the goals of significantly reducing adult homelessness, and effectively addressing all type of homelessness, in Sarasota.

Throughout this report, unless otherwise noted, the word “Sarasota” is used to refer to the all the communities and community stakeholders in the county, including local governments, the private sector, citizens, and other stakeholder groups. In using the term Sarasota, we are not referring to any particular governmental jurisdiction. While the City of Sarasota commissioned this study and report, the recommendations are intended to serve Sarasota in the broader sense. Homelessness does not recognize jurisdictional boundaries and solutions to homelessness must cross those boundaries.

Implementation of the Recommendations

To implement our recommendations, resources must be invested wisely and collaboratively by all sectors. With few exceptions, this report does not speak to the specifics of financing, investment, and resource allocation necessary to fully implement the plan. We do know that implementing an effective Homeless Crisis Response System, including building capacity in each of the components and the collaborative systems approach, will likely mean both reallocating existing funding and increasing the overall level of investment.

The good news is that dedicating resources to this system implementation will be true investments; the investment will pay off in terms of reductions in overall homelessness, street homelessness, cycling through systems, and costs borne by local businesses and taxpayers. Upon acceptance of this report by community stakeholders, the next step will be to bring together all the sectors that will invest in success, including many local governments, nonprofit and for-profit businesses, foundations, private donors, and local advocates. The implementation plan – identifying action steps, responsible parties, resources, and timelines – will lead the community to move quickly from recommendations to action, and from action to success.

Strengths of the Sarasota Community

Success is virtually assured by bringing Sarasota's community strengths to bear on the issue of homelessness by implementing the recommendations provided here. Among the many strengths of Sarasota are the following.

- *Significant financial investment in homelessness*. Multiple millions of dollars are invested annually to address homelessness in Sarasota. Among the many sources of these expenditures are: Seasons of Sharing and other foundation investments and philanthropy, City of Sarasota, Sarasota County, HUD CoC funding, and State funding of homeless and related programs. In addition, the costs of continuing homelessness in Sarasota are absorbed by other systems[ii] – criminal justice interventions, emergency room visits, uninsured inpatient health care, emergency behavioral health interventions, and more. In all these forms, Sarasota currently spends millions of dollars to manage and address homelessness. As discussed in this report, this *spending* can become *investing* – investing in effectively ending homelessness by retooling the system and targeting funding toward successful interventions focused on reducing, rather than managing, homelessness.
- *Political and community will*. There is no doubt that the Sarasota community and its leaders wish to reduce homelessness and its impacts. Everyone talks about homelessness and invests resources in the issue, including local governments, community foundations, donors, the business community, and the community at large as represented by the media. Given this high level of political and community will, successful collaboration will result in successful outcomes. Once leaders and the community begin to collaborate and focus on outcomes, success will be realized. This has been proven already in Sarasota with the successful Family Haven Alliance initiative, which has made homelessness among families relatively rare and brief. Clearly, working together on focused solutions yields results in Sarasota.
- *Well-established service providers*. There are numerous well-established nonprofit organizations working in the homelessness arena. It is absolutely clear that the leaders and staff of these nonprofits

are committed, hard-working, and passionate about the work they do. Unfortunately, this hard work and commitment have not translated into the best possible outcomes for a variety of reasons discussed in this report. Implementing the report recommendations will build collaboration, increase accountability, streamline and improve the homeless crisis response system, invigorate efforts on previously intractable issues, and significantly improve outcomes.

Focus of Report

Adult Homelessness

In this report, we focus primarily on the issue of single adult homelessness for several reasons.

First, the local Family Haven Alliance initiative addressing homelessness among families with children is now fully operational and demonstrating good outcomes. While the family system has been greatly improved through the implementation of best practices, solid leadership, and collaboration, the system for adult homelessness has yet to be retooled and transformed in a similar way.

Second, there is a crisis of unsheltered homelessness among adults in and near downtown Sarasota and in camps scattered throughout the area. These individuals, who comprise only a small segment of the total homeless population, have the greatest impact on the local community. The group is highly visible, affects the community's quality of life, results in high community costs in terms of emergency systems and interaction with law enforcement, and has a negative economic impact on businesses. The solutions offered here will drastically reduce visible downtown homelessness within two years.

Third, adults who experience homelessness need to move out of homelessness as quickly as possible so they can recover their health and stability. Unsheltered long-term homeless individuals are struggling with long-term health issues and disabilities, with little hope of recovery if the status quo prevails. If the existing approaches worked for them, they would not still be on the streets. A transformation of the homeless crisis response system will lead to transformation in individual lives.

A Systems Approach

Here we focus on creating an effective, streamlined, collaborative homeless crisis response system. In the pages that follow, we have taken great care to focus on the system and its key components, rather than individual nonprofits, governments, foundations, providers, or programs. In some cases, the mention of an organization or entity is necessary, of course. But on the whole, we emphasize that it is not the individual players that are the keys to success, but rather how they play as a part of a collaborative system.

As noted throughout this report, there is an exemplary level of commitment and good intentions throughout the community. From law enforcement officers to service providers, from City to County, from foundations to businesses – everyone wants to reduce homelessness and provide the best possible outcomes for people who are homeless and struggling.

If good intentions and current practices could solve the problem, there would be no problem. Unfortunately, the problem exists because current practices are not working well. The key system components are not fully functional and do not work together as a system. Therefore, this report focuses on transforming the system. Further, rather than dwell on the reasons why the current system does not work well, we highlight the key components of a transformed system that will work.

Acknowledgements

It has been a pleasure working in Sarasota. We wish to acknowledge the cooperation and support of many. Appendix II lists many individuals and organizations that shared their time and talents as this work progressed. Below we acknowledge a few of the major contributors.

First, City of Sarasota officials and staff have given the authors of this report complete freedom to assess, investigate, analyze, and make recommendations based on best practices, without specific outcomes or recommendations predetermined. For that, we are very grateful. We offer this report to respond to the single directive from the City: "Tell us what needs to happen to effectively address this problem."

Second, while this work was funded by the City of Sarasota, representatives of Sarasota County have provided invaluable information, support, connections, and a truly collaborative spirit. Similarly, the Gulf Coast Community Foundation has been instrumental as a collaborative catalyst to move all parties toward achievable solutions. In addition, business leaders have shared graciously their time and talents.

Third, the nonprofit organizations that serve the community have shared their information, time, and expertise. It is recognized that an impending consultant's report may create uncertainty and concern among services providers in any community. Sarasota nonprofits have opened their doors and shared their visions. They work hard and care without reserve. It is our hope that this report will result in a system that will greatly improve these nonprofits' program outcomes, drastically reduce homelessness, and build strong collaborations. The change process will not be easy, but will be worth it. These hardworking nonprofits deserve an improved system, as do those they serve.

Creating an Effective Homeless Crisis Response System for Adults in Sarasota

Introduction

An effective Homeless Crisis Response System has five key components. The key components are:

1. outreach and coordinated entry,
2. prevention and diversion,
3. short-term emergency shelter,
4. rapid rehousing, and
5. permanent supportive housing.

In the sections below, each element is described and recommendations are offered with respect to strengthening that component in Sarasota to reduce adult homelessness.

These components work best when there is a strong foundation. The necessary foundation is a community collaboration that uses a systems approach, focuses on specified outcomes, and makes decisions based on data and best practices.

The Foundation of the Homeless Crisis Response System

Systems Approach

Homelessness is a serious longstanding social problem. Over the past ten years, however, research and practice have revealed specific proven strategies that will significantly decrease homelessness. The communities that have been most successful in reducing homelessness in general, and significantly reducing veteran and chronic homelessness in particular, are those with strong leadership, an effective homeless crisis response system, and implementation of proven strategies.

Adopting a systems approach simply means that it is explicitly recognized that elements of any system are interdependent. For the entire system to work, all system components must be successful and work together. Therefore, the system components rely upon each other to work and a serious weakness in one component of the system may cause the entire system to fail. Further, with a systems approach it is recognized that the coordination of the system components is an essential predictor of success.

It is easy to see how the systems approach applies to the Homeless Crisis Response System. If an outreach effort is evaluated based on the number of people who are engaged with services, shelter, or housing, outreach will not be successful until services, shelter, and housing are accessible. If a shelter is evaluated based on the percentage of people who move out of shelter and into permanent housing, there must be access to an adequate supply of rapid rehousing, permanent supportive housing, and affordable housing in general.

Each component of the system relies on the others and the success of the system as a whole depends upon the coordination of strong components. The reverse is also true, as demonstrated in many communities. Until all systems components are strong and working together, there will continue to be an ongoing expenditure of resources and hard work, but those efforts will not reduce homelessness.

A challenge for all communities is the often disjointed nature of funding and responsibilities. For instance, behavioral health services are funded primarily by insurance, including Medicaid, as well as public funding for those who are uninsured. That funding flows through regional entities called Managing Entities,[iii] and then distributed to community-based mental health service providers and substance abuse service providers. For individuals experiencing homelessness, the link to those services must be ensured through community coordination. Inadequate funding for behavioral health services is stretched thin, making it difficult for those who are homeless to access much needed services. It is through community collaboration that those systems interact most effectively. Without ongoing collaboration, the interaction is often primarily in the form of lingering on the streets and cycling in and out of expensive emergency services.

The behavioral health example provided above is just one of many examples that could be offered to emphasize the need for collaboration and coordination across systems of care. People who are homeless need to be able to access services and systems that operate virtually independently – physical health care, behavioral health care, legal and justice systems, and more. Because funding and responsibility for each of those areas is associated with different entities (e.g., Sarasota County, City of Sarasota, Managing Entity, CoC Lead Agency, law enforcement agencies), creating a homeless response system requires those entities to use their resources and coordinate to effectively address homelessness.

With a systems approach, the community works together to create a system with strong components that are coordinated to achieve specified end goals identified in a common agenda. Examples of goals for Sarasota might be to reduce total homelessness by 25% over the next two years and by 50% over the next five years. Another goal might be to reduce downtown chronic homelessness by 50% over the 18 months. Ultimately, it is the community that must rally around shared goals and work to create a system to achieve those goals.

Community Leadership

Because identifying and achieving shared goals is a community effort, a systems approach is best coordinated and championed by broad-based community leadership with multiple sectors engaged. This leadership collective must focus on achieving coordination, collaboration, and commitment by all sectors and stakeholders. They will adopt community goals, address resource allocation, track outcomes, and make timely mid-course corrections.

One method of achieving this approach is by utilizing the collective impact model, [iv] which focuses on:

1. a common agenda,
2. shared measurement systems,
3. mutually reinforcing activities and coordination, and
4. continuous communication.

In addition, a funders collective can be instrumental in resource allocation, incentivizing best practices, and emphasizing a systems approach. There are models available to help build effective leadership through a Funders Network.[v] Additional models are available throughout the country that can be replicated locally to yield the success Sarasota deserves.

In some communities, the primary community leadership group is the local Homeless Continuum of Care (CoC) Board. A Continuum of Care is a geographically defined planning body designated by the federal

government, and recognized by the State, to coordinate efforts to address homelessness. This model, recommended by HUD, is intended to bring together leadership from key community stakeholders from the CoC geographic area, which locally comprises both Sarasota and Manatee Counties. Locally, the Board of the Suncoast Partnership to End Homelessness operates in dual roles: serving as the CoC Board responsible for coordinating efforts to address homelessness in the two-county area, as well as serving as the Board of Directors for the Suncoast Partnership to End Homelessness nonprofit organization.

In other communities, alternative leadership bodies have been created to work alongside CoCs but with a more specific or focused agenda. One example of this model is in the central Florida area, where the CoC planning body, coordinated by Homeless Services Network of Central Florida, works alongside a community-based group comprising strong community leaders, the Central Florida Commission on Homelessness.

In Sarasota, the community must determine the best model for leadership to effectuate this plan, transform the system, and lead the community toward the goal of effectively addressing and significantly reducing homelessness. There are multiple options for community leadership. Any of these models can work. The determining factor for success is having community decision-makers and leaders at the table, regardless of where that table is housed. Below we offer two options for community leadership, along with strengths and challenges for each option.

Leadership Option 1

The first option is for the Suncoast Partnership to End Homelessness (SPEH) to take the lead. SPEH is the federally recognized Continuum of Care Lead Agency for the Sarasota/Manatee area. Currently the SPEH Board of Directors operates as the CoC Board, which is recognized by HUD as the planning body responsible for coordinating efforts to address homelessness in the two-county area. Historically, the SPEH organization has not had the capacity to carry out a leadership role in the community in terms of the larger plan to effectively address homelessness. There is currently a great opportunity for capacity building at SPEH with the support of the community. For SPEH to take on this leadership role, SPEH must fill the vacant Executive Director position with a CEO with proven experience in systems change management, ability to build collaboration, and strong leadership capabilities. Further, a CoC Leadership Board must be created, comprising decision-makers and leaders from multiple sectors of the community. The current SPEH Board of Directors would continue to operate as the internal governance board for the agency itself, while the CoC Leadership Board would operate as the externally-focused board responsible for community planning and coordination to effectively address homelessness. The CoC Leadership Board would comprise influential decision-makers, leaders, and key community stakeholders for the Sarasota/Manatee area. The Leadership Board will focus on leadership, community priorities and planning, and outcomes-focused performance of the homeless crisis response system.

Leadership Option 2

The second option is to create an entirely new Sarasota Homeless Leadership Council responsible for implementing the plan recommended here to effectively address and reduce homelessness in Sarasota. As with the CoC Leadership Board described above, the Council will be effective only if made up of influential decision-makers and community leaders.

Strengths and Challenges of Each Option

The first option is appealing because Suncoast Partnership to End Homelessness is already established as a nonprofit organization with the mission of preventing and ending homelessness locally. It is recognized as the CoC Lead Agency by the federal and state authorities, is the designated entity to apply for certain state and federal homeless funding, and operates the Homeless Management Information System. Further, as noted previously, although SPEH has not assumed a strong leadership role in the community in the past, there is currently an opportunity for them to assume that role going forward, if supported by the community, strong leadership, and an improved board structure.

Another benefit to Suncoast Partnership assuming the leadership role is that staff and infrastructure are already in place. Although SPEH has not consistently been the community catalyst needed in the past, and does not currently have the capacity to implement the plan recommended here, the capacity could be increased relatively quickly with community support. A possible challenge is that SPEH is responsible for the two-county area, rather than focused exclusively on Sarasota.[vi] The CoC Leadership Board will be tasked with creating a Homeless Crisis Response System that will ultimately benefit both counties because it is based on best practices that will benefit the entire CoC.

The second option – forming a new independent leadership group – is appealing in that the Council could focus exclusively on Sarasota. As a new group, the Council would not be hampered by history, and would move forward with focused energy and leadership. One challenge for this group would be infrastructure. Because the Council members themselves would be community leaders busy with competing priorities, they would need significant staff support to be effective. This staffing function could be contracted through local governments, Suncoast Partnership to End Homelessness, the Florida Housing Coalition, and/or provided by foundations. Alternatively, the Council could put in place its own infrastructure, including nonprofit organization status, Council staff, communications/messaging, office space, and technology.

Further, a new Council would need to work quite closely with Suncoast Partnership to End Homelessness so the two groups were not working at cross purposes. Because much of the federal and state homeless funding flows through SPEH and because SPEH operates the Homeless Management Information System (HMIS), the resources and data necessary to support the Council's initiatives will likely continue to be under the direct purview of SPEH.

Our Analysis of the Options

The community must decide on which leadership structure will work best. On balance, we believe the best approach is to increase capacity of Suncoast Partnership to End Homelessness and support that group in creating a new CoC Leadership Board. That new CoC Leadership Board should comprise executive-level influential community leaders with decision-making authority to oversee the implementation of the transformed Homeless Crisis Response System. However, if that solution is not feasible, the second option will work as well, with sufficient supports in place to ensure infrastructure, staffing, and coordination with the Suncoast Partnership.

Outcome-Focused System

Program Outcome Benchmarks

The Homeless Crisis Response System recommended here, following best practices is geared toward a goal of preventing and reducing homelessness. For such a system to work effectively and efficiently there must be agreed upon outcomes-based performance metrics. Those measures must be tracked on a timely and regular basis, allowing for a feedback system to identify and quickly address problem areas.

It is important the metrics be focused on appropriate outcomes. Many nonprofit organizations have systems in place to track activities and outputs (e.g., number of outreach contracts, number of shelter bed nights) and it is appropriate to track that data for internal management purposes. However, it must be emphasized that those measures are more of a reflection of activity rather than outcomes.

Below we identify a few specific performance metrics that are common measurements in an outcome-focused system. Local community leadership will identify benchmarks for each of these measurements; we offer guidance here based on other communities.

Examples of outcome-focused performance measures for programs include the following.

- **Permanent housing success rates.** People who move into their own apartments are no longer homeless, so one of the best measures of success in reducing homelessness is to measure housing placement rates. The community can establish a system-wide goal, as well as program-specific goals. The system goal might be an overall combined housing placement rate of 70%. The housing placement benchmark for an outreach program could be lower, say 50%, while the housing placement benchmark for rapid rehousing programs would be higher, at least 80%.
- **Returns to homelessness.** Helping people move into housing is not enough – the system must provide ongoing support services and assistance to help them remain stably housed. The system, and any individual program, is not effective if people are housed but then cycle back in and out of homelessness. It must be recognized, however, that returns to homelessness will occur in any system. A system-wide returns to homelessness benchmark might be 15%, while the benchmark for a specific permanent supportive housing program might be pegged at 10%.
- **Average length of time in shelter/transitional programs before moving into permanent housing**. The federal goal is that, on average, length of time between a person's entry into a program and moving into housing should be less than 30 days. The community can establish a system-wide goal, as well as program-specific goals. For example, the system-wide goal may be an average length of stay of less than 60 days combining all programs, while the goal for a specific emergency shelter might be 30 days.
- **Increase in household income**. Along with helping people move into housing, our systems must also address long-term sustainability. The system, and specific programs, should measure the percentage that increased household income over the period of time the household is served and housed.

The performance measures mentioned above, as well as other important metrics, can be drawn from the CoC's Homeless Management Information System (HMIS). To maximize consistency, reliability, and comparability across time and programs, it is essential that outcome measures be drawn primarily from HMIS, rather than from agency reports using other systems.

System Effectiveness Benchmarks

Above, we described metrics for tracking outcomes of individual programs. Consistent with the "systems approach" advocated here, additional measures must be tracked to measure the effectiveness of the system as a whole.

HUD has recently begun requiring CoCs to report certain "System Performance Measures."[vii] System Performance Measures (Sys PM) were first reported by CoCs in 2016 and those 2016 measures will serve as the "benchmark" year measures against which future changes will be measured. The Sys PM include the following measures, based on data drawn from the local Homeless Management Information System (HMIS):

1. length of time persons remain homeless in the community;
2. percentage of people who exited homelessness to permanent housing and later return to homelessness (i.e., returns to homelessness within a specified period of time);
3. changes in number of total people homeless and those in specific homeless subpopulations, such as veterans, chronically homeless, families with children, unaccompanied homeless youth;
4. employment and income growth for persons in HUD CoC funded programs;
5. number of persons who become homeless for the first time in the community; and
6. percentage of people successfully moved from street outreach into, and retaining, permanent housing.

System Performance Measures are important for two reasons. First, the CoC's reported performance on these metrics will affect directly future federal and state funding. Higher performing CoCs will be rewarded. Second, these measures provide useful data for the local community to improve the system. For instance, seeing increasing numbers of first-time homeless is an indication that the Prevention and Diversion component of the system should be improved. Similarly, if few people are moving directly from the street to an apartment, then the Outreach and Rapid ReHousing components of the system must be enhanced.

It is important to note that these System Performance Measures depend on having an effective Homeless Crisis Response System, as described in this report, with a solid foundation in: (1) strong leadership at the CoC level; (2) an emphasis on the "system" rather than individual agencies or programs; (3) a comprehensive and high-quality Homeless Management Information System (HMIS); and (4) a commitment to making decisions based on data and outcome measures.

Additional metrics related to community costs may also be tracked by the local community. Below is a non-exhaustive list of such measures, which will decrease over time once the system is implemented.

1. EMS (Emergency Medical Services) calls related to homelessness;
2. costs related to homeless individuals accessing CSU or ER (Crisis Stabilization Unit or Emergency Room) resources;
3. arrests or warrants for minor offenses correlated with homelessness (e.g., life-sustaining activities outdoors, loitering); and
4. Marchman Act and Baker Act admissions of people who are homeless.

Data-Driven Decision Making

As described above, a wealth of data and performance measures can be generated from HMIS. The HMIS can be more than a data repository; it can be an effective systems and program management tool.

Successful systems and programs use information to make decisions. To use information to make decisions, that information must be reliable and readily available, reviewed by an appropriate body on a consistent and timely basis, and be incorporated into the decision-making processes around resource allocation and expansion or redirection of specific programs.

As an example, in many communities it has been tradition to have in place multiple nonprofit organizations performing a specific activity or program, such as Rapid ReHousing. The intent was to "spread the money around" and serve a variety of subpopulations. That approach has shifted.

Now, using a data-driven systems approach, more successful communities seek to identify – based on specific performance metrics and using a transparent process – one or two organizations that are the most effective and efficient in that particular arena. Those organizations are then provided the bulk of the funding for that activity and they serve the entire system, not just "their" clients, through the Coordinated Entry System prioritization and referral process.

The systems approach, combined with outcome-focused performance measures and data-driven resource allocation, results in a system that is more likely to effectively and efficiently reduce homelessness over the long-term.

As another example, performance outcomes reviewed on a quarterly basis may reveal that lengths of stay at one particular emergency shelter are trending upward while lengths of stay at another shelter may be trending downward. This result must be investigated because there are multiple explanations for the results. Depending on the explanation, resources may need to be reallocated or system processes improved.

The likelihood of making the best decisions is greatly improved with the use of a timely, transparent, and established process of reviewing outcome-focused performance measures, along with a commitment to base decisions primarily on objective data and outcome measures.

This focus on data and outcomes does not diminish the importance of the people behind the numbers. Every person who is homeless has human dignity and worth, and every organization is working hard to serve. Further, the sharing of anecdotes, photographs, and inspirational stories help with messaging to reveal the heart and faces of homelessness. But those stories should not be the basis on which a system is designed, funding allocated, or decisions made – for that we have data. It is through wise decisions and an effective system that we will best serve the community, including those who are or might become homeless.

Recommendations for the Foundation of the Homeless Crisis Response System

0.1 **The community should establish and support an influential Leadership Board affiliated or working in partnership with the Suncoast Partnership to End Homelessness to guide the implementation and support of an effective Homeless Crisis Response System aimed at effectively addressing homelessness**. Two possible models are suggested above, along with a discussion of the strengths and challenges associated with each model. While this recommendation supports working with and

through the Suncoast Partnership, the alternative model could also be effective if preferred and supported by community stakeholders.

0.2 **In collaboration with the Leadership Board, a Funders Council should be created to address resource allocation, collaboration, and performance metrics**. Millions of dollars are spent annually in support of a variety of often disconnected efforts to address or manage homelessness. These expenditures can be transformed into successful investments to effectively address homelessness through collaboration, consensus on outcome-oriented performance metrics, and data-driven decision making and resource allocation. Funders include local governments, community foundations, family foundations, hospital foundations, the business community, and so on.

0.3 **The Leadership Board and Funders Council should create an effective communications and messaging plan to build community support to build the Homeless Crisis Response System and specific initiatives that grow out of the implementation of this plan**. There are many among the community who are poised to act, contribute, and lead once this plan is accepted by local government. There is great energy around finding real and lasting solutions to homelessness in Sarasota. It is incumbent upon community leaders, including local governments and other community leaders, to come to consensus to support this plan, and to engage the broader community to implement the successful system envisioned.

0.4 **The Leadership Board, in collaboration with the Funders Council and the Suncoast Partnership CoC, should establish specific processes for tracking, investigating, and responding to specific outcome-focused performance measures for the system as a whole, as well as for individual programs and agencies**. As described above, there are specific measurable outcome-oriented performance metrics that track how quickly people move out of homelessness, how many move out of homelessness into housing, and how many remain stably housed. These metrics, among others, must drive ongoing decisions for system improvement. When the metrics identify areas that are underperforming, the collaborative partners must have a transparent process in place to address the underperformance.

0.5 **Two specific adult subpopulations should be prioritized first: (1) homeless veterans, and (2) single adults who are long-term homeless and have disabling conditions.** A community Homeless veterans Work Group should be established to continue to move the CoC toward the goal of effectively ending veteran homelessness, as documented by certification from the United States Interagency Council on Homelessness, by June 2018. In addition, a Disabled Homeless Work Group should be established to focus on reducing downtown street homelessness, frequent utilizers of emergency and community services, and those who have the most severe combination of physical health and behavioral health needs.

Outreach & Coordinated Entry

Outreach

Having an effective, housing-focused, and coordinated outreach effort is essential to reducing adult homelessness in Sarasota. Outreach involves interacting with unsheltered people who are homeless in whatever location they naturally stay (e.g., in campsites, on the streets, transit stations), building trust through assertive engagement, and offering access to appropriate housing options**.**

Sarasota has been creative and proactive in outreach. There are several local outreach efforts in action, including general outreach coordinated and led by law enforcement, as well as others focused on specific

groups such as homeless unaccompanied youth and young adults, veterans, and victims of trafficking and trauma. These efforts are to be commended. These committed outreach workers build trust through engagement and education. Outreach efforts are hampered, however, by the scarcity of solutions and housing options they can offer those they engage.

With the implementation of an effective Coordinated Entry System, discussed further below, outreach teams will have an even greater impact through direct involvement in that system and through coordination of efforts. When outreach becomes a key player in the Coordinated Entry System, more unsheltered individuals can be connected directly with shelter, service, and housing options.

Further, with increased investment in Rapid ReHousing and Permanent Supportive Housing described further below, unsheltered individuals will have quicker access to permanent housing, prioritized according to the severity of their needs. With the system envisioned here, individuals who are reticent to enter shelter will have a more direct route to housing and much-needed support services. While some individuals will likely receive court-ordered treatment through the newly established Comprehensive Treatment Court, others will be connected to community-based services and housing options through the coordinated entry process, as described below.

Coordinated Entry

Coordinated Entry is a standardized community-wide process to identify and triage people who are homeless or at risk of homelessness in the community. To be effective, this process must utilize common assessment tools, prioritize access to housing options based on the assessment, and provide referrals to services based on that assessment.

A functioning Coordinated Entry System (CES) provides a clear entry point for people who are in a housing crisis and allows for early diversion away from the homeless system. It makes possible a more efficient and effective use of community resources by better matching clients with housing and service options, reducing duplication of effort and cycling in, through, out, and around the system. CES provides faster and better access to services and shelter or housing, especially for those who are unsheltered and engaged through outreach, but also for those in shelter and other programs. In addition, CES provides data and feedback about trends, needs, and gaps, so that, if needed, resources can be redirected in a timely and responsive manner.

Currently the Sarasota/Manatee Continuum of Care does not have a functioning Coordinated Entry System.[viii] Coordinated Entry, sometimes termed “virtual triage” locally, is recognized in Sarasota as a significant need.[ix] Further, an effective Coordinated Entry System that meets HUD requirements must be in place and fully functioning by January 23, 2018.[x] If the CES is not operational by 2018, federal and state homelessness funding will be in jeopardy. This must be a priority.

Recommendations for the Outreach & Coordinated Entry Component of the System

1.1 **The Coordinated Entry System, fully compliant with HUD requirements, must be fully functional by January 2018.** The details of those requirements, and the action steps necessary to be compliant, are beyond the scope of this report. However, below we identify a few key features that are especially important in Sarasota.

1.2 **The creation, implementation, and management of the coordinated entry system (CES) should be the responsibility of the Suncoast Partnership to End Homelessness (SPEH) as the Lead Agency for**

the CoC. While other approaches are possible, the communities in which CES is most effective are those where the CoC Lead Agency manages coordinated entry. Of course, while SPEH will be responsible for coordinating the work, the process of creating and implementing the system must include collaborating partners working together. For a variety of reasons, SPEH has not had the capacity to implement CES locally. Additional resources will be needed to increase the capacity for SPEH to undertake and succeed in this effort.

1.3 **Outreach efforts should be coordinated and integrated into the Coordinated Entry System so all unsheltered persons engaged through outreach are assessed using the common assessment tool for individuals** (i.e., the VI-SPDAT), allowing for prioritization and rapid referral to housing and services options. An effective CES will increase the efficacy of outreach by providing a direct linkage to housing and services for those who do not typically utilize shelter or services.

1.4 **The VI-SPDAT must be used to prioritize individuals[xi] for housing options and services based on the severity of their needs, and services/housing providers must accept those referrals for any available openings.** This prioritization and referral process can be effected through the creation of a "By Name List" (BNL), which is reviewed and monitored in weekly or biweekly meetings of collaborative partners. This proven method of prioritizing individuals for placement into housing and services, so that those who have the most severe needs are housed more quickly, has proven instrumental in significantly reducing chronic homelessness in many communities. With this prioritization process, organizations that operate housing programs such as Rapid ReHousing and Permanent Supportive Housing must serve individuals referred from the By Name List through CES rather than have a separate program-specific intake and eligibility process. With CES operating as the "front door" to housing/services, there should be no "side doors" left open to access housing. To make this process work even better, many CoCs utilize a phased assessment process, such as placing individuals on the BNL based on VI-SPDAT but then housing individuals based on a more comprehensive assessment of those at the top of the BNL. This is typically accomplished by using the "Full SPDAT," which yields a more accurate measure of acuity of need for services.

Prevention & Diversion

Prevention

To its great credit the Sarasota community makes significant financial investments in homelessness prevention through Seasons of Sharing, as well as through government funded initiatives and other private giving. The community is to be commended for such efforts to assist households with housing crises.

At the same time, it should be recognized that the resources invested in homelessness prevention outpace the investment in other interventions, such as Rapid ReHousing to help homeless households move back into housing. Of course, it is common sense that it is generally better – less expensive for the community and less traumatic for the household – to keep someone housed rather than allowing them to be evicted and then re-house them once they are homeless.

The difficulty in the arena of homelessness prevention is that there is little if any research that suggests that homelessness prevention actually prevents homelessness to a large degree.[xii] Much of the financial assistance provided to households through homelessness prevention programs is given to households that would not become homeless in the absence of that financial assistance, so what we often think of as

homelessness prevention is better characterized as poverty alleviation. Clearly poverty alleviation is laudable, but it is different from homelessness prevention.

The challenge for Sarasota, and all communities, is to discuss strategies for targeting homelessness prevention assistance to those households that would in fact become homeless *but for* the assistance. Unfortunately, there are no proven tools to or best practices in the arena of targeting homelessness prevention to the "but for" situations. There are, however, proven tools and best practices for diversion, as discussed below.

Diversion

Diversion is different from prevention. Prevention helps people avoid eviction from their current housing and prevention assistance is typically provided in the form of financial assistance to avoid eviction. Diversion, on the other hand, occurs at the front door to the Coordinated Entry System.

Diversion is a structured strategy that prevents homelessness for people seeking shelter by helping them stay where they currently stay or by identifying immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to housing.

Evidence from other communities indicate that as many as 30% of people who are planning to enter a shelter or similar homeless system entry point can be diverted away from homelessness. Diversion is a well-defined, scripted, and specific strategy for offering alternative solutions to keep people out of homelessness; it is not a refusal to serve.

As an example, with the help of a trained diversion specialist, many people seeking shelter are often able to stay where they stayed the night before – with family or friends or in their own apartment – with some mediation assistance and an offer to provide more follow-up assistance over the next few days. While it is often assumed that a person would not seek shelter if he or she had other options, data does not support that assumption.

Diversion is already working in Sarasota for a specific subpopulation – homeless families with children. Through the successful Family Haven Alliance, effective diversion strategies have diverted approximately 30% of homeless families away from the shelter and homeless system.

The value of diversion is realized not only in terms of better use of homeless resources, but also in terms of reduction in trauma and household disruption due to homelessness. By diverting people away from the shelter and homeless system whenever possible, the very scarce resource of shelter beds is used for those who need the bed the most and have no other options.

Further, diversion reduces disruption for those who can avoid entering the system. Entering the homeless assistance system often results in a person being displaced, which in turn results in multiple types of loss - employment, natural support systems, normal life schedule, physical safety, and emotional reserves. Every effort should be made to help people avoid these traumas through diversion.

Recommendations for the Prevention & Diversion Component of the System

2.1 **The community should consider redirecting a portion of funding that is currently being used for prevention to create an effective diversion process for individuals.** While prevention and diversion are similar, diversion is better at targeting people who would enter the homeless system but for the

diversion assistance. Further, diversion results in a better use of scarce shelter resources and related services. If reallocation of prevention funding is not viable, alternative funding should be identified for this essential component.

2.2 **A structured diversion process should be integrated in to the new Coordinated Entry System**, and individuals working in shelter and other entry points must be trained in diversion best practices with standardized diversion tools and processes.

Emergency Shelter

Crisis/emergency shelter is a key component of an effective homeless crisis response system. Emergency shelter resources are most effective when they:

1. have low barriers to entry and low demands for stay, so they are accessible to people who need shelter the most;
2. are focused on moving people out of shelter and into housing as quickly as possible, with a goal of permanent housing within 30 days of shelter entry;
3. have robust assessment and diversion processes to most effectively use scarce shelter resources; and
4. are integrated seamlessly into Coordinated Entry System.

It is important to make a distinction between emergency shelter (i.e., crisis shelter) and other more service-intensive programs that may be operated within a facility that is also used for emergency shelter. For example, the Salvation Army Sarasota Area Command Center of Hope facility has in place more than 240 beds, but a relatively small number of those beds are accessible currently for crisis/emergency shelter as characterized above. The vast majority of beds at the facility are used for programs and purposes other than crisis/emergency shelter. This is not a case of good or bad, right or wrong. It simply is the case that currently there are too few low-barrier low-demand accessible beds for those seeking crisis shelter only and for those referred to shelter by outreach or law enforcement.

At the same time, the number of shelter beds need not be equal to the number of people who are homeless. There are alternative places to stay and not everyone will choose to enter shelter. However, there should be enough accessible crisis beds for someone requesting crisis shelter and for those who are brought to shelter by law enforcement and/or outreach workers.

We recommend a set-aside of approximately 50 beds total for single adults at the current Sarasota Salvation Army facility for use as crisis/emergency shelter. The 50 crisis slots must be operated to provide low-barrier, low-demand, accessible beds for those who need temporary shelter.

This recommendation does not call for an expansion of the facility or creating additional beds, but rather simply allocating 50 of the existing beds for use as low-barrier crisis beds. It is recognized that there are already some beds set aside for this purpose, including 20 beds specifically for City of Sarasota referrals; the 50 recommended low-barrier beds include those already in place. Given the Sarasota Area Command's proven record of progressive innovations locally, we believe they will accept this challenge, as they have consistently demonstrated flexibility and a willingness to experiment with new approaches.

At this time, we do not recommend making significant capital investments to build a new shelter or expanding current shelter facilities. That major capital cost would be followed by substantial demands for ongoing operational and programmatic support, likely utilizing resources that would be better spent increasing capacity in other key components of the homeless crisis response system. In fact, once the system is functioning well, we expect to see a marked decrease in the need for emergency sheltering.

It will be important to track reliable data through HMIS, outreach, EMS calls, and law enforcement action to ensure that needs are being met throughout the county. For this report our work focused primarily on the north-county area and did not address mid- or south-county. We are available to assist the community in analyzing the data to determine whether there are areas outside the City and environs where there might be unmet needs for crisis response and, if so, the appropriate response to those needs.

The current need for additional shelter beds locally exists because the other necessary components of the system are inadequate to take the pressure off shelter. In communities with insufficient Rapid ReHousing and Permanent Supportive Housing – the two proven effective paths for people to get out of homelessness – there is undue pressure on the shelter component. Without sufficient capacity in the Rapid Rehousing and Permanent Supportive Housing, homelessness will continue to increase and the burden of that increase will be felt most by the outreach and shelter components of the system. The critically essential long-term answer to the "shelter problem" is increasing investments in Rapid ReHousing and Permanent Supportive Housing. The short-term answer is adjusting the number of low-barrier low-demand crisis beds, as recommended here.

The pressure for shelter/crisis beds will be reduced significantly by working smarter with the transformed system, along with appropriately reallocating or increasing resources so that all five components of the system have adequate capacity. Once this plan for the Homeless Crisis Response System is implemented and functioning, the need for crisis/shelter beds will be reduced because, with other components in place, homelessness will be reduced and people will move out of homelessness more quickly. Understanding there is concern about adequacy of emergency shelter, we suggest that the community give this plan time to work over the next three years, at which time the need for shelter/crisis capacity could be reevaluated.

Similarly, concentration of services and homeless-related housing will be lessened through a transformed system. By using rapid rehousing and services to help people move more quickly into apartments and homes scattered through the community, not only with homelessness be reduced, but so will the concentration of services and homelessness. Collaborative partners must be intentional about helping people move into areas of opportunity throughout the community to provide access to employment opportunities and encourage reintegration into the community at large. Once a person moves out of homelessness and into housing, that person can and should be given the opportunity to live anywhere in the community that offers accessible housing, transportation, and employment opportunities.

Recommendations for the Emergency Shelter Component of the System

3.1 **The community should work with the Salvation Army Sarasota Center to set aside approximately 50 of the existing beds to be operated as low-barrier low-demand crisis, without expanding the facility.** That access should include 24-hour access to the Center, a true bed, storage for belongings, and access to showers, meals, and other necessities. Staff should be trained in diversion, harm reduction, trauma-informed care, and related best practices to better serve those needing crisis

shelter and limiting expulsions from shelter. We do not recommend increasing the size of the Salvation Army Center facility but rather specifying 50 of the existing beds for this purpose.

3.2 **The Salvation Army facility and all shelters must be integrated seamlessly with the Coordinated Entry System and other components of the Homeless Crisis Response System.** As the primary entry point into the system for homeless single adults, the Salvation Army Center must continue to be an active collaborative partner with the Suncoast Continuum of Care and the newly transformed Homeless Crisis Response System. The Salvation Army is currently operating in multiple components of the system to some extent, including outreach, prevention, shelter, and rapid rehousing, as well as the Homeless Management Information System. An improved Homeless Crisis Response System will serve to strengthen their work further by reducing shelter lengths of stay and increasing the number of individuals who exit shelter to move into permanent housing.

3.3 **Using the Coordinated Entry System and other data sources, unmet needs should be tracked to determine how best to respond to crisis needs in areas outside of north-county.** Reliable data from Coordinated Entry, HMIS, outreach, EMS calls, and law enforcement action should be tracked based on geography to determine unmet crisis needs throughout the county. Appropriate responses and system modification must be determined based on the level and type of needs identified.

Rapid ReHousing

Rapid ReHousing is a strategy designed to move a homeless household into a leased rental unit as quickly as possible, ideally within 30 days of intake into the system. Rapid ReHousing (RRH) typically provides:

1. help identifying appropriate housing;
2. financial assistance, including initial deposits as well as ongoing rental assistance for 1-24 months, based on the needs of the household, and
3. appropriate support services while in the program.

A typical RRH program provides average total financial assistance of $4,000-$8,000 per household, with about six months of support services. For the average individual assisted with Rapid ReHousing this relatively small investment of funds and services is sufficient to move the person into an apartment and help them stabilize.

Rapid ReHousing is not facility-based or project-based. Individuals who are served through RRH move into existing rental units scattered throughout the community wherever those rental units can be identified. Once a person is housed with RRH, he or she is no longer homeless, but is then a tenant in an apartment, mobile home, duplex, or other rental unit.

However, it should be emphasized that Rapid ReHousing is not just financial assistance and not just housing. Rather, people who have been rapidly rehoused continue to receive services until they are stabilized. By providing services to the person after he or she has moved into housing, rather than before, those services are made significantly more effective. It is easier to manage medications, find a job, and access behavioral health resources while living in an apartment as compared to living on the streets. Services in RRH should be accessible and individualized to ensure that the person does not return to homelessness.

A well-designed and robust Rapid ReHousing initiative is effective with all subpopulations, including single adults and those who are long-term homeless. A study[xiii] of RRH for single adults revealed that it is effective even for chronically homeless individuals who had the following characteristics: homeless on average almost three years, where 72% were tri-morbid (i.e., had three types of disabilities: substance abuse, mental health, and physical disabilities). For that group the data showed that fewer than 14% of people housed with RRH returned to homelessness, while 86% remained stably housed with appropriate supports during the time of the study. While some of those individuals may eventually move into long-term Permanent Supportive Housing, to be discussed later in this report, starting in the Rapid ReHousing program is an initial first step to housing stability. The majority of people who move out of homelessness through Rapid ReHousing will not need the more intensive Permanent Supportive Housing, but a small number will.

Among the key components of the system, Rapid ReHousing is of most concern and most urgent. For any community to significantly reduce homelessness, the Rapid ReHousing component must have sufficient funding and capacity to help people move out of homelessness and into apartments as quickly as possible, and remain stably housed. It is simply not possible to make serious progress without adequate Rapid ReHousing capacity.

In Sarasota, Rapid ReHousing is clearly significantly insufficient. In the most recent Housing Inventory Chart for homeless programs, submitted to HUD in 2016,[xiv] the Sarasota/Manatee CoC reported the following numbers for single adults' access to various types of shelter and housing.

- 280 Emergency Shelter[xv]
- 301 Transitional Housing program[xvi]
- 235 Permanent Supportive Housing, 145 of which were reserved for veterans
- 32 Rapid ReHousing, 31 of which were reserved for veterans

Clearly, the Sarasota community is drastically underinvested in Rapid ReHousing for single adults – *the* single most important component of the system designed to, and proven effective to, quickly and significantly decrease homelessness in any community. While there are increased Rapid ReHousing openings in 2017 than there were in 2016, this component remains underfunded and in need of an infusion of capacity to truly be effective.

The importance of increasing Rapid ReHousing capacity cannot be overstated. RRH is essential because it is through these programs that the logjam in homelessness is released. Rapid ReHousing is designed to increase the "flow" through the system and without it people remain homeless longer, becoming less likely to become employed fully and more likely to have increased behavioral and physical health issues.

Sarasota wants and needs a speedy and lasting reduction in homelessness but that result simply cannot be realized without sufficient investment in Rapid ReHousing. There must be a full-court press of all sectors: governments, foundations, private donors, nonprofit organizations, and the business community. Investment in Rapid ReHousing will provide results that are quick, visible, and lasting.

It must also be recognized that a successful Rapid ReHousing program relies on access to rental units. The tight rental market for low-income individuals is widely recognized and well-documented and it is beyond the scope of this report to make specific recommendations regarding changes in land use policy, incentives for affordable housing, and increasing the stock of multifamily units. It will be necessary for the

community to address the issue of the lack of affordable rental housing in Sarasota. In the short-term, the CoC should strengthen its efforts in identifying current housing, collaborating closely with landlords, and building an effective housing navigator system, replicating successful models from other communities.

Recommendations for the Rapid ReHousing Component of the System

4.1 **At least 80 non-veteran single adult Rapid ReHousing openings should be created within the first year of implementation of this plan.** Creating 80 new opportunities will yield immediate benefits. Street homelessness will be quickly reduced and frequent shelter stayers will be housed. Further, Rapid ReHousing provides consistent access to much-needed support services to maintain housing stability and not return to homelessness. The 80 RRH slots can be funded through a variety of sources, including government funding (e.g., ESG, CSBG, SHIP) and philanthropy. A recent innovation that is proving successful in other communities is for foundations, community businesses, and the health sector to create "community-based vouchers," which operate much like housing vouchers, but are funded through community donations. Given Sarasota's strong local government jurisdictions, foundations, and business community, creating 80 RRH openings is very feasible.

4.2 **The Continuum of Care must embrace best practices, and establish performance benchmarks and common requirements for Rapid ReHousing.** RRH must be done well to be successful and a good investment. The CoC can ensure best practices by establishing written standards, program requirements, performance benchmarks, and monitoring processes.

4.3 **Rapid ReHousing must be integrated seamlessly with the Coordinated Entry System and other components of the Homeless Crisis Response System**. With the transformed system, individuals will be placed into RRH through the Coordinated Entry System based on the appropriate prioritization process, as described earlier in this report. Nonprofits providing RRH assistance must accept applicants exclusively from the Coordinated Entry System. There must also be a system process for helping people move from Rapid ReHousing to Permanent Supportive Housing if their needs and health issues are such that long-term assistance is necessary to prevent returns to homelessness.

Permanent Supportive Housing

Permanent Supportive Housing provides safe and affordable housing for people with serious disabling conditions, by providing long-term rent assistance and continuing access to intensive support services. Permanent Supportive Housing (PSH) is appropriate for a relatively small percentage of persons who experience homelessness.

National data suggests that only about 15% of homeless persons need PSH[xvii] – generally speaking, long-term homeless individuals with disabilities. In other words, most, but not all, "chronically homeless" individuals need Permanent Supportive Housing to prevent returns to homelessness. Permanent Supportive Housing is most appropriate for individuals who have the most severe disabilities and are at the highest risk of dying while homeless due to their health issues.

The primary differences between Rapid ReHousing and Permanent Supportive Housing are (1) the durations of assistance and (2) the intensity of support. PSH provides longer-term financial assistance and intensive support services geared toward the especially serious needs for individuals with disabilities.

Compared to other shorter-term strategies such as diversion and rapid rehousing, long-term permanent supportive housing is a relatively expensive strategy due to the required duration and intensity of assistance, and so should be reserved for those who have the greatest needs and are the most expensive frequent utilizers of other systems (e.g., crisis stabilization units, hospitals, jails). Effectively targeting PSH to those who need it most requires collaboration among partners, coordinated entry, common assessment tools, triage, and a robust overall system.

As noted earlier, the community's 2016 Housing Inventory Chart reported 235 units of PSH for single adults, of which 145 were for veterans with VASH (Veterans Administration Supportive Housing) vouchers. Further, of the 90 non-veteran PSH units, only 14 were reported as being targeted to chronically homeless individuals. At the same time, the Point in Time count reported over 300 chronically homeless individuals, many of whom are seen regularly on the streets, roadways, and parks of the Sarasota area.

There are two approaches to Permanent Supportive Housing. First, PSH can operate using scattered site rental units, much like Rapid ReHousing. Second, PSH can be project-based. We recommend the community utilize both approaches due to the great unmet need.

An immediate two-pronged approach is necessary to address this urgent issue. We recommend 20 units of Permanent Supportive tenant-based vouchers or other rental assistance to be used to rent apartments throughout the community in year one of this plan. At the same time, there must be a concerted effort to identify, and obtain financing for, property for the development of multifamily rental units dedicated for Permanent Supportive Housing. Development(s) could be new construction or acquisition and rehab of existing properties.

Recommendations for the Permanent Supportive Housing Component of the System

5.1 **At least 20 scattered site non-veteran single adult Permanent Supportive Housing openings should be created within the first year of implementation of this plan.** Creating 20 new PSH slots will yield noticeable community benefits by helping house and serve those who have the most severe needs. Some of these slots should be filled by individuals who move directly from the streets or woods and into PSH, while most would be occupied by persons who were first housed through Rapid ReHousing but whose needs were subsequently identified as so severe that the PSH model was more appropriate than RRH. As with RRH, these PSH slots can be funded through a variety of sources, including government funding (e.g., HUD CoC) and philanthropy.

5.2 **Development(s) to create at least 40 project-based Permanent Supportive Housing units must be initiated immediately through identification of property, application for financing and related funding, and predevelopment activities.** Because development activities and financing take time, this work should be undertaken immediately in order to bring these essential units online within two years. In two years' time, some of those who were initially housed through Rapid ReHousing may need to move into these PSH units to open up the RRH slots for new tenants. To accomplish this goal, the community and local governments must come together to reduce barriers to creating affordable housing for this population. In addition to accessing private sector funding, funding for PSH units is available through Florida Housing Finance Corporation, HUD, and other sources.

5.3 **The Continuum of Care must embrace best practices, and establish performance benchmarks and common requirements for Permanent Supportive Housing (PSH), utilizing only high quality provider organizations that excel in low-barrier low-demand PSH with high housing retention rates.** PSH must be done well to be successful and a good investment. The CoC can ensure best practices by

establishing written standards, program requirements, performance benchmarks, and monitoring processes. It is critical that all PSH openings be reserved for those who are chronically homeless with the most severe needs, without programmatic or agency-imposed barriers or housing models that result in not serving those who need services the most. Further, it is important that nonprofits granted scarce PSH funding utilize best practices, comply with grant requirements, and achieve performance benchmarks.

5.4 **Permanent Supportive Housing must be integrated seamlessly with the Coordinated Entry System and other components of the Homeless Crisis Response System**. With the transformed system, individuals will be placed into PSH through the Coordinated Entry System based on the appropriate prioritization process, as described earlier in this report. It is particularly important that nonprofit organizations that provide PSH assistance accept referrals exclusively from the Coordinated Entry System.

Appendix I: Executive Summary

Homelessness has deep and costly repercussions. Homelessness affects not only the individual experiencing that crisis, but also increases community costs and negatively impacts the quality of life for community residents, businesses, and visitors. Fortunately, there are proven effective approaches to reducing homelessness. These successful approaches collectively offer a comprehensive system that will significantly reduce homelessness when implemented in a coordinated manner.

The recommendations offered here will result in noticeable and cost-effective short-term successes, including reducing street homelessness and frequent system utilizers by 100 within the first year, along with continuing to decrease veteran homelessness. Just as importantly, our recommendations chart a path for long-term success, providing a systems approach to make homelessness in Sarasota rare, brief, and nonrecurring.

Because of the unique strengths of the community, Sarasota has the potential to significantly reduce adult homelessness within just a few years. These goals can be achieved with the right leadership, application of proven best practices, and better targeting resources and funding. Working collaboratively, and working smart, Sarasota can effectively address homelessness, experience noticeable declines in adult homelessness, and improve the quality of life for all.

A Homeless Crisis Response System Designed to Effectively Address Homelessness

Effectively addressing homelessness means that the community has in place a comprehensive response that ensures homelessness is prevented whenever possible or, if it can't be prevented, it is a rare, brief, and non-recurring experience. Of course, homelessness will sometimes occur; effectively addressing homelessness does not mean that no one will ever be homeless in Sarasota. It does mean that Sarasota will see measurable significant reductions in homelessness over the next three years.

This comprehensive response is what we refer to here as the Homeless Crisis Response System. This is a system designed to:

4. quickly identify and engage people at risk of or experiencing homelessness;
5. intervene to prevent the loss of housing and divert people from entering the homelessness services system; and
6. when homelessness does occur, provide access to shelter and crisis services while permanent housing and appropriate supports are being identified, and then quickly connect people to housing assistance *and* services to help them achieve and maintain stable housing.[xviii]

An effective Homeless Crisis Response System has five key components:

6. outreach and coordinated entry,
7. prevention and diversion,
8. short-term emergency shelter,
9. rapid rehousing, and
10. permanent supportive housing.

These components work best when there is a strong foundation. The necessary foundation is a community collaboration that (1) uses a systems approach, (2) focuses on specified outcomes, and (3) makes decisions based on data and best practices.

Urgency for Transformation

The time for transformation is now. Much study, debate, and discussion has already taken place. Though there have been pockets of success, homelessness continues to a daunting challenge that is costly to taxpayers and impacts the local economy. The intractability of homelessness locally is not due to a lack of hard work or caring among nonprofit organizations, local government, or other community stakeholders.

It is clear, however, that continuing to depend on the homeless assistance practices currently in place will most assuredly lead to the same results. To achieve different results, the community must utilize different tactics. Reducing homelessness depends not only on hard work but also on that work being outcomes-focused, coordinated, accountable, and based on best practices and proven models. The stakes are too high to continue business as usual.

The most effective approach to turning the tide of homelessness in Sarasota is to transform the current system by embracing the Homeless Crisis Response System described in this report. This Homeless Crisis Response System is based on best practices that have proven successful in communities of all sizes and characteristics across the nation. While the system approach is a nationally proven model, specific recommendations made here are tailored to the unique strengths and challenges in the Sarasota community.

Report Design and Scope

In this report, we first review the strengths of the Sarasota community as they relate to the issue of homelessness, and explain our specific focus on adult homelessness and creating an effective homeless response system. Because other reports summarize the state of homelessness in Sarasota, as well as the ongoing community costs of homelessness, we do not repeat that information here. It is clear to all who work, play, and live in Sarasota that homelessness needs to be effectively addressed and significantly reduced.

The core of the report is a description of the components of an effective Homeless Crisis Response System, and specific recommendations regarding creating this system in Sarasota. This report does not map the current system; rather, we focus on what will move the community forward – creating a highly effective Homeless Crisis Response System that will yield measurable results and successes.

While our work is based solidly on best practices, expertise in systems design, and understanding the importance of collective impact on social problems – and, admittedly, we use some of the jargon that comes with that territory – our recommendations are not academic. This report offers very specific, actionable, practical solutions with the goals of significantly reducing adult homelessness, and effectively addressing all type of homelessness, in Sarasota.

Throughout this report, unless otherwise noted, the word “Sarasota” is used to refer to the all the communities and community stakeholders in the county, including local governments, the private sector, citizens, and other stakeholder groups. In using the term Sarasota, we are not referring to any particular governmental jurisdiction. While the City of Sarasota commissioned this study and report, the recommendations are intended to serve Sarasota in the broader sense. Homelessness does not recognize jurisdictional boundaries and solutions to homelessness must cross those boundaries.

Implementation of the Recommendations

To implement our recommendations, resources must be invested wisely and collaboratively by all sectors. With few exceptions, this report does not speak to the specifics of financing, investment, and resource allocation necessary to fully implement the plan. We do know that implementing an effective Homeless Crisis Response System, including building capacity in each of the components and the collaborative systems approach, will likely mean both reallocating existing funding and increasing the overall level of investment.

The good news is that dedicating resources to this system implementation will be true investments; the investment will pay off in terms of reductions in overall homelessness, street homelessness, cycling through systems, and costs borne by local businesses and taxpayers. Upon acceptance of this report by community stakeholders, the next step will be to bring together all the sectors that will invest in success, including many local governments, nonprofit and for-profit businesses, foundations, private donors, and local advocates. The implementation plan – identifying action steps, responsible parties, resources, and timelines – will lead the community to move quickly from recommendations to action, and from action to success.

Summary of Recommendations

Recommendations for the Foundation of the Homeless Crisis Response System

0.1 The community should establish and support an influential Leadership Board affiliated or working in partnership with the Suncoast Partnership to End Homelessness to guide the implementation and support of an effective Homeless Crisis Response System aimed at effectively addressing homelessness.

0.2 In collaboration with the Leadership Board, a Funders Council should be created to address resource allocation, collaboration, and performance metrics.

0.3 The Leadership Board and Funders Council should create an effective communications and messaging plan to build community support to build the Homeless Crisis Response System and specific initiatives that grow out of the implementation of this plan.

0.4 The Leadership Board, in collaboration with the Funders Council and the Suncoast Partnership CoC, should establish specific processes for tracking, investigating, and responding to specific outcome-focused performance measures for the system as a whole, as well as for individual programs and agencies.

0.5 Two specific adult subpopulations should be prioritized first: (1) homeless veterans, and (2) single adults who are long-term homeless and have disabling conditions.

Recommendations for the Outreach & Coordinated Entry Component of the System

1.1. The Coordinated Entry System, fully compliant with HUD requirements, must be fully functional by January 2018.

1.2. The creation, implementation, and management of the coordinated entry system (CES) should be the responsibility of the Suncoast Partnership to End Homelessness (SPEH) as the Lead Agency for the CoC.

1.3. Outreach efforts should be coordinated and integrated into the Coordinated Entry System so all unsheltered persons engaged through outreach are assessed using the common assessment tool for individuals.

1.4. The VI-SPDAT must be used to prioritize individuals for housing options and services based on the severity of their needs, and services/housing providers must accept those referrals for any available openings.

Recommendations for the Prevention & Diversion Component of the System

2.1 The community should consider redirecting a portion of funding that is currently being used for prevention to create an effective diversion process for individuals.

2.2 A structured diversion process should be integrated in to the new Coordinated Entry System.

Recommendations for the Emergency Shelter Component of the System

3.1 The community should work with the Salvation Army Sarasota Center to set aside approximately 50 of the existing beds to be operated as low-barrier low-demand crisis, without expanding the facility.

3.2 The Salvation Army facility and all shelters must be integrated seamlessly with the Coordinated Entry System and other components of the Homeless Crisis Response System.

3.3 Using the Coordinated Entry System and other data sources, unmet needs should be tracked to determine how best to respond to crisis needs in areas outside of north-county.

Recommendations for the Rapid ReHousing Component of the System

4.1 At least 80 non-veteran single adult Rapid ReHousing openings should be created within the first year of implementation of this plan.

4.2 The Continuum of Care must embrace best practices, and establish performance benchmarks and common requirements for Rapid ReHousing.

4.3 Rapid ReHousing must be integrated seamlessly with the Coordinated Entry System and other components of the Homeless Crisis Response System.

Recommendations for the Permanent Supportive Housing Component of the System

5.1 At least 20 scattered site non-veteran single adult Permanent Supportive Housing openings should be created within the first year of implementation of this plan.

5.2 Development(s) to create at least 40 project-based Permanent Supportive Housing units must be initiated immediately through identification of property, application for financing and related funding, and predevelopment activities.

5.3 The Continuum of Care must embrace best practices, and establish performance benchmarks and common requirements for Permanent Supportive Housing (PSH), utilizing only high quality provider organizations that excel in low-barrier low-demand PSH with high housing retention rates.

5.4 Permanent Supportive Housing must be integrated seamlessly with the Coordinated Entry System and other components of the Homeless Crisis Response System.

Appendix II: Sources of Information

Meetings/interviews with individuals and organizations

2-1-1 Suncoast: Carmen Rojas-Rafter, Executive Director

ACLU of Florida: Michael Barfield, Vice President

CASL: Scott Eller, CEO

City of Sarasota: Mayor Willie Shaw; Vice-Mayor Shelli Freeland Eddie; Commissioner Liz Alpert; Commissioner Suzanne Atwell; Commissioner Susan Chapman; Tom Barwin, City Manager; Marlon Brown, Deputy City Manager; Joe Polzak, Assistant City Attorney

Coastal Behavioral Healthcare: Jack Minge, CEO; Rick Ver Heist, COO

Community Foundation of Sarasota County: John Annis, Senior Vice President, Community Investment

Downtown Sarasota Condo Association: Peter Fanning, President Emeritus

Glasser Schoenbaum Human Services Center: Kameron Hodges, CEO

Gulf Coast Community Foundation: Jon Thaxton, Senior Vice President for Community Investment; Jessica Polk, Community Investment Officer

Harvest House: Erin Minor, Executive Director

Jewish Family & Children's Service of the Suncoast: Phil Gorelick, Vice President of Programs

More Too Life: Brook Bello, CEO and Founder

Patterson Foundation: Michael Corley, Senior Consultant

People experiencing homelessness, conversations in the downtown area

Resurrection House: Bill Wilson, Acting Executive Director

Salvation Army, Sarasota: Major Ethan Frizzell, Area Commander; Chris Johnson, Director of Program Services; Amy Jones, Planning Analyst; Reggina McKoy, HOT Team Case Manager

Sarasota County: Tom Harmer, County Administrator; Mark Cunningham, Assistant County Administrator; Wayne Applebee, Director of Homeless Services

Sarasota County Sheriff's Office: Sheriff Tom Knight; Major Jeff Bell; Bill Spitler

Sarasota Office of Housing and Community Development: Don Hadsell, Director

Sarasota Police Department: Captain Kevin Stiff; Sergeant Michael Schwieterman; Lieutenant Lori Jaress

Sarasota Y: Ellen McLaughlin, Program Director, Schoolhouse Link

Suncoast Partnership to End Homelessness (SPEH): Leslie Loveless, Executive Director; Shawna Machado, SPEH Board of Directors Chair; Kevin Cooper, SPEH Board of Directors Governance Chair

University of South Florida: Mark Engelhardt, Faculty Research Associate and Director of CJMHSA Technical Assistance Center

Selected written materials and sources

Creative Housing Solutions, Gregory Shinn, Relative Cost of Homelessness in the Suncoast Region, 2015

FL-500 Sarasota/Manatee Continuum of Care FY2016 HUD Funding Application

FL-500 Sarasota/Manatee Continuum of Care 2016 Housing Inventory Chart, as submitted to HUD

FL-500 Sarasota/Manatee Continuum of Care Point In Time Counts, 2012-2016, as submitted to HUD

Florida Housing Coalition Home Matters Report for Sarasota County, 2015

Marbut, Robert, Sarasota Homeless Services Gaps Analysis, 2013; and Report Card for Sarasota, 2015

Sarasota County HHS, Behavioral Health Acute Care System Data Review, 2016

State of Florida Council on Homelessness, Annual Report, 2016

Suncoast Partnership to End Homelessness, Continuum of Care Action Plan, October 1, 2016-September 30, 2017

Various agency-specific materials provided by stakeholders and collaborative partners

Various resources on best practices were consulted, but with few exceptions were not cited directly in this document due to the overwhelming number of citations that could be provided for each best practice recommended in this report. These resources include but are not limited to:

- National Alliance to End Homelessness, http://www.endhomelessness.org/
- Orgcode Consulting, http://orgcode.nationbuilder.com/
- U.S. Department of Housing and Urban Development, HUD Exchange for Homeless Programs, https://www.hudexchange.info/homelessness-assistance/
- U.S. Interagency Council on Homelessness, https://www.usich.gov/
- U.S. Substance Abuse and Mental Health Services Administration, https://www.samhsa.gov/

Various minutes and meeting recordings of City and County Commission meetings and Advisory Panels/Councils

Appendix III: Glossary of Terms

Affordable Housing – In general, housing for which the tenants are paying no more than 30% of their income for housing costs, including utilities. Affordable housing may either be subsidized housing or unsubsidized market housing. A special type of affordable housing for people with disabilities who need services along with affordable housing is "Permanent Supportive Housing."

Chronically Homeless – An individual or family with a disabling condition that has been continually homeless for over a year, or one that has had at least four episodes of homelessness in the past three years, where the combined lengths of homelessness of those episodes is at least one year.

Continuum of Care (CoC) – A local planning body required by HUD to organize and deliver housing and services to meet the needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The terms "CoC Governing Body" or "CoC Board" have the same meanings. In some contexts, the term "continuum of care" is also sometimes used to refer to the system of programs addressing homelessness. Locally, the geographic area for the CoC comprises Sarasota and Manatee counties.

CoC Lead Agency – The local organization or entity that implements the work and policies directed by the CoC. The CoC Lead Agency typically serves as the "Collaborative Applicant," which submits annual funding requests for HUD CoC Program funding on behalf of the CoC. The CoC Lead Agency for the Sarasota/Manatee CoC is the Suncoast Partnership to End Homelessness.

Coordinated Entry System – A standardized community-wide process to outreach to and identify homeless households, enter their information into HMIS, use common tools to assess their needs, and prioritize access to housing interventions and services to end their homelessness. Sometimes referred to as a "triage system" or "coordinated intake and assessment."

Diversion – A strategy that prevents homelessness for people seeking shelter by helping them stay housed where they currently stay or by identifying immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Effectively End Homelessness – Effectively ending homelessness means that the community has a comprehensive response in place to ensure that homelessness is prevented whenever possible, or if it cannot be prevented, it is a rare, brief, and non-recurring experience. Specifically, the community will have the capacity to: (1) quickly identify and engage people at risk of and experiencing homelessness; (2) intervene to prevent the loss of housing and divert people from entering the homelessness services system; and (3) when homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing. (Source: USICH)

Emergency Shelter – A facility operated to provide temporary shelter for people who are homeless. HUD's guidance is that the lengths of stay in emergency shelter prior to moving into permanent housing should not exceed 30 days.

Emergency Solutions Grant (ESG) – HUD funding that flows through state and certain local governments for street outreach, emergency shelters, rapid rehousing, homelessness prevention, and certain HMIS costs.

Florida Housing Coalition (FHC) – A Florida statewide nonprofit organization founded on the belief that everyone in Florida should have safe, adequate, and affordable housing. FHC provides consulting, training, and technical assistance. FHC is the author of this report.

HEARTH Act – Federal legislation that, in 2009, amended and reauthorized the McKinney-Vento Homeless Assistance Act. The HEARTH/McKinney-Vento Act provides federal funding for homeless programs, including the HUD Emergency Solutions Grant and the HUD CoC Grant funding.

HMIS Lead Agency – The local organization or entity that administers the Homeless Management Information System (HMIS) on behalf of the CoC. In Sarasota, the HMIS Lead Agency is the Suncoast Partnership to End Homelessness.

Homeless – There are varied definitions of homelessness. Generally, "homeless" means lacking a fixed, regular, and adequate nighttime residence and living in temporary accommodations (e.g., shelter) or in places not meant for human habitation. Households fleeing domestic violence and similar threatening conditions are also considered homeless. For purposes of certain programs and funding, families with minor children who are doubled-up with family or friends for economic reasons may also be considered homeless, as are households at imminent risk of homelessness.

Homeless Management Information System (HMIS) – A web-based software solution and database tool designed to capture and analyze client-level information including the characteristics, service needs, and use of services by persons experiencing homelessness. HMIS is an important component of an effective Coordinated Entry System, CoC planning efforts, and performance evaluation based on program outcomes. The specific software solution used in Sarasota is ServicePoint.

Homelessness Prevention – Short-term financial assistance, sometimes with support services, for households at imminent risk of homelessness and who have no other resources to prevent homelessness. For many programs, the household must also be extremely low income, with income at or less than 30% of Area Median Income (AMI) to receive such assistance.

Housing or Permanent Housing – Any housing arrangement in which the person/tenant can live indefinitely, as long as the rent is paid and lease terms are followed. Temporary living arrangements and programs – such as emergency shelters, transitional programs, and rehabilitation programs – do not meet the definition of housing.

HUD – The United States Department of Housing and Urban Development, which provides funding to states and local communities to address homelessness. In addition, HUD supports fair housing, community development, and affordable housing, among other issues.

HUD CoC Funding – Funding administered by HUD through local CoC Collaborative Applicant (i.e., CoC Lead Agency) entities. Eligible uses for new projects include permanent supportive housing, rapid rehousing, coordinated entry, HMIS, and CoC planning. In Sarasota, the funding application is submitted by Suncoast Partnership to End Homelessness on behalf of the Continuum of Care.

Outreach – A necessary homeless system component that involves interacting with unsheltered people who are homeless in whatever location they naturally stay (e.g., in campsites, on the streets), building trust, and offering access to appropriate housing interventions.

Permanent Supportive Housing (PSH) – Safe and affordable housing for people with disabling conditions, with legal tenancy housing rights and access to flexible support services. PSH that is funded through HUD CoC funding should prioritize people who are chronically homeless with the longest terms of homelessness and the highest level of vulnerability/acuity in terms of health issues and services needs.

Point in Time (PIT) Count – A one-night snapshot of homelessness in a specific geographic area. The PIT is required by HUD to be completed during the latter part of January each year. Various characteristics of homelessness are collected and reported.

Rapid ReHousing (RRH) – A housing intervention designed to move a household into permanent housing (e.g., a rental unit) as quickly as possible, ideally within 30 days of identification. Rapid ReHousing typically provides (1) help identifying appropriate housing; (2) financial assistance (deposits and short-term or medium-term rental assistance for 1-24 months), and (3) support services as long as needed and desired, up to a certain limit.

Services or Support Services – A wide range of services designed to address issues negatively affecting a person's quality of life, stability, and/or health. Examples include behavioral health counseling or treatment for mental health and/or substance abuse issues, assistance increasing income through employment or disability assistance, financial education, assistance with practical needs such as transportation or housekeeping, and connections to other critical resources such as primary health care.

Sheltered/Unsheltered Homelessness – People who are in temporary shelters, including emergency shelter and transitional shelters, are considered "sheltered." People who are living outdoors or in places not meant for human habitation are considered "unsheltered."

Subsidized Housing – Housing that is made affordable through government-funded housing subsidies. Such housing includes housing made affordable through Public Housing Authorities (PHAs) assistance and developments funded in whole or in part by the Florida Housing Finance Corporation or similar funding mechanism.

Transitional Housing Program – A temporary shelter program that allows for moderate stays (3-24 months) and provides support services. Based on research on the efficacy and costs of this model, this type of program should be a very limited component of the housing crisis response system, due to the relative costliness of the programs in the absence of outcomes that exceed rapid rehousing outcomes. Transitional housing should be used only for specific subpopulations such as transition-age youth, where research has shown it is more effective than other interventions.

United Stated Interagency Council on Homelessness (USICH) – A federal Council that coordinates the federal response to homelessness, working in partnership with Cabinet Secretaries and senior leaders from nineteen federal member agencies.

VI-SPDAT (Vulnerability Index and Service Prioritization Decision Assistance Tool) – The VI-SPDAT, developed by Orgcode Consulting, Inc., is a widely used triage tool designed to quickly assess the health and social needs of homeless persons to then match those individuals with the most appropriate support and housing interventions.

Endnotes

[i] See https://www.usich.gov/opening-doors.

[ii] See http://www.salvationarmyflorida.org/sarasota/wp-content/uploads/sites/21/2015/08/The-Relative-Cost-of-Homelessness-in-the-Suncoast-Region-of-Florida-by-Greg-Shinn-released-August-2015.pdf.

[iii] The Managing Entity for Sarasota is Central Florida Behavioral Health Network.

[iv] See https://ssir.org/articles/entry/collective_impact.

[v] http://www.funderstogether.org/funder_toolkit.

[vi] There has been some discussion about the possibility of creating two CoCs such that each county has its own CoC organization. It is extremely unlikely that HUD would approve such a separation in a time when HUD is encouraging CoC mergers, not separations, to create larger regional CoCs.

[vii] See https://www.hudexchange.info/programs/coc/system-performance-measures/.

[viii] Necessary and recommended characteristics of a functioning CES are summarized in a self-assessment tool available at https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf.

[ix] Recently, the community gathered for a workshop on Sequential Intercept Mapping (SIM), a process designed to map how persons with behavioral health issues move through the criminal justice system and other community systems. Nonetheless, it is instructive to note the consistency between the priorities identified in the SIM workshop and the priorities identified in this report. At the SIM workshop, outreach and triage (here included in coordinated entry) were identified as priority needs in Sarasota, along with Permanent Supportive Housing for persons with disabling mental health issues, which is discussed later in this report.

[x] See https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/.

[xi] While the VI-SPDAT will be used for individuals in Sarasota, the local community and CoC have made a decision to utilize a different common assessment tool for families with children (i.e., the Self Sufficiency Outcome Matrix, or SSOM). It is acceptable to use different assessment tools for different subpopulations, as long as all providers working with a subpopulation use the agreed-upon common assessment tool for that particular subpopulation.

[xii] One study of a large homelessness prevention program suggests that prevention spending does indeed reduce entries to emergency shelters, but by a measure of about 10-20%. In other words, assisting 10 households with prevention dollars translates into 1-2 households being able to avoid entering the homeless system.

[xiii] See http://www.orgcode.com/2015/02/17/vi-spdat-and-rapid-re-housing-recommendations/.

[xiv] https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_CoC_FL-500-2015_FL_2016.pdf. The 2017 CoC Housing Inventory Chart is not yet available.

[xv] As noted in the previous section, this number includes beds that are not accessible to individuals seeking low-barrier low-demand crisis shelter.

[xvi] A note about transitional housing is appropriate since the community as a whole has invested so much in that program model. Multiple research studies demonstrate that transitional housing is more expensive per-household, and less effective, as compared to Rapid ReHousing. While

transitional housing *sounds* like a good idea, the data does not support the notion, regardless of whether the subpopulation is single adults or families with children. In fact, due to the overwhelming evidence that transitional housing is a poor investment, federal homelessness funding can no longer be used to support those programs. It is recognized that Sarasota transitional housing programs are funded primarily, if not exclusively, through private donations. Although those programs do not access government funding, the relatively long lengths of stay in those programs extends time of homelessness, negatively impacting community's HUD-required System Performance Measures, which in turn will negatively impact future federal funding. Addressing the community's overinvestment in transitional housing is beyond the scope of this report but is raised as an issue for consideration among community stakeholders.

[xvii] Locally, the number needing PSH may be somewhat higher than the national average of 15% because the housing solutions and services have not been in place, exacerbating the problems and creating pent-up unmet needs.

[xviii] See https://www.usich.gov/opening-doors.

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